LETTER

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Divorce and suicide risk

There is accumulating evidence that divorced and separated people have much higher suicide rates than their married counterparts. In a previous paper published in this journal, it was observed that divorced and separated men were nearly 2.4 times more likely to kill themselves than their married counterparts.

That study, however, failed to directly compare divorced men and women. While it informed us that divorced people are at higher risk of suicide than the married, it said nothing about the suicide risk of divorced men relative to divorced women. The purpose of this communication is to assess the magnitude of the differentials in suicide risk between the two groups, and explore possible reasons that might explain the disparities.

Data were obtained from the US National Longitudinal Mortality Study (NLMS), 1979–1989, and covariates were used taken from Kposowa. The response variable was the risk of suicide, and analysis was restricted to divorced and separated non-Hispanic white men and women. Proportional hazards regression models were fitted to the data, and relevant results are in table 1.

Model 1 presents the age adjusted effects of sex on the risk of suicide. Divorced men were over eight times more likely to commit suicide than divorced women (RR = 8.36, 95% CI = 4.24 to 16.38). After taking into account other factors that have been reported to contribute to suicide, divorced men still experienced much increased risks of suicide than divorced women. They were nearly 9.7 times more likely to kill themselves than comparable divorced women (RR = 9.68, 95% CI = 4.87 to 19.22). Put another way, for every divorced woman that committed suicide, over nine divorced men killed themselves.

These results dramatise the terrible consequences of being a divorced man in America, and lead to the question: why are divorced men killing themselves? Some analysts argue that the research community has ignored a plausible explanation for the excess suicide risks experienced by divorced men. As Perrault and Farrell observe, while social, psychological, and even personal problems facing women are readily denounced, societal institutions tend to ignore or minimise male problems as evident in suicide statistics. For instance, in many jurisdictions in the US there seems to be an implicit assumption that the bond between a woman and her children is stronger than that between a man and his children. As a consequence, in a divorce settlement, custody of children is more likely to be given to the wife. In the end, the father loses not only his marriage, but his children. The result may be anger at the court system especially in situations wherein the husband feels betrayed because it was the wife that initiated the divorce, or because the courts virtually gave away everything that was previously owned by the ex-husband or the now defunct household to the former wife. Events could spiral into resentment (toward the spouse and “the system”), bitterness, anxiety, and depression, reduced self esteem, and a sense of “life not worth living”. As depression and poor mental health are known markers of suicide risk, it may well be that one of the fundamental reasons for the observed association between divorce and suicide in men is the impact of post divorce (court sanctioned) “arrangements”. Clearly this is an issue that needs further investigation.

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Table 1 Hazards regression estimates of the impact of divorce on the risk of white suicide

<table>
<thead>
<tr>
<th>Covariate</th>
<th>Suicides</th>
<th>Population at risk</th>
<th>Model 1 RR 95% CI</th>
<th>Model 2 RR 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>10</td>
<td>16687</td>
<td>1.00 (Reference)</td>
<td>1.00 (Reference)</td>
</tr>
<tr>
<td>Men</td>
<td>53</td>
<td>10917</td>
<td>8.33** 4.24 to 9.68**</td>
<td>4.87 to 19.22 16.38</td>
</tr>
<tr>
<td>Age (y)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34</td>
<td>20</td>
<td>8586</td>
<td>1.00 (Reference)</td>
<td>1.00 (Reference)</td>
</tr>
<tr>
<td>35–44</td>
<td>17</td>
<td>6417</td>
<td>0.71 to 2.62 1.45</td>
<td>0.76 to 2.78</td>
</tr>
<tr>
<td>45–64</td>
<td>21</td>
<td>8003</td>
<td>0.80 to 2.73 1.48</td>
<td>0.79 to 2.77</td>
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<tr>
<td>65+</td>
<td>5</td>
<td>2322</td>
<td>0.56 to 3.99 1.24</td>
<td>0.44 to 3.47</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High school</td>
<td>16</td>
<td>7182</td>
<td>1.00 (Reference)</td>
<td>1.00 (Reference)</td>
</tr>
<tr>
<td>High school</td>
<td>26</td>
<td>11387</td>
<td>0.76 0.40 to 1.45</td>
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<tr>
<td>Some college</td>
<td>17</td>
<td>7135</td>
<td>0.96 0.54 to 1.81</td>
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<tr>
<td>Household income</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>$25000+</td>
<td>9</td>
<td>3615</td>
<td>1.00 (Reference)</td>
<td>1.00 (Reference)</td>
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<tr>
<td>Below $10000</td>
<td>28</td>
<td>10684</td>
<td>2.31* 1.05 to 5.09</td>
<td></td>
</tr>
<tr>
<td>$10000–$24999</td>
<td>23</td>
<td>11886</td>
<td>1.12 0.51 to 2.45</td>
<td></td>
</tr>
<tr>
<td>Income unknown</td>
<td>3</td>
<td>1449</td>
<td>1.21 0.32 to 4.48</td>
<td></td>
</tr>
<tr>
<td>2 Log L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LRS</td>
<td>1226.08</td>
<td>1218.85</td>
<td></td>
<td></td>
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<tr>
<td>df</td>
<td>4</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of suicides</td>
<td>63</td>
<td>63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of cases</td>
<td>27604</td>
<td>27604</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at p<0.05. **Significant at p<0.01. LRS, likelihood ratio statistic; df, degrees of freedom; RR, relative risk; CI, confidence intervals.

References

BOOK REVIEWS

Ethical dimensions of health policy


The main aim of the book is to examine the connections between ethics and health policy. Experts from different disciplines and spheres have contributed. The book is structured in four parts. From an ethical deliberation on healthcare goals readers proceed through an intermediate chapter to political decision making. The final chapter deals with ethical controversies on the resource allocation, accountability, vulnerability, and ethics of the health services research.

The book focuses to a large extent on the US reality and provides an insight into the history of their healthcare reforms as well as the recent debate on a universal healthcare system based on social solidarity. European or other readers may learn from a very profound and sophisticated consideration of how ethical and political approaches may interfere. The pragmatic claim that the ethical debate descends from academic heights and influences directly political decisions is illustrative. Readers face the debate on justice from a reverse side. Concepts that are taken for granted in Europe are being vindicated and legitimised (Rawls is repeatedly referred to). An outline of a future collective and organisational rather than personal accountability for health care is innovative (Cassel, McParland). The postmodern practice as delineated by Malone and Luft may be viewed as visionary although stimulating. New health services research agenda such as research of trust, privacy, internet practices has been suggested.

Several conclusions seem to be self evident, sometimes an effort to square the circle may be suspected. However, the focus on inherence of values in policy making, on negotiating culture and procedural aspects as crucial in setting and implementing healthcare goals makes the text instructive. A lesson of democracy in health care is the essence that readers breathe as the fresh air at each page. Even when not all authors share the same opinion the book is illuminated by an optimistic faith that connecting ethics and health policy is viable—a sustainable health policy necessitates a moral legitimacy and bioethics shall promote the social action.

E Kežírová (Krizová)

World report on violence and health


Violence was declared in Resolution WHA49.25 (1996) as a major and growing public health problem across the world. This is the first world report on violence and health aimed mainly to raise awareness about the issue of violence globally and to make the case that violence is preventable and that the book is illumined by an optimistic faith that connecting ethics and health policy is viable—a sustainable health policy necessitates a moral legitimacy and bioethics shall promote the social action.

E Ronda

Case studies in forensic epidemiology


Sane Loue’s book Case studies in forensic epidemiology represents a significant turning point in our habitual conception of epidemiology as a statistical indicator of the extent to which the population is affected by some infectious—that is, toxicological—agents.

The reader is attracted by the title of the book itself because forensic epidemiology is

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much less elaborated in professional literature than some epidemiological research within different specialist fields of medical science. The author is very successful in presenting the application of forensic epidemiology, as well as its role in court trials, as a bridge between many criminal deviances of the society, and its responsibility for crimes committed. Her final goal is getting court and police officials to apply efficient changes to negative social actions.

In eight case studies within 12 chapters of the book the author describes the connection between court trials and important epidemiological analysis that can be found in the cases of many trials started by women smokers who had silicon breast implantations done, which consequently caused them serious health problems. In this connection the author describes the obstacles attorneys and judges are faced with while prosecuting powerful tobacco lobbies, pointing out the core of the problem, that is an evident hazardous effect of smoking to human health.

As a forensic expert I would point out case study five in chapter eight that deals with road accidents caused by drivers under the influence of alcohol. The fact that road accidents caused by drunk drivers represent the main cause of most such accidents, is corroborated by some alarming epidemiological data. In this connection, the author describes the activities of non-profit organisation Mothers Against Drunk Drivers, which achieves significant results in making the public aware of the problem. Moreover, they organise legal help to the families of the victims of such accidents, which makes the organisation recognisable and increasingly influential in trials against irresponsible drivers.

It is the author’s goal, which she entirely managed to achieve, to explain the extremely important role of forensic epidemiology in court trials. To sum up, this extraordinary work represents a significant contribution to a successful solving, within the framework of legal system, of difficult and painful court epidemiological problems of the society.

A Bosnar

### ActivEpi CD ROM


ActivEpi is a multimedia presentation of the material commonly found in an introductory epidemiology course on CD ROM. In 15 lessons, basic concepts and measures of epidemiology are presented. ActivEpi is intended to be used in a variety of teaching formats, including distance learning, self paced learning on-campus courses, and short courses. The course uses a variety of tools—including, among others, videos, narrated expositions, exercises, and datasets and quizzes for self evaluations.

With respect to the logical structure of the contents, this introduction is as stringent and clear as previous, more traditional teaching material by David Kleinbaum, including the classic 1982 textbook, which has, certainly, helped numerous epidemiologists and epi students around the world, including myself (who had the additional true privilege to experience David Kleinbaum as an outstanding “physical teacher”), to structure epidemiological reasoning. Whether or not the multimedia approach now offered by David Kleinbaum makes learning more attractive, easy, or effective than more traditional forms of learning in a classroom context or from an introductory textbook may at some degree be a matter of taste, generation, and personal preferences. Being aware that this carries the danger of being blamed old fashioned, I have to admit that I felt the multimedia features to be a little bit too abundant in this course, and sometimes even to be a source of distraction actually hindering concentrated learning rather than a real advantage. Perhaps younger generations of epidemiologists who have grown up with multimedia features from their cradle may appreciate this type of learning much more—I am afraid that I will continue to recommend my students a good personal teacher along with a good introductory textbook and not a software. However, these resources may not be universally available. In such circumstances, this course may fill a real gap.

H Brenner

### Foundations for health improvement. Productive epidemiological public health research 1919–1998


For our young colleagues, the relevance of this book is justified by its reference lists alone, as these include most of the papers that provided the most important achievements of epidemiology and public health from 1919 onwards. The book is easy to consult and read, because for each calendar period the main topics are separately considered—that is, infectious diseases, occupational factors, nutrition, environment, etc. Thus, for instance, under the headings tobacco or air pollution, summary overviews are given on the earlier developments of research and control of these risk factors, which remain of central interest for their public health relevance today.

A second reason for appreciating this book is related to its attention to the major social and public health implications of our discipline. Over the past few years, we have seen (and participated to) endless debates on the potential impact of risk factors such as electromagnetic fields or hair dyes, whose public health relevance, if any, remains marginal. Furthermore, the interest of many of us has been often focused more to the publication of modest excess relative risks, than to the critical understanding and evaluation of their potential public health implications. It is thus a pleasure to read a book that provides an overview of the main achievements and contributions of our discipline to public health and society in its broader terms. The book also includes some interesting chapter on methodological developments (from questionnaires to statistical methods) and philosophy of medicine.

Most of us will also find of interest the chapter on trends in UK and US society and politics, which is unusually objective and far from strong partisan opinions, as well as those on the history of the development of public health departments in UK and US universities and other research institutions. In a period of conflicts of interest, the summary of main funding sources is also of important relevance.

A message drawn from the book is that, over the past few decades, US research in public health has improved more than its UK counterpart. Any comparison between public health institutions and achievements in the UK and the US, however, leaves most of—who live and work outside these two countries—with a sense of admiration and envy.

C La Vecchia

### Migrant health in Europe

An international conference on differences in health and health care provision is to be held in Rotterdam, Netherlands, on 23–25 June 2004. Further details: Lilian Hoonhout, Department of Health Policy and Management, Erasmus MC, PO Box 1738, 3000 DR Rotterdam, Netherlands (email: c.zoer@planet.nl; web site: http://www.migranthealth.net).
Divorce and suicide risk

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