**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 people have much higher suicide rates than their married counterparts. There is accumulating evidence that divorced men 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 used were 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</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>RR</td>
<td>95% CI</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>10</td>
<td>16687</td>
<td>1.00</td>
<td>(Reference)</td>
</tr>
<tr>
<td>Women</td>
<td>53</td>
<td>10917</td>
<td>8.33**</td>
<td>4.24 to 9.68**</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</td>
<td>(Reference)</td>
</tr>
<tr>
<td>35–44</td>
<td>17</td>
<td>6417</td>
<td>1.37</td>
<td>0.71 to 2.62</td>
</tr>
<tr>
<td>45–64</td>
<td>21</td>
<td>8003</td>
<td>1.48</td>
<td>0.80 to 2.73</td>
</tr>
<tr>
<td>65+</td>
<td>5</td>
<td>2322</td>
<td>1.50</td>
<td>0.56 to 3.99</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</td>
<td>(Reference)</td>
</tr>
<tr>
<td>High school</td>
<td>26</td>
<td>11387</td>
<td>0.76</td>
<td>0.40 to 1.45</td>
</tr>
<tr>
<td>Some college</td>
<td>17</td>
<td>7135</td>
<td>0.96</td>
<td>0.54 to 1.81</td>
</tr>
<tr>
<td>Household income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25000+</td>
<td>9</td>
<td>3615</td>
<td>1.00</td>
<td>(Reference)</td>
</tr>
<tr>
<td>Below $10000</td>
<td>28</td>
<td>10854</td>
<td>2.31*</td>
<td>1.05 to 5.09</td>
</tr>
<tr>
<td>$10000–$24999</td>
<td>23</td>
<td>11886</td>
<td>1.12</td>
<td>0.51 to 2.45</td>
</tr>
<tr>
<td>Income unknown</td>
<td></td>
<td>3</td>
<td>1.21</td>
<td>0.32 to 4.48</td>
</tr>
<tr>
<td>≥Log L 50</td>
<td>1226.08</td>
<td>1218.85</td>
<td>57.04**</td>
<td>64.27**</td>
</tr>
<tr>
<td>df</td>
<td>4</td>
<td>9</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>Number of suicides</td>
<td>27604</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of cases</td>
<td>27604</td>
<td></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 bioethical 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 referenced). An outline of a future collective and organisational rather than personal accountability for health care is innovative (Cassel, McParland). The post-modern 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 understanding the 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 Kežišová (Krizova)

**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 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 Ronda

**Law in public health practice**


The aim of this book, written jointly by a variety of law and public health practice specialist authors—who represent the ranks of the legal and public health practitioners in the United States of America—is to clarify the principles of law as they bear on the practice of public health.

The reader is invited to improve their understanding of the legal principles underlying public health practice; that is to say how law may be applied to improve the health of people. And after reading the book, this aspiration is reached, especially the discovery of the wide range of daily activities of public health where the legal dimension is present.

The first part is related with the conceptual foundations of the legal basis for public health practice and covers topics as constitutional and statutory basis, the applications of regulatory and criminal law, the importance of producing law and summarises what is known about their effectiveness.

The most important strength of this report is the efforts implied to summarise what is known about the problem from around the world. It is a useful document for those who are involved in research or prevention on violence. However, the lack of information to complete a global approach about the risk and protective factors, interventions, and evaluation of the effectiveness of policy responses is recognised.

This weakness has tried to be solved by the recommendations for action. However, most of them are not new and not practical enough for those who are dedicated to this issue.

On the one hand, the recommendations about how to create, implement, and monitor a national action plan for violence prevention, to increase capacity for collecting data on violence, to support research on the causes, consequences, costs, and prevention of violence and to promote primary prevention responses have been already well documented. In the same way, other official documents have already shown evidence about the importance of training for health professionals, the coordination between public and private sectors, and the strengthening of the community base.

On the other hand, the recommendations related to the importance of producing information about the cost of violence for health services and the prevention in primary health are much too narrow to speak about a true public health approach on violence.

Although it provides useful information about each type of violence in each country, a comprehensive account of the resources needed to cope with violence from a public health perspective is lacking through the book.

For these reasons, this first world report on violence and health can be considered as a valuable starting point about research responses to an old social and public health problem.

C V Cases

**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
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 deviations 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 implants, done which, consequently caused them severe 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 achieve 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, to 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 under no special condition. However, these resources may not be universally available. In such circumstances, this course may fill a real gap.

H Brenner

Foundation 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. An authors’ error occurred in this paper by Dr Leung and others (2003;57:857–63). Professor Charles D Spielberger and Dr Paul Yung should have been acknowledged for granting permission to use the original and Chinese version of the State-Trait Anxiety Inventory.

An editorial error occurred in this article by Mr Geoff Der (2003;57:838). The picture credit was omitted and should have read “The illustration was reproduced with permission from the Whitworth Art Gallery, The University of Manchester.”

An authors’ error occurred in the paper by Dr Osler and others (2003;57:681–6). The 12th line in the first paragraph on page 683 should have read “100-152, 160-199; ICD10 (not ICD10-code K70).”

E Ronda and R Rubio

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