PostScript

LETTER

If you have a burning desire to respond to a paper published in the *JECH*, why not make use of our ''rapid response'' option?
Log on to our website (www.jech.com), find the paper that interests you, and send your response via email by clicking on the ''eLetters'' option in the box at the top right hand corner.

Providing it isn't libellous or obscene, it will be posted within seven days. You can retrieve it by clicking on ''read eletters'' on our homepage.

The editors will decide as before whether to also publish it in a future paper issue.

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.[1] 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,[2] and covariates used were taken from Kposowa.[1] 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 to16.38). 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[3] and Farrell[4] 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.[5] 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.

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

Covariate	Suicides	Population at risk	Model 1 RR	Model 1 95% CI	Model 2 RR	Model 2 95% CI
Sex						
Women	10	16687	1.00	(Reference)	1.00	(Reference)
Men	53	10917	8.33**	4.24 to 16.38	9.68**	4.87 to 19.22
Age (y)						
25–34	20	8586	1.00	(Reference)	1.00	(Reference)
35–44	17	6417	1.37	0.71 to 2.62	1.45	0.76 to 2.78
45–64	21	8003	1.48	0.80 to 2.73	1.48	0.79 to 2.77
65+	5	2322	1.50	0.56 to 3.99	1.24	0.44 to 3.47
Education (y)						
<High school	16	7182			1.00	(Reference)
High school	26	11387			0.76	0.40 to 1.45
Some college	17	7135			0.96	0.54 to 1.81
Household income						
$25000+	9	3615			1.00	(Reference)
Below $10000	28	10654			2.31*	1.05 to 5.09
$10000–$24999	23	11886			1.12	0.51 to 2.45
Income unknown	3	1449			1.21	0.32 to 4.48
−2 Log L			1226.08			1218.85
LRS			57.04**			64.27**
df			4			9
Number of suicides			63			63
Number of cases			27604			27604

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

A J Kposowa
Department of Sociology, University of California, 1214 Watkins Hall, 900 University Avenue, Riverside, CA 92521, USA; ajkposowa@att.net

References

1 **Kposowa AJ**. Marital status and suicide in the National Longitudinal Mortality Study. *J Epidemiol Community Health* 2000;**54**:254–61.
2 **National Heart, Lung, and Blood Institute**. *National Longitudinal Mortality Study* 1979–1989 [Machine-readable public use data tape]. Bethesda, MD: National Institutes of Health, 1995.
3 **Perrault C**. And if we speak about men? *Sante Ment Que* 1990;**15**:134–44.
4 **Farrell W**. *The myth of male power*. New York: Simon and Schuster, 1993.
5 **Furstenberg FF**, Sherwood KE, Sullivan ML. *Caring and paying: what fathers and mothers say about child support*. New York: Manpower Demonstration Research, 1992.

BOOK REVIEWS

Ethical dimensions of health policy

Edited by M Danis, C Clancy, L R Churchill. (Pp 394; £37.50). Oxford University Press, 2002. ISBN 0-19-514070-2

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 reflected). 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 Køížová (Krizova)

World report on violence and health

E G Krug, L Dahlberg, J Mercy, A Zwi, R Lozano. (Pp 346 ; US$27.00). Geneva: WHO Library Cataloguing-in-Publication Data, 2002. ISBN 92-4-154561-5

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 public health has a crucial part to play in tackling its causes and consequences.

The report has been structured in nine chapters, starting with a general one of violence as a global public health problem, followed by specific information about different types of interpersonal violence (youth violence, child abuse, violence against intimate partners, abuse of elderly people, and sexual abuse), self directed violence (suicide), and collective violence, and completed by nine recommendations for research and actions at local, national, and international levels. The report also includes a statistical annex with estimated mortality caused by each kind of violence and a list of internet resources.

It provides further information about the magnitude and impact of each type of violence reported; identifies risk factors like social, cultural, and economical stressors and determines as precipitant factors the presence of alcohol, drugs or weapons; it also gives an account of the types of intervention and policy responses that have been already used 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 this problem 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 and education professional, 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

Law in public health practice

R A Goodman, M A Rothstein, R E Hoffman, W López, G W Matthews. Oxford University Press, 2003. (Pp 462; price not stated). ISBN 0-19-514871-1

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—for example, infectious disease pathogens used as weapons of mass destruction—, and overarching areas like common ethical issues in public health such us the concerns about balancing benefits between communities and individuals or human rights. Also the book provides a framework that can guide practitioners' reflections in their decisions.

The last two parts examine the public health law infrastructure and make recommendations for needed improvements. With many selected examples the interrelation of law with the core functions of public health are thoroughly reviewed and documented: the interaction between public health practitioners and legal counsel, surveillance and outbreak investigations, research, confidentiality and privacy, managed care in public health, interventions in emergency response, and particular populations (children, homeless persons, disabilities, or undocumented immigrants). And also high priority and emerging areas in public health such as genomics, communicable diseases, public health emergencies, reproductive health, tobacco prevention, and environmental, injury, occupational issues.

It must be taken into account that the context of the book is the United States, but despite the fact of the peculiarities of its regulation, the basis and principles are applicable to any country beyond its own legislation and serves as a primary resource for promoting the development and implementation of an effective public health law infrastructure and increase the visibility and effectiveness of law as a tool for the promotion of the public's health. It is recommendable reading for public health practitioners wishing to improve their understanding about how the law affects the prevention of disease and injury.

E Ronda

R Rubio

Case studies in forensic epidemiology

S Loue. (Pp 203; price not stated). Kluwer Academic/Plenum Publishers, New York, 2002. ISBN 0-306-46792-5

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

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 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 was 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 succesful solving, within the framework of legal system, of difficult and painful court epidemiological problems of the society.

A Bosnar

ActivEpi CD ROM

D Kleinbaum. Springer, 2002. ISBN 0-387-14257-6

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,[1] 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 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 and/or course script. However, these resources may not be universally available. In such circumstances, this course may fill a real gap.

H Brenner

Reference

1 **Kleinbaum DG**, Kupper LL, Morgenstern H. *Epidemiologic research. Principles and quantitative methods*. New York: van Nostrand Reinhold, 1982.

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

W W Holland. (Pp 236; price not stated). TSO, Norwich, 2002.

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 those two countries—with a sense of admiration and envy.

C La Vecchia

NOTICE

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: e.zoer@planet.nl; web site: http://www.migranthealth.net).

CORRECTIONS

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**:839). The picture credit was omitted and should have read ''The illustration was reproduced with permission from the Whitworth Art Gallery, The University of Manchester. (c) Succession Picasso/DACS 2003.''

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).