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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, we showed that separated people have much higher suicide rates than their married counterparts. Men were nearly 2.4 times more likely to kill themselves than their married counterparts.

In a previous paper published in this journal, the editors will decide as before whether to also publish it in a future paper issue.

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

<table>
<thead>
<tr>
<th>Covariate</th>
<th>Population at risk</th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td>RR</td>
<td>95% CI</td>
</tr>
<tr>
<td>Women</td>
<td>10</td>
<td>1.00 (Reference)</td>
<td>1.00 (Reference)</td>
</tr>
<tr>
<td>Men</td>
<td>53</td>
<td>8.33**</td>
<td>4.24 to 9.68</td>
</tr>
<tr>
<td>Age (y)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34</td>
<td>20</td>
<td>8.586</td>
<td>0.71 to 2.62</td>
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<tr>
<td>35–44</td>
<td>17</td>
<td>6.417</td>
<td>0.80 to 2.37</td>
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<tr>
<td>45–64</td>
<td>21</td>
<td>8.003</td>
<td>0.56 to 3.99</td>
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<tr>
<td>65+</td>
<td>5</td>
<td>2.322</td>
<td>1.24 to 2.41</td>
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<tr>
<td>Education (y)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>&lt;High school</td>
<td>16</td>
<td>7.182</td>
<td>0.76 to 1.45</td>
</tr>
<tr>
<td>High school</td>
<td>26</td>
<td>11.387</td>
<td>0.96 to 1.81</td>
</tr>
<tr>
<td>Some college</td>
<td>17</td>
<td>7.135</td>
<td>0.76 to 1.45</td>
</tr>
<tr>
<td>Income</td>
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<td></td>
<td></td>
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<tr>
<td>$25000+</td>
<td>9</td>
<td>3.615</td>
<td>1.00 (Reference)</td>
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<tr>
<td>Below $10000</td>
<td>28</td>
<td>10.654</td>
<td>2.31* to 5.09</td>
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<tr>
<td>$10000–$19999</td>
<td>23</td>
<td>11.886</td>
<td>1.12 to 2.45</td>
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<td>Income unknown</td>
<td>3</td>
<td>1.449</td>
<td>1.21 to 4.12</td>
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<tr>
<td>2 Log L</td>
<td>1226.08</td>
<td>1218.85</td>
<td>64.27**</td>
</tr>
<tr>
<td>URS</td>
<td>57.04**</td>
<td>57.04**</td>
<td>49</td>
</tr>
<tr>
<td>df</td>
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<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Number of cases</td>
<td>27604</td>
<td>27604</td>
<td>27604</td>
</tr>
</tbody>
</table>

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

References

Ethical dimensions of health policy

EDITED BY M DONIS, C CLANCY, L R CHURCHILL.

The main aim of the book is to examine the connections between ethics and health policy. Experts from different disciplines andpheres 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 on the 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, McFarland). The postmodern practice as delineated by Maloine 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 policy responses 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 the 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.

This aim of the 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, home less 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 recommend able reading for public health practitioners wishing to improve their understanding about how the law affects the prevention of disease and injury.

**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—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 silicone 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—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 epidemiology 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, in 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 about one subject. However, these resources may not be universally available. In such circumstances, this course may fill a real gap.

H Brenner

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).

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