

Centre for Policy on Ageing  
Information Service

Selected Readings

**Assisted dying and suicide in  
older age**

July 2017

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## Centre for Policy on Ageing

Tavis House, 1-6 Tavistock Square, London WC1H 9NA  
Telephone +44 (0)20 7553 6500 Facsimile +44 (0)20 7553 6501  
Email [cpa@cpa.org.uk](mailto:cpa@cpa.org.uk) Website [www.cpa.org.uk](http://www.cpa.org.uk)

2016

Assessing the role of physical illness in young old and older old suicide attempters; by Stefan Wiktorsson, Anne I Berg, Katarina Wilhelmson ... (et al.): Wiley Blackwell, July 2016, pp 771-774.

International Journal of Geriatric Psychiatry, vol 31, no 7, July 2016, pp 771-774.

In the current study attributions for attempting suicide were explored in older adults with and without serious physical illness. An open-ended question was used to explore attributions for attempting suicide in 101 hospitalised patients aged 70+. Serious physical illness was defined as a score of 3 or 4 on any of the 13 non-psychiatric organ categories in the Cumulative Illness Rating Scale for Geriatrics. Roughly one-third of hospitalised patients with and without serious physical illness attributed the suicide attempt to somatic distress. Among 70- to 79-year-olds, seriously physically ill patients were more likely than healthier patients to attribute their attempt to psychological pain (84% vs. 48%). There were no significant differences in attributions in persons with and without serious health problems in the 80+ group. These findings show that the processes by which physical illness confers risk for attempted suicide in older adulthood may be age dependent. Interventions are needed to mitigate psychological pain in physically ill older patients, especially those in their seventies. Research is needed to understand how the psychological processes that influence the desire for suicide change across older adulthood. (JL)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

Deploying an ecological model to stem the rising tide of firearm suicide in older age; by Brian P Kaskie, Carol Leung, Mark S Kaplan.: Taylor and Francis, October-December 2016, pp 233-245.

Journal of Aging and Social Policy, vol 28, no 4, October-December 2016, pp 233-245.

In the United State, a central objective of the Surgeon General's National Strategy for Suicide Prevention is to focus on older adults. The authors review individual risk factors for suicide in late life, and then introduce an ecological model to expand conceptualisation of older person suicide. First, they look at the role of firearms, provide evidence that firearm availability increases the means of suicide in older people, and that gun access policies can contribute to reducing risk. Next, they focus on primary care providers, documenting how older adults often come into contact with these professionals before ending their lives, and how these providers could take a more active role in mediating individual-level risk factors. They then turn their attention to the intersection between gun access and primary care, and consider how advancing standards of care concerning gun access and suicide risk might be an effective policy alternative for blocking the pathway to suicide among older adults. (RH)

ISSN: 08959420

From : <http://www.tandfonline.com>

Influences of population-level factors on suicides in older adults: a national ecological study from Australia; by Chi-Kin Law, Kairi Kolves, Diego De Leo.: Wiley Blackwell, April 2016, pp 388-395.

International Journal of Geriatric Psychiatry, vol 31, no 4, April 2016, pp 388-395.

The relationship between older adult suicide rates and population-level variables has been examined in a few studies. The objective of the present study was to analyse the extent to which population-level factors are associated with suicide by older persons in Australia, from an ecological perspective. Suicide rates for older adults aged 65 years and over were calculated for 68 observation units at Statistical Areas Level 4 in Australia for 2002-2011. The 2011 Census of Population and Housing was used for population-level variables. Analysis on standardised suicide mortality ratios and Poisson regression were performed to examine geographical and gender differences. Between 2002 and 2011, a total of 3133 suicides of persons aged 65 years and above (77.1% men) was identified with an average annual rate of 10.1 per 100,000 persons. Suicide rates in older adults were found to vary widely between different geographical regions in Australia. The multivariate estimates of contextual factors showed that the risk of suicide was positively associated with the sex ratio, the proportion of those in tenant household and Australian residents born in North-West Europe. Significant gender variations were found. Specific factors increasing risk of suicide for older adults on SA4 level in Australia were living in areas with a higher proportion of male population, a higher proportion of tenant household dwellers and a higher proportion of immigrants from North-West Europe. The different influences of population-level factor on suicide between older men and women indicate the need for targeted suicide prevention activities. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

Reducing suicidal ideation in home health care: results from the CAREPATH depression care management trial; by Matthew C Lohman, Patrick J Raue, Rebecca L Greenberg, Martha L Bruce.: Wiley Blackwell, July 2016, pp 708-715.

International Journal of Geriatric Psychiatry, vol 31, no 7, July 2016, pp 708-715.

The study evaluated the effectiveness of a depression care management intervention in reducing suicidal ideation (SI) among home health patients. Data come from the cluster-randomised effectiveness trial of the Depression Care for Patients at Home (Depression CAREPATH), an intervention that integrates depression care management into the routine nursing visits of Medicare home health patients screening positive for depression. Patients were interviewed at baseline, three, six and 12-month follow-up. SI was measured using the Hamilton Rating Scale for Depression item. The study compared likelihood of any level of SI between intervention and usual care patients using longitudinal logistic mixed-effects models. A total of 306 eligible patients enrolled in the trial. Among them, 70 patients (22.9%) reported SI at baseline. Among patients with SI, patients under the care of nurses randomised to CAREPATH were less likely to report SI over the study period, with 63.6% of usual care versus 31.3% of CAREPATH participants continuing to report SI after one year. Baseline major depression, greater perceived burdensomeness and greater functional disability were associated with greater likelihood of SI. Overall SI was reported in more than 10% of Medicare home health patients. The Depression CAREPATH intervention was associated with a reduction in patients reporting SI at one year, compared to enhanced usual care. Given relative low burden on nursing staff, depression care management may be an important component of routine home health practices producing long-term reduction in SI among high-risk patients. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

Suicide attempts and completions in Veterans Affairs nursing home care units and long-term care facilities: a review of root-cause analysis reports; by Peter D Mills, Bradley I Gallimore, B Vince Watts, Robin R Hemphill.: Wiley Blackwell, May 2016, pp 518-525.

International Journal of Geriatric Psychiatry, vol 31, no 5, May 2016, pp 518-525.

Suicide was the 10th leading cause of death for Americans in 2010. The suicide rate is highest among men who are aged 75 and older. The prevalence of suicidal behaviour in nursing homes and long-term care (LTC) facilities was estimated to be 1%. This study described the systemic vulnerabilities found after suicidal behaviour in LTC facilities in the United States as well as steps to decrease or mitigate the risk. This was a retrospective review of root-cause analysis (RCA) reports of suicide attempts and completions between 1 January 2000 and 31 December 2013 in the Veterans Health Administration LTC and nursing home care units. The RCA reports of suicide attempts and completions were coded for patient demographics, method of attempt or completion, root causes and actions developed to address the root cause. 35 RCA reports were identified. The average age was 65 years, 11 had a previous suicide attempt, and the primary mental health diagnoses were depression, posttraumatic stress disorder and schizophrenia. The primary methods of self-harm were cutting with a sharp object, overdose and strangulation. It is recommended that all staff members are aware of the signs and risk factors for depression and suicide in this population and should systematically assess and treat mental disorders. In addition, LTC facilities should have a standard protocol for evaluating the environment for suicide hazards and use interdisciplinary teams to promote good communication about risk factors identified among patients. Finally, staff should go beyond staff education and policy to make clinical changes at the bedside. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

Suicide in the oldest old: an observational study and cluster analysis; by Mark Sinyor, Lynnette Pei Lin Tan, Ayal Schaffer ... (et al).: Wiley Blackwell, January 2016, pp 33-40.

International Journal of Geriatric Psychiatry, vol 31, no 1, January 2016, pp 33-40.

The older population are a high risk group for suicide. This study sought to learn more about the characteristics of suicide in the oldest old and to use a cluster analysis to determine whether oldest old suicide victims assort into clinically meaningful subgroups. Data were collected from a coroner's chart review of suicide victims in Toronto from 1998 to 2011. The study compared two age groups (335 65-79 year olds and 191 80+ year olds) and then conducted a hierarchical agglomerative cluster analysis using Ward's method to identify distinct clusters in the 80+ group. The younger and older age groups differed according to marital status, living circumstances and pattern of stressors. The cluster analysis identified three distinct clusters in the 80+ group. Cluster 1 was the largest at 124 and included people who were either married or widowed who had significantly more depression and somewhat more medical health stressors. In contrast, cluster 2 (50 individuals) comprised people who were almost all single and living alone with significantly less identified depression and slightly fewer medical health stressors. All 17 members of cluster 3 lived in a retirement residence or nursing home, and this group had the highest rates of depression, dementia, other mental illness and past suicide attempts. This is

the first study to use the cluster analysis technique to identify meaningful subgroups among suicide victims in the oldest old. The results reveal different patterns of suicide in the older population that may be relevant for clinical care. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

## 2015

Assisted dying in dementia: a systematic review of the international literature on the attitudes of health professionals, patients, carers and the public, and the factors associated with these; by Emily Tomlinson, Joshua Stott.: Wiley Blackwell, January 2015, pp 10-20.

International Journal of Geriatric Psychiatry, vol 30, no 1, January 2015, pp 10-20.

Assisted death and dementia is a controversial topic that, in recent years, has been subject to considerable clinical, ethical and political debate. This paper reviews international literature on attitudes towards assisted dying in dementia and considers factors associated with these. Following a systematic literature search 118 potential relevant studies were identified, 18 of which met the full inclusion criteria. These were screened using a quality assessment tool. Findings of the study showed that health professionals hold more restrictive views towards assisted dying, which appear less affected by their cultural background, than the public, patients and carers. However opinions within each population vary according to dementia severity and issues of capacity, as well as differing according to factors such as age, ethnicity, gender and religion of those surveyed. There also appears to be a trend towards more accepting attitudes over time. Sociodemographic factors can influence attitudes towards assisted dying. The impact of these, however, may also differ according to the population surveyed. The findings from this review can contribute to current debates and inform clinical practice and future research in this area. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

Completed suicide among nursing home residents: a systematic review; by Briony J Murphy, Lyndal Bugeja, Jennifer Pilgrim, Joseph E Ibrahim.: Wiley Blackwell, August 2015, pp 802-814.

International Journal of Geriatric Psychiatry, vol 30, no 8, August 2015, pp 802-814.

The aim of this study was to systematically review published research describing the frequency, nature and contributing factors of completed suicides among nursing home residents. In accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Statement, this review examined all original, peer-reviewed literature published in English between 1949 and 2013 describing completed suicides among nursing home residents. Information extracted for analysis included: study and population characteristics, method of suicide, potential risk factors and interventions. Eight studies were identified, the majority of which were conducted in the USA. There were 113 suicides in nursing homes reported in the literature, 101 with detailed information available for aggregate analysis. The majority were male, aged between 61 and 93 years. Suicide was most commonly by hanging or falling from a height. Risk factors were considered in a proportion of studies. Depression was examined in 27 cases and present in 18 (67%). Duration of residence was examined in 25 cases, 13 (52%) of which had resided in the nursing home less than 12 months. Physical health was examined in 22 cases, 11 (50%) of whom were experiencing physical decline. Prior suicidal behaviour, cognitive function and personal loss were also examined. Organisational risk factors and intervention strategies were rarely considered. There is a paucity of research describing completed suicide among nursing home residents. More large-scale research is required using standardised methods for reporting information to better understand and prevent completed suicides in this setting. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

Dying in the age of choice; by Kathy Black, Ellen L Csikai.: Taylor & Francis, January-March 2015, pp 27-49.

Journal of Social Work in End-of-Life & Palliative Care, vol 11, no 1, January-March 2015, pp 27-49.

Due to the unprecedented increase in the United States ageing demographics, many more people are living longer and reaching older ages than ever before. However a longer life is not necessarily a better life, as the vast majority will face a period of prolonged deteriorating health prior to death. Although notable efforts have been underway that are designed to improve the end-of-life experience, increasing numbers of individuals express a desire and/or act upon an intent to end their lives precipitously. Though still limited, the options to actively participate in their own deaths are growing. Requests for a hastened death can occur among people of all ages and includes those with advanced illness as well as others wanting to die due to unbearable suffering. This article provides an overview of the ongoing discourse about the experience of dying faced by many older adults, including aspects frequently associated with a 'good death'. The limitations of established practices which seek

to provide a 'better' dying experience are identified followed by discussion of the growing availability of alternative options. Reflective considerations are presented to guide practice vis-à-vis the changing landscape surrounding options in dying. (JL)

ISSN: 15524256

From : [www.tandfonline.com](http://www.tandfonline.com)

Medical examiner and coroner reports: uses and limitations in the epidemiology and prevention of late-life suicide; by Gary Cheung, Sally Merry, Frederick Sundram.: Wiley Blackwell, August 2015, pp 781-792.

International Journal of Geriatric Psychiatry, vol 30, no 8, August 2015, pp 781-792.

Late-life suicide is a growing public health concern in many parts of the world. Understanding the contributory factors to completed suicide is essential to inform the development of effective suicide risk assessment and management. The aim of this study was to synthesise the findings in studies that used coroner or medical examiner records to determine these contributory factors. The databases of Scopus (from 1960), MEDLINE (from 1946) and PsychINFO (from 1806) were searched in August 2013, to identify studies that used coroner or medical examiner records for investigating the epidemiological, sociodemographic characteristics and clinical aspects of late-life suicide. As a result 25 studies were identified. There was a lack of standardisation of variables assessed between studies leading to incomplete datasets in some work. However a diagnosis of depression was found in 33%, and depressive mood/symptoms in 47% of cases. About 55% had a physical health problem. Terminal illness was associated with a smaller proportion (7.1%) of the cases. Older people were more likely to have had contact with primary care rather than mental health services prior to suicide. Despite their limitations, coroner and medical examiner records provide an opportunity for examining suicide epidemiology. Targeting primary care providers where late-life depression and physical illness can be detected and treated is a potential strategy to address late-life suicide. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

Risk and protective factors associated with intentional self-harm among older community-residing home care clients in Ontario, Canada; by Eva Neufeld, John P Hirdes, Christopher M Perlman, Terry Rabinowitz.: Wiley Blackwell, October 2015, pp 1032-1040.

International Journal of Geriatric Psychiatry, vol 30, no 10, October 2015, pp 1032-1040.

This study aimed to examine risk and protective factors associated with intentional self-harm among community-dwelling older adults receiving home care services in Ontario, Canada. Administrative health data from the home care sector were linked to hospital administrative data to carry out the analyses. Home care data were collected in Ontario using the Resident Assessment Instrument \_ Home Care (RAI-HC), an assessment tool that identified strengths, preferences and needs of long-stay home care clients. The sample included Ontario home care clients aged 60 years or older assessed with the RAI-HC between 2007 and 2010. Multivariable analyses were performed using SAS. Hospital records of intentional self-harm (ISH) were present in 9.3 cases per 1000 home care clients. Risks of ISH included younger age (60-74 years), psychiatric diagnosis, alcohol use and dependence, psychotropic medication and depressive symptoms. Protective effects were found for marital status and positive social relationships, yet these effects were more pronounced for men. Cognitive performance measures showed the odds of ISH 1.86 times higher for older adults with moderate to severe cognitive impairment. This study based on provincial data points to tangible areas for preventative assessment by frontline home care professionals. Of interest were the risk and protective factors that differed by sex. As demand for home care in Canada is expected to increase, these findings may inform home care professionals' appraisal and approach to suicide prevention among community-dwelling older adults. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

## 2014

Path analysis of suicide ideation in older people; by Seolmin Kim, Jee Hyun Ha, Jaehak Yu ... (et al).: Cambridge University Press, March 2014, pp 509-515.

International Psychogeriatrics, vol 26, no 3, March 2014, pp 509-515.

Suicide among older people is one of the most rapidly emerging healthcare issues. The objective of this study was to identify factors associated with suicide ideation in the aged population in South Korea. The study recruited 684 subjects aged over 65 (147 men and 537 women, mean age 78.20 years), and trained interviewers performed the interviews. The study was performed as part of a community mental health suicide prevention programme. The subjects' socio-demographic data, physical health, alcohol problems, social relationships, psychological well-being and depression severity were all considered. The Korean version of the Beck Scale for Suicide Ideation (K-BSI) was used to evaluate the intensity of suicide ideation. Correlation and hierarchical

multiple regression analyses were performed to identify the factors associated with the K-BSI. The study results were tested using a path analysis. Depression severity was found to be positively correlated with suicide ideation, and economic status, psychological well-being, and social relationships were negatively correlated with suicide ideation. Depression severity had the largest direct impact, and economic status and social relationships had indirect impacts on suicide ideation. Psychological well-being exerted both direct and indirect influences. Overall depression severity was the most important predictor of suicide ideation. Other direct and indirect factors played secondary roles. Effective suicide prevention strategies should focus on early detection and active intervention for depression. Socio-economic programmes may also indirectly reduce suicide ideation among the aged population. (JL)

ISSN: 10416102

From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

Psychosocial and medical aspects of older suicide completers in Israel: a 10-year survey; by Assaf Shelef, Jehuda Hiss, Gali Cherkashin ... (et al.): Wiley Blackwell, August 2014, pp 846-851.

International Journal of Geriatric Psychiatry, vol 29, no 8, August 2014, pp 846-851.

The rate of completed suicide among older adults continues to be the highest of any age group worldwide. The aim of the present study was to investigate the sociodemographic data, mental and physical health characteristics and suicide methods of the older population who completed suicide in Israel. A national retrospective record-based case series study of consecutive older (50 years or older) suicide completers who had undergone autopsy over a 10-year period was conducted. 314 consecutive records of suicide completers, 69.6% males and mean age 64.7 were analysed. The largest group (38%) emigrated from the Former Soviet Union and 19% emigrated from Eastern Europe. Immigrants from Eastern Europe committed suicide at an older age. Hanging was the predominant suicide method. Jumping from height increased more than threefold in the 'old-old' (older than 75 years) group. Hanging and firearms were more frequently used by males. Females were more likely to employ poisoning and suffocation. A significant minority (30%) had been diagnosed as suffering from psychiatric morbidity. Most common diagnoses were depression and alcohol abuse or dependence. Physical disorders (mainly cardiovascular disease and malignancy) were present in 27% of cases. Subjects with psychiatric illness were more likely to complete suicide at a younger age compared with subjects with physical illness. Overall the study showed that findings of male predominance, psychiatric morbidity and physical illness were consistent with previously published studies. Immigrants from Eastern Europe completed suicide at an older age and the older victims had used more lethal methods of suicide. (JL)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

Suicide in centenarians: the international landscape; by Ajit Shah, Sofia Zarate-Escudero, Ravi Bhat ... (et al.): Cambridge University Press, October 2014, pp 1703-1708.

International Psychogeriatrics, vol 26, no 10, October 2014, pp 1703-1708.

Increased life expectancy worldwide has led to an increase in the number of centenarians and their numbers are predicted to increase further. However little is known about suicide rates in this group. In the present study data on the number of suicides in centenarians of both genders for as many years as possible from 2000 were ascertained from three sources: colleagues, national statistics office websites and e-mail contact with the national statistics offices of as many countries as possible. The number of centenarians for the corresponding years was estimated for each country using data provided by the United Nations website. Data were available from 17 countries. The suicide rate was 57 per 100,000 person years in men and 6.8 per 100,000 person years in women. Suicide rates were sufficiently large amongst centenarians for there to constitute a public health concern given the anticipated rise in the centenarian population and the paucity of data on risk and protective factors for suicide in this age group. (JL)

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From : [www.journals.cambridge.org](http://www.journals.cambridge.org)

Suicide risk in long-term care facilities: a systematic review; by Briana Mezuk, Andrew Rock, Matthew C Lohman, Moon Choi.: Wiley Blackwell, December 2014, pp 1198-1211.

International Journal of Geriatric Psychiatry, vol 29, no 12, December 2014, pp 1198-1211.

Suicide risk is highest in later life, however little is known about the risk of suicide among older adults in long-term care facilities (eg nursing homes and assisted living facilities). The goal of this paper was to review and synthesise the descriptive and analytic epidemiology of suicide in long-term care settings over the past 25 years. Four databases were searched and 4073 unique research articles were identified. Of these, 37 were selected for inclusion in this review. Of the included reports, 21 were cross-sectional, eight cohort, three qualitative and five intervention studies. Most studies indicated that suicidal thoughts (active and passive) are common among residents (prevalence in the past month: 5-33%), although completed suicide is rare. Correlates of suicidal

thoughts among long-term care residents include depression, social isolation, loneliness and functional decline. Most studies examined only individual-level correlates of suicide, although there is suggestive evidence that organisational characteristics (e.g., bed size and staffing) may also be relevant. Existing research on suicide risk in long-term care facilities is limited but suggests that this is an important issue for clinicians and medical directors to be aware of and address. Research is needed on suicide risk in assisted living and other non-nursing home residential settings, as well as the potential role of organisational characteristics on emotional well-being for residents. (JL)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

## 2013

Determinants of thoughts of death or suicide in depressed older persons; by Ista C H M Bogers ... (et al.): Cambridge University Press, November 2013, pp 1775-1782.

International Psychogeriatrics, vol 25, no 11, November 2013, pp 1775-1782.

In depressed persons, thoughts of death and suicide are assumed to represent different degrees of a construct: suicidality. However this can be questioned in older persons facing physical and social losses. Thoughts of death in depressed older persons are hardly examined in the absence of suicidal ideation. Furthermore most depression instruments do not discriminate suicidal ideation from thoughts of death only. This study examined whether determinants of thoughts of death differ from determinants of suicidal ideation in late life depression. Past month's thoughts of death and suicidal ideation were assessed with the Composite International Diagnostic Interview in 378 depressed older persons aged 60 or above. Multinomial logistic regression analyses adjusted for age and depression severity were used to identify socio-demographic, lifestyle, clinical and somatic determinants of past month's thoughts of death and suicidal ideation. Compared with patients without thoughts of death or suicide, patients reporting thoughts of death but no suicidal ideation were older and more severely depressed, whereas patients with suicidal ideation were also more severely depressed but not older. This latter group was further characterised by more psychiatric comorbidity, panic disorder, at-risk alcohol use, lifetime suicide attempts, loneliness and recent life events. In depressed older persons thoughts of death and suicide differ in relevant demographic, social, and clinical characteristics, suggesting that the risks and consequences of the two conditions differ. (JL)

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From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

Dying together: suicide pacts and other episodes of paired suicides in Yorkshire and the Humber; by Marilyn J Gregory.: Oxford University Press, March 2013, pp 298-316.

British Journal of Social Work, vol 43, no 2, March 2013, pp 298-316.

This article discusses the phenomenon of paired suicide using a number of studies drawn from a sample of cases in Yorkshire and the Humber. Worldwide, suicide is the tenth leading cause of death: 1.5 per cent of all deaths are the result of suicide, a rate of 14.5:100,000 individuals per year. In 2010 there were 5,608 suicides in people aged fifteen years and over in the UK. Paired suicides, often called suicide pacts, in which two people die together, are a small fraction of suicides overall but are a persistent and devastating phenomenon. Cases were included in the study only when the suicides occurred together in the same place and within twenty-four hours. The term 'paired suicide' is used here because the suicide pact is quite difficult to define, due to a number of contextual factors. Social workers have a key role to play in the prevention of suicide, and encounter the kinds of cases discussed in their work in mental health teams, drug and alcohol services, practice with offenders and community care practice with older people. The article therefore concludes with a discussion of the implications for collaborative practice. (JL)

ISSN: 00453102

From : [www.bjsw.oxfordjournals.org](http://www.bjsw.oxfordjournals.org)

Early childhood abuse and late-life suicidal ideation; by Natalie Sachs-Ericsson, Elizabeth Corsentino, Nicole Collins Rushing (et al.): Taylor and Francis, April/May 2013, pp 489-494.

Aging & Mental Health, vol 17, nos 3-4, April/May 2013, pp 489-494.

In younger populations, childhood sexual and physical abuse have been found to be associated with suicidal ideation. In this study data from the National Comorbidity Study-Replication (NCS-R) in the United States were used to investigate whether an association exists between childhood sexual and physical abuse and suicidal ideation in older adults (60+, N=?1610). Suicidal ideation occurring after the age of 60 was assessed. Early-life factors were assessed including childhood physical and sexual abuse and parent's internalising and externalising symptoms. Participants' internalising and externalising symptoms were also assessed. Logistic regression analysis showed that male gender, mother's internalising symptoms and childhood physical and sexual abuse



were associated with suicidal ideation. The association between child abuse and suicidal ideation was mediated by participants' externalising symptoms. Health care workers should screen for suicidal ideation among older adults. In particular, older males with externalising disorders and a history of child abuse may be at a heightened risk for suicidal ideation. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

From sense-making to meaning-making: understanding and supporting survivors of suicide; by Dolores Angela Castelli Dransart.: Oxford University Press, March 2013, pp 317-335.

British Journal of Social Work, vol 43, no 2, March 2013, pp 317-335.

This article reports findings from a qualitative study conducted in Switzerland, aimed at understanding how 48 survivors made sense of the suicide of a loved one. In-depth interviews were carried out and grounded theory analysis was performed. Suicide shatters the assumptive world of survivors. In their quest for meaning, they undergo three processes. Sense-making is seeking comprehensibility and consists of rebuilding the path which led to suicide and the figure of the person who died. Memory-building encompasses dealing with the legacy of suicide, by preserving reputation and presenting a public storyline intended for people outside the family circle. Meaning-making allows the survivor to journey towards an existential significance of the loss. Four ways of meaning-making were highlighted: for some, suicide becomes the driving force behind a commitment to suicide prevention; for others, it is the source of an increased awareness of life. Other survivors cannot find a constructive personal existential meaning, which prevents the rebuilding of self. Finally, for a minority, suicide is a mishap which needs to be dealt with. Suggestions are made on how social workers can assist survivors in their processes of meaning-making by supporting the elaboration of constructive narratives and offering tailored resources. (JL)

ISSN: 00453102

From : [www.bjsw.oxfordjournals.org](http://www.bjsw.oxfordjournals.org)

Gender differences in health service use for mental health reasons in community dwelling older adults with suicidal ideation; by Helen-Maria Vasiliadis, Sarah Gagné, Natalia Jozwiak, Michel Préville.: Cambridge University Press, March 2013, pp 374-381.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 374-381.

The purpose of this study from Quebec was to ascertain gender-specific determinants of antidepressant and mental health (MH) service use associated with suicidal ideation. Data used in the study came from the ESA (Enquête sur la Santé des Aînés) survey carried out in 2005\_2008 on a large sample of community-dwelling older adults. Multivariate logistic regression analyses were carried out. Results of the study showed that the two-year prevalence of suicidal ideation was 8.4% and 20.3% had persistent suicidal thoughts at one-year follow-up. In males, the prevalence of antidepressant and MH service use in respondents with suicidal ideation reached 32.2% and 48.9% respectively. In females, the corresponding rates were 42.6% and 65.6%. Males were less likely to consult MH services than females when their MH was judged poorly. Male respondents with higher income and education were less likely to use antidepressant and MH services. However males using benzodiazepines were more likely than females to be dispensed an antidepressant. Among respondents with suicidal ideation, gender was not associated with service use. Younger age however was associated with antidepressant use. Increased promotion campaigns sensitising men to the prodromal symptoms of depression and the need to foster access to MH care when the disorder is manageable may be needed. (JL)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

The public's viewpoint on the right to hastened death in Alberta, Canada: findings from a population survey study; by Donna M Wilson, Stephen Birch, Rod MacLeod ... (et al): Wiley, March 2013, pp 200-208.

Health and Social Care in the Community, vol 21, no 2, March 2013, pp 200-208.

A research study was conducted to determine public opinion in Alberta, Canada, on the controversial topic of death hastening. Questions on the right to hastened death, end-of-life plans and end-of-life experiences were included in the Population Research Laboratory's annual 2010 health-care telephone survey, with 1,203 adults providing results relatively representative of Albertans. Of all 1,203, 72.6% said yes to the question: 'Should dying adults be able to request and get help from others to end their life early, in other words, this is a request for assisted suicide?' Among all who provided an answer, 36.8% indicated 'yes, every competent adult should have this right' and 40.6% indicated 'yes, but it should be allowed only in certain cases or situations'. Over 50% of respondents in all but one socio-demographic population sub-group (Religious-other) were supportive of the right to hastened death. However, multinomial regression analysis revealed that the experiences of deciding to euthanise a pet/animal and developing or planning to develop an advance directive predicted support, while self-reported religiosity predicted non-support. Finding majority public support for death hastening suggests that

legalisation could potentially occur in the future. However such a policy should first require a careful consideration of the model of assisted suicide or euthanasia that best protects people who are highly vulnerable to despair and suffering near the end of life. (JL)

ISSN: 09660410

From : [www.wileyonlinelibrary.com/journals/hsc](http://www.wileyonlinelibrary.com/journals/hsc)

Recruiting older men for geriatric suicide research; by Sunil S Bhar, Shannon Wiltsey-Stirman, David Zembroski ... (et al): Cambridge University Press, January 2013, pp 88-95.

International Psychogeriatrics, vol 25, no 1, January 2013, pp 88-95.

In the USA, older adults have a higher suicide rate than any other segment of the population. For older men especially, there is an urgent need to develop and evaluate suicide prevention strategies. However such research is difficult to implement partly due to challenges associated with recruiting older suicidal men. Little attention has been given to identifying effective recruitment strategies for such research. This study evaluated the success and efficiency of five recruitment strategies for a clinical trial on the efficacy of cognitive therapy for suicidal older men. For each strategy, the numbers of individuals approached, screened, and enrolled were calculated, and the expenses and time associated with each enrolment estimated. Men who were 60 years or older and who had a desire for suicide over the past month were eligible for the trial. Of 955 individuals considered for trial, 33 were enrolled. Most enrolments were sourced from the Veterans Affairs Behavioral Health Laboratory. Recruiting from this source was also the most time and cost efficient recruitment strategy in the study. Overall the study showed that recruitment strategies are effective when they are based on collaborative relationships between researchers and providers, and utilise an existing infrastructure for involving patients in ongoing research opportunities. (JL)

ISSN: 10416102

From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

The relationship of religious involvement indicators and social support to current and past suicidality among depressed older adults; by Nicole C Rushing, Elizabeth Corsentino, Jennifer L Hames, (et al): Taylor and Francis, April/May 2013, pp 366-374.

Aging & Mental Health, vol 17, nos 3-4, April/May 2013, pp 366-374.

Older people, particularly those with major depression, are at the highest risk for suicide than any other age group. Religious involvement is associated with a range of health outcomes, including lower odds of death by suicide. However, not much is known about the effects of religious involvement on suicidal ideation in older people, or which aspects of religiosity are beneficial. This study examined the relative influence of various conceptualizations of religious involvement, above and beyond the protective effects of social support, on current and past suicidality among depressed older adults. Participants were 248 depressed patients, 59 years and older, enrolled in the US Neurocognitive Outcomes of Depression in the Elderly study. A psychiatrist assessed current suicidal ideation using the suicidal thoughts item from the Montgomery-Asberg Depression Rating Scale (MADRS). Past history of suicide attempts, four religious involvement indicators, social support indicators, and control variables were assessed via self-report. Church attendance, above and beyond importance of religion, private religious practices, and social support, was associated with less suicidal ideation; perceived social support partially mediated this relationship. Current religious practices were not predictive of retrospective reports of past suicide attempts. Church attendance, rather than other religious involvement indicators, has the strongest relationship to current suicidal ideation. Clinicians should consider public religious activity patterns and perceived social support when assessing for other known risk and protective factors for suicide, and in developing treatment plans. (rh)

ISSN: 13607863

From : <http://www.tandfonline.com>

Suicidal ideation in family carers of people with dementia: a pilot study; by Siobhan T O'Dwyer, Wendy Moyle, Melanie Zimmer-Gembeck, Diego De Leo.: Wiley Blackwell, November 2013, pp 1182-1188.

International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1182-1188.

The objective of this pilot study was to gather preliminary evidence on suicidal ideation in family carers of people with dementia. An online cross-sectional survey was conducted with 120 family carers, the majority of whom were located in Australia and the USA. The survey included measures of suicidality, self-efficacy, physical health, depression, hopelessness, anxiety, optimism, caregiver burden, coping strategies and social support. 26% of carers were found to have contemplated suicide more than once in the previous year. Only half of these had ever told someone they might commit suicide and almost 30% said they were likely to attempt suicide in the future. Carers who had contemplated suicide had poorer mental health, lower self-efficacy for community support service use and greater use of dysfunctional coping strategies than those who had not. In a logistic regression, only depression predicted the presence of suicidal thoughts. These findings demonstrate that

a significant number of people might contemplate suicide while caring for a family member with dementia. Although more research is required to confirm this, there are clear implications for policy and clinical practice in terms of identifying and supporting carers who are already contemplating suicide. (JL)

ISSN: 98856230

From : [www.orangejournal.org](http://www.orangejournal.org)

Suicide in older adults: risk factors, interventions and clinical considerations; by Thomas Richardson.: British Psychological Society, January 2013, pp 32-42.

FPOP Newsletter, no 122, January 2013, pp 32-42.

Suicide represents one of the main causes of death globally, with nearly one million suicides a year (World Health Organization, 2002). This paper reviews recent research on the epidemiology of suicidal behaviour and suicidal ideation in older adults. The focus is on risk factors and clinical implications. Unless specified otherwise, all of the research discussed relates specifically to older people. (RH)

ISSN: 13603671

From : [www.bps.org.uk](http://www.bps.org.uk)

## 2012

Anxiety symptoms and suicidal feelings in a population sample of 70-year-olds without dementia; by Mattias Jonson, Ingmar Skoog, Thomas Marlow (et al).

International Psychogeriatrics, vol 24, no 11, November 2012, pp 1865-1871.

The association between anxiety symptoms and suicidal feelings was explored in a population sample of 70-year-olds without dementia, and to test whether associations would be independent of depression. Data for this study derive from the H70 longitudinal study initiated in Gothenburg, Sweden in 1971. Face-to-face interviews with 560 people born in 1930 were carried out by psychiatric nurses. Past month symptoms were rated with the Comprehensive Psychopathological Rating Scale (CPRS). The Brief Scale for Anxiety (BSA) was derived from the CPRS to quantify anxiety symptom burden. Past month suicidal feelings were evaluated with the Paykel questions. Anxiety symptom burden was associated with suicidal feelings. The association remained after adjusting for major depression. One individual BSA item (Inner tension) was independently associated with suicidal feelings in a multivariate regression model. The association did not remain, however, in a final model in which depression symptoms replaced depression diagnosis. Results from this population study suggest an association between anxiety and suicidal feelings in older adults. The role of anxiety and depression symptoms needs further clarification in the study of suicidal behaviour in late life. (RH)

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From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

Factors associated with suicidal thoughts in a large community of older adults; by Osvaldo P Almeida, Brian Draper, John Snowdon ... (et al).: Royal College of Psychiatrists, December 2012, pp 466-472.

British Journal of Psychiatry, vol 201, no 6, December 2012, pp 466-472.

Thoughts about death and self-harm in old age have been commonly associated with the presence of depression, but other risk factors may also be important. The aim of the present study was to determine the independent association between suicidal ideation in later life and demographic, lifestyle, socioeconomic, psychiatric and medical factors. A cross-sectional study was conducted of a community-derived sample of 21,290 adults aged 60-101 years enrolled from Australian primary care practices. The authors considered that participants endorsing any of the four items of the Depressive Symptom Inventory \_Suicidality Subscale were experiencing suicidal thoughts. They used standard procedures to collect demographic, lifestyle, psychosocial and clinical data. Anxiety and depressive symptoms were assessed with the Hospital Anxiety and Depression Scale. Study findings showed that over a two-week period, the prevalence of suicidal ideation was 4.8%. Male gender, higher education, current smoking, living alone, poor social support, no religious practice, financial strain, childhood physical abuse, history of suicide in the family, past depression, current anxiety, depression or comorbid anxiety and depression, past suicide attempt, pain, poor self-perceived health and current use of antidepressants were independently associated with suicidal ideation. Poor social support was associated with a population attributable fraction of 38.0%, followed by history of depression (23.6%), concurrent anxiety and depression (19.7%), prevalent anxiety (15.1%), pain (13.7%) and no religious practice (11.4%). These findings show that prevalent and past mood disorders seem to be valid targets for indicated interventions designed to reduce suicidal thoughts and behaviour. However the data also indicate that social disconnectedness and stress account for a larger proportion of cases than mood disorders. Should these associations prove to be causal, then interventions that succeed in addressing these issues would contribute the most to reducing suicidal ideation and, possibly, suicidal behaviour in later life. (JL)

ISSN: 00071250

From : [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

Risk factors for repetition and suicide following self-harm in older adults: multicentre cohort study; by Elizabeth Murphy, Navneet Kapur, Roger Webb, Nitin Purandare.: Royal College of Psychiatrists, May 2012, pp 399-404. British Journal of Psychiatry, vol 200, no 5, May 2012, pp 399-404.

Older adults have elevated suicide rates and self-harm is the most important risk factor for suicide. The aim of the present study was to calculate self-harm rates, risk factors for repetition and rates of suicide following self-harm in adults aged 60 years and over. The research looked at a prospective, population-based self-harm cohort presenting to six general hospitals in three cities in England during 2000 to 2007. In total 1,177 older adults presented with self-harm and 12.8% repeated self-harm within 12 months. Independent risk factors for repetition were previous self-harm, previous psychiatric treatment and being aged 60-74 years. Following self-harm, 1.5% died by suicide within 12 months. The risk of suicide was 67 times that of older adults in the general population. Men aged 75 years and above had the highest suicide rates. These findings show that older adults presenting to hospital with self-harm are a high-risk group for subsequent suicide, particularly older men. (JL)

ISSN: 00071250

From : [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

Self-harm in older people: a clear need for specialist assessment and care; by Michael S Dennis, David W Owens.: Royal College of Psychiatrists, May 2012, pp 356-358.

British Journal of Psychiatry, vol 200, no 5, May 2012, pp 356-358.

Suicide rates are generally elevated after episodes of non-fatal self-harm, especially among older adults. Evidence suggests that non-fatal and fatal self-harm are more closely related in older than in younger adults. Older people who have self-harmed need specialist assessment followed by good short-term and long-term evidence-based care. (JL)

ISSN: 00071250

From : [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

When elderly people give warning of suicide; by Ildri Kjolseth, Oivind Ekeberg.

International Psychogeriatrics, vol 24, no 9, September 2012, pp 1393-1401.

The study has a dual objective. One is to investigate the extent to which, and how and to whom, older people gave warning (according to the definition of the term given by the American Association of Suicidology) prior to suicide. The other is to investigate how these warnings were perceived by the recipients of them, and what reactions the recipients had to the warnings. This is a psychological autopsy study based on qualitative interviews. 63 informants were interviewed about 23 suicides by individuals aged over 65 in Norway. The informants comprised relatives, general practitioners (GPs) and home-based care nurses. In general, the analysis of the interviews follows the systematic text condensation method. The interviews contained four main themes regarding reactions to the warnings: "not taken seriously", "helplessness", "exhaustion" and "acceptance". 14 of the 23 older people gave warning before the suicides occurred. The warnings were given to relatives (11), home-based care nurses (5), and GPs (2). Although more than half of the older people had given warning (most frequently to relatives) before the suicide, the warnings did not initiate preventive measures. Together with passive attitudes, the lack of recognition of both the risk of suicide and the opportunities for treatment prevented possible measures being implemented. The grounds for the reactions as well as how suicide warnings given by elderly people can be taken seriously are discussed. (RH)

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From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

## 2011

Elderly suicide attempters by self-poisoning in Korea; by Yoo-Ra Kim, Kyoung Ho Choi, Youngmin Oh ... (et al).

International Psychogeriatrics, vol 23, no 6, August 2011, pp 979-985.

The present study, based in Korea, investigated the psychosocial risk factors for suicide in older versus younger adults. Subjects included 388 patients who were admitted to the emergency room following self-poisoning. Two age groups were defined: younger patients (aged less than 65 years) and older patients (aged over 65 years). Data including demographic factors, suicidal risk factors and information about the current suicide attempt were obtained from a retrospective chart review. The number of suicide attempters over the age of 65 years old was 57, and their mean age was 73.5 years. The older patients had more underlying medical illnesses than the under 65 group. Depression was the most common psychiatric diagnosis. Psychotropics were the most commonly ingested drugs in both groups, but the use of pesticides was more notable in the over 65 group. The older suicide

attempters had higher risk-rating scores and lower rescue-rating scores than the under 65 group. Male-to-female ratio of the older group was nearly 1:1 unlike the under 65 group. Older suicide attempters had different psychosocial stressors such as physical illness and more lethal suicide attempts. The study suggests the need for development of specific strategies aimed at preventing suicide in older people. (JL)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg>

End-of-life care in elderly cancer patients; by Sophie Pautex, Gilbert B Zulian.

*Aging Health*, vol 7, no 3, June 2011, pp 469-475.

In spite of increased life expectancy at the dawn of the 21st century, chronic disorders in older people are still taking their toll, with cancers being the most prevalent. The question of how to approach the end of life remains largely unresolved, however the development of palliative care may provide some answers. Although the deficits in providing good palliative care are well known in many areas, dramatic improvements have been made to allow healthcare professionals to achieve impeccable symptom control, through sedation, chemotherapy and other means. However, patients' existential suffering remains, and many are likely to become cognitively impaired. The use of advance directives may be appropriate in order to ensure patients' autonomy as they become incapable of making their own decisions. However the practice of assisted suicide and euthanasia (which are considered acceptable in some countries) are of great professional and ethical concern. Education, training and research are key elements for the development of palliative care and for the general improvement of care delivered to older patients approaching the end of their lives. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

Sense of coherence in elderly suicide attempters: the impact of social and health-related factors; by Madeleine Mellqvist, Stefan Wiktorsson, Erik Joas ... (et al).

*International Psychogeriatrics*, vol 23, no 6, August 2011, pp 986-993.

An association between sense of coherence (SOC) and suicidal behaviour has been suggested. The aim of this Swedish study was to identify factors associated with low SOC in older suicide attempters. 80 non-demented hospital-treated suicide attempters aged 70 years and older (38 men, 42 women, mean age 79.4 years) took part in an interview with a research psychologist and completed the 29-item SOC questionnaire. The interview included questions regarding social situation and health-related factors. The Comprehensive Psychopathological Rating Scale (CPRS) provided symptom ratings that were used in a diagnostic algorithm for DSM-IV major depression. The Cumulative Illness Rating Scale for Geriatrics (CIRS-G) was used to identify individuals with serious physical illness. Results showed that there was a strong relationship between major depression and SOC. While no relationship was found between severe physical illness and SOC, associations were demonstrated with social variables including too little time spent with children, too little time spent with grandchildren and having moved within the past five years. These associations remained significant in regression models adjusted for sex, age and major depression. The authors conclude that a number of social variables were independently related to SOC in older suicide attempters. Prospective studies are needed in order to determine whether SOC-strengthening interventions can reduce the risk of suicidal behaviour in older adults. (JL)

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From : <http://www.journals.cambridge.org/ipg>

Social work with older people - reducing suicide risk: a critical review of practice and prevention; by Jill Manthorpe, Steve Iliffe.

*British Journal of Social Work*, vol 41, no 1, January 2011, pp 131-147.

Although suicide remains an uncommon event among older people in most developed countries, suicide rates do increase with age, mainly accounted for by the higher incidence among older men. This review draws on four existing reviews and a further search of the literature using a critical interpretive synthesis methodology that emphasises practitioner perspectives. It reveals three problems: a scarcity of research that takes a system-wide approach to suicide prevention in later life; a dearth of evidence about the social work contribution to reducing the risk of suicide in later life; and a noticeable absence of reference to social work practice in national guidelines for mental health practitioners. This absence of social work services from studies about later life suicide arises partly from concentration on medical, nursing and psychological literature and partly from the use of a hierarchy of evidence that grades research by quality of the science and stands to miss accounts of practice, let alone the experiences of older people. Suggests that emphasis should be given to guideline development, and to improving sub-optimal care and support. (JL)

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From : <http://bjsw.oxfordjournals.org>

2010

Advance directives in dementia: issues of validity and effectiveness; by Marike E de Boer, Cees M P M Hertogh, Rose-Marie Dröes (et al).

*International Psychogeriatrics*, vol 22, no 2, March 2010, pp 201-208.

Although advance directives may seem useful instruments in decision-making regarding incompetent patients, their validity in cases of dementia has been a much debated subject and little is known about their effectiveness in practice. This paper assesses the contribution of advance directives to decision-making in the care of people with dementia, with a special focus on non-treatment directives and directives for euthanasia. The relevant problems from the ethical debate on advance directives in cases of dementia are summarized and the authors discuss how these relate to what is known from empirical research on the validity and effectiveness of advance directives in the clinical practice of dementia care. The ethical debate focuses essentially on how to respond to the current wishes of a patient with dementia if these contradict the patient's wishes contained in an advance directive. The (very limited) empirical data show that the main factors in medical decision-making in such cases is not the patient's perspective but the medical judgment of the physician and the influence of relatives. Insight into the experiences and wishes of people with dementia regarding advance directives is totally lacking in empirical research. Ethics and actual practice are two "different worlds" when it comes to approaching advance directives in cases of dementia. It is clear, however, that the use of advance directives in practice remains problematic, above all in cases of advance euthanasia directives, but to a lesser extent also when non-treatment directives are involved. Although generally considered valid, their effectiveness seems marginal. Further empirical research into the (potential) value of advance directives in dementia care is recommended. (KJ/RH)

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From : <http://www.journals.cambridge.org/ipgdoi:10.1017/S1041610209990706>

Alone? perceived social support and chronic interpersonal difficulties in suicidal elders; by Katrin E Harrison, Alexandre Y Dombrowski, Jennifer Q Morse (et al).

*International Psychogeriatrics*, vol 22, no 3, May 2010, pp 445-454.

Social networks may protect depressed older people against suicidal behaviour. However, conflict in important relationships may undermine the sense of social support, potentially negating the protective effects. Thus, the authors investigated the role of chronic interpersonal difficulties and perceived social support in depressed older people with and without suicidal thoughts and attempts. 106 individuals aged 60+ participated in this cross-sectional, case-control study. They were placed in three groups: suicidal depressed, non-suicidal depressed and non-depressed. Following a detailed clinical characterization, perceived social support (Interpersonal Support Evaluation List) and chronic interpersonal difficulties (Inventory of Interpersonal Problems) were assessed. Using general linear models, the authors explored the relationship between suicidal thoughts or attempts, social support, and chronic interpersonal difficulties. The authors also examined whether lower perceived social support explained the relationship between chronic interpersonal difficulties and suicidal thoughts/attempts. Suicidal depressed older people reported the lowest levels of perceived social support (belonging, tangible support, and self-esteem) and higher levels of chronic interpersonal difficulties (struggle against others and interpersonal hostility), compared to both non-suicidal depressed and non-depressed older people. The relationship between chronic interpersonal difficulties and suicidal behaviour was partially explained by low perceived social support. The experience of strong affects, interpersonal struggle, and hostility in relationships may undermine the sense of social support in depressed elders, possibly leading them to contemplate or attempt suicide. Depressed elders with a history of interpersonal difficulties need to be carefully monitored for suicidal behaviour. (KJ/RH)

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From : <http://www.journals.cambridge.org/ipgdoi:10.1017/S1041610209991463>

Challenges of depression and suicidal ideation associated with aging with HIV/AIDS: implications for social work; by David E Vance, Tom Struzick, Gwendolyn Childs.: Routledge, 2010, pp 159-175.

*Journal of Gerontological Social Work*, vol 53, issue 2, 2010, pp 159-175.

As the number of older adults with HIV/AIDS increases, new challenges are emerging that threaten their ability to age with this disease. Threats of particular concern are depression and suicidal ideation. Studies show that those aging with HIV/AIDS have a number of stressors that tax their coping mechanisms, increasing vulnerability to depression and suicidal ideation. These stressors can be categorized into three areas. First, there are psychosocial stressors that can contribute to depression. Second, there are health and biochemical stressors that can contribute to depression, as well as compromise cognitive abilities needed to adapt to such stressors. Third, cognitive stressors may create predispositions to depression. In particular, certain cognitive abilities needed to cope with depression and suicidal ideation may be compromised by aging with HIV/AIDS. A model

of these stressors is provided for didactic purposes, as well as to suggest implications for social work practice and research. (RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

Health status and suicide in the second half of life; by Yeates Conwell, Paul R Duberstein, Jameson K Hirsch (et al).

International Journal of Geriatric Psychiatry, vol 25, no 4, April 2010, pp 371-379.

The associations of suicide in the second half of life with medical and psychiatric illness, functional limitations, and reported use of in-patient, ambulatory and home health care services were examined. A retrospective case-control design was used to compare 86 people aged over 50 who died by suicide with a comparison group of 86 living community participants that were individually matched on age, gender, race, and county of residence. Suicide decedents had more Axis 1 diagnoses, including current mood and anxiety disorders, worse physical health status, and greater impairment in functional capacity. They were more likely to have required psychiatric treatment, medical, or surgical hospitalisation in the last year, and visiting nurse or home health aid services. In a multivariate model, the presence of any active Axis 1 disorder and any impairment in instrumental activities of daily living (IADLs), made independent contributions to suicide risk. Mental illness, physical illness and associated functional impairments represent domains for risk for suicide in this age group. In addition to individuals with psychiatric illness, those with severe or comorbid physical illness and functional disability who require inpatient and home care services should be targeted for screening and preventive interventions. (RH)

ISSN: 08856230

From : [http://www.interscience.wiley.com/journal/gpsdoi: 10.1002/gps.2348](http://www.interscience.wiley.com/journal/gpsdoi:10.1002/gps.2348)

Intergenerational ambivalence, power and perceptions of elder suicide in rural Japan; by John W Traphagan.: Routledge, 2010, pp 21-37.

Journal of Intergenerational Relationships, vol 8, no 1, 2010, pp 21-37.

This article explores perceptions of elder suicide by older Japanese and contextualises these perceptions within the theoretical framework of intergenerational ambivalence theory. The examples discussed show how people can use perceptions related to intergenerational relationships and changing social structures and values to create explanatory models for suicidal behaviour. In the cases discussed here, high elder suicide rates are seen as a product of conflicting family values and conflicting expectations about how power should be allocated within families. Suicide is one means by which actors negotiate contradictions in the surrounding social environment, contradictions that for many Japanese appear to be consistently evident in the context of multigenerational families where communication and interaction between younger and older generations is perceived as being difficult. (KJ)

ISSN: 15350770

From : <http://www.tandfonline.com>

The possible evidence for an epidemiological transition hypothesis for elderly suicides; by A Shah.

International Psychogeriatrics, vol 22, no 2, March 2010, pp 219-226.

An epidemiological transition hypothesis has been developed to explain simultaneously wide cross-national variations in suicide rates of older people, trends over time for older suicide rates and age-associated trends in suicides rates. This speculative hypothesis suggests that there is a curvilinear (inverted U-shaped curve) relationship between suicide rates of older people and socioeconomic status fitting the quadratic equation  $y = a + bx - cx^2$  (where y is the suicide rate, x is the socioeconomic status, and a, b and c are constants). The predicted curvilinear relationship between older people's suicide rates and gross national domestic product (GDP), a measure of socioeconomic status, fitting the above quadratic equation was examined with a curve estimation regression model using data from the World Health Organization (WHO). The relationship between suicide rates in both sexes in the age-bands 65-74 and 75+ years and the GDP was curvilinear (inverted U-shaped curve) and fitted the above quadratic equation, and was statistically significant (at least  $p < 0.05$ ) in all four groups. Caution should be exercised in accepting this model of the epidemiological transition hypothesis for elderly suicide rates because it is generated from cross-sectional data using an ecological design. Ideally, this model requires rigorous testing by following selected countries of low socioeconomic status over time as they develop socioeconomically. (KJ/RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipgdoi:10.1017/S104161020999130X>

Psychological factors among elderly women with suicidal intentions or attempts to suicide: a controlled comparison; by Rosalind Lau, Carol A Morse, Stephen Macfarlane.

Journal of Women & Aging, vol 22, no 1, 2010, pp 3-14.

The aim of this study was to measure a range of psychological factors identified as important in the literature (resilience, psychological distress, feelings of hopelessness, personal and interpersonal control) among community-dwelling older women (N = 31) in Melbourne, Australia who had suicidal intentions or attempted suicide. The target group was matched to a control group on age within 5 years. The target group reported lower resilience, personal and interpersonal control but higher psychological distress and feelings of hopelessness compared to the control group. Women who had suicidal ideation or attempts in the last 12 months reported higher personal and interpersonal control. This suggests that although suicide among older women is strongly linked to psychological factors, it warrants further investigation. (KJ/RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

A replication of the relationship between elderly suicide rates and the human development index in a cross-national study; by Ajit Shah.

International Psychogeriatrics, vol 22, no 5, August 2010, pp 727-732.

A recent cross-national study demonstrated a curvilinear (inverted U-shaped curve) between elderly male suicide rates and the Human Development Index (HDI) fitting the quadratic equation  $y = a + bx - cx^2$  where  $y$  is the elderly male suicide rate,  $x$  is the HDI and  $a$ ,  $b$  and  $c$  are constants). This study used only one-year cross-sectional data on suicide rates, and suicide rates can randomly fluctuate year on year. A study designed to replicate this curvilinear relationship between suicide rates of older people and the HDI was undertaken by: (i) using one-year average of five years data on suicide rates; and (ii) using more recent data on both older suicide rates than used in the previous study. Data were ascertained from the World Health Organization (WHO) and the United Nations (UN). There was a significant curvilinear (inverted U-shaped curve) relationship between suicide rates in males aged 65-74 years, males aged 75+ years, females aged 65-74 years and the HDI fitting the quadratic equation  $y = a + bx - cx^2$ . A similar curvilinear relationship was observed in females aged 75+ years, but the significance level only approached 0.05 level. The replication of the curvilinear (inverted U-shaped curve) relationship between older suicide rates and the HDI by using one-year average of five years data on suicide rates suggests that the observed relationship is robust and accurate. (KJ/RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipgdoi:10.1017/S1041610210001110>

Social inclusion affects elderly suicide mortality; by Andriy Yur'yev, Louri Leppik, Liina-Mai Tooding (et al).

International Psychogeriatrics, vol 22, no 8, December 2010, pp 1337-1343.

National attitudes towards older people and their association with suicide mortality in the old in 26 European countries were assessed, and Eastern and Western European countries compared. For each country, mean age-adjusted, gender-specific older people's suicide rates in the last five years for which data had been available were obtained from the World Health Organization (WHO) European Mortality Database. Questions about citizens' attitudes towards older people were taken from the European Social Survey. Correlations between attitudes and suicide rates were analysed using Pearson's test. Differences between mean scores for Western and Eastern European attitudes were calculated, and data on labour market exit ages were obtained from the EUROSTAT database. The perception of older people as having higher status, recognition of their economic contribution and higher moral standards, and friendly feelings towards and admiration of them are inversely correlated with suicide mortality. Suicide rates are lower in countries where older people live with their families more often. Older suicide mortality and labour market exit age are inversely correlated. In Eastern European countries, older people's status and economic contribution are seen as less important. Western Europeans regard older people with more admiration, consider them more friendly, and more often have older relatives in the family. The data also show gender differences. Society's attitudes influence elderly suicide mortality; attitudes towards the elderly are more favourable among Western European citizens; and extended labour market inclusion of older people is a suicide protective factor. (RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipgdoi:10.1017/S1041610210001614>

Suicidal ideation and its correlates among elderly in residential care homes; by Daniela Malfent, Tanja Wondrak, Nestor D Kapusta (et al).

International Journal of Geriatric Psychiatry, vol 25, no 8, August 2010, pp 843-849.

The highest suicide rates are found among the older population; therefore suicidal ideation is prevalent in long-term care facilities. Despite these facts and multiplying losses, most residents show no signs of suicidal ideation. There is a lack of information on which factors protect against suicidal thoughts among the elderly. The aim of



this pilot study was to assess the prevalence and correlates of suicidal ideation with risk and protective factors among older residential care home residents in Vienna. This cross-sectional study was conducted in 15 Viennese residential care homes. Participants completed a self-report questionnaire containing socio-demographic factors, physical health, mental health, and protective factors like optimistic attributional style, self-efficacy, and internal locus of control as well as satisfaction with life and were finally asked about active and passive suicidal thoughts and behaviours. With the voluntary participation of 129 residents aged 60 years or more, active suicidal ideation during the last month was identified in 7% of the elderly, 11% reported active suicidal ideation during the past year. Primarily, it was found that protective factors like internal locus of control, self-efficacy, and satisfaction with life were important single predictors of active suicidal ideation during the past month. Depressive symptoms and current psychotherapeutic treatment were additionally important predictors. Suicidal ideation is prevalent in Viennese residential care homes; consequently it is necessary to recognize and treat suicidal ideation in an adequate way. The findings suggest that research and prevention strategies could not merely target risk, but also include protective factors. (KJ/RH)

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From : [http://www.interscience.wiley.com/journal/gpsDOI: 10.1002/gps.2426](http://www.interscience.wiley.com/journal/gpsDOI:10.1002/gps.2426)

Suicidality in the elderly; by Amit Kishore, Jason Raw.

GM (Geriatric Medicine), vol 40, no 9, September 2010, pp 483-487.

Elderly people have a higher risk of completed suicide than any other age group. While suicidality is multi-determined, mental health disorders, especially depression, have been consistently shown to have associations with suicidality in the older population group. Risk assessment is best accomplished through clinical interview of the patient; validated risk assessment scales have yet to be developed. While there are several measures that can be used to tackle this issue, identifying and treating depression are two key areas that could improve outlook. (KJ)

ISSN: 0268201X

From : <http://www.gerimed.co.uk>

Suicide and deliberate self-harm in older Irish adults; by Paul Corcoran, Udo Reulbach, Ivan J Perry (et al).

International Psychogeriatrics, vol 22, no 8, December 2010, pp 1327-1336.

Hospital-treated deliberate self harm and suicide among older adults have rarely been examined at a national level. The Irish Central Statistics Office provided suicide and undetermined death data for 1980-2006. The National Registry of Deliberate Self Harm collected data relating to deliberate self harm presentations made in 2006-2008 to all 40 Irish hospital emergency departments. Rates of female suicide among older adults (age 55+) were relatively stable in Ireland during 1980-2006, whereas male rates increased in the 1980s and decreased in more recent decades. Respectively, the annual male and female suicide and undetermined death rate was 22.1 and 7.6 per 100,000 in 1997-2006. Male and female deliberate self harm was 3.0 and 11.0 times higher at 67.4 and 83.4 per 100,000, respectively. Deliberate self harm and suicide decreased in incidence with increasing age. Deliberate self harm generally involved drug overdose (male: 72%; female 85%) or self-cutting (male: 15%; female 9%). The most common methods of suicide were hanging (41%) and drowning (29%) for men, and drowning (39%) and drug overdose (24%) for women. City and urban district populations had the highest rates of hospital-treated self harm. The highest suicide rates were in urban districts. Older Irish adults have high rates of hospital-treated deliberate self harm, but below average rates of suicide. Drowning was relatively common as a method of suicide. Restricting availability of specific medications may reduce both forms of suicidal behaviour. (RH)

ISSN: 10416102

From : [http://www.journals.cambridge.org/ipgdoi: 10.1017/S1041610210001377](http://www.journals.cambridge.org/ipgdoi:10.1017/S1041610210001377)

Suicide in later life: public health and practitioner perspectives; by Jill Manthorpe, Steve Iliffe.

International Journal of Geriatric Psychiatry, vol 25, no 12, December 2010, pp 1230-1238.

A selective review of literature focusing on the epidemiology of suicide among older people was conducted. Papers were selected for their ability to shed light on the potential for prevention and practice from public health perspectives. Findings of the review showed that whilst the majority of older people who commit suicide have major depression, suicide seems to be due to a combination of personality factors and co-morbidities, including chronic pain and disablement. Complex multi-component public health studies are underway and are likely to provide useful knowledge to guide practice more precisely, but there is remarkably little information about the involvement of older people in risk reduction or about harm minimisation approaches at patient and public participation levels. For lack of sufficient evidence from intervention trials that are specific to older people, practitioners need to extrapolate from studies of younger adults and be aware of risk factors for suicide in later life. Public health approaches combined with practitioners' experiences of older people at risk may help

minimise the risks of suicide in later life. These are fruitful areas for collaborative practice development, service initiatives, evaluation, and research. (JL)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Why suicide?: Elderly people who committed suicide and their experience of life in the period before their death; by Ildri Kjolseth, Oivind Ekeberg, Sissel Steilhaug (et al).

International Psychogeriatrics, vol 22, no 2, March 2010, pp 209-218.

The objective of this study is to acquire an understanding of the suicides among a group of older people by studying how they experienced their existence towards the end of life. This is a psychological autopsy study based on qualitative interviews with 63 informants in relation to 23 suicides committed by people aged over 65 in Norway. Informants who knew the deceased well describe what the older person communicated to them about experience of life in the period before the suicide and how they as informants saw and understood this. The informants comprise relatives, family doctors and home-based care nurses. The analysis of the interviews follows the systematic text condensation method. The descriptions are divided into three main elements: the older people's experiences of life, their perception of themselves, and their conceptions of death. "Experience of life" has two sub-topics: this life has been lived, and life as a burden. Everything that had given value to their life had been lost and life was increasingly experienced as a burden. Their "perception of themselves" concerned losing oneself. Functional decline meant that they no longer had freedom of action and self-determination. "Conceptions of death" involve the following sub-topics: acknowledgement or acceptance; and death is better than life. Life had entered into its final phase, and they seemed to accept death. For some time, many of them had expressed the wish to die. The results lead us to argue that their suicides should be considered as existential choices. The sum total of the different forms of strain had made life a burden they could no longer bear. Age meant that they were in a phase of life that entailed closeness to death, which they could also see as a relief. (KJ/RH)

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From : <http://www.journals.cambridge.org/ipgdoi:10.1017/S1041610209990949>

## 2009

Attempted suicide in the elderly in England: age-associated rates, time trends and methods; by Ajit Shah.

International Psychogeriatrics, vol 21, no 5, October 2009, pp 889-895.

The rates of attempted suicides in the 60-74 age band increased over the 9-year study period (1998-2006). Rates of intentional self-poisoning by and exposure to non-opioid analgesics, antipyretics and anti-rheumatics, intentional self-poisoning by and exposure to narcotics and psychotropics, and intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system increased over the study period in both the 50-74 and 75+ age bands. The rates and the frequency of intentional self-poisoning by and exposure to non-opioid analgesics, antipyretics and anti-rheumatics and intentional self-harm by sharp objects were higher in the 75+ age band compared to the 50-74 age band. The rates and frequency of intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system, intentional self-poisoning by and exposure to alcohol and intentional self-harm by smoke, fire and flames were higher in the 60-74 age band compared to the 75+ age band. There is a need to develop strategies to reduce access to target the methods of attempted suicide used by older people that are most prevalent and increasing over time. (RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg>

A comparative study of elderly suicides in England and Wales, Scotland and Northern Ireland: trends over time and age-associated trends; by Ajit Shah, Jacqueline Coupe.

International Psychogeriatrics, vol 21, no 3, June 2009, pp 581-587.

Time trends in suicide rates of older adults and age-associated trends in suicide rates in the UK (England and Wales, Scotland and Northern Ireland) were examined and comparisons were made of such suicide rates in these countries using data from the World Health Organization (WHO). Suicide rates in older people of both sexes declined over the 24-year period 1979 to 2002 in England, Wales, and Scotland, but only in females in the age-band 65-74 years in Northern Ireland. Female suicide rates increased with age, while male suicide rates peaked in the age-band 25-34 years in England and Wales. In Northern Ireland and Scotland, male suicide rates decreased with age and peaked in the age-band 25-34 years, and female suicide rates peaked in the age-bands 25-34, 35-44 and 45-54 years. Suicide rates amongst older people were lowest in Northern Ireland. The similarities and differences in suicide rates of older adults, time trends for older suicide rates and age-associated trends in suicide rates between the constituent countries of the UK offer an opportunity to examine the differential characteristics between these countries which may potentially explain these observations. (KJ/RH)

ISSN: 10416102

Comparison of elderly suicide rates among migrants in England and Wales with their country of origin; by Ajit Shah, James Lindesay, Mick Dennis.

International Journal of Geriatric Psychiatry, vol 24, no 3, March 2009, pp 292-299.

Only two studies, both more than 10 years old, have compared suicide rates in black and minority ethnic (BME) groups in England and Wales with those of their country of origin. This study was conducted using the latest available suicide data from the Office for National Statistics (ONS) and the World Health Organization (WHO). There were wide variations in standardised mortality rates (SMRs) for suicides of older people among migrants from different countries compared with those born in England and Wales and their country of origin. There was convergence towards older suicide rates for England and Wales for some migrant groups in males in the age bands 65-74 and 75+ years and for females in the age band 75+ years. However, males aged 75\_ from most migrant groups had higher rates than those born in England and Wales. A more detailed analysis of suicides of older people from migrant groups is required to determine vulnerability and protective influences. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Dementia and suicidal behavior: a review of the literature; by Camilla Haw, Daniel Harwood, Keith Hawton.

International Psychogeriatrics, vol 21, no 3, June 2009, pp 440-453.

A search of the major relevant databases was carried out to examine the evidence for an association between dementia in older people and suicide rates among elderly population group. The association between dementia and suicide and also non-fatal self-harm did not appear, but many studies have significant methodological limitations; and there are few studies of suicide or self-harm in vascular, frontotemporal, Lewy body and HIV dementia where such behaviour might be expected to be more common. Rates of self-harm may be increased in mild dementia and are higher before the predictive testing for Huntington's disease. Overall, the risk of suicide in dementia appears to be the same or less than that of the age-matched general population but is increased soon after diagnosis, in patients diagnosed with dementia during hospitalisation and in Huntington's disease. Putative risk factors for suicide in dementia include depression, hopelessness, mild cognitive impairment, preserved insight, younger age and failure to respond to anti-dementia drugs. Large, good quality prospective studies are needed to confirm these findings. Further research should be undertaken to examine how rates of suicide and self-harm during the course of the illness also vary according to the specific sub-type of dementia. (KJ/RH)

ISSN: 10416102

Depression, suicide and self-harm in older people; by Tom Dening, Alisoun Milne (eds).

Quality in Ageing, vol 10, issue 1, March 2009, 48 pp (whole issue).

This special edition of Quality in Ageing comprises seven expert papers drawn from a conference held in London in September 2008, which indicate depression, suicide and self-harm as major concerns for all of the authors. A number of key themes emerge, particularly that mental health in later life is "everybody's business": it is the concern of primary care services, specialist mental health services, care homes, health and social care professionals and staff, and the older people themselves. (RH)

ISSN: 14717794

From : <http://www.pavpub.com>

Does improvement in the treatment of those who attempt suicide contribute to a reduction in elderly suicide rates in England?; by Ajit Shah.

International Psychogeriatrics, vol 21, no 4, August 2009, pp 768-773.

The reported decline in suicide rates of older people in England may have been, in part, due to prompt and successful resuscitation of those who attempt suicide. This study examines the impact of prompt and successful resuscitation of those who attempt suicide, on suicide rates in England. Possible changes in rates of attempted suicides in older age-bands over a nine-year period and the correlation between rates of attempted suicide and suicide in older age-bands in England were examined using nationally collected data. There was a significant increase in the rates of attempted suicide over the study period in the age-band 60-74 years, but not in the age-band 75+ years. There was a positive correlation between rates of attempted suicide and suicide in the age-band 75+ years, but not in the age-band 60-74 years. This study was unable to confirm conclusively that prompt and successful medical resuscitation of those who attempt suicide makes a contribution to the decline in elderly suicide rates and requires further study. Public health initiatives should be designed to reduce not only suicide rates but also rates of attempted suicide; otherwise they are failing in the prevention of mental illness and suicidal behaviour, early identification and treatment of those with mental illness and those at risk of suicide, and systematic follow-up of those recovering and recovered from mental illness. (KJ/RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg>

End of life treatment: decisions and attitudes of doctors; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care, June 2009, 8 pp (Briefing 17).

This briefing reports on the initial findings from a postal survey of 8857 UK doctors across a range of specialisms carried out by Professor Clive Seale of the Centre for Health Sciences at Queen Mary University of London in 2007 and 2008. Respondents were asked about the decisions they made about the provision, withdrawing or withholding treatment at the end of life, and their attitudes towards physician-assisted suicide and euthanasia. Of the 3733 who replied, 2869 had attended one or more people who had died in the previous year (representing more than 70000 deaths). About 40% of the reported deaths involved end of life treatment decisions that were judged to have the potential to shorten life (involving either a "double effect" or a non-treatment decision or NTD). The initial results of the survey have been published in two papers in *Palliative Medicine* 23(3). (RH)

Price: £5.00 (FOC to NCPC subscribers)

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: [enquiries@ncpc.org.uk](mailto:enquiries@ncpc.org.uk) Website: [www.ncpc.org.uk](http://www.ncpc.org.uk)

Euthanasia and other end of life decisions and care provided in final three months of life: nationwide retrospective study in Belgium; by Lieve Van den Block, Ronald Deschepper, Johan Bilsen (et al).

*British Medical Journal*, vol 339, no 7717, 15 August 2009, p 390.

What is the relation between the care provided in the final three months of life and the prevalence of and types of end of life care in Belgium? End of life decisions including euthanasia or physician assisted suicide are not related to a lower use of palliative care in Belgium but instead often occur within the context of multidisciplinary care. This summary article outlines the findings of a 2-year nationwide mortality retrospective study in 2005, which collected observational data via the Sentinel Network of General Practitioners, an epidemiological surveillance system representative of all Belgian general practitioners (GPs). This is a summary of a paper that was published on [bmj.com](http://bmj.com) as *BMJ* 2009: 339:b2772. (RH)

ISSN: 09598138

From : [www.bmj.com](http://www.bmj.com)

A fitting end: [assisted suicide]; by Jennifer Taylor.

*Health Service Journal*, no 6154, 30 April 2009, pp 22-24.

Surveys suggest that most people in the UK support legalising assisted suicide. However, doctors in the UK appear more reluctant to assist death than in many other countries. The author of this article considers whether current law on assisted suicide could be changed. Patricia Hewitt, a former Secretary of State for Health tabled an amendment to the Coroners and Justice Bill currently going through Parliament; and while the amendment was not debated in the House of Commons, the issue will be raised in the House of Lords. This article covers the differing perspectives offered by Dignity in Dying, the Association for Palliative Medicine, the Royal College of Nursing (RCN), and the Multiple Sclerosis Society. It also outlines a few examples of assisted suicide. (RH)

ISSN: 09522271

From : [www.hsj.co.uk](http://www.hsj.co.uk)

Management of self-harm in older people; by Nikki D Toms, Craig W Ritchie.

*Psychiatric Bulletin*, vol 33, no 11, November 2009, pp 423-425.

The epidemiology of self-harm in older people is poorly understood and a low incidence rate hampers research efforts. Regional surveillance for this may assist with research and improve clinical services accordingly. This study involved undertaking a scoping exercise to explore current management of self-harm in older people in selected North London hospitals, by interviewing healthcare professionals directly involved in their treatment. The study showed varied methods of coding clinical information across trusts, with no consistent method of surveillance. Implications of this exercise involve generation of a summary document that will educate stage two of the project, which is the convention of a working party to implement a surveillance system across the region. (KJ/RH)

ISSN: 09556036

From : <http://pb.rcpsych.org>

Parkinson's disease and suicide: a profile of suicide victims with Parkinson's disease in a population-based study during the years 1988-2002 in Northern Finland; by Arja Mainio, Kaisa Karvonen, Helinä Hakko (et al). *International Journal of Geriatric Psychiatry*, vol 24, no 9, September 2009, pp 916-920.

The authors studied the prevalence of hospital-treated Parkinson's disease (PD) among suicide victims and the profile of these persons, taking into account suicide attempts, timing of depression and comorbid somatic diseases. The database of this study consisted of suicide victims aged 50 years of age or older (n = 555) during a fourteen-year period in the province of Oulu in Northern Finland. Hospital-treated Parkinson's disease occurred in 1.6% of the subjects, indicating a rather low prevalence of suicide in this group of patients. Those with PD had attempted suicide earlier in 44% of the cases, while the corresponding percentage for other victims in older age was 9.9% (p = 0.009 Fischer exact test). Based on the case characteristics of this study, the profile of the PD person who completed suicide was as follows: male subject with recently diagnosed disease, living in rural area, having multiple physical illnesses, and having attempted suicide earlier. Psychiatric consultation is thus highly recommended for the PD patients with this disease profile. (KJ/RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

A preliminary cross-national study of a possible relationship between elderly suicide rates and tuberculosis; by Ajit Shah.

*International Psychogeriatrics*, vol 21, no 6, December 2009, pp 1190-1201.

The older population are at high risk of developing tuberculosis. The prevalence and incidence of depression and anxiety are higher in those with tuberculosis than in the general population. A positive correlation between national suicide rates and rates of mortality due to tuberculosis has been reported. The relationships between suicide rates for older people and the prevalence of tuberculosis, the proportion of detected cases of tuberculosis, and the proportion of cured cases of tuberculosis were examined in a cross-national study using data from the World Health Organization (WHO) and the United Nations (UN). There were no significant correlations between elderly suicide rates and the prevalence of tuberculosis and the proportion of detected cases of tuberculosis. There were weak but significant negative correlations between the proportion of cured cases of tuberculosis and suicide rates for both sexes in both elderly age-bands. Caution should be exercised in interpreting the findings and the direction of the causal relationship from this cross-sectional ecological study because of ecological fallacy. However, if the findings are true, then potentially the study has important implications for prevention of suicides in older people, particularly in countries with a high prevalence of tuberculosis. (KJ/RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg>

The relationship between population growth and elderly suicide rates: a cross-national study; by Ajit Shah.

*International Psychogeriatrics*, vol 21, no 2, April 2009, pp 379-383.

Suicide rates of older people are associated with this population group's size, the proportion of them in the general population and the elderly dependency ratio. A cross-national study examining the 'a priori' hypothesis that the relationship between suicide rates of older people and average annual population growth rates would be curvilinear (U-shaped curve) fitting the quadratic equation  $y = a + bx + cx^2$  (where y is the suicide rate of older people, x is the population growth rate and a, b and c are constants) was conducted using data from the World Health Organization (WHO) and the United Nations (UN). Results showed that there was a significant curvilinear (U-shaped curve) relationship between suicide rates of older people and average annual population growth rates fitting the above quadratic equation. A theoretical model with three sequential stages incorporating population growth, the older population size, the proportion of older adults in the general population, life expectancy and birth rates was proposed to explain the findings. Caution should be exercised in the application of this model because of the cross-sectional and ecological study design whereby the findings are subject to ecological fallacy and require rigorous testing in within-country longitudinal studies over time. (KJ/RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg>

Self-harm in older people; by Mick Dennis.

*Signpost*, vol 13, no 3, February 2009, pp 15-19.

The importance of self-harm in older people is not restricted to the distress of the individual and those around, but includes the strong association with subsequent suicide and depression. This article considers the epidemiology and methods of self-harm, and the motives and reasons behind such behaviour. It looks at factors associated with self-harm: previous attempts and psychiatric history; social characteristics; high rates of physical illness; and genetic susceptibility. Important areas of prevention are discussed, particularly the better

identification and management of depression in the community and general hospitals, and the need for a careful assessment of risk and need for a specialist after an episode of self-harm. (RH)

ISSN: 13684345

From : <http://www.signpostjournal.org.uk>

Self-poisoning in older adults: patterns of drug ingestion and clinical outcomes; by Martin W Doak, Andrew C Nixon, David J Lupton (et al).

Age and Ageing, vol 38, no 4, July 2009, pp 407-410.

Self-poisoning accounts for a substantial proportion of acute medical hospital presentations, but has been poorly characterised in older adults. This Scottish retrospective observational study sought to determine the agents ingested by older adults presenting to hospital accident and emergency (A&E) after drug overdose, and to compare clinical outcomes to younger patients. During the study period (2004-2007), there were 8,059 admissions, including 4,632 women (57.5%). This included a subgroup of 361 patients (4.5%) who were age 60+. This subgroup was more likely to require hospital stay, transfer to a critical care and had higher mortality. A higher proportion of older patients required transfer to a psychiatric unit or to a general medical ward than younger adults. Older adults that presented to hospital after drug overdose had ingested different drugs compared to younger patients, possibly due to different prescribing patterns, and had a poorer outcome. The use of drugs associated with significant toxicity should be avoided in older patients at risk of self-harm. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org>

Suicide and self-harm in older people; by Michael S Dennis.

Quality in Ageing, vol 10, issue 1, March 2009, pp 16-23.

Suicide is a tragic cause of death and causes considerable distress for families, carers and healthcare professionals. Thankfully, suicide rates in older people in the UK have steadily declined in both men and women since the mid 1980s. An understanding of the clinical and demographic characteristics of both completed suicide and non-fatal self-harm in older people is important in informing the development of preventive strategies to sustain this decline. Non-fatal self-harm in older people is relatively uncommon compared with younger age groups, but research indicates that self-harm among older people is frequently a failed attempt at suicide. Thus, the important factors associated with self-harm in this age group are similar to those linked with completed suicide, particularly high rates of clinical depression, poor physical health and social exclusion. Unfortunately, there is also a high rate of subsequent completed suicide. For this reason, self-harm in later life needs to be taken very seriously and a careful assessment of risk and need by a specialist in older people's mental health should be conducted. The identification and appropriate management of older people with depression in the community and general hospitals is a key area for the prevention of self-harm and suicide in this age group and requires further attention, particularly with targeted support programmes for those at high risk. (RH)

ISSN: 14717794

From : <http://www.pavpub.com>

What cognitive functions are associated with passive suicidal ideation?: findings from a national sample of community dwelling Israelis; by Liat Ayalon, Howard Litwin.

International Journal of Geriatric Psychiatry, vol 24, no 5, May 2009, pp 472-478.

The objective was to identify the specific cognitive domains associated with passive suicidal ideation (e.g. thoughts of being better off dead) in a cross-sectional, national based study of 1,712 Israelis aged 50+. The outcome measure, passive suicidal ideation, was evaluated by the question, "In the past month, have you felt that you would rather be dead?", taken from the Euro-D. Cognitive domains assessed were time orientation, verbal learning, verbal recall, word fluency, and arithmetic. After adjusting for demographic and clinical information, those reporting passive suicidal ideation were significantly more likely to have impaired performance on the time orientation task. None of the other cognitive domains were associated with passive suicidal ideation. Clinicians working with older adults need to be aware not only of demographic and clinical information, but also of cognitive functioning and more specifically, time orientation, as a potential determinant of passive suicidal ideation. Possibly, cognitive domains that are less affected by education and prior learning (e.g. time orientation) have a unique association with passive suicidal ideation. (KJ/RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

When the solution is part of the problem: problem solving in elderly suicide attempters; by Lawrence M Gibbs, Alexandre Y Dombrovski, Jennifer Morse (et al).

International Journal of Geriatric Psychiatry, vol 24, no 12, December 2009, pp 1396-1404.

Depression, loss, and physical illness are associated with suicide in older people. However, the nature of individual vulnerability remains poorly understood. Poor problem solving has been suggested as a risk factor for suicide in younger adults. Unresolved problems may create an accumulation of stressors. Thus, those with perceived deficits in problem-solving ability may be predisposed to suicidal behaviour. To test this hypothesis, the authors investigated whether older suicide attempters perceived their problem solving as deficient. 64 individuals aged 60 and older participated in the study, including depressed suicide attempters, depressed non-attempters, and non-depressed controls. The social problem solving inventory - revised short-version was used to measure participants' perceived social problem solving, assessing both adaptive problem-solving dimensions (positive problem orientation and rational problem solving) and dysfunctional dimensions (negative problem orientation, impulsivity or carelessness, and avoidance). Depressed older adults who had attempted suicide perceived their overall problem solving as deficient, compared to non-suicidal depressed and non-depressed older people. Suicide attempters perceived their problems more negatively and approached them in a more impulsive manner. On rational problem solving and avoidant style sub-scales, suicide attempters did not differ from non-suicidal depressed. However, both depressed groups reported lower rational problem solving and higher avoidance compared to non-depressed controls. A perception of life problems as threatening and unsolvable and an impulsive approach to problem solving appear to predispose vulnerable older people to suicide. (KJ/RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

## 2008

Are elderly suicide rates improved by increased provision of mental health service resources?: a cross-national study; by Ajit Shah, Ravi Bhat.

International Psychogeriatrics, vol 20, no 6, December 2008, pp 1230-1237.

Suicide rates of older people (using World Health Organization age bands 65-74 and 75+) may be influenced by mental health service provision. A cross-national study examining the hypothesis that the relationship between suicide rates of older people and markers of mental health service provision would be curvilinear (inverted-U shaped curve) and fit the quadratic equation  $y = a + bx - cx^2$  (where y is the suicide rate of older people, x is a marker for mental health service provision, and a, b and c are constants) was undertaken using data from the World Health Organization (WHO). Results showed that the relationship between the logarithm of suicide rates in both sexes in both age-bands and the percentage of the total health budget spent on mental health, the total number of psychiatric beds per 10,000 population and the total number of psychiatrists per 10,000 population were curvilinear (inverted U-shaped curve) and fitted the quadratic equation  $y = a + bx - cx^2$  with statistical significance. The direction of the causal relationship could be examined in longitudinal studies, after further improvement in levels of mental health service provision, in individual countries segregated by low and high levels of existing mental health service provision. (KJ/RH)

ISSN: 10416102

Coping and thought suppression as predictors of suicidal ideation in depressed older adults with personality disorders; by K C Cukrowicz, A G Ekblad, J S Cheavens (et al).: Taylor & Francis, January 2008, pp 149-157.

Aging & Mental Health, vol 12, no 1, January 2008, pp 149-157.

Suicide rates are higher among older people than any other age group, and suicidal ideation is one of the best predictors of completed suicide in older people. Despite this, few studies have evaluated predictors of suicidal ideation and other correlates of death by suicide (e.g. hopelessness) in older people. Even fewer studies on this topic have been conducted in samples characterised as poor responders to treatment (e.g. depressed individuals with co-occurring personality disorder). This study examined coping styles and thought suppression as predictors of a suicide risk composite score in a sample of depressed older people with co-occurring personality disorders. Based on the extant literature, it was hypothesised that maladaptive coping (i.e. emotional and avoidable coping) and chronic thought suppression would significantly predict suicide risk. The results of this study indicate that elevated emotional coping was associated with increased risk, although this finding is moderated by Axis II diagnosis. Thus, treatments that focus on decreasing emotional coping and chronic thought suppression may result in decreased suicidal ideation and hopelessness for older people with depression and Axis II pathology. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

A cross-national study of the relationship between elderly suicide rates and life expectancy and markers of socioeconomic status and health care; by Ajit Shah, Ravi Bhat, Sheena MacKenzie (et al).

International Psychogeriatrics, vol 20, no 2, April 2008, pp 347-360.

Socioeconomic status may influence cross-national variations in suicide rates of older people. The authors used data from the World Health Organization (WHO) and the United Nations (UN) to examine the relationship between suicide rates in both sexes in the age-bands 65-74 years and 75+ years and: (i) life expectancy; (ii) measures of socioeconomic status (per capita gross national domestic product (GDP) and the Gini coefficient); and (iii) measures of the quality and quantity of available healthcare services (the proportion of GDP spent on health, per capita expenditure on health and child mortality rates). The main findings were: (i) a significant negative correlation between the Gini coefficient and suicide rates for both sexes in both age-bands; (ii) a significant positive correlation between per capita expenditure on health and suicide rates for both sexes in both age-bands; (iii) the significant positive correlation between the proportion of GDP spent on health and suicide rates was only evident in males in both age-bands; (iv) a significant negative correlation between child mortality rates and suicide rates for both sexes in both age-bands; and (v) the significant positive correlation between life expectancy and suicide rates was evident in females in both age-bands. A potentially testable model with five sequential stages was proposed to explain these findings. (RH)

ISSN: 10416102

Development of palliative care and legalisation of euthanasia: antagonism or synergy?; by Jan Bernheim, Reginald Deschepper, Wim Distelmans (et al).

British Medical Journal, vol 336 no 7649, 19 April 2008, pp 864-867.

Debates about euthanasia often polarise opinion, but in Belgium the two sides have been mutually reinforcing: advocates for the legalisation of euthanasia work in palliative care and vice versa. Belgium was the second country to legalise euthanasia but also has among the best developed palliative care, and the authors outline milestones in the development of both. Adequate palliative care has made the legalisation of euthanasia ethically and politically acceptable. (RH)

ISSN: 09598138

From : <http://www.bmj.com>

Effectiveness of interventions to prevent suicide and suicidal behaviour: a systematic review; by Maria Leitner, Wally Barr, Lindsay Hobby, Social Research, Scottish Executive. Edinburgh: Scottish Executive, 2008, 6 pp.

Research Findings, no 60, 2008, 6 pp.

This review was commissioned in 2005, and is published by the the Scottish Government as part of its strategic activity around 'knowing what works' in suicide prevention. The remit was to provide a comprehensive overview of the known effectiveness of interventions aimed at preventing suicide, suicidal behaviour and suicidal ideation, both in key risk groups and in the general population. (RH)

ISSN: 09502254

Price: FOC

From : Scottish Executive Social Research, 4th floor West Rear, St Andrew's House, Regent Road, Edinburgh EH1 3DG. <http://www.scotland.gov.uk/socialresearch>

Elderly suicide rates: cross-national comparisons of trends over a 10-year period; by Ajit Shah, Ravi Bhat, Sheena MacKenzie (et al).

International Psychogeriatrics, vol 20, no 4, August 2008, pp 673-686.

Studies examining trends in older people's suicide rates over time have reported a decline, an increase and no change. A cross-national study was undertaken to examine the current status of trends over time in suicide rates of older people, because previous cross-national studies were well over a decade old. Trends in suicide rates for males and females in the age-bands 65-74 years and 75+ years over a 10-year period were examined using data from the World Health Organization (WHO) website for all the listed countries. The main findings were: suicide rates for older people either declined or remained unchanged over the 10-year period in most countries; and suicide rates in both sexes in both the age-bands, over the 10-year period, declined in several European countries, and remained unchanged in several Central and South American countries, Eastern European countries and countries of the former Soviet Union. Potential explanations for regional and cross-national variations in trends over time in suicide rates for older people include cross-national differences in trends over time in the prevalence of mental illness in older adults, socioeconomic factors, cultural factors, the availability of appropriate healthcare services, and public health initiatives to improve the detection and treatment of mental illness, mental health and suicide prevention. (KJ/RH)

ISSN: 10416102



Global self-rated health status predicts reasons for living among older adults; by Daniel L Segal, Shelly Levenson, Frederick L Coolidge.: The Haworth Press, Inc., 2008, pp 122-132.  
Clinical Gerontologist, vol 31, no 4, 2008, pp 122-132.

This study examined predictors of reasons for living among 104 community-dwelling older adults (mean age 69.7 years). Participants completed the Geriatric Depression Scale (GDS), the Elders Life Stress Inventory (ELSI), the Life Orientation Test (LOT), and the Reasons for Living Inventory, and also rated their global health status. Standard multiple regression assessed the extent to which age, depression, stress, optimism, and health status predicted total reasons for living. The model explained 12% of the variance in reasons for living ( $R^2 = .12$ ,  $p < .05$ ). Health made the strongest unique and significant contribution to RFL ( $\beta = 0.26$ ,  $p < .05$ ) and age approached significance ( $\beta = -0.19$ ,  $p = .055$ ). The GDS, ELSI, and LOT all made minimal and non-significant contributions. An implication is that attention to physical health status should be a standard part of suicide risk assessment, especially among older adults. Results suggest that reduced quality of life due to poor overall health may erode an individual's protective factors against suicide. (KJ/RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

Is there a relationship between elderly suicide rates and educational attainment?: a cross-national study; by Ajit Shah, Santanu Chatterjee.: Taylor & Francis, November 2008, pp 795-799.

Aging & Mental Health, vol 12, no 6, November 2008, pp 795-799.

Suicides are associated with both high and low levels of intelligence and educational attainment. in both individual level and aggregate level studies, but this has been rarely studied in older people. A cross-national study examining the relationship between suicide rates (y axis) and educational attainment (x axis) in people aged 65+ was undertaken with the a priori hypothesis that the relationship would be curvilinear and follow a U-shaped curve with the quadratic equation  $Y=A+BX+CX^2$ , where A, B and C are constants. Data on suicide rates for both sexes in the age bands 65-74 and 75+ and the Education Index (a proxy measure of educational attainment) were ascertained from the World Health Organization (WHO) and the United Nations (UN) websites, respectively. The main finding was the predicted curvilinear relationship between suicide rates in both sexes in both older age bands fitting quadratic equation  $Y=A+BX+CX^2$ . Given the cross-sectional study design, a causal relationship cannot be assumed. The impact of educational attainment on older suicide rates may occur through interactions with other factors, mediation of the effects of other factors, or by its effects being mediated by other factors, and require further study.

ISSN: 13607863

From : <http://www.tandfonline.com>

Is there a relationship between elderly suicide rates and smoking?: a cross national study; by Ajit Shah.

International Journal of Geriatric Psychiatry, vol 23, no 3, March 2008, pp 308-313.

An independent relationship between smoking cigarettes and completed suicides has been reported in several cohort and case-control studies of younger subjects, but this relationship has rarely been examined in older populations. The relationship between the prevalence of smoking in males and females and suicide rates in males and females in the age bands 65-74 and 75+ were examined using national-level aggregate data from the World Health Organization (WHO) and the United Nations Development Programme (UNDP) websites. In addition to univariate analysis, multivariate analysis was conducted to ascertain an independent relationship between the prevalence of smoking and suicide rates in older people. Findings for univariate analysis were that the prevalence of smoking in males was positively correlated with suicide rates for both age bands, but this relationship was absent in females. On multivariate analysis, there was no independent relationship between prevalence of smoking in males and females and suicide rates in males in both age bands. There is a case for the examination of the relationship between smoking and older suicides in individual-level cohort or case control studies because of the potential methodological difficulties in cross-national studies using national-level aggregate data, paucity of cohort or case-control studies at an individual level in older people, and the observation of an independent relationship between smoking and completed suicides in individual level and cohort case-control studies in younger age groups. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

The last wish of a patient with end stage chronic obstructive pulmonary disease; by Daisy J A Janssen, Ton P G Alsemgeest, Guy A M Widdershoven (et al).

British Medical Journal, vol 337, no 7683, 13 December 2008, pp 1413-1415.

At her explicit request, euthanasia allowed a 55 year old woman in the Netherlands with end stage chronic obstructive pulmonary disease to end her life. The authors outline the course of events leading to this. In the Netherlands, euthanasia is defined as termination of life by a medical practitioner at the explicit request of the

patient. However, euthanasia is legal only in a patient who is suffering unbearably, with no prospect of improvement, and if there is no reasonable alternative. This article discusses these criteria. (RH)

ISSN: 09598138

From : [www.bmj.com](http://www.bmj.com)

Older adult suicide: perceptions of precipitants and protective factors; by Bryan D Stice, Silvia Sara Canetto.: The Haworth Press, Inc., 2008, pp 4-30.

Clinical Gerontologist, vol 31, no 4, 2008, pp 4-30.

Suicide is culturally patterned. A cultural perspective, however, is rarely used to examine suicidal behaviour among dominant groups in industrialised countries. This study explored the culture of suicide in the US Mountain West region. Specifically, it examined the perceived precipitants and protectors of older adult suicide in a Mountain West community with higher than national average rates of older adult suicide, particularly among males of European-American descent. Respondents read a fictional local obituary of an older male or older female who died by suicide. They indicated what they believed were the two most likely precipitants, the number of suicides due to those precipitants, and the three most effective protective factors. Physical illness and death of a first-degree relative were ranked as the most likely suicide precipitants. Illness was thought to be a more likely precipitant than interpersonal or impersonal problems. Family, friends, religious beliefs, and counselling were believed to be the most effective suicide protectors. These findings add to past evidence of a belief, among European Americans, that physical illness is a key influence in older adult suicide. This belief may act as a cultural script for older adults of European-American descent, particularly males, given the association between physical integrity and dominant masculinity. (KJ/RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

Older people : death, dying and end-of-life care; by June L Leishman.

Quality in Ageing, vol 9, issue 4, December 2008, pp 36-43.

For many old people in Western society, age, illness and social death are inextricably linked. It is predicted that the number of people in the world who are age 60+ will double by 2050. This brings fundamental changes to societal demographics. Many older people live in good health well into old age, but there remains a significant number for whom growing old includes the development of complex physical and social needs, requiring both health and social care. This poses a significant challenge to health and social care providers. This paper seeks to provide insights into the ways in which older people in contemporary society make sense of death and dying (including suicide). It makes a case for improvement of end-of-life care for this population. (RH)

ISSN: 14717794

From : <http://www.pavpub.com>

Physical health and suicide in late life: an evaluative review; by Amy Fiske, Alisa A O'Riley, Rebecca K Widoe.: The Haworth Press, Inc., 2008, pp 31-50.

Clinical Gerontologist, vol 31, no 4, 2008, pp 31-50.

A review of the empirical literature shows that physical illness increases risk for suicide late in life. Conditions that confer risk include cancer, some neurological disorders (including seizure and possibly cognitive impairment, but not Parkinson's disease or stroke), chronic pulmonary disorder, incontinence, renal failure, hearing or vision impairment, insomnia, and congestive heart failure. Nonetheless, most physically ill older adults do not die by suicide. The extent to which risks are explained by depression, disability, and pain remains to be evaluated. Depression outweighs physical illness as a risk factor for suicide in late life. Clinicians should routinely assess for depression as well as suicide risk in physically ill older adults. (KJ/RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

Prevalence of depression and anxiety in patients requesting physicians' aid in dying: cross sectional survey; by Linda Ganzini, Elizabeth R Goy, Steven K Dobscha.

British Medical Journal, vol 337, no 7676, 25 October 2008, pp 973-983.

58 Oregonians, most terminally ill with cancer or amyotrophic lateral sclerosis, who had either requested aid in dying from a physician or contacted an aid in dying advocacy organisation participated in this cross sectional survey. Diagnosis for depression or anxiety was ascertained according to the Hospital Anxiety and Depression Scale (HADS) and the structured clinical interview for the Diagnostic and Statistical Manual of Mental Disorders. 15 participants met "caseness" criteria for depression, and 13 for anxiety. 42 died by the end of the study; 18 received a prescription for a lethal drug under the Death with Dignity Act; and 9 died by lethal ingestion. 15 participants who received a prescription for a lethal drug did not meet criteria for depression; three did. All three depressed participants died by a legal ingestion within two months of the research interview.

Although most terminally ill Oregonians who receive aid in dying did not have depressive disorders, the current practice of the Death with Dignity Act may fail to protect some patients whose choices are influenced by depression from receiving a prescription for a lethal drug. (RH)

ISSN: 09598138

From : [www.bmj.com](http://www.bmj.com)

Psychological resilience to suicide ideation among older adults; by Marnin J Heisel, Gordon L Flett.: The Haworth Press, Inc., 2008, pp 51-70.

Clinical Gerontologist, vol 31, no 4, 2008, pp 51-70.

The authors investigated associations between suicide ideation and a set of potential risk and resiliency factors in a heterogeneous sample of 107 older adults (mean age = 81.5 years, SD = 7.7 years; range, 67 to 98 years; 76% female) recruited in community, residential, and healthcare settings. Participants completed the Geriatric Suicide Ideation Scale (GSIS; Heisel & Flett, 2006) and measures of depression, perceived physical health problems, domains of psychological well-being, perceived meaning in life, and indices of social network and of religious affiliation and observance. The main findings indicated that suicide ideation was associated positively with depression and with number of self-reported physical health problems and negatively with domains of psychological well-being including positive relations with others and self-acceptance, and with perceived meaning in life. Hierarchical multiple regression analyses indicated that the resiliency factors in general, and perceived meaning in life in particular, explained significant added variance in suicide ideation over and above measures of mental and physical health problems. These findings suggest potential value in attending to both suicide risk and resiliency when assessing late-life suicide ideation and when developing interventions for older adults at risk for suicide. (KJ/RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

Racial differences in suicidality in an older urban population; by Carl I Cohen, Yolonda Coleman, Robert Yaffee (et al).

The Gerontologist, vol 48, no 1, February 2008, pp 71-78.

Epidemiological data for older African American and Caucasians living in an urban community were used to compare those factors associated with active or passive suicidal ideation in each racial group. The authors used 1990 census data for Brooklyn, New York and they attempted to interview all cognitively intact adults aged 55+ in randomly selected block groups, a sample comprising 214 White and 860 Blacks. George's social antecedent model was adapted to examine 19 independent variables; the dependent variable was based on lifetime history of active or passive suicidal ideation (hereafter suicidality). The sample was weighted by race and gender; and to control for sampling design effects, SUDAAN was used for data analysis. White reported higher prevalence than Blacks for current suicidality (5.8% vs 2.3%) and lifetime suicidality (14.8% vs 10.2%). None of the differences were significant. In logistic regression analysis conducted for each race, four variables were associated with suicidality for both races: higher depressive symptom scores; higher anxiety symptom scores; coping by using medications; and lower religiosity. Two variables were associated with suicidality only among Whites: higher use of spiritualists; and coping by keeping calm. One variable, greater use of doctors for mental health problems, was significant only among Blacks. There were no racial differences in the prevalence of suicidality. Virtually all the factors associated with suicidality are potentially ameliorable - by tackling anxiety and depression, and when appropriate, by encouraging various coping strategies or religiosity. (RH)

ISSN: 00169013

From : <http://www.geron.org>

Suffering, loneliness, and the euthanasia choice: an explorative study; by Berna van Baarsen. Binghamton, NY: Haworth Social Work Practice Press, 2008, pp 189-213.

Journal of Social Work in End-of-life & Palliative Care, vol 4, no 3, 2008, pp 189-213.

The present study discusses the dilemma of how to interpret the hopeless and unbearable suffering of others, particularly regarding physician-assisted death (PAD) in the Netherlands. Respondents who were very likely to request euthanasia were included (N = 175). Research questions were: What can we say about the relationship between somatic suffering and emotional suffering? and How does loneliness and suffering relate to each other? Questions regarding (chronic) disease, loneliness, and somatic and emotional pain were included. Results showed that, first, judgments about pain seemed highly dependent on the type and level of pain that had been experienced. Second, emotional loneliness appeared to be a strong cause of emotional pain, also in terms of hopelessness and "unbearableness." The findings are discussed in the light of the present social debate on PAD and palliative and end-of-life care decisions. (KJ/RH)

ISSN: 15524256

From : <http://www.tandfonline.com>

Suicidal thoughts among elderly Taiwanese Aboriginal women; by Cheng-Sheng Chen, Mei-Sang Yang, Ming-Jan Yang (et al).

International Journal of Geriatric Psychiatry, vol 23, no 10, October 2008, pp 1001-1006.

1347 older Taiwanese aboriginal women were enrolled, and their suicidal thoughts within the previous month, demographic data, adverse life events, emotional social support and depressive state were assessed. The 1-month prevalence of suicide thoughts among these community-dwelling older aboriginal women was calculated as 17.8%. Also estimated were the risks of suicide thought based on individual, family and community aspects. Those subjects with poorer self-perceived health, difficulty in accessing medical resources or experiencing marital discord were at higher risk of having suicidal thoughts. After controlling for depression, the odds ratio of self-perceived health and marital discord remained statistically significant. The odds ratio of interaction of marital discord and emotional social support was 0.41. Suicidal thoughts are common among the community-dwelling older Aboriginal women in Taiwan. Risk factors for suicidal thoughts comprise individual (depression and physical condition), family (marital discord) and community (medical resources) aspects. Better emotional and social support and effectively buffer the effect of marital discord. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Suicide after hospitalization in the elderly: a population based study of suicides in Northern Finland between 1988 - 2003; by Kaisa Karvonen, Pirkko Räsänen, Helinä Hakko (et al).

International Journal of Geriatric Psychiatry, vol 23, no 2, February 2008, pp 135-141.

Older people commit suicide more often than people under the age of 65. An elevated risk is also attached to depression and other axis 1 psychiatric disorders. However, little is known about the preferred suicide method, effect of primary psychiatric diagnosis, and length of time between discharge from psychiatric hospital and suicide. The lack of information is most apparent in the oldest old (age 75+). On the basis of forensic examinations, data on suicide were separately examined for the 50-64, 65-74 and 75+ age groups with regard to suicide method, history of psychiatric hospitalisation and primary diagnoses gathered from the Finnish Hospital Discharge Register. The study population consisted of all 564 suicides committed between 1998 and 2003 in the province of Oulu, northern Finland. Of the oldest old, females had more frequent hospitalisations than males in connection with psychiatric disorders (51% vs 23%), of which depression was the most common (39% vs 14%). In this age group, 42% committed suicide within 3 months after being discharged from hospital and 83% used a violent method. Both older males and females were less often under the influence of alcohol, but used more often violent methods than middle-aged people. Suicide rates within the first 3 months following discharge from hospital in the 65-74 and the 75+ groups were substantial and should influence post-discharge treatment strategies. To reduce the risk of suicides in older patients discharged from hospital, close post-discharge supervision combined with proper psychoactive medication and psychotherapy are possible interventions. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Suicide in elderly people; by Ajit Shah.

Geriatric Medicine, vol 38, no 4, April 2008, pp 229-230.

In the UK, the coroner (or procurator fiscal in Scotland) will only return a verdict of suicide if suicidal intent can be proved beyond reasonable doubt. Suicidal intent is not a static concept and changes with time. Among psychiatric inpatients (including older people), suicides are higher in patients who have fluctuating suicidal intent than in those whose intent does not fluctuate. The issue of intent becomes even more complex in elderly patients who, although not overtly expressing a desire to kill themselves, have hidden intent. This paper describes these concepts and reviews assessment and management options. (KJ/RH)

ISSN: 0268201X

Suicide in later life; by Daniel L Segal (ed).: The Haworth Press, Inc., 2008, pp 1-132 (whole issue).

Clinical Gerontologist, vol 31, no 4, 2008, pp 1-132 (whole issue).

Suicide in later life raises many questions that make the subject more complex than perhaps at any other age. Many topics are deserving of continued and future research in this area, for example, examination of age-related differences in symptom profiles of suicidal individuals; biological underpinnings of suicide in later life; and analysis of cultural scripts among ethnically and culturally diverse samples of older adults. The editor introduces the seven articles that comprise this issue Clinical Gerontologist which he hopes will stimulate further work in this area. Indeed, innovative intervention strategies should be further explored. (KJ/RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

## 2007

Assisted dying : opinion for and against; by Simon Kenwright, Helen Watts.

Geriatric Medicine, vol 37, no 12, December 2007, 17-21 pp.

The legalisation of euthanasia, or assisted dying has long been a subject of debate, which intensified with the introduction of the parliamentary Bill, Assisted Dying for the Terminally Ill, by Lord Joffe. Although this Bill was blocked by the House of Lords last year, similar bills will be introduced in the future. The authors argue for and against the case of assisted dying. (KJ/RH)

ISSN: 0268201X

Deliberate self-harm in older adults: a review of the literature from 1995 to 2004; by Jennifer Chan, Brian Draper, Sube Banerjee.

International Journal of Geriatric Psychiatry, vol 22, no 8, August 2007, pp 720-732.

Suicide rates in old age differ markedly from country to country, but there is a general trend towards increased rates with increasing age. In 1996, Brian Draper reviewed critically the evidence on attempted suicide in old age in the 10 years between 1985 and 1994. The review highlighted a need for prospective controlled studies in older people with more representative samples as well as studies examining the interaction of risk factors, precipitants, motivations, psychopathology and response to treatment. This paper updates that review and summarises the advances in our understanding of deliberate self-harm (DSH) in later life, by critically reviewing relevant studies published between 1995 and 2004. The main advances in understanding have been to clarify the effect of personality and cultural factors, service utilisation pre and post attempt, and the (lesser) impact of socio-economic status and physical illness. Methodological weaknesses continue to include inadequate sample size performed on highly selected populations, inconsistent age criteria, and lack of informant data on studies relating the role of personality. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Elderly suicide in primary care; by George Tadros, Emad Salib.

International Journal of Geriatric Psychiatry, vol 22, no 8, August 2007, pp 750-756.

Primary care is probably the most suitable setting to start a suicide prevention strategy for older people, especially as more people are seen before committing suicide in primary care than in secondary care. This study examines the nature of complaints and timing of presentation to general practitioners (GPs) by suicide victims in their last GP consultation, comparing those aged 65+ with those aged 18-64. Details of all cases of suicide verdict and open verdict which were returned at inquests held at the Coroner's Court of Birmingham and Solihull between January 1995 and December 1999 were reviewed. Older people had more physical illness and were more likely to have seen their GP in the 6 months before suicide. Younger adults presented with more psychiatric symptoms, while older adults presented with physical symptoms. Complaints to the GP in the last consultation were significantly different between the two age groups. Older people are more commonly present with physical pain and depression. The study found that older suicide victims had different characteristics and attributes from those of younger adults presenting in primary care. This difference may have implications for suicide research, training of primary care staff and suicide prevention programmes. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

The epidemiology of suicide in Scotland 1989-2004: an examination of temporal trends and risk factors at national and local levels; by Stephen Platt, Paul Boyle, Iain Crombie (et al), Social Research, Scottish Executive. Edinburgh: Scottish Executive, 2007, 4 pp.

Research Findings, no 54, 2007, 4 pp.

The Scottish Executive's National Programme for Improving Mental Health and Well Being launched Choose Life, the National Strategy and Action Plan to Prevent Suicide in 'Scotland in December 2002. The work reported here details findings from an epidemiological analysis of suicide in Scotland during the period 1989-2004, with an emphasis on the years prior to the implementation of Choose Life. (RH)

ISSN: 09502254

Price: FOC

From : Scottish Executive Social Research, 4th floor West Rear, St Andrew's House, Regent Road, Edinburgh EH1 3DG. <http://www.scotland.gov.uk/socialresearch>

Lifting the depression: [an examination of a review of studies on suicide and older people]; by Jill Manthorpe. *Community Care*, no 1672, 10 May 2007, pp 42-43.

"Older people and suicide" by Derek Beeston of the Centre for Ageing and Mental Health, Staffordshire University (CSIP, 2006) brings together findings from UK and international studies. Jill Manthorpe critically examines this research/literature review, and draws out the implications for nurses and general practitioners (GPs). She suggests that the evidence presented - such as on behavioural and verbal clues - may also inform social work practice, social care commissioning and integrated services. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Public attitudes to life-sustaining treatments and euthanasia in dementia; by Nia Williams, Charlotte Dunford, Alice Knowles (et al).

*International Journal of Geriatric Psychiatry*, vol 22, no 12, December 2007, pp 1229-1234.

A cross-sectional survey was conducted to elicit the views of the general public on euthanasia and life-sustaining treatments in the face of dementia. 725 members of the public completed a questionnaire throughout London and South East England. In the face of severe dementia, less than 40% of respondents would wish to be resuscitated after a heart attack, nearly three-quarters wanted to be able to die passively, and almost 60% agreed with doctor assisted suicide. Respondents were more likely to be in favour of life-sustaining treatment for their partner than for themselves, and the opposite was true for euthanasia. White respondents were significantly more likely to refuse life-sustaining treatment and to agree to euthanasia compared with Black and Asian respondents. This survey suggests that a large proportion of the UK general public do not wish for life-sustaining treatments if they were to become demented, and the majority agreed with various forms of euthanasia. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Rates and previous disease history in old age suicide; by Hannu J Koponen, Kalsa Viilo, Helinä Hakko (et al).

*International Journal of Geriatric Psychiatry*, vol 22, no 1, January 2007, pp 38-46.

Suicide rates in people aged 65+ have been reported to be higher than those of younger age groups. More precise ways to identify potential risk factors for older suicides are needed, since absolute numbers are expected to rise. On the basis of forensic examinations, rates and methods of suicide for a 15 year period (1988-2003) for older Finns of northern Finland (n=194) were compared to those of adults aged 18-64 (n=1642). Data from victims' earlier illnesses were scrutinised for records of multiple physical disorders. The mean annual rate per 100000 population was significantly lower for older Finns (22.3) than those aged 29-64 (38.4). A decrease in suicide rates over time occurred in both groups. Suicide methods among older Finns were more often violent, and seldom under the influence of alcohol. They also had a high prevalence of previous depressive episodes and physical illnesses treated in hospital. A lifetime history of hospital-treated depression was more common among older victims who had received hospital treatment for genito-urinary diseases, injuries or poisonings after their 50th birthday. In this sample, older people showed lower suicide rates which decreased during the study period, suggesting that active preventive measures against suicide is also feasible in older people. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

A study of self-harm in older people: mental disorder, social factors and motives; by M S Dennis, P Wakefield, C Molloy (et al): Taylor & Francis, September 2007, pp 520-525.

*Ageing & Mental Health*, vol 11, no 5, September 2007, pp 520-525.

Data were collected on 76 older people who presented to a specialist self-harm team. Data collected included: diagnosis, suicide intent, motives for self-harm, social contacts, and life events and difficulties. Most of these older people who harmed themselves had high suicide intent and 69% were depressed. Patients were frequently living alone with an isolated lifestyle and poor physical health. Depressed self-harm subjects had higher suicide mean scores than non-depressed; and to gain relief from an unbearable state of mind was a frequently recorded motive for these patients. Other motives for self-harm appear to be similar between depressed and non-depressed self-harmers. It is important that older people who self-harm receive an appropriate assessment of both risk and need by an experienced mental health professional skilled at recognising depression in later life. The need for adequate recognition and management of depression in older people in primary care is also highlighted. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Termination of Life on Request and Assisted Suicide (Review Procedures) Act: evaluation - summary: [Evaluation report on the "Euthanasia Act" in The Netherlands - Summary in English]; by Ministry of Health, Welfare and Sport, Netherlands.: Electronic format only, May 2007, 20 pp.

This report is an evaluation of the recent legislation introduced in The Netherlands on euthanasia in 2002, commonly known as the "Euthanasia Act". According to this report, there has been a considerable fall in the number of cases of euthanasia between 2001 and 2005. In 2005 there were more than 2,300 cases of euthanasia and 100 cases of assisted suicide, compared with 3,500 and 300 cases respectively in 2001. Doctors are reporting cases of euthanasia more often, with the proportion of cases reported rising from 54% to 80%. The number of cases of palliative sedation rose from 8,500 to 9,600. The increase in the use of palliative sedation probably explains, in part, the decrease in the number of cases of euthanasia and assisted suicide. One recommendation of the report is that better information should be provided on the possibilities and limitations of euthanasia declarations, as it appears that there are still misunderstandings about this amongst both doctors and the general public. The evaluation of the legislation was performed on behalf of the Ministry of Health, Welfare and Sport by researchers from Vrije Universiteit Amsterdam's medical centre, Erasmus MC, AMC and UMC Utrecht, in collaboration with Statistic Netherlands (CBS). Consult website for latest version of summary report: <http://www.minvws.nl/en/themes/euthanasia/default.asp>(KJ)

From : Download: [http://www.minvws.nl/images/eval-eutha-summary-\(v5\)\\_tcm20-149340.pdf](http://www.minvws.nl/images/eval-eutha-summary-(v5)_tcm20-149340.pdf) Other euthanasia themes: <http://www.minvws.nl/en/themes/euthanasia/default.asp>

Trends in suicide rates of the elderly in Austria, 1970-2004: an analysis of changes in terms of age groups, suicide methods and gender; by Nestor D Kapusta, Elmar Etzersdorfer, Gernot Sonneck.

International Journal of Geriatric Psychiatry, vol 22, no 5, May 2007, pp 438-444.

Suicide rates for older people (age 65+) are highest in western populations. The authors examined official statistics on the 18101 suicides of older people that occurred in Austria between 1970 and 2004. They analysed time trends and differences in suicide methods, also by age groups and gender. Three major high risk groups were identified: older male suicides by firearms; older female suicide by poisoning, which occur more often with increasing age; and suicides of both genders by jumping from heights. Besides treatment of older people's psychiatric disorders, restricting the means to commit suicide may help in prevention. Such specific prevention strategies should be implemented in national suicide prevention plans for the highest risk groups identified in this study. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

## 2006

Causation, intention and active euthanasia; by Alister Browne.: Cambridge University Press, Winter 2006, pp 71-80.

Cambridge Quarterly of Healthcare Ethics, vol 15, no 1, Winter 2006, pp 71-80.

This article reports on the actions of a Canadian doctor, Dr Morrison, and provides three cases in which she was involved with in the 1990s. Charged with first-degree murder under Canadian law, which could have resulted in a mandatory life sentence, the judge dismissed the case in the preliminary hearing on the ground, often used in euthanasia cases, that causation of death could not be established clearly enough to proceed. Professional health associations in Canada have condemned Dr Morrison's actions as serious breaches of ethics but the general public has given her a sympathetic response. The three cases are detailed to highlight the differences between causation and intention of action in such circumstances. (KJ/RH)

ISSN: 09631801

From : <http://journals.cambridge.org>

Deliberate self-harm in people aged 60 years and over: characteristics and outcome of a 20-year cohort; by Keith Hawton, Louise Harriss.

International Journal of Geriatric Psychiatry, vol 21, no 6, June 2006, pp 572-581.

This is a prospective investigation and follow-up of 730 consecutive patients (459 women, 271 men) aged 60+ who presented to the general hospital in Oxford following deliberate self-harm (DSH) over a 20-year period, 1978-1997. Outcome has been examined in terms of repetition of DSH and death by the end of 2000 identified through official death registers. DSH involved self-poisoning in 88.6% of cases, 49.3% of the overdoses including paracetamol, 24% minor tranquillizers, and 15.9% antidepressants. Nearly three-quarters of episodes involved high suicidal intent. Common problems preceding DSH were physical illness (46.1%), social isolation (33.5%), relationship problems with family (29.4%) and bereavement or loss (16.7%). Repetition of DSH occurred in 15.3% of cases. By the end of 2000, 432 of traced patients (65.4%) had died. There were 30 suicides and open verdicts, which were 49 times and 33 times more frequent respectively than expected from general

population death rates. Prior DSH before initial presentation was the main risk factor for suicide, with some evidence of high suicide intent being another factor. There were also excess deaths due to several types of physical disorder. The range of problems experienced by older DSH patients requires extensive and multidisciplinary clinical interventions. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Depression and suicide in older people: a forgotten statistic; by Kathryn Hill.

Signpost, vol 11, no 1, June 2006, pp 4-6.

Contrary to public perception and media reporting, the suicide rate in England and Wales is highest in the older population, particularly older men. Depression is the most important risk factor in suicide in older people, and many older people who commit suicide will visit their general practitioner (GP) in the 4 weeks preceding their death. This article outlines prevalence of and factors relating to depression and suicide in older people, to highlight how failure to adequately recognise and/or treat depression in older people contributes to the significant number of older people who commit suicide, and to suggest ways that might lead to a decrease in these numbers. (RH)

ISSN: 13684345

From : <http://www.signpostjournal.org.uk>

Dying for the Terminally Ill Bill: statement from the College of Psychiatrists on physician assisted suicide; by Royal College of Psychiatrists.: Electronic format only, 7 April 2006, 8 pp.

In May 2006, the Assisted Dying for the Terminally Ill Bill, which would legalise Physician-assisted Suicide (PAS) in England and Wales, will receive its second reading in the House of Lords. The Royal College of Psychiatrists has prepared a statement raising their concerns about the Bill and its unintended implications if enacted. The College is deeply concerned about the "likely effects" if the Bill is enacted, and makes its recommendations in the event of this happening. (KJ/RH)

From : <http://www.rcpsych.ac.uk/pressparliament/parliament/responses/physicianassistedsuicide.aspx>

Elderly suicide and the 2003 SARS epidemic in Hong Kong; by Sau Man Sandra Chan, Fung Kum Helen Chui, Chiu Wah Linda Lam (et al).

International Journal of Geriatric Psychiatry, vol 21, no 2, February 2006, pp 113-118.

Hong Kong was struck by the community outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003. In the same year, the suicide rate for older people showed a sharp upturn from the previous downward trend. In a Poisson regression model on the suicide rates for people aged 65+ (using suicide statistics from the Hong Kong Government's Census and Statistics Department) for the years 1986-2003, 2002 served as the reference year. Suicide rates for 1986-87 were significantly higher than the reference year, with an incident rate ratio (IRR) of 1.34 to 1.61. However, rates in 1998-2001 did not differ significantly from the reference year, representing stabilisation of suicide rates for 4 years after 1997. The suicide rate for older people increased to 37.46 per 100000 population in 2003, with an IRR of 1.32 relative to 2002. Such trend is preserved when suicide rates for older women in 1993-2003 were analysed, while suicide rates for older men and younger age groups did not follow this pattern. Mechanistic failure such as breakdown of social network and limited access to healthcare might account for the findings. Older women by way of their previous readiness to utilise health and social services instituted in the past decade, are thus more susceptible to the effects of temporary suspension of these services during the SARS epidemic. Thus, the SARS epidemic was associated with increased risk of completed suicide in older women, but not in older men or the population aged under 65. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Elderly suicide attempters: characteristics and outcome; by Stéphane Lébret, Estelle Perret-Vaille, Aurélien Mulliez (et al).

International Journal of Geriatric Psychiatry, vol 21, no 11, November 2006, pp 1052-1059.

59 French suicide attempters aged 60+ admitted to hospital between 1993 and 2000 were included in this descriptive study. Their outcome was assessed by questioning their attending physicians over the telephone. 51 of the 59 patients were traced, and 8 were lost at follow-up. Statistical analyses were computed to determine which factors altered the overall survival and the survival without further attempt. Older suicide attempters showed an increased mortality from suicide and natural causes and the risk of a repeat attempt increased in female patients with memory disorders. The factors altering survival were advanced age, pre-existing physical disability, several co-existing physical illnesses, severe physical consequences of the suicide attempt, history of psychiatric illness other than depression, memory disorders, and one previous suicide attempt. The older suicide



attempter was more likely to be a widowed woman suffering from social isolation, loneliness and depression. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Euthanasia: the role of the psychiatrist; by Kris Naudts, Caroline Ducatelle, Jozsef Kovacs (et al).

British Journal of Psychiatry, vol 188, May 2006, pp 405-409.

Since 2002, Belgium has become one of the few countries where euthanasia is legally allowed within a specific juridical framework. Even more unique is the inclusion of the grounds for requesting euthanasia on the basis of mental suffering. Further refinement of the legal, medical and psychiatric approach to the issue is required in order to clear up essential practical and ethical matters. Psychiatrists and their professional organisations need to play a greater role in this emerging debate and contribute from a clinical, scientific and ethical point of view. Comparisons are made with the Netherlands' approaches on euthanasia and assisted suicide. (RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org>

Euthanasia in the UK: the real story; by Clive Seale, Dawn Powell.

Geriatric Medicine, vol 36, no 5, May 2006, pp 17/21.

In his survey on end-of-life decisions made by UK doctors, Professor Clive Seale of Brunel University asked doctors to fill in an anonymous questionnaire about whether they or a colleague had committed euthanasia or helped with a patient's suicide. He also asked if they either withdrew or withheld treatment (a "non-treatment decision") or intensified the alleviation of pain or symptoms, knowing that such actions could hasten the end of a patient's life (a "double-effect" decision). Of 857 replies from doctors describing the care of the last patient they attended who died, 0.16% of deaths involved euthanasia at a patient's request ("voluntary" euthanasia), and 0.33% involved ending a patient's life without a concurrent request from the patient to do so. 30% of respondents gave doses of drugs that they thought had a double effect, and 33% had made "non-treatment" decisions. These findings led to media reports that UK doctors are illegally helping 8 patients a day to die. Dawn Powell discusses the survey results with Prof Seale. (RH)

ISSN: 0268201X

From : <http://www.gerimed.co.uk>

Evaluation of the first phase of Choose Life: the national strategy and action plan to prevent suicide in Scotland; by Stephen Platt, Joanne McLean, Allyson McCollam (et al), Analytical Services Division, Health Department, Scottish Executive; Scottish Executive Social Research. Edinburgh: Scottish Executive Social Research, 2006, 209 pp.

Following a marked increase in the suicide rate for males (other than those aged 65+) since the 1970s in Scotland, the Choose Life national strategy and action plan to prevent suicide in Scotland was launched in December 2002. The Scottish Executive commissioned a research consortium to evaluate the policy's first phase (2003-2006). This report presents findings and makes recommendations regarding the strategy and action plan's sustainability, allocation of resources, decision making processes and learning, innovative practices, and perceived progress. (RH)

Price: £5.00

From : Health Department, Analytical Services Division, St Andrew's House, Regent Road, Edinburgh EH1 3DG. <http://www.scotland.gov.uk/socialresearch>

Evaluation of the first phase of Choose Life : the national strategy and action plan to prevent suicide in Scotland; by Stephen Platt, Joanne McLean, Allyson McCollam (et al), Health Department, Analytical Services Division, Scottish Executive. Edinburgh: Scottish Executive, 2006, 6 pp.

Research Findings, no 52, 2006, 6 pp.

Following a marked increase in the suicide rate for males (other than those aged 65+) since the 1970s in Scotland, the Choose Life national strategy and action plan to prevent suicide in Scotland was launched in December 2002. The Scottish Executive commissioned a research consortium to evaluate the policy's first phase (2003-2006). These findings summarise the full report which makes recommendations regarding the strategy and action plan's sustainability, allocation of resources, decision making processes and learning, innovative practices, and perceived progress. (RH/KJ)

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Price: FOC

From : Health Department, Analytical Services Division, St Andrew's House, Regent Road, Edinburgh EH1 3DG. <http://www.scotland.gov.uk/socialresearch>

Explaining the emergence of euthanasia law in the Netherlands: how the sociology of law can help the sociology of bioethics; by Heleen Weyers.

*Sociology of Health & Illness*, vol 28, no 6, September 2006, pp 802-816.

The debate over the legalisation of voluntary euthanasia is most often seen to be the result of three changes in society: individualisation, diminished taboos concerning death, and changes in the balance of power in medicine. The fact that these changes occurred in many western countries but led to legalisation in only a few makes this claim problematic. It is examined whether socio-legal propositions, with respect to the emergence of laws which focus on social control, offer a better approach to understanding the development of rules allowing and governing euthanasia. These three societal changes are discussed in the light of shifts in the social control of medical behaviour that shortens life. It is shown that the Dutch relaxation of the prohibition of euthanasia goes together with new forms of social control: doctors' self control is complemented with second-party control (by patients), professional third-party control and governmental control. The author's work calls attention to the fact that bioethics is part of larger systems of social control. (KJ/RH)

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From : <http://www.blackwellpublishing.com>

Giving up or finding a solution?: the experience of attempted suicide in later life; by L Crocker, L Clare, K Evans.

*Aging & Mental Health*, vol 10, no 6, November 2006, pp 638-647.

Older people constitute one of the highest risk groups for suicide. A risk factor approach in much of the existing research is of limited usefulness, since only a minority of those at risk go on to make an attempt. Therefore, prediction, prevention and the management of risk remain challenging. This study took place in London. It aimed to capture the subjective experience of older people who had recently made a suicide attempt, through exploring their understanding of the pathway to and from the attempt, within the context of ageing. 15 participants were interviewed, and transcripts were analysed using Interpretative Phenomenological Analysis. Three broad themes emerged: struggle (experiencing life as a struggle before and after the attempt, and in relation to growing older); control (trying to maintain control over life before the attempt, and following it either failing or succeeding to regain control); and visibility (feeling invisible or disconnected from others and trying to fight against this before the attempt and either becoming more or less connected afterwards). Risk factors identified in the literature were often absent or construed by participants as not relevant to their attempt. Individual accounts highlight the diversity and complexity of experience of older people who attempt suicide. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Life-time history of suicide attempts and coronary artery disease in a community-dwelling elderly population; by S Artero, B Astruc, P Courtet (et al).

*International Journal of Geriatric Psychiatry*, vol 21, no 2, February 2006, pp 108-112.

Many studies have observed strong relationships between coronary artery disease (CAD) and psychiatric disorder, notably depression, anxiety and panic attacks. This study is part of the ESPRIT Project (Enquête de Santé Psychologique - Risques, Incidence et Traitement) and examines the relationship between CAD within a general French population cohort and life-time history of psychiatric disorder and suicidal behaviour. A representative sample of 1843 non-institutionalised French people aged 65+ drawn at random from the electoral roll was given a standardised neurological and psychiatric examination based on DSM-IV criteria. The clinical examination also included an electrocardiogram (ECG) and a questionnaire relating to life-time medical history. Within this sample, prevalence of suicide attempts was 3.9%. A significant positive association was observed between lifetime prevalence of CAD and suicide attempts. Suicide attempts were associated with major depression, co-morbid anxiety and depression, but not anxiety alone. A logistic regression analysis showed that the relationship between suicide attempts and CAD persists after adjustment for anxiety and depression. CAD is associated with suicidal behaviour independently of depression. However, longitudinal studies are required to clarify the direction of causality and to integrate genetic, biological, environmental and psychological factors into an aetiological model. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Older people and suicide; by Derek Beeston, Centre for Ageing and Mental Health, Staffordshire University. Stafford: CSIP West Midlands Development Centre, 2006, 69 pp.

Older people are the most successful age group for suicide with about one in four attempts resulting in death. Between 1995 and 2004, at least 494 men and 202 women died by suicide in the West Midlands. Around two thirds of these suffered from depression, but with timely detection and intervention, their deaths could have been

prevented. This paper aims to provide an evidence based discussion that will assist health and social care providers and policy makers to engage in primary, secondary and tertiary interventions in response to at-risk suicidal behaviour in the older person. A secondary aim is to promote a wider awareness of the problem of suicide in older people amongst community opinion formers and the media. The paper is based on a literature review using electronic databases: CINAHL, MEDLINE, PsychINFO, the Cochrane Database, and Bandolier (electronic journal and database). Also searched were E-bry (a full text on-line library of text-books), and textbooks and journals in Staffordshire University Library. The focus is on older people who come into contact with health and social care providers, voluntary and community organisations (including faith based groups) in a variety of settings. (RH)

Price: FOC

From : Report to be reformatted as

DVD.<http://www.staffs.ac.uk/schools/sciences/ihr/camh/http://www.westmidlands.csip.org.uk/publications>

Physical vulnerability and fatal self-harm in the elderly; by Michael Eddleston, Mathisha Disanayake, M H Rezvi Sheriff (et al).

British Journal of Psychiatry, vol 189, September 2006, pp 278-279.

Although the high rate of suicide in older people is conventionally explained as being due to greater intent to do so, the authors have noted older Sri Lankans dying after relatively mild poisoning. Using data from cases of yellow oleander poisoning, they investigated the effect of age on outcomes in 1697 patients, controlling for gender and amount ingested. In fully adjusted models, people aged 65+ were 13.8 times more likely to die than those aged under 25. The high numbers of suicides in older people globally is likely to be due, in part, to the difficulty they face in surviving the effects of both the poisoning and its treatment. (RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org>

Suicidal behaviour in nursing homes: a survey in a region of north-east Italy; by Paolo Scocco, Monica Rapattoni, Giovanna Fantoni (et al).

International Journal of Geriatric Psychiatry, vol 21, no 4, April 2006, pp 307-311.

Structured interviews were completed with nursing home (NH) managers in the Veneto region of Italy, inquiring about NH staff and management characteristics, mental health care available and the number of completed or attempted suicides (AS) in 2001 made by residents aged 65+, occurring either inside or outside NHs. All NHs which reported suicidal events were asked for additional information. In the study period, 5 completed suicides and 8 AS were reported. All but one suicide and one AS had a history of mental disorders. 7 subjects had been living in a NH for less than a year. There were no significant differences in the frequency of suicidal events between NHs which employed or did not employ mental health workers. The suicide rate found in this NH sample is much higher than the rate reported by the Italian National Statistics Institute for the age 65+ population of the Veneto region in 2001, and is similar to the rate reported in a previous study conducted in another country. In Veneto, NH behavioural control of residents, lack of access to a variety of means used for suicidal purposes and medical supervision does not seem to have protected the NH population from suicidal risks. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Suicide in older people without psychiatric disorder; by Daniel Harwood, Keith Hawton, Tony Hope (et al).

International Journal of Geriatric Psychiatry, vol 21, no 4, April 2006, pp 363-367.

The psychological characteristics of 23 subjects aged 60+ who had died from suicide and did not have a psychiatric disorder at the time of death were determined using psychological autopsy interviews with relatives and friends. The sample is from the authors' previous 2001 study in four counties of central England between 1995 and 1998. Three of the sample had significant psychiatric symptoms, one had a diagnosis of personality disorder, and ten had significantly abnormal personality traits. Physical illness and recent bereavement were the commonest life problems associated with suicide. Five of the sample were suffering from severe physical illness at the time of death. Sub-syndromal psychiatric disorder may be less important than personality factors, physical illness and recent bereavement as important contributory factors to suicide in older people not suffering from psychiatric illness at the time of death. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Suicide risk assessment in the depressed elderly patient with cancer; by Olu Labisi.

Journal of Gerontological Social Work, vol 47, nos 1/2, 2006, pp 17-25.

Although several studies have identified different factors that increase the risk for suicide in older people, depression, especially in cancer patients, puts people at even greater risk. In geriatric patients with co-morbid illnesses, depression is often diagnosed or overlooked because of the assumption that it is to be expected. When a patient with cancer is diagnosed with depression, it is imperative that clinicians have a clear-cut tool for assessing and identifying signs of suicidality in order to develop a treatment plan to manage the patient. This article delineates the steps involved in conducting a thorough and systematic suicide risk assessment for depressed older patients with cancer. (RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

Suicide trends and geographical variations in the United Kingdom, 1991-2004; by Anita Brock, Allan Baker, Clare Griffiths (et al).

Health Statistics Quarterly, no 31, Autumn 2006, pp 6-22.

About 6,000 people killed themselves in the UK in 2004. While suicide rates in the UK fell between 1991 and 2004, the decrease did not occur in all areas. Large disparities remain between suicide rates in the countries of the UK and between regions and local areas. This article also presents inequalities in suicide rates by deprivation, and considers change over time, for men and women, and for different age groups. Attention is drawn to the different registration and coding systems for deaths from suicide in the countries of the UK. (RH)

ISSN: 14651645

From : <http://www.statistics.gov.uk>

## 2005

Assessing Chinese older adults' suicidal ideation: Chinese version of the Geriatric Suicide Ideation Scale; by K-L Chou, L W Jun, I Chi.

Aging & Mental Health, vol 9, no 2, March 2005, pp 167-171.

The psychometric properties of the Chinese version of the Geriatric Suicide Ideation Scale (GSIS-C) were investigated in a sample of 154 Hong Kong Chinese older people. Internal consistency, test-retest reliability, face validity, convergent and divergent validities of the GSIS-C were assessed; all were well above acceptable levels. In terms of convergent validity, the GSIS-C correlated significantly and positively with depression (assessed by CES-D), loneliness (assessed by Revised UCLA Loneliness Scale), and hopelessness (assessed by Beck's Hopelessness Scale). The divergent validity of the GSIS-C was demonstrated by the negative but significant association between the GSIS-C and two variables including self-rated health status and life satisfaction (assessed by the Life Satisfaction Inventory - Version A). (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Assisted Dying for the Terminally Ill Bill [HL]; by Lord Joffe, House of Lords. London: HMSO, 9 November 2005, 8 pp (HL Bill 36 session 2005/2006).

This Private member's Bill was introduced in the House of Lords by Lord Joffe. If enacted, the Bill will enable a competent adult who is suffering unbearably as a result of a terminal illness to receive medical assistance to die at his own considered and persistent request. The Bill also makes provision for a person suffering from a terminal illness to receive pain relief medication. This Bill is the third revision to be printed. The Bill was discontinued due to prorogation after the debate was adjourned on 12 May in this session. (KJ/RH)

ISBN: 0108421651

Price: £2.50

From : The Stationery Office. PO Box 29, Norwich NR3 1GN

Deliberate self-harm (DSH) among older people: a retrospective study in Barnet, North London; by Florian Alexander Ruths, Robert Ian Tobiansky, Martin Blanchard.

International Journal of Geriatric Psychiatry, vol 20, no 2, February 2005, pp 106-112.

Rates of suicide remain high in older people, and those who deliberately self-harm are believed to be at increased risk of killing themselves in the future. If older people who deliberately harm themselves are to be helped by developments in services, we need to understand what currently happens to them in terms of service provision and outcome. In this study, 43 older people presenting to Accident and Emergency Departments (A&E) in the London Borough of Barnet with deliberate self-harm (DSH) in 1998 and 1999 were identified. 18/43 (42%) had previous contact with local psychiatric services. The main method of DSH was overdose of medication (36/43 or 84%). Compared to the general population, there were more women and widows. There

were similar levels of physical ill health. 37/43 (86%) received documented psychiatric input outside of hospital following the DSH. The mean follow-up period was 789 days. During this time, 8/43 (19%) had a further documented episode of DSH, and 18/43 (40%) died from natural causes. The study confirms the need for improved documentation of DSH and its coding. This needs to be reviewed at local and national level. The vast majority of older people who attempt suicide do have subsequent contact with psychiatric services. There is a strong likelihood of repeat DSH and a higher risk of death by natural causes, emphasising the need to conceptualise DSH as a risk factor relevant to all medical specialities. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Deliberate self-harm in older people revisited; by H C Lamprecht, S Pakrasi, A Gash (et al).

International Journal of Geriatric Psychiatry, vol 20, no 11, November 2005, pp 1090-1096.

This was a retrospective observational study which reviewed 97 episodes of deliberate self-harm (DSH) involving 82 patients aged 65+ referred to the Liaison Psychiatric Service of the Tees and North East Yorkshire NHS Trust South locality from 2000 to 2002. There was a year-on-year increase in the number of older people presenting with DSH, especially in men. 21% of the older men had no discernible psychiatric diagnosis. There was a small number of people who repeated DSH within a year. Males were as likely to be repeaters as females. 23% of all patients saw a general practitioner (GP) in the seven days before the episode of DSH, and this increased to 58% in the 4 weeks preceding the episode of DSH. More males (56%) than females (26%) who presented with DSH were married. The most common method of DSH was medication overdose (93%) of which 66% used prescribed medication. DSH in older people may start to mirror some of the characteristics seen in younger adults with DSH; and while numbers are small compared to younger adults, the observations suggest an increase in DSH in men. Marriage may no longer be a protective factor in prevention of DSH in older men. Longer term observational studies of DSH in older people are required to confirm these changing patterns. GPs may have an important role to play in prevention of DSH in later life. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Depression in later life; by Jill Manthorpe, Steve Iliffe. London: Jessica Kingsley, 2005, 160 pp.

The authors take a multidisciplinary approach and use both medical and psycho-social models of depression. The medical model is used to identify symptoms, make diagnoses and work towards optimal treatment. Psycho-social perspectives provide insights into the scale and complexity of the condition and point to its social causes. Different levels of depression are identified in relation to, but distinct from, dementia, psychosis and anxiety, and suicide and self-harm. Practice examples are used throughout. The authors also consider the prevention of depression and how carers can be helped. (RH)

Price: £13.95

From : Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Email: [post@jkg.com](mailto:post@jkg.com) Website: [www.jkg.com](http://www.jkg.com)

Differences in suicide behaviour in the elderly: a study in two provinces of Northern Italy; by P Zeppegno, E Manzetti, R Valsesia (et al).

International Journal of Geriatric Psychiatry, vol 20, no 8, August 2005, pp 769-775.

Information was collected on suicides of people aged 60+ in the Italian provinces of Novara and Verbania from January 1990 and December 2000, to evaluate whether there is any correlation between characteristics of suicide behaviour to place of residence, with particular attention to psychosocial factors. Standardised Mortality Ratios (SMRs) were calculated, to compare with average suicide rates in North West Italy in the same period and in the same age group. 184 suicides were committed in the age group in the two regions, with an average rate of 14.07 per 100,000 inhabitants in Novara and 25.56 in Verbania. The most common methods of suicide were hanging and jumping from a height. The factors chiefly related to suicide were mental disease, followed by organic illness. The analysis of SMRs point out that the incidence of suicide in the province of Verbania is higher than in North west Italy, while in Novara it is lower. The evaluation of suicide risk in older people in a diagnostic and preventative framework must take into consideration the psychosocial factors that vary with the place of residence. (RH)

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From : <http://www.interscience.wiley.com>

Physical activity alone and with others as predictors of sense of belonging and mental health in retirees; by M Bailey, S McLaren.

*Aging & Mental Health*, vol 9, no 1, January 2005, pp 82-90.

A high sense of belonging in the community and physical activity are associated with improved mental health in older people. The present study tested a model incorporating physical activities performed alone and with others as predictors of a sense of belonging, depression and suicide ideation. 194 retired Australians (87 men, 105 women, mean age 68) in Ballarat, Victoria completed the Yale Physical Activity Survey, the Sense of Belonging Instrument, the Suicide Subscale of the General Health Questionnaire (GHQ), and the Zung Depression Inventory. Within the context of the model, neither participating in physical activity alone, nor with at least one person, predicted sense of belonging, depression or suicide ideation. Having the abilities and motivation to belong was a predictor of participating in physical activities with others and actual feelings of belonging, and contributed to predicting mental health in retirees. Simply performing activities with others was not associated with a sense of belonging or mental health. Rather, sense of belonging may be facilitated in order for mental health to be enhanced. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Physical health and mental disorder in elderly suicide: a case-control study; by M Prévaille, R Hébert, R Boyer (et al).

*Aging & Mental Health*, vol 9, no 6, November 2005, pp 576-584.

The psychological autopsy method was used to study all 95 cases of suicide involving people aged 60+ registered in Quebec, Canada in 1998 and 1999. 95 comparison subjects matched for gender, age, region and date of death were selected from the death register. This study showed that suicide cases did not differ from controls with regard to the number of chronic health problems and, compared to suicide cases, the controls had less functional autonomy 6 months prior to death. If minor and sub-threshold depression cases were included, 74.7% of the suicide cases would have been considered as having a mental health disorder compared to 12.6% in the control group. When the effect of other co-variables were controlled for, multivariate analysis showed that suicide cases and controls did not differ according to marital status, education, income and living arrangements. Furthermore, suicide cases were no more likely than controls to seldom meet with family members or friends or to have been isolated during the 6 months preceding death. These findings suggest that detection of psychiatric disorders - mainly depression - must be included in late life suicide prevention strategies. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Psychiatric hospitalisation and suicide among the very old in Denmark: population-based register study; by Annette Erlangsen, Preben Bo Mortensen, Werner Vach (et al).

*British Journal of Psychiatry*, vol 187, July 2005, pp 43-48.

Psychiatric disorders are known to have a strong association with suicide in older people. In this Danish study, the suicide risk associated with psychiatric hospital admissions in the very old (age 80+) is compared with middle aged (50-64 years) and old (65-80) populations. Individual level data on the entire Danish population aged 50+ were analysed for the period 1994-1998. Relative suicide risks were calculated using event history analysis. Among 1,978,527 people, 2,323 died by suicide. Although the very old group exhibited a four-fold to five-fold increase in risk of suicide for those previously admitted to hospital, the authors noted an inverse interaction effect: the increase is distinctly smaller compared with that in the middle-aged and old groups. The association between suicide and psychiatric hospital admissions is much weaker for the very old than for the old. Psychiatric disorders in very old people may be interacting with other disorders, may be underdiagnosed or treated in other healthcare settings. (RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org>

Self-harm in older people with depression: comparison of social factors, life events and symptoms; by Michael Dennis, Penny Wakefield, Caroline Molloy (et al).

*British Journal of Psychiatry*, vol 186, June 2005, pp 538-539.

Studying non-fatal self-harm in older people with depression may provide a valuable insight into suicidal behaviour in this age group. The objectives of this study were to determine clinical factors that might help to differentiate those older people with depression who are most at risk of self-harm and suicide. The authors examined social factors, life events, hopelessness and other depression symptoms in a group of 48 older people aged 65+ referred following an episode of self-harm compared with 50 similarly aged people with depression who had no history of self-harm. The groups were similar in many respects, although those in the self-harm group were more likely to have a poorly integrated social network and were more hopeless. (RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org>

Social relationships as predictors of depression and suicidal ideation in older adults; by R K Vanderhorst, S McLaren.

*Aging & Mental Health*, vol 9, no 6, November 2005, pp 517-525.

The prevalence of depression and suicidal ideation in older people is considered to be a major mental health concern in this age group. This study investigated the human relatedness variables of marital status, social support resources and sense of belonging as predictors of depression and suicidal ideation in older people. A community sample of 119 older people (mean age 76.67 years) in the state of Victoria, Australia completed the Social Support Sub-scale of the Coping Resources Inventory, the Sense of Belonging Instrument, the Zung Depression Inventory and the Suicide Sub-scale of the General Health Questionnaire (GHQ). Results indicated that lower social support resources were associated with higher levels of depression and suicidal ideation. Sense of belonging to the community was not an additional predictor of mental health. The results of this study suggest that enhancing social support resources in older people could reduce depression and suicidal ideation. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Suicide in the elderly in Kaniyambadi block, Tamil Nadu, South India; by V J Abraham, S Abraham, K S Jacob. *International Journal of Geriatric Psychiatry*, vol 20, no 10, October 2005, pp 953-955.

Inefficient civil registration systems, non-report of deaths, variable standards in identifying death, and the legal and social consequences of suicide are major obstacles in investigating suicide in the developing world. Very high rates of suicide have been recorded in the region in the general population and among younger people. This paper describes the suicide rate among older people in Kaniyambadi block, Tamil Nadu, a rural area of South India for the years 1994-2002 using verbal autopsies. The average annual suicide rate was 189 per 100,000 for people aged over 55. The ratio of males to females was 1:0.66. The age-specific suicide rate for men and women increased with age. Hanging (52%) and poisoning with organo-phosphorus compounds (39%) were the commonest methods used. Significantly, more women chose drowning or burning than men who preferred poisoning or hanging. Reasons for the very high suicide rate observed in older people are not known, so there is a need to develop innovative strategies to reduce deaths by suicide. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Trends in suicide by drowning in the elderly in England and Wales 1979-2001; by Emad Salib.

*International Journal of Geriatric Psychiatry*, vol 20, no 2, February 2005, pp 175-181.

Suicide by drowning increases with age, but rates vary between countries and among communities. This study presents data on the time trends, age/sex mortality rates from death by drowning in older people in England and Wales between 1979 and 2001. All coroners' verdicts for death by drowning, suicide, deaths undetermined whether accidentally or purposely inflicted were examined. This study finds that there has been a gradual reduction in suicide by drowning in men and women by more than one third of the observed count in 1979. However, this decline was less evident in older people, particularly those aged 75+. Drownings of older people appear to attract more verdicts of suicide compared to younger age groups. Women, particularly older women, are more likely to have a suicide verdict returned in drowning compared to men. The high rate of open verdicts in older drownings over the study period and compared to any other method of fatal self-harm in England and Wales confirms the difficulties in reaching a firm conclusion in drowning death. Therefore, combining suicide and all undetermined deaths in drowning as a matter of course in nationally collected statistics may result in grossly exaggerated rates and misleading trends in suicidal drowning. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

## 2004

Assisted Dying for the Terminally Ill Bill [HL]; by Lord Joffe, House of Lords. London: TSO, 8 January 2004, 10 pp (HL Bill 17 session 2003/2004).

This Bill was introduced in the House of Lords by Lord Joffe. If enacted, the Bill will enable a competent adult who is suffering unbearably as a result of a terminal illness to receive medical assistance to die at his own considered and persistent request. The Bill also makes provision for a person suffering from such a condition to receive pain relief medication. (KJ/RH)

From : Downloaded document (13/9/04):  
<http://www.publications.parliament.uk/pa/ld200304/ldbills/017/2004017.htm> Available from The Stationery Office.

Assisted Dying for the Terminally Ill Bill [HL]; by Lord Joffe, House of Lords. London: HMSO, 24 November 2004, 12 pp (HL Bill 4 session 2004/2005).

This Private member's Bill was introduced in the House of Lords by Lord Joffe. If enacted, the Bill will enable a competent adult who is suffering unbearably as a result of a terminal illness to receive medical assistance to die at his own considered and persistent request. The Bill also makes provision for a person suffering from a terminal illness to receive pain relief medication. This Bill includes a Form of Declaration. The Bill was dropped after it was referred to a Select Committee in this session. (KJ/RH)

ISBN: 0108418839

Price: £2.50

From : The Stationery Office. PO Box 29, Norwich NR3 1GN

Do older people who self-harm receive the hospital care they need?; by Wally Barr, Maria Leitner, Joan Thomas.

Quality in Ageing, vol 5, no 4, December 2004, pp 10-19.

Although self-harm is most common in younger people in Britain, the risk of suicide subsequent to an initial act of self-harm is considerably greater in older people. Four characteristics have been shown to be associated with increased vulnerability in older people who self-harm: increased suicidal intent, physical illness, mental illness, and social isolation. This paper is part of a broader analysis of all self-harm presentations to an accident and emergency department (A&E) in North Wales over a 5-year period. It examines the prevalence of these vulnerability indicators in patients aged 65+, and considers whether greater vulnerability in older patients is reflected in their clinical management within the hospital and in community support planning on discharge. At the first presentation, 91 older patients exhibited greater vulnerability than did 2,326 younger patients. Despite this, the authors found no evidence that older self-harm patients were any more likely than younger patients to routinely receive either a psychosocial assessment from a member of staff with specialist mental health training, or community aftercare planning on discharge from the hospital. This study lends weight to recently published national guidelines recommending that all acts of self-harm in older people is regarded as evidence of serious suicidal intent at the outset. (RH)

ISSN: 14717794

From : <http://www.pavpub.com>

Elderly suicide attempters with depression are often diagnosed only after the attempt; by Kirsi Suominen, Erkki Isometsä, Jouko Lönnqvist.

International Journal of Geriatric Psychiatry, vol 19, no 1, January 2004, pp 35-40.

Older and younger suicide attempters treated in hospital emergency rooms in Helsinki, Finland between 15 January 1997 and 14 January 1998 were compared in terms of their health care contacts, clinical diagnoses, and characteristics predicting lack of treatment contact after the attempt. During the final 12 months before the attempt, most of the 81 older (aged 60+) suicide attempters had a contact with primary health care, but their mood disorders were likely to have remained undiagnosed before the suicide attempt. In primary health care, only 4% had been diagnosed with a mood disorder before the attempt, but 57% after. After the suicide attempt, most older suicide attempters were referred to aftercare, two-thirds having contact with psychiatric care. For the purposes of preventing suicidal behaviour, screening for depression, plus further education on recognition and treatment of mood disorders for older people in primary care settings are needed. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Loss of a partner and suicide risks among oldest old: a population-based register study; by Annette Erlangsen, Bernard Jeune, Unn Bille-Brahe.

Age and Ageing, vol 33, no 4, July 2004, pp 378-383.

Although a small proportion of the oldest-old who commit suicide have experienced a recent bereavement, there is a significant increase in the suicide risk during the first year after bereavement, especially for men. However, the increased risk of suicide in the oldest old men may only in part be experienced by the loss of a partner. This article is based on prospective data for all 1,978,527 people aged 50+ living in Denmark during 1994-1998. The authors applied survival analysis to calculate changes in relative risk of suicide after a loss by using individual level data. (RH)



ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

A model predicting suicidal ideation and hopelessness in depressed older adults: the impact of emotion inhibition and affect intensity; by T R Lynch, J S Cheavens, J Q Morse (et al).

*Aging & Mental Health*, vol 8, no 6, November 2004, pp 486-497.

The purpose of this study was to begin a preliminary examination of constructs theorised to be related to suicidal behaviour, by testing a model of the influence of both temperament and emotion regulation on suicidal ideation and hopelessness. The model was evaluated using structural equation modelling procedures with a sample of 77 depressed older people (mean age 69.5) recruited from the US National Institute of Mental Health (NIMH) Clinical Research Center (CRC) naturalistic study of late-life depression. Findings supported a temporally predictive model in which negative affect intensity and reactivity lead to emotion inhibition, operationalised as ambivalence over emotional expression and thought suppression, which in turn lead to increased presence of suicidal predictors, operationalised as hopelessness and suicidal ideation. These results suggest that suicide prevention efforts in older people may be improved by targeting emotion inhibition in treatment, especially among affectively intense and reactive older people. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Recent developments: suicide in older people; by Henry O'Connell, Ai-Vyrn Chin, Conal Cunningham (et al).

*British Medical Journal*, vol 329, no 7467, 16 October 2004, pp 895-899.

Older people have a higher risk of completed suicide than any other age group worldwide. The authors outline the epidemiology and causal factors associated with suicidal behaviour in older people, and summarise the current measures for prevention and management of this neglected phenomenon. They do so, having searched Medline and the Cochrane database for original research and review articles. The main psychological factors for suicide in older people include psychiatric illnesses, most notably depression and certain personality traits. Physical factors include neurological illnesses and malignancies. The effects of physical health factors on suicide are generally mediated by mental health factors. Social factors include social isolation and being divorce, widowed or single. Those who have attempted suicide are at high risk of a subsequent completed suicide. This review also points to further information sources and key ongoing research such as the Dublin healthy ageing study. (RH)

ISSN: 09598138

From : <http://www.bmj.com>

The relationship between self-destructive behaviour and nursing home environment; by L-F Low, B Draper, H Brodaty.

*Aging & Mental Health*, vol 8, no 1, January 2004, pp 29-33.

The authors performed a cross-sectional study of 647 residents in 11 nursing homes in Australia using the Harmful Behaviours Scale (HBS), the Abbreviated Mental Test Scale and the Resident Classification Index. Directors of Nursing completed a questionnaire that rated physical design, and staff and resident characteristics. Demographics were obtained from nursing home records. On regression analysis, a greater number of design features for the frail and residents with dementia in general and increased security measures were associated with greater HBS total score and risk-taking and passive self-harm sub-scales. A residential environment in which the residents were more functionally dependent and more likely to be in a shared room, management policies less geared towards managing difficult behaviour and less staff availability and training were associated with the "uncooperativeness" factor. There were no significant predictors of the other two factors. The relationship between nursing home environment and self-destructive behaviours, and the environment is complex, and there needs to be an individualised approach to placement. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Suicide and suicidal behaviour: establishing the territory for a series of research reviews; by Joanne McLean, Stephen Platt, Amy Woodhouse, Scottish Development Centre for Mental Health, University of Edinburgh; Scottish Executive Social Research. Edinburgh: Scottish Executive Social Research, 2004, 4 pp.

*Health and Community Care : Mental Health Research Findings*, no 42, 2004, 4 pp.

A consultative process in 2002 by the Scottish Executive's National Programme for Improving Mental Health and Well Being relating to the increased prevalence of suicides in Scotland in the last 30 years has led to the launch of Choose Life, the National Strategy and Action Plan to Prevent Suicide in Scotland. One of the main objectives of Choose Life is to improve the quality, collection, availability and dissemination of information relating to suicide and suicidal behaviour, and on relevant effective interventions. This summary of the main

report outlines the main findings on: issues arising from the main survey; phases 1 and 2 of consultation with the expert group; the five suggested review topics. (RH)

ISBN: 0755938313

Price: FOC

From : Scottish Executive Social Research, 4th Floor West Rear, St Andrew's House, Regent Road, Edinburgh EH1 3DG. E-mail: socialresearch@scotland.gsi.gov.uk Website: <http://www.scotland.gov.uk/socialresearch>

Suicide and suicidal behaviour: establishing the territory for a series of research reviews; by Joanne McLean, Stephen Platt, Amy Woodhouse, Scottish Development Centre for Mental Health, University of Edinburgh; Scottish Executive Social Research. Edinburgh: Scottish Executive Social Research, 2004, 78 pp.

A consultative process in 2002 by the Scottish Executive's National Programme for Improving Mental Health and Well Being relating to the increased prevalence of suicides in Scotland in the last 30 years has led to the launch of Choose Life, the National Strategy and Action Plan to Prevent Suicide in Scotland. One of the main objectives of Choose Life is to improve the quality, collection, availability and dissemination of information relating to suicide and suicidal behaviour, and on relevant effective interventions. The research presented in this document considers the methods; identifies areas of interest and expertise based on a UK and international survey; identifies the focus and structures of the reviews based on consultation with an expert group; and suggests territories for a series of research reviews. (RH)

Price: £5.00

From : Scottish Executive Social Research, 4th Floor West Rear, St Andrew's House, Regent Road, Edinburgh EH1 3DG. <http://www.scotland.gov.uk/socialresearch>

Voluntary euthanasia (Death with Dignity): Billet d'État [Bill of State] : Wednesday, 27th October 2004; by Policy Council, States of Guernsey. St Peter Port, Guernsey: States of Guernsey, 2004, 1766 pp (XVI 2004).

At the September 2002 meeting a Requête [request to have something discussed] was approved which directed the Advisory and Finance Committee "... to carry out appropriate investigations and consultations with whomever it deems fit and ... to bring a report to the States of Deliberation, on the implications of Doctor Assisted Death or some other Death with Dignity Legislation to be implemented within Guernsey containing that Committee's recommendation ..." A Death with Dignity Working Party was formed on behalf of the Advisory and Finance Committee, which invited submissions from interest groups and members of the public on this subject. This final Report [Bill of State] contains the evidence, debate and recommendations of the Working Group. The debate led to a vote of 34 against voluntary euthanasia and 14 in favour. Supplementary recommendations make a commitment to an increased emphasis on the practice of palliative care; that the law and practice should be clarified to achieve greater certainty about advanced directives (living wills) both for their makers and the medical practitioners. Also, clarification is required that the proper prescribing of pain relief under the double effect principle is legal and is included as part of the future legislation on end of life decisions. The Report includes a number of relevant articles which are referenced and a bibliography. (KJ)

Price: £10.00

From : Policy Council, States of Guernsey, Sir Charles Frossard House, PO Box 43, La Charroterie, St Peter Port, Guernsey GY1 1FH. tel: 01481 707351 email: [ykayll@health.gov.gg](mailto:ykayll@health.gov.gg)

## 2003

Age, labour market conditions and male suicide rates in selected countries; by Philip Taylor.

Ageing and Society, vol 23, part 1, January 2003, pp 25-40.

Previous research has found statistically significant correlations between suicide and unemployment rates over time among young people in a number of countries. This study extends that research to include different age groups of men, by examining the relationship between suicide rates among men since 1975 and rates of employment and labour force participation in 20 countries. The findings for younger workers largely confirm the findings of previous studies. For older workers, however, unemployment and suicide rates are largely unrelated, notable exceptions including Japan and the US. The implications of this finding for policy making towards older workers are discussed. (RH)

ISSN: 0144686X

Assessment and management of self-harm in older adults attending accident and emergency: a comparative cross-sectional study; by Richard Marriott, Judith Horrocks, Allan House (et al).

International Journal of Geriatric Psychiatry, vol 18, no 7, July 2003, pp 645-652.

Older people who undertake self-harm are at higher suicide risk than are younger patients. This cross-sectional study, set in two accident and emergency (A&E) departments in Leeds, compared 141 consecutive attendances due to self-harm among older patients (aged 55+) with a random sample of 125 attendances of younger people

(aged 15-54) attending because of self-harm. Compared with the younger group, older patients were significantly more likely to receive psychosocial assessment from a mental health specialist. They were also much more likely than younger patients to be offered after-care. Hospitals will need to monitor accident and emergency and other records, if they are to check that their services are responding to the high risks seen in older patients. (RH)

ISSN: 08856230

Confidence in managing late-life suicidality: a national survey of nurse practitioners; by Margaret E Adamek, Mark S Kaplan.

Journal of Mental Health and Aging, vol 9 no 3, Fall 2003, pp 171-182.

In the US, the role of nurse practitioners (NPs) in delivering geriatric mental health care has expanded. This study examines the factors associated with NP confidence in managing late-life suicidality. A national sample of 340 NPs completed a postal questionnaire (a more than 60% response). Central findings suggest that training in geriatric mental health and suicide risk assessment were highly predictive of levels of confidence. A favourable assessment of mental health training in nursing school was positively associated with confidence. Experience with suicidal patients also plays an important role in NP confidence levels. New opportunities to upgrade NP knowledge and skills in geriatric mental health are critical in reducing the high rate of older suicides. (RH)

ISSN: 10784470

Dying wishes: should patients have the right to choose when and how they die?; by Philip Hemmings.

Nursing Times, vol 99, no 47, 25 November 2003, pp 20-22.

Medical interventions keep people alive, but keeping people alive is not necessarily the best thing for them. The author reports on the findings of a Nursing Times survey on dignified deaths and on attitudes to the law on euthanasia. (RH)

ISSN: 09547762

Euthanasia and old age: the case of Hong Kong; by Shiu-Yeu Fok, Alice Ming-Lin Chong.

Hallym International Journal of Aging, vol 5, no 1, 2003, pp 41-54.

In Hong Kong, people live longer, but they also suffer greater physical health impairment in old age. Thus, the attitudes of older people towards euthanasia will be important in an ageing society like Hong Kong. This article reports the findings of two studies. One was a general household survey of Hong Kong people's attitudes toward euthanasia. This found that age was a predictor of the attitudes towards active euthanasia: the higher the age, the more support there would be. A follow-up qualitative study was carried out to further examine older people's reasons for or against euthanasia. From two focus group meetings with members of two integrated centres for older people in Hong Kong, it was found that a great majority of the participants favoured euthanasia. Fear of being a burden to family members, fear of pain and suffering, as well as the feeling of uselessness in old age were the major themes behind support for euthanasia. (RH)

ISSN: 15356523

From : <http://baywood.com>

Gender in elderly suicide: analysis of coroners inquests of 200 cases of elderly suicide in Cheshire 1989-2001; by Emad Salib, Laura Green.

International Journal of Geriatric Psychiatry, vol 18, no 12, December 2003, pp 1082-1087.

Gender has been reported in previous studies as a major risk factor in suicide, and in relation to specific social aspects of the suicidal process and health care contact before death. In this study, the authors used data from the records of coroners' inquests into all reported suicides of people aged 60+ in Cheshire from 1989 to 2001. Men were less likely to have been known to psychiatric services, and had less frequently reported history of previous attempted suicide compared to women. All deceased from ethnic minorities were men, none of whom were known to psychiatric services. There was no significant difference between women and men in relation to physical or psychiatric morbidity, GP contact prior to suicide, information of intent, or living alone. Of suicide victims not known to services, a surprisingly high proportion of 38% of the men and 16% of the women were found to have psychiatric morbidity. As most contacts with the health service in older suicides seem to be with general practitioners (GPs), primary care professionals have an important role to play in reducing suicide in people aged 60+. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Nursing home suicides: a psychological autopsy study; by Kirsi Suominen, Markus Henriksson, Erkki Isometsä (et al).

International Journal of Geriatric Psychiatry, vol 18, no 12, December 2003, pp 1095-1101.

Older people comprise a fifth of all suicides, but little information has been available about suicides in nursing homes. The present study described all suicides among older people in nursing homes in Finland over a 12-month period, emphasising the factors that have been found to be associated with suicide in the general older population. 12 such suicides were identified from all 1307 suicides in Finland over the year, who were found to have suffered highly comorbid somatopsychiatric disorders. Early recognition of both somatic and mental disorders - particularly depression as well as suicide risk in nursing home residents - are needed in order to prevent suicide. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Prediction of mortality in nursing home residents: impact of passive self-harm behaviors; by Brian Draper, Henry Brodaty, Lee-Fay Low (et al).

International Psychogeriatrics, vol 15, no 2, June 2003, pp 187-196.

A cross-sectional study with follow-up after 2 years and 3 months surveyed 593 residents in 10 nursing homes in the eastern suburbs of Sydney, Australia, to determine whether indirect self-destructive behaviours predict their mortality. A range of instruments was used; diagnoses of depression, dementia and psychoses were obtained from nursing home records; and mortality data were obtained for August 1999. At follow-up, 297 (50.1%) residents were still alive, with a mean survival time of 565.4 days. Survival analyses found that mortality was predicted by older age, male gender, lower level of functioning, lower levels of behavioural disturbance on the Behavioural Pathology in Alzheimer's Disease Rating Scale (BEHAVE-AD), and higher scores on the Harmful Behavioural Scale (HBS) "passive self-harm" factor-based sub-scale, which includes refusal to eat, drink or take medication. The results suggest that passive self-harm behaviours do predict mortality in nursing home residents. (RH)

ISSN: 10416102

A prevalence study of suicide ideation among older adults in Hong Kong SAR; by Paul S F Yip, Iris Chi, Helen Chiu (et al).

International Journal of Geriatric Psychiatry, vol 18, no 11, November 2003, pp 1056-1062.

The study was conducted as part of the General Household Survey (GHS) in Hong Kong, using face-to-face interviews of ethnic Chinese people aged 60+ living in the community. 6% of the sample was found to have ever had suicide ideation. The results showed that poor physical health, including poor vision, hearing problems, and a greater number of diseases, and poor mental health, especially in the form of depression, are predictors of suicidal ideation in older people. Financial and relationship problems are also significant risk factors. Those who engaged in active coping - that is, who seek to manage or control the negative events in their lives - fare better, with lower levels of suicidal ideation than those who use passive coping styles. The findings indicate a variety of potential focuses for late life suicide prevention efforts. (RH)

ISSN: 08856230

Recent trends in elderly suicide rates in a multi-ethnic Asia city; by Ee-Hoek Kua, Soe-Meng Ko, Tze-Pin Ng.

International Journal of Geriatric Psychiatry, vol 18, no 6, June 2003, pp 533-536.

Data from Singapore's National Department of Statistics were used in the analysis of sex- and age-standardised suicide and relative risks for Chinese, Malays and Indians in Singapore from 1991 to 2000. Overall, the suicide rate for older people showed a decline from 40.1 per 100,000 in 1990 to 17.8 per 100,000 in 2000, with the most pronounced decline occurring from 1995 to 2000. The suicide rate for older Chinese was at a peak of 52 per 100,000 in 1995, and declined to 20 per 100,000 in 2000. The rates for older Malays were consistently low at 2.2 per 100,000 in the 10 years. For older Indians, the rates were between the other two ethnic groups. Thus, there was a marked decline in suicides of older people in Singapore. Consistent with other studies, the suicide rate was lower for older women than for older men. (RH)

ISSN: 08856230

## **2002**

Burden of illness and suicide in elderly people: case control study; by Margda Waern, E Rubenowitz, B Runeson (et al).

British Medical Journal, vol 324, no 7350, 8 June 2002, pp 1355-1357.

The association between somatic illness and suicide was examined using reports on people who had committed suicide (46 men, 39 women) and semi-structured interviews with members of a control group representative of

the general older population in Gothenburg and surrounding area in Sweden. Visual impairment, neurological disorders, and malignant disease were associated with increased risk for suicide for older people. Separate analysis of the sexes suggests that serious physical illness may be a stronger risk factor for suicide in men than in women. (RH)  
ISSN: 09598138

Depression and suicide among community elderly; by Pnina Ron.  
Journal of Gerontological Social Work, vol 38, no 3, 2002, pp 53-72.

The phenomena of hopelessness, depression and suicidality have long been recognised as social problems for older people. This study aimed to provide a demographic profile of factors contributing to hopelessness, depression and suicidality in older people. A randomly selected community population of 316 older people from five senior citizens centres in northern Israel were administered the Beck Hopelessness Scale (HSA), and the Scale for Suicidal Ideation (SSI). (RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

Elderly patients with deliberate self-poisoning treated in an Australian general hospital; by Stephen Ticehurst, Gregory Leigh Carter, Kerrie Ann Clover (et al).

International Psychogeriatrics, vol 14, no 1, 2002, pp 97-106.

Older deliberate self-poisoning (DSP) patients differ in a number of important respects from younger patients. They have higher morbidity as a result of the DSP, and major depression plays a more important role. A prospective case series study of 2,667 patients presenting to the regional referral centre for poisoning in Newcastle, NSW, Australia between January 1991 and July 1998 was stratified into two groups: 110 aged 65+, and 2,557 aged 64 or less at time of admission. Logistic regression analysis found that the older DSP group was more likely to have a longer hospital stay, to have been prescribed "other" drugs (neither benzodiazepines, mood treatment drugs, nor paracetamol) before admission, to have been prescribed benzodiazepines, and to be diagnosed with major depression than the younger group. The older group was less likely to have ingested paracetamol or "other" drugs in the DSP episode. The strong relationship between benzodiazepine prescription and DSP in older people raises questions and possible prevention strategies. (RH)

ISSN: 10416102

One year prevalence of death thoughts, suicide ideation and behaviours in an elderly population; by P Scocco, D De Leo.

International Journal of Geriatric Psychiatry, vol 17, no 9, September 2002, pp 842-846.

This study is a rare example of simultaneous evaluation of all main manifestations of suicidality, from death thoughts to completed suicide, in an ageing population in Northern Italy. Data on attempted and completed suicide derived from the Padua WHO Collaborating Centre for Research and Training in Suicide Prevention that has monitored these phenomena since 1989. Although only a longitudinal evaluation would provide clear evidence of a continuum hypothesis in suicidal phenomena, the study highlights the existence of a rather proportioned crescendo in the severity of those manifestations, particularly from death wishes to fatal suicidal behaviour. Most severe suicidal ideation is correlated with highest scores of psychopathology. Given the relative rarity of non-fatal suicidal behaviour in older people, preventive efforts should particularly target the presence of suicidal ideation. (RH)

ISSN: 08856230

Preventing unnecessary deaths among older adults: a call to action for social workers; by Ellen L Csikai, Ameda A Manetta.

Journal of Gerontological Social Work, vol 38, no 3, 2002, pp 85-98.

In his 1999 report on mental health, the US Surgeon General identified suicide as a national public health problem, and recognised that mind and body are inseparable. Poor mental health and medical conditions can lead to expressions of a desire to die, suicide, or requests for physician-assisted suicide. This paper examines depression in older people and the risks for suicide, suicide prevention, and physician-assisted suicide (including the experience of Oregon's Death with Dignity Act 1994). The appropriate role for social workers in preventing unnecessary deaths is discussed. (RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

The significance of suicide notes in the elderly; by E Salib, S Cawley, R Healy.  
Aging & Mental Health, vol 6, no 2, May 2002, pp 186-190.

Suicide notes are traditionally considered as markers of the severity of the suicide attempt, and are said to provide valuable insight into the thinking of suicide victims before the fatal act. This study examines the phenomenon in older people who died unexpectedly over a 10-year period (1989-1998) in Cheshire. Out of 125 suicides, 54 (43%) had left suicide notes, which were reported in the coroner's records. Of these, 31 were male and 23 female. The note-leavers were more likely to be unknown to psychiatric services, and to have used a non-violent method of suicide. Sex, marital status, social isolation, mental or physical morbidity did not appear to be linked with leaving a suicide note. Most cases that took an overdose, used plastic bags, electrocuted themselves, or used car exhausts also left suicide notes. Those who died by more violent means such as hanging, drowning, jumping from height, immolation or wounding appeared less likely to have left a note. Although only a proportion of older suicide victims leave suicide notes, the absence of a note must not be considered an indicator of a less serious attempt. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

A study of suicides of older people in Sydney; by John Snowdon, Pierre Baume.

International Journal of Geriatric Psychiatry, vol 17, no 3, March 2002, pp 261-269.

A coroner's office in Sydney provided data concerning suicides of over 65s for 1994 to 1998. Of 210 older people who killed themselves, 160 (76%) were clearly depressed, including most of the 24% deemed to have understandable reasons for suicide. Physical ill health or disability was the major factor leading to suicide in 34%, and appeared to contribute to suicidal ideation in another 24% of those who died; they had usually not been seen by a psychiatrist. Because depression is often treatable - even when associated with depressing circumstances - there is potential for further reduction of old age suicide rates by recognising and appropriately responding to symptoms of depression and distress. (RH)

ISSN: 08856230

Suicide among the elderly: the promise of telecommunications; by Beverly N Jones.

British Journal of Psychiatry, vol 181, September 2002, pp 191-192.

The study by De Leo et al in this issue of the British Journal of Psychiatry reports a robust decline in suicide rates in older users of a telephone-based system of support and information, when compared with general population suicide rates in Northern Italy. The study demonstrates the value of using telecommunications to provide mental health care services, indeed as a component of health service planning in general. (RH)

ISSN: 00071250

Suicide among the elderly: long-term impact of a telephone support and assessment intervention in northern Italy; by Diego De Leo, Marirosa Dello Buono, Jonathan Dwyer.

British Journal of Psychiatry, vol 181, September 2002, pp 226-229.

The TeleHelp TeleCheck service is an innovative telephone helpline and 24-hour emergency response service in Northern Italy. This study examines whether the previously reported trend towards fewer suicides among older people in Northern Italy has continued. Data from 1988 to 1998 allowed comparison of 18,641 service users with a comparable general population group of the Veneto region. Significantly fewer suicide deaths occurred among older service users, despite an assumed over-representation of those at increased risk. The service performed well for older females, but there is no explanation for the apparent lack of benefit for older males. The study confirms the initial promise of the TeleHelp TeleCheck service over a longer time span. (RH)

ISSN: 00071250

Trends in suicide from drug overdose in the elderly in England and Wales, 1993-1999; by Rajen Shah, Zoe Uren, Allan Baker (et al).

International Journal of Geriatric Psychiatry, vol 17, no 5, May 2002, pp 416-421.

Analysis of the Office for National Statistics (ONS) database of deaths from overdose and poisoning finds 1864 suicides or undetermined deaths from drug overdose between 1993 and 1999. Of the 1864 deaths from drug overdose during the period, 62% were females. Suicide rates from drug overdose increased with age for both males and females. Males had the most marked increase with age, with the highest suicide rates from drug overdose being in men aged 75+. The most commonly used drugs in suicide were paracetamol and paracetamol based compounds. These drugs - along with antidepressants and benzodiazepines - should be prescribed with caution to older people, particularly those with depression. (RH)

ISSN: 08856230

## 2001

Attempted and completed suicide in older subjects: results from the WHO/EURO Multicentre study of suicidal behaviour; by Diego De Leo, Walter Padoani, Paolo Scocco (et al).

International Journal of Geriatric Psychiatry, vol 16, no 3, March 2001, pp 300-310.

Analysis of findings for the 65 and over age group from the WHO/EURO Multi-Centre Study of Suicidal Behaviour (1989-93) is presented. Stockholm (Sweden), Pontoise (France), and Oxford had the highest suicide attempt rates. In most centres, the majority of older people who attempted suicide were widows or widowers, often living alone, who used predominantly voluntary drug ingestion. Non-fatal suicide behaviour decreased with increasing age, whereas suicide rates rose. The ratio between fatal and non-fatal behaviours was 1:2, that for males and females almost 1:1. In the years considered, substantial stability in suicide and attempted suicide rates was observed. As their age increased, suicidal subjects displayed only a limited tendency to repeat self-destructive acts. (RH)

ISSN: 08856230

Confidence of primary care physicians in assessing the suicidality of geriatric patients; by Mark S Kaplan, Margaret E Adamek, Jennifer L Martin.

International Journal of Geriatric Psychiatry, vol 16, no 7, July 2001, pp 728-734.

Of 300 Illinois family practice, internal medicine and geriatric physicians selected, 63% responded to a postal questionnaire regarding ability to meet older patients' mental health needs. Six predictors of confidence in assessing suicidality were considered: confidence in diagnosing depression; suicide assessment training in residency; asking about misuse of medication; suicide assessment training at continuing medical education (CME); insufficient training in geriatric mental health; and geriatric specialism. All the training items were significantly associated with confidence in assessing suicidality. More effective mental health care will require specific preparation in treating geriatric patients through the full spectrum of medical training, including medical school, residency and CME courses. Improved prevention of older suicides hinges on enhancing clinical skills in diagnosing and treating geriatric depression. (RH)

ISSN: 08856230

The elusive concept of mercy killing; by Donna Cohen, Brian Grabert.

Journal of Mental Health and Aging, vol 7, no 2, Summer 2001, pp 203-206.

Mercy killing is defined as euthanasia in the medical ethics literature. However, there is no precise operational definition of the context of the act or the characteristics of the victim or perpetrator. This editorial uses an American example to illustrate the problems faced by those who feel they have no alternative course of action available to them. (RH)

ISSN: 10784470

End of life - an interdisciplinary symposium; by Christina Ritch.

Ageing & Health: the Journal of the Institute of Ageing and Health (West Midlands), no 7, 2001, pp 46-48.

End of life issues cover a wide spectrum of considerations, including ethical, medical, legal, psycho-social and moral, which were the subject of a symposium forming part of the British Geriatrics Society (BGS) Spring Meeting at Warwick University, 6-8 April 2000. Four themes were discussed: modern palliative approaches; the case against euthanasia; euthanasia from a clinical perspective; and decision-making relative to end of life. (RH)

ISSN: 13649752

Geronticide: killing the elderly; by Mike Brogden. London: Jessica Kingsley, 2001, 221 pp.

The increasing older population poses many economic and ethical questions, one of the most topical and controversial being the debate on euthanasia. This book draws on a variety of historical, contemporary, anthropological and literary sources to consider present-day debates on the sanctity of older people's lives and the question of euthanasia. The author shows that the voluntary or involuntary killing of older people has been a feature of many societies, from the primitive to the present day. Four overlapping approaches are identified: demographic explanations; the political economy perspective (the old as 'non-producers'); the modernisation thesis (e.g. historical accounts around the Poor Law and the workhouse); and bureaucratisation of death in care institutions. The topic of voluntary euthanasia of older people has physician-assisted suicide as the focus. Lastly, the case of Dr Harold Shipman is used to consider how death-hastening processes might be prevented. (RH)

Price: £18.95

From : Jessica Kingsley (Publishers) Ltd., 116 Pentonville Road, London N1 9JB.<http://www.jkp.com>

High risk management guidelines for elderly suicidal patients in primary care settings; by G K Brown, M L Bruce, J L Pearson (et al), PROSPECT Study Group.

International Journal of Geriatric Psychiatry, vol 16, no 6, June 2001, pp 593-601.

Older adults, especially older white men, are more likely to commit suicide than other age groups. The assessment and management of suicide ideation and behaviour for older people is especially relevant to primary care physicians, because many patients visit their doctor before committing suicide. In 1993, the US Agency for Health Care Policy and Research (AHCPR) released clinical practice guidelines for the treatment of depression in primary care settings. The AHCPR guidelines offered some assistance in respect of detecting and treating patients who are suicidal. However, these guidelines lacked detailed and specific instructions for managing high-risk patients in the context of intervention research. The current set of guidelines - developed by staff associated with the PROSPECT (Prevention of Suicide in Primary care Elderly - Collaborative Trial) study - builds on this previous work by describing: a general approach for interacting with suicidal patients; structured assessments for determining the degree of risk for suicide; crisis intervention strategies; and ongoing management procedures for working with suicidal patients in primary care settings. (RH)

ISSN: 08856230

Issues for nurses in dementia diagnosis and management; by Michelle Bryans, Jane Wilcock.

Nursing Times, vol 97, no 44, 1 November 2001, pp 30-31.

Primary care nurses have a key role to play in identifying and supporting people with dementia. However, many lack the skills necessary to provide effective support. A survey in Gloucestershire, Avon and Somerset found that primary care nurses would benefit from improved training. People with dementia and their carers would also benefit from improved access to services. (RH)

ISSN: 09547762

Psychiatric disorder and personality factors associated with suicide in older people: a descriptive and case-control study; by Daniel Harwood, Keith Hawton, Tony Hope (et al).

International Journal of Geriatric Psychiatry, vol 16, no 2, February 2001, pp 155-165.

Data was collected on a consecutive series of people aged 60 and over in who had died by suicide in four counties and one large urban area in Central England between January 1995 and May 1998, and compared with a control group of people dying through natural causes during the same time period. Depression was confirmed as the most important psychiatric risk factor for suicide. Abnormal personality traits, especially of the anankastic (obsessional) and anxious types, are also predictors of suicide in older people. This highlights the importance of assessment of premorbid personality when assessing suicide risk in older people. The study provided no evidence of risk factors such as alcohol abuse, psychotic disorders, and cognitive impairment contributing to suicide. (RH)

ISSN: 08856230

Suicide and the elderly: issues for clinical practice; by Sherri Roff.

Journal of Gerontological Social Work, vol 35, no 2, 2001, pp 21-36.

Suicide is the eighth leading cause of death in the United States. Despite accounting for only 13% of the population, over 65s are substantially overrepresented, accounting for 20% of the nation's suicides. This essay presents: an overview of the major demographic, social and psychological factors involved in suicide in older people; a brief consideration of theoretical underpinnings; the ethical dilemmas of clinical practice with suicidal elderly; implications for social work practice; and suggestions for future research. (KJ/RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

Suicide in late life; by J Snowdon.

Reviews in Clinical Gerontology, vol 11, no 4, November 2001, pp 353-360.

If we can better understand why people kill themselves, it should be possible to reduce suicide rates. The main aim of this article is to consider whether any factors associated with higher rates of suicide are amenable to preventive interventions. The main conclusion is that most people who kill themselves are suffering from a depressive disorder, but which interacts with other factors. (RH)

ISSN: 09592598

Suicide of older people in Asian societies: an international comparison; by Bernard W K Lau, Colin Pritchard.

Australasian Journal on Ageing, vol 20, no 4, December 2001, pp 196-203.

An attempt is made to verify a systematic study of the Chinese tradition of venerating older people as perhaps leading to lower suicide rates compared to other countries. The ratio between suicide rates in the older population and total population were calculated and compared with those of 40 other countries. The world's



highest male suicide rates were found in urban China, Singapore, rural China and Hong Kong. Urban China and Hong Kong had the worst female suicide ratios. The highest rate of suicide among females was in rural China, which also had the highest suicide rate among older people. These findings raise questions about the adequacy of support to older Asian people. It is surprising that high suicide rates are found in affluent societies such as Hong Kong, Korea, Japan and Singapore. The possibility of this being the result of ageism is discussed. Country-specific research is needed to improve suicide prevention measures, especially for older people. (RH)  
ISSN: 07264240

Support for physician-assisted suicide: exploring the impact of ethnicity and attitudes toward planning for death; by Kathryn L Braun, Virginia M Tanji, Ronald Heck.

The Gerontologist, vol 41, no 1, February 2001, pp 51-62.

Adults were interviewed from five ethnic groups. Factor analysis was used to quantify attitudes toward planning for death. Path analysis was used to test the relative influence of respondent characteristics including ethnicity and the following factors regarding attitudes supporting physician-assisted suicide (PAS): advocacy to discuss/document wishes; trust in family and physician to make decisions; reliance on religious guidance; fears and anxiety about life's end; and fatalism about death's timing. Findings verified that attitude factors had a direct effect on PAS support but that, contrary to the hypothesis, ethnicity also had a direct effect on support for PAS. (KJ/RH)

ISSN: 00169013

Terminal sedation, self-starvation, and orchestrating the end of life; by Erich H Loewy.

Archives of Internal Medicine, vol 161, February 12 2001, pp 329-332.

Physician-assisted suicide, terminal sedation, and patient-selected and not physician-encouraged self-starvation, may, under some circumstances, all be part of orchestrating the end of life. When, however, orchestration is skilfully done by a well-trained and practised team, few people will want to take refuge in these options of last resort. This commentary discusses the issues. (OFFPRINT.) (RH)

ISSN: 00039926

Treatment as usual (TAU) control practices in the PROSPECT Study: managing the interaction and tension between research design and ethics; by Charles F Reynolds III, Howard Degenholtz, Lisa S Parker (et al), PROSPECT Study Group.

International Journal of Geriatric Psychiatry, vol 16, no 6, June 2001, pp 602-608.

The use of treatment as usual (TAU) as a control condition may pose the considerable challenge of maintaining both scientific rigour and meeting high ethical standards in experiments on human subjects. The authors illustrate this tension and explore the relationship between research design and ethics in the US PROSPECT (Prevention of Suicide in Primary care Elderly - Collaborative Trial) study. Participating primary care practices are assigned to either an intervention arm (including provision of depression health specialists) or to an enhanced care arm (TAU, with the addition of screening and assessment services). The latter is to be used as a benchmark for measuring the effectiveness of PROSPECT's intervention. However, the epidemiological and clinical literature has linked TAU to high rates of suicide in older people, related to unrecognised and untreated or under-treated depression. The authors present their approach which enhances TAU, whereby primary care physicians are given information concerning the psychiatric status of their patients, and yet maintains rigour and meets high ethical standards. (RH)

ISSN: 08856230

UK geriatricians' attitudes to active voluntary euthanasia and physician-assisted death; by David Clark, George Dickinson, Carol J Lancaster (et al).

Age and Ageing, vol 30, no 5, September 2001, pp 395-398.

The opinions were surveyed of consultant members of the British Geriatrics Society (BGS) on care at the end of life. Most of those responding (81%) see no ethical justification for active voluntary euthanasia or physician-assisted death, but around one quarter support some form of legislation. Just over one in ten respondents would in some situations be willing to administer active voluntary euthanasia or to assist in death. Free text comments frequently cited good palliative care as an important response to such issues in clinical practice. (RH)

ISSN: 00020729

2000

Age and methods of fatal self harm (FSH): is there a link?; by G Tadros, E Salib.

International Journal of Geriatric Psychiatry, vol 15, no 9, September 2000, pp 848-852.

Methods of fatal self harm (FSH) used by all over 60s were compared with those of all younger adults aged 16-60 in Birmingham and Solihull from 1995 to 1998. The term FSH was applied to all deceased who were subjects of Coroners' inquests attracting suicide or open verdicts. A significantly higher proportion of older people who fatally harmed themselves did so by drowning and asphyxia compared to the younger age group. Significantly more women over 60 committed acts of FSH by tying a plastic bag around the neck than those under 60. Method of death was not ascertained in a much higher proportion of older FSH. The most common methods of suicide for older men and women were hanging and self-poisoning by overdose, respectively. The study did not confirm previous reports that violent methods of FSH are used more frequently with increasing age. Older people, particularly females, tend to select methods that require little physical effort and which are available and accessible. The study raises questions about the quantity of drugs prescribed for older people, such as antidepressants, sedatives and pain killers, especially to those who live alone. (RH)

ISSN: 08856230

Attitudes toward assisted suicide among community-dwelling Mexican Americans; by Charles P Mouton, David V Espino, Yolanda Esparza.

Clinical Gerontologist, vol 22, no 2, 2000, pp 81-92.

In a cross-sectional survey of Mexican American (MA) and non-Hispanic White (NHW) subjects at primary health clinics in San Antonio, Texas, the MAs were found to have less positive attitudes towards assisted suicide (AS). Also, MAs were half as likely to indicate that they would request help to commit suicide if they had a terminal disease. The authors' analysis suggests that MA elders disapprove of AS, and factors are mediated by religious values and lower socio-economic status. (RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

The case of Mr Frederick Joseph McLernon: a critical examination of the findings and recommendations of the Social Services Inspectorate's Investigation report; by Lorna Conn, Helen McVicker.

Practice, vol 12, no 2, 2000, pp 21-32.

Mr Frederick McLernon, an 81 year old man living alone in single person Housing Executive accommodation in Antrim, Northern Ireland, committed suicide in March 1997 when refused admission to nursing home care. Disclosures from key witnesses at the inquest led the coroner to question the role of the Community Health and Social Services Trust involved in the case, and to the subsequent investigation by the Social Services Inspectorate (SSI). This article examines some of the investigation's key findings in the context of practice realities, and to consider how a similar tragedy might be avoided in future. Issues highlighted included: policies and procedures in the assessment process; the importance of a formal risk assessment; professional supervision; and staff development and training to maintain a knowledge and skill base. The article thus highlights the tensions that exist for social workers in care management roles in attempting to balance managerial expectations, user needs, and the values and ideologies of the social work profession. (RH)

ISSN: 09503153

Completed suicide among older patients in primary care practices: a controlled study; by Yeates Conwell, Jeffrey M Lyness, Paul Duberstein (et al).

Journal of the American Geriatrics Society, vol 48, no 1, January 2000, pp 23-29.

The primary care setting is important in the prevention of late life suicide. The circumstances of 42 suicides aged 60 and over who had visited a primary care provider within 30 days of death were compared with 196 other over 60s from group practices in Monroe County, NY. Completed suicides had more depressive illness, physical illness and functional limitations than controls, and were more likely to be prescribed antidepressants. However, physical health, overall function and treatments did not differ between the two groups. Primary care providers should be well-prepared to diagnose and treat depression in their older patients. (RH)

ISSN: 00028614

Effects on age and gender on elderly suicide rates in Catholic and Orthodox countries: an inadvertent neglect?; by Colin Pritchard, David Baldwin.

International Journal of Geriatric Psychiatry, vol 15, no 10, October 2000, pp 904-910.

When compared to suicide rates in the general population, it may be expected that suicide rates in older people would be lower in Catholic and Orthodox societies than in non-Catholic or non-Orthodox countries because of religious affiliations and extended family traditions. National suicide rates in the general population were

compared with rates in the sub-population of those aged over 75. Proportionately, there are significantly higher suicide rates in older men in Catholic and Orthodox countries, with a trend for similar findings among women. There may be important implications on health and social policy and clinical practice in the efforts to reduce suicide rates among older people. (RH)  
ISSN: 08856230

Elderly suicide in Finland; by Kristiina Pitkälä, Erkki T Isometsä, Markus M Henriksson (et al).  
International Psychogeriatrics, vol 12, no 2, June 2000, pp 209-220.

Suicide mortality among older people is high in most Western countries. The characteristics of suicide victims were investigated in the research phase of the National Suicide Prevention Project in Finland. The study population included all suicides over a 12-month period in 1987-1988. Of 1,397, 211 were aged 65 and over. Older suicide victims were found to have used violent methods more often than the young. Although almost 70% of older people who had committed suicide had been in contact with health care services during the month before death, their suicide intentions were rarely communicated in these contacts. They had been referred to psychiatric services less often than the young, and only 8% had received adequate antidepressive medication. That most had contact with health care services during their final month suggests that suicide could have been prevented. However, the major obstacle to this is poor recognition of mental disorders and suicidal ideation among older people. (RH)  
ISSN: 10416102

Focus on consumer-directed care and older persons: Part II: Independent chapters [9 to 13]; by Marshall B Kapp (ed).

Ethics, Law and Aging Review, vol 6, 2000, pp 191-270.

American gerontological practitioners present their views on ethical issues concerning: mistreatment (that is, physical abuse and neglect) in nursing facilities; accommodation in the workplace for older workers following the Age Discrimination in Employment Act (ADEA); moral reasoning applied to long-term care policy; and professional ethics and suicide. (RH)  
ISSN: 10761616

Levels of knowledge about suicide facts and myths among younger and older adults; by Daniel L Segal.

Clinical Gerontologist, vol 22, no 2, 2000, pp 71-80.

Although older people have the highest suicide rate of any age group, little is known about the kind of information available to them or their level of knowledge about suicide. The prevalence of misconceptions about, and differences in levels of knowledge of suicide are compared for 116 younger (age range 17-52) and 62 older (age range 55-79) people. Volunteer participants completed anonymously a 47-item suicide knowledge quiz, derived from the Revised Facts on Suicide Quiz (Hubbard and McIntosh, 1992) and several abnormal psychology texts. Responses were analysed for endorsement and differential endorsement as related to age. Using 70% correct per item as the criterion for adequate knowledge, results indicated that older people's knowledge was good on 16 items but poor for 31 items. Younger adults showed good knowledge on 19 items. Chi-square revealed that older people had poorer knowledge on 3 items and better knowledge on 3 items, compared to younger adults. Efforts should be made to dispel myths about suicide. (RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

Personality traits and suicidal behavior and ideation in depressed inpatients 50 years of age and older; by Paul R Duberstein, Yeates Conwell, Larry Seidlitz (et al).

The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, vol 55B, no 1, January 2000, pp P18-P26.

Completed suicide may be the most preventable lethal complication of depressive disorders in older adults. Identification of risk factors for suicidal behaviour has therefore become a major public health priority in the US. Using data collected on 81 depressed patients 50 years of age and older, this study examined the associations between the personality traits that constitute the Five Factor Model of personality and measures of suicidal behaviour and ideation. It was hypothesised that low extroversion would be associated with a lifetime history of attempted suicide, and high neuroticism would be associated with suicidal ideation. Results were generally consistent with the hypothesis, and also showed a relationship between openness to experience with suicidal ideation. The results suggest that longstanding patterns of behaving, thinking, and feeling contribute to suicidal behaviour and thoughts in older adults, and highlight the need to consider personality traits in creating and targeting prevention strategies. (AKM)

ISSN: 10795014

Physicians are less willing to treat suicidal ideation in older patients; by Heather Uncapher, Patricia A Areán. *Journal of the American Geriatrics Society*, vol 48, no 2, February 2000, pp 188-192.

Older adults have the highest rate of suicide of any age group, and reducing the number of late-life suicides has become a national priority. The aim of this study was to determine if an age bias existed among primary care physicians when they contemplated treating suicidal patients. A total of 342 physicians were posted one of two case vignettes of a suicidal, depressed patient. The only differences between the two vignettes were the age of the patient (38 or 78 years old) and the employment status (employed versus retired). Results revealed that the physicians recognised depression and suicidal risk in both the adult and the geriatric vignette, but they reported less willingness to treat the older suicidal patient compared with the younger patient. The physicians were more likely to feel that suicidal ideation on the part of the older patient was rational and normal. They were less willing to use therapeutic strategies to help the older patient, and they were not optimistic that psychiatrists or psychologists could help the suicidal patient. (AKM)

ISSN: 00028614

Practical decision making in health care ethics: cases and concepts; by Raymond J Devettere. 2nd ed Washington, DC: Georgetown UP, 2000, 639 pp.

The ethics proposed concern personal well-being and fulfilment, rather than obligation and duty. Specific US cases and legislation (e.g. the Patient Self-Determination Act) are referred to throughout on issues including: making health care decisions; determining life and death; life-sustaining treatments; cardiopulmonary resuscitation and "do not resuscitate" (DNR) policies; medical nutrition and hydration; euthanasia and physician-assisted suicide; and managed care. (RH)

ISBN: 0878407634

Recent trends in elderly suicide rates in England and Wales; by Kate Hoxey, Ajit Shah.

*International Journal of Geriatric Psychiatry*, vol 15, no 3, March 2000, pp 274-279.

The proportion of older people in the population is increasing, and suicide rates increase with age. This study examined the following in England and Wales: recent trends in the older suicide rate; recent trends in method-specific suicide rates of older people; the relationship between older population size and older suicide rate in recent years; and the sex difference in overall and method-specific older suicide rate. Data on the various suicide variables were obtained from annually published mortality data for 1985 to 1996. Findings indicate a trend towards decline in the overall pure and combined suicide rates for older men and women over the 12 year study period; and the main contributors due to this decline are suicides due to: poisoning by solids and liquid substances (E950); hanging, strangulation and suffocation (E953); drowning (E954); firearms and explosives (E955); and jumping from high places (E957). Overall pure and combined suicide rates and that for most categories was higher in men than women; suicide rates decreased with an increase in the older population size. The challenge is to ensure further decline in suicide rates to meet the "Our healthier nation" targets. (RH)

ISSN: 08856230

Some predictors of mortality in acutely medically ill elderly inpatients; by Ajit Shah, Katharina Hoxey, Vidurath Mayadunne.

*International Journal of Geriatric Psychiatry*, vol 15, no 6, June 2000, pp 493-499.

The prevalence of depression and suicidal ideation in acutely medically ill older inpatients is high; and it is hypothesised that suicidal ideation and functional disability may have a causal effect on mortality. This study at the West Middlesex Hospital assessed (with 6-8 month follow-up) 55 acutely medically ill older inpatients using the Brief Assessment Scale (BAS-DEP), the London Handicap Scale (LHS), the Barthel Index (BI), and the Beck Suicidal Ideation Scale (BSSI). On univariate analysis, significant associations between mortality and being married, previous deliberate self-harm, higher scores on the BAS-DEP items of pessimism, lower scores on the LHS and the BI, and higher scores on the BSSI were observed. On multivariate analysis, only LHS and BSSI scores independently predicted mortality. Randomised and controlled intervention studies, designed to improve suicidal ideation and functional disability, are required to examine their impact on mortality. (RH)

ISSN: 08856230

Suicidal ideation in acutely medically ill elderly inpatients: prevalence, correlates and longitudinal stability; by Ajit Shah, Katharina Hoxey, Vidurath Mayadunne.

*International Journal of Geriatric Psychiatry*, vol 15, no 2, February 2000, pp 162-169.

Suicidal ideation encompasses people with thoughts of death and suicide, thoughts of an actual suicide plan, suicide attempts and completing suicides. In this prospective study, suicidal ideation was measured using the Beck Scale for Suicidal Ideation (BSSI) and the items of pessimism, life not worth living and a wish to die on the Brief Assessment Schedule (BAS). Formal measures of physical illness, functional disability and handicap were also used. Patients were seen at the outset and at about 6 months. The prevalence of suicidal ideation on

the BSSI and BAS items of pessimism, life not worth living and a wish to die were 36%, 60%, 33% and 22% respectively. These four variables were significantly inter-correlated. The BSSI was significantly associated with BAS depression scores, BAS depression caseness, and prescription of antidepressants. Similar results were ascertained for the BAS items of pessimism, life not worth living and a wish to die. Further studies examining the longitudinal stability of suicidal ideation coupled with intervention studies to reduce suicidal ideation are required. (RH)

ISSN: 08856230

Suicide: maintaining the decline in older people; by Ajit Shah.

Geriatric Medicine, vol 30, no 10, October 2000, pp 36/38.

Rates of suicide among older people in England and Wales declined between 1985 and 1996. A likely reason is improved detection and treatment of at-risk individuals. Appropriate treatment of mental illness may be of value in reducing the risk of suicide. This article outlines initiatives which may have contributed to the decline in suicide rates in older people, and yet why so few patients discuss suicide at the last consultation. It lists the factors contributing to elderly suicides, and when it would be appropriate to refer older people to psychiatric services. (RH)

ISSN: 0268201X

Suicide in older people: mode of death, demographic factors and medical contact before death; by Daniel Michael James Harwood, Keith Hawton, Tony Hope (et al).

International Journal of Geriatric Psychiatry, vol 15, no 8, August 2000, pp 736-743.

Details of all inquests on people aged 60 and over who had died between 1 January 1995 and 1 May 1998 in which a verdict of suicide was made were collected by regular visits to coroners' offices in Berkshire, Buckinghamshire, Northamptonshire, Oxfordshire and Birmingham. Findings confirm some of the well-known factors associated with suicide in older people, particularly male gender (67.7%) and single or divorced marital status. The commonest methods of suicide were hanging in men and drug overdose in women. Reducing the prescription of combination analgesics and tricyclic antidepressants might prevent some deaths. Only 15.4% were under psychiatric care at the time of death, and only a quarter had had contact with psychiatric services in the year before death. 49.8% had seen their general practitioner (GP) in the month before death; but more than half of these last consultations were for physical complaints, highlighting the difficulty of identifying those at risk of suicide in primary care. (RH)

ISSN: 08856230

## 1999

Association of low serum total cholesterol with major depression and suicide; by T Partonen, J Haukka, J Virtamo (et al).

British Journal of Psychiatry, vol 175, September 1999, pp 259-262.

It has been suggested that low serum total cholesterol is associated with an increased risk of suicide. In this study, a total of 29,133 men aged 50-69 years were followed up for 5-8 years. Baseline blood samples were analysed for serum total and high-density lipoprotein cholesterol concentrations. Self-reported depression was recorded, data on hospital treatments due to depressive disorders were derived from the National Hospital Discharge Register and deaths from suicide were identified from death certificates. Results revealed that low serum total cholesterol was associated with low mood and subsequently a heightened risk of hospital treatment due to major depressive disorder and of death from suicide. (AKM)

ISSN: 00071250

Attitudes toward assisted suicide: a survey of hospice volunteers; by Phyllis W Zehnder, David Royse.

The Hospice Journal, vol 14, no 2, 1999, pp 49-64.

Technological advances have lengthened our years, and often, the dying process as well. While studies have been conducted of doctors and dying patients concerning their views on assisted suicide, no prior studies have examined the attitudes of hospice volunteers. This US survey of 277 hospice volunteers found that, overall, their attitudes were more supportive of assisted suicide than that of a convenience sample of the public. 37% of the volunteers endorsed the view that there are situations when assisting death may be morally acceptable; 4% had been asked to provide assistance to help a patient end his or her life. (RH)

ISSN: 0742969X

From : Haworth Document Delivery Center, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Depressive symptoms and depressive episodes in recently widowed older men; by Gerard J A Byrne, Beverley Raphael.

International Psychogeriatrics, vol 11, no 1, March 1999, pp 67-74.

Older widowers have high rates of completed suicide, but have rarely been the subject of systematic inquiry. This Australian study investigated the prevalence of depressive symptoms and major depressive episodes (MDEs) in 57 recently widowed older men over the first 13 months after bereavement, compared with 57 matched married men identified from the electoral role. Subjects were assessed for the presence of current DSM-III-R MDEs using the Composite International Diagnostic Interview (CIDI). Both groups were assessed at 6 weeks (T1) and 13 months (T2). At T1, seven widowers (12.3%) and no married men were found to have CIDI cases of current MDE; and at T2, only one widower (1.9%) and no married men had CIDI cases of current MDE. Current MDE was not predicted by a past history of dysphoria. At T1, 14% (8/57) of widowers reported specific suicidal thoughts or actions; and at T2, 15.4% (8/52). The authors conclude that health workers should monitor closely the clinical course of MDEs in recently widowed older men. Routine inquiry about suicidal ideation should also be an essential component of clinical assessment for this population group. (RH)

ISSN: 10416102

Euthanasia and assisted suicide: issues for social work practice; by Ellen L Csikai.

Journal of Gerontological Social Work, vol 31, nos 3/4, 1999, pp 29-64.

Whether or not the practices of euthanasia and assisted suicide are viable as societal options presents a challenging dilemma for social workers in health care settings. Social workers should prepare to discuss possible requests for information about these practices in the context of patient and family decision making in end-of-life situations. They therefore need to be knowledgeable about: current literature and debates; and federal, state, and professional policies. They should also examine their own values and attitudes concerning euthanasia and assisted suicide. Interest in the subject has been heightened by media attention regarding the case of Dr Jack Kevorkian and recent US Supreme Court decisions upholding the constitutionality of the state laws of New York and Washington. (RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

The influence of physician race, age, and gender on physician attitudes toward advance care directives and preferences for end of life decision-making; by Eric W Mebane, Roy F Oman, Leo T Kroonen (et al).

Journal of the American Geriatrics Society, vol 47, no 5, May 1999, pp 579-591.

This study targeted US physicians in primary care (i.e. general practitioners - GPs), selected to to maximise the number of blacks participating. The 502 of 2000 GPs (28%) returning the questionnaire included 280 white and 157 black GPs. With regard to attitudes toward patient care, 58% of white GPs agreed that tube-feeding in terminally ill patients is "heroic", agreed with by only 28% of black GPs. White GPs are more likely than black GPs to find physically-assisted suicide an acceptable treatment alternative (36.6% vs 26.5% of black GPs). With regard to preferences for future treatment of themselves for a persistent vegetative state scenario, black GPs were more than six times more likely than whites to request aggressive treatments for themselves. Whites were almost three times as likely to want physician assisted suicide (29.3 vs 11.8%) in this scenario. For a state of brain damage with no terminal illness, most GPs did not want aggressive treatment. White GPs, on the other hand, were more likely to request physician assisted suicide (22.5% vs 9.9%) in this scenario. Results suggest that, by race, physicians share similar preferences for end-of-life treatment with their patient counterparts. (RH)

ISSN: 00028614

Longitudinal changes in attitudes of offspring concerning life-sustaining measures for their terminally ill parents; by Rena Cooper-Kazaz, Yechiel Friedlander, Avraham Steinberg (et al).

Journal of the American Geriatrics Society, vol 47, no 11, November 1999, pp 1337-1341.

In a recent study conducted in Israel, the attitude of adult children toward terminally ill parents was investigated to explore their decisions regarding life-sustaining measures. In this study, the 51 subjects who had been interviewed were reinterviewed six years later, to explore longitudinal changes in their attitudes. In addition, a control group of 116 participants was generated. Results revealed that the attitudes of adult children in the acute phase and after six years were strikingly consistent. Twenty-one percent had requested the initiation of resuscitation in the acute phase and 27.4% said the same six years later. The provision of nutrition and medication was requested by approximately 70% of participants both at the acute phase and six years later. The study concluded that exposure to a life event significantly affected the decision-making of the children of terminally ill parents. However, their attitudes toward extreme solutions - opposing active euthanasia and requesting the administration of nutrition and medication - was not influenced. (AKM)

ISSN: 00028614

Managing depressed and suicidal geriatric patients: differences among primary care physicians; by Mark S Kaplan, Margaret E Adamek, Alvin Calderon (et al).

The Gerontologist, vol 39, no 4, August 1999, pp 417-425.

Although there is a high rate of suicide and depression among older people, they are more likely than younger people to seek mental health care from primary care physicians than from mental health specialists. This study examined differences by specialty of primary care physicians in managing suicidal and depressed geriatric patients. A probability sample of 300 Illinois physicians drawn from the American Medical Association Physician Masterfile was surveyed. Significant differences were found between the specialties in estimates of the prevalence of psychiatric disorders; use of assessment procedures, treatment approaches, and referrals; perceptions of obstacles to providing mental health care; and confidence in diagnosing and treating depression and suicidality. The study concluded that meeting the mental health needs of the rapidly growing older population will require a greater emphasis on geriatric mental health and consistency across primary care specialties. (AKM)

ISSN: 00169013

On suicide: a discourse on voluntary death; translated by John D Barlow; by Jean Améry, John D Barlow (trans). Bloomington, IN: Indiana University Press, 1999, 160 pp.

As in his collection, "On aging", the author approaches the subject of suicide in a series of reflective literary essays, but more philosophical than sociological or psychological. "On suicide" is neither a defence of suicide nor an invitation to assisted suicide, but an analysis of the state of mind of those who are suicidal and who do commit suicide. The author defends the right and freedom of individuals to choose their own destiny. (RH)

ISBN: 0253335639

Price: £14.95

From : Combined Academic Publishers Ltd., 41 Bayston Road, London N16 7LU.

Physician-assisted suicide: does gender matter?; by Lori A Roscoe.

Journal of Ethics, Law, and Aging, vol 5, no 2, Fall/Winter 1999, pp 111-120.

There is evidence that older women are disadvantaged in their treatment by the medical profession. This article examines the research literature which suggests that differences in women's social and health status may increase the likelihood of their seeking physician-assisted suicide. The relative lack of medical research on both ageing and female biology significantly limits the quality of medical care available to older women, whose longer life expectancy places many of them at risk for experiencing prolonged frailty and chronic health problems. Women experience depression about twice as frequently as men, and are at greater risk for inadequate pain management, both of which are associated with a desire to die. While there are ample reasons to suspect that gender plays an important role in increasing older women's vulnerability to physician-assisted suicide, data from the first year of legal physician-assisted suicide in Oregon do not show gendered patterns or gender bias. The reasons for this, and the importance of continuing to examine the impact of gender in the light of emerging data on physician-assisted suicide are examined. (RH)

ISSN: 10761616

Safer services; by National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, University of Manchester; Royal College of Psychiatrists; Department of Health - DoH. London: Department of Health, 1999, 99 pp.

The National Confidential Inquiry found that in the two years from April 1996, 24% of suicides had been in contact with mental health services in the year before death. Of those convicted of homicide (for whom reports were available), 14% had symptoms of mental illness at the time of the offence. In addition to presenting detailed data on suicides and homicides, the Inquiry carried out a survey of health trusts' mental health service training and policies. Its findings suggest the need for substantial changes to the way mental health services currently operate, with a need to improve skills rather than increase paperwork. A single simplified but universal system of documentation for all professional disciplines involved is also required for: clinical risk assessment, allocation to care under the Care Programme Approach (CPA), and transfer of information between services. The CPA, the centrepiece of mental health service provision in the community, is in need of overhaul: its clinical value is in danger of being undermined by its administrative demands. Other areas of concern included: non-compliance with treatment; patients with a history of disengagement from services; and alcohol and drug misuse. (RH)

Price: FOC

From : Department of Health, PO Box 410, Wetherby, LS23 7LN.

Sex differences in elderly suicide rates: some predictive factors; by S Coren, P L Hewitt.  
*Aging & Mental Health*, vol 3, no 2, May 1999, pp 112-118.

In the US, the rate of suicide among those aged 65 and over is higher than for any other age group. There is a marked sex difference, with men accounting for 86% of suicides in older people. Using a sample consisting of every reported suicide death of older people between 1986 and 1990 (n=31,541), it was found that a different pattern of variables was predictive of suicide rates for men and women. For older men, factors associated with financial and social status were the best predictors of suicide. For women, the predictors were indices of social and environmental stability and stress. These findings may be explained by psychological theories which speak of sex differences in the personality domains known as agency and communion. Similar considerations may help to explain why the suicide rate for men tends to increase in old age, while that for women remains relatively constant. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Social necessity, individual rights, and the needs of the fragile: euthanasia in the context of end-of-life decision making; by Tom Koch, Kathryn L Braun, James H Pietsch.

*Journal of Ethics, Law, and Aging*, vol 5, no 1, Spring/Summer 1999, pp 17-28.

Legal and social debates over bioethical issues typically swing between two apparently irreconcilable principles. The first argues for individual self-determination, while the second argues for the need to diminish the social cost of maintaining the fragile. A third position, one put forward by disability campaigners, suggests that a failure to provide social support presents a context in which choices for a continuing quality of life are restricted. This article conceptualises the "moral space" created by these separate positions, and reports on the use of a multicultural, multigenerational survey of attitudes toward end-of-life issues to discuss its relative position. Results reported in this paper focus on responses to survey questions concerning euthanasia as a way of understanding the relationship between social support, individual decision making, and cultural variables as perceived by participating older people and their adult children in Honolulu, Hawaii. (RH)

ISSN: 10761616

Suicidal feelings in the last year of life in elderly people who commit suicide; by Margda Waern, Jan Beskow, Bo Runeson (et al).

*The Lancet*, vol 354, no 9182, 11 September 1999, pp 917-918.

Letter in *The Lancet* detailing a Swedish study undertaken by research staff based at Göteborg University and the Karolinska Institute, Stockholm. The study examined suicidal feelings noted by doctors and by relatives of 85 older people (over 65 years) who died by suicide. It concludes that most elderly people who commit suicide suffer from depression. Their findings highlight the need for repeated evaluations of suicidal feelings in depressed older patients by clinicians, even during follow-up treatment. (KJ)

ISSN: 01406736

Suicide among seniors; by J Klinger.

*Australasian Journal on Ageing*, vol 18, no 3, August 1999, pp 114-118.

Older adults are considered the highest risk group for suicide. Although numbers are smaller, rates equal those of much-publicised younger age groups. The ratio of attempted to complete suicide is considerably lower among older people than young people; older people who attempt suicide are generally successful. There appears to be little awareness, however, that older people who are experiencing difficulties in their lives may consider death as a solution. This paper reviews recent literature on suicide among older adults. Factors which are recognised as being predictors of suicidal behaviours among older people are presented, as well as cultural effects, gender differences, suicide notes, prevention and intervention strategies, and society's role in the suicide of older adults. (AKM)

ISSN: 07264240

Suicide among the elderly in Honolulu County: a multiethnic comparative study (1987-1992); by Don Purcell, Carol R N Thrush, Patricia L Blanchette.

*International Psychogeriatrics*, vol 11, no 1, March 1999, pp 57-66.

Suicide rates for older people continue to be the highest for any age group in the US. Although these rates are known to be significant, there has been little study concerning ethnic variability associated with this phenomenon, which this retrospective study explores. A review of coroners' reports was made for completed suicides of over 65s for Honolulu County, Hawaii from 1987 to 1992. Results showed a mean age of 75, with the highest incidence of completion in the 80+ age group. The predominant method was hanging, followed by jumping, use of firearms, and poisoning. There were significant gender and ethnic differences in the method of



suicide. Almost half of the sample had seen a healthcare provider in the 6 months before death. Comparisons with other suicide studies of older people are presented. (RH)  
ISSN: 10416102

## 1998

Alaska native suicide: lessons for elder suicide; by Paul Kettl.  
International Psychogeriatrics, vol 10, no 2, June 1998, pp 205-211.

Suicide rates in Alaska native older people are studied to further explore cultural factors in suicide among older people. Data for the 1960s and 1970s are reviewed, and new data on Alaska native suicide rates are presented for the ten-year period 1985 through 1994. In many areas throughout the world suicide rates are higher for older people. During the Alaska "oil boom", suicide rates more than tripled for the general population but decreased to zero for Alaska native older people. Cultural teachings from the society's elders were more important during this time of cultural upheaval. During the study period, the cultural changes dissipated, and suicide rates for Alaska native older people, although lower than those of white Alaskans, increased. This shows that suicide rates for older people can be influenced by social factors - both to raise and to lower rates. (AKM)  
ISSN: 10416102

Assisted suicide and the courts: spotlight on palliative care; by Vivien B Shelanski.  
The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 17, no 1, Winter 1998, pp 17-28.

This article surveys points of US law on assisted suicide (i.e. euthanasia), starting with a brief overview of anti-suicide laws. Opinions on key cases from New York and Washington States are examined. State-based initiatives - including Oregon's assisted suicide law - highlight issues for legal attention nationally, such as the use of controlled drugs for medical purposes. Improving palliative care and attending to the psychological, spiritual and social needs of dying patients must be a priority. (RH)  
ISSN: 10724281

Beliefs concerning death, dying, and hastening death among older, functionally impaired Dutch adults: a one-year longitudinal study; by Mark Sullivan, Johan Ormel, G I J M Kempen (et al).  
Journal of the American Geriatrics Society, vol 46, no 10, October 1998, pp 1251-1257.

Population surveys have documented increasing public support for euthanasia and assisted suicide but have not focused on the population of chronically ill older persons, obtained detailed socio-cultural or health status information, or performed repeat assessments. This study explored the views of functionally impaired Dutch older people on death, dying, and hastened death, and related these to socio-cultural and health status. A total of 632 community-dwelling older people were assessed in 1994 and again in 1995 (then 575 participants). Low and stable rates of preoccupation with death and fear of death were found. Occasional but not persistent fears about the dying process were common. Fears of death and dying were most closely related to health status, especially mental health status. Views concerning hastening death were most strongly related to sociocultural variables, especially religious beliefs and affiliation. There was little change over the 1-year follow-up, with a trend toward less fears of death and dying and less support for hastened death. (AKM)  
ISSN: 00028614

Case studies of suicide in older persons with Alzheimer's disease and related dementias; by Donna Cohen, Tiffany L Vergon, Julie Malphurs.  
Journal of Mental Health and Aging, vol 4, no 4, Winter 1998, pp 397-402.

Individuals with Alzheimer's disease (AD) and other dementia frequently express the wish to die during the course of their illness. However, the existing literature suggests that about 10% of adults with dementia exhibit possible suicide risk, but attempted or successful suicides are rare. This article briefly describes the circumstances of eight suicides of older married men who were reported to have indications of dementia. Descriptive epidemiological research is needed to identify the incidence, risk factors, and clinical characteristics of people with dementia who successfully kill themselves, as well as of those who exhibit ideation or attempt suicide. (RH)  
ISSN: 10784470

Contemporary state statutes about assisted suicide; by Donna Cohen, Jennifer Wareham.  
Journal of Mental Health and Aging, vol 4, no 1, Spring 1998, pp 4-8.

The authors conducted a search of US state statutes to determine how each of the 50 states treated assisted suicides, and found variations in definition. Their article cites cases; lists specific statutes for the 36 states that criminalise assisted suicides; lists the five states where the law on the legality of assisted suicide is unclear; and

lists the eight states that deal with assisted suicide as common law. Oregon is the only state with a law that in effect has specific standards on how an individual can ask a doctor for drugs to hasten his or her death. (RH)  
ISSN: 10784470

Death, society, and human experience; by Robert J Kastenbaum. 6th ed Boston: Allyn and Bacon, 1998, 441 pp. This textbook aims to provide an understanding of thanatology - the study of death, dying and bereavement. It covers a wide range of topics: attitudes, beliefs and feelings about death; ideas about the nature and meaning of death; dying; terminal care and hospices; acquired immunodeficiency syndrome (AIDS); suicide; violent death; assisted death and the right to die; children and death; bereavement, grief and mourning; the funeral process; near-death experiences; and death education and counselling. A list of organisations in the United States (US) with interests and expertise in issues related to death is included, as well as a list of journals (US) and selected videos.

ISBN: 0205264778

Price: £21.95

From : Prentice Hall Europe, Campus 400, Maylands Avenue, Hemel Hempstead, Herts., HP2 7EZ.

An epidemiological profile of elderly suicides in Hong Kong; by Paul S F Yip, I Chi, K K Yu.

International Journal of Geriatric Psychiatry, vol 13, no 9, September 1998, pp 631-637.

Hong Kong has one of the highest elderly suicide rates in the world at about four to five times above the average. This article provides information about trends in suicide rates, characteristics of people who have committed suicide, methods of suicide, and months of occurrence. (AKM)

ISSN: 08856230

Euthanasia: a pragmatic approach; by Steven Dowd, Ruth Davidhizar.

Elderly Care, vol 10, no 3, June/July 1998, pp 16-19.

It is unlikely that there will ever be a simple resolution of the euthanasia debate, and perhaps there should not be. However, any policy in a pluralistic society should be based on the wishes of the individual, so long as those wishes do not adversely affect others. The authors look at American cultural views of death and euthanasia, and offer a perspective on how the method of euthanasia in the Netherlands - where it has been decriminalised without being made legal - informs the debate. The article thus supports the proponent view of euthanasia - that it can be beneficial, as it affirms individual autonomy. Compassionate carers must consider the arguments in order to determine their own stand on the issue. (RH)

ISSN: 09568115

Euthanasia in Greece: moral and ethical dilemmas; by A Vidalis, Th Dardavessis, G Kaprinis.

Aging: Clinical and Experimental Research, vol 10, no 2, April 1998, pp 93-101.

Euthanasia as a concept and a practice has led to much debate in Greece, as well as in other countries. In this study, the authors examined the views of the public and of professionals on the issue of euthanasia. A self-administered questionnaire of 28 items was completed by 417 people, and provided information about attitudes towards the moral and ethical problems of euthanasia. Psychiatric speculations which arose during the approach of this issue were seen in most of the responses (88.3%). Psychodynamic unconscious processes reinforced and violated mechanisms and motives in favour of, or against euthanasia. Of the respondents, 44.3% were against extending life using mechanical devices. Putative main risk factors for suicidal ideation and the desire for death were: pain 66.2%, despair 60.2%, depression 59.7%, and psychopathology 38.6%. This study revealed that apart from pain, psychosocial factors play a key role in leading people to request euthanasia. On the other hand, the knowledge of the public and professionals regarding this issue is not sufficient, and thus discussion of euthanasia by medical societies is needed and necessary. (RH)

ISSN: 03949532

Evaluating an intervention for the elderly at increased risk of suicide; by Nancy Morrow-Howell, Susan Becker-Kemppainen, Lee Judy.

Research on Social Work Practice, vol 8, no 1, January 1998, pp 28-46.

In the US, older people have a higher suicide rate than any other group. This article presents an evaluation of Link-Plus, a social work service provided over the telephone under the auspices of a suicide prevention hot line agency. The programme targets older people at risk of suicide by virtue of depression, social isolation, and unmet needs. A two-group pre-test-post-test design with randomisation was used to test its effectiveness. After receiving standard crisis intervention, 31 participants provided a waiting list control group, whereas 30 participants received immediate treatment. At 4 months, the amount of social contact was improved, and there was a trend toward the reduction of depressive symptomatology. At an 8-month observation, the difference between the clients' pre-test scores and post-test scores on unmet needs was marginally significant, with clients

having fewer unmet needs after receiving services. This outreach strategy and telephone intervention is moderately effective in treating older adults with depressive symptomatology, social isolation, and unmet needs. (RH)

ISSN: 10497315

Geographic variations in suicide mortality, 1982-96; by Julia Bunting, Sue Kelly.

Population Trends, no 93, Autumn 1998, pp 7-37.

This article continues the analysis begun in Population Trends no 92. An overview is presented of suicide trends by age and sex between 1982 and 1996 of constituent countries of the UK, followed by a more detailed analysis of England and Wales by region and local authority. Regional analysis covers two time periods, 1982-1986 and 1992-1996, enabling comparison of suicide rates over time. Local authority analysis covers 1991-1996 and provides a more detailed picture, identifying smaller areas where mortality from suicide is high and those where it is low. All data are presented for local authority boundaries as at April 1997. Suicide rates have generally fallen across the UK in the last 15 years, except for men aged 15-44. Rates in Scotland were considerably higher than those in the rest of the UK. Regions with significantly high suicide rates in 1992-96 included the South-East for women aged 45 and over. Manchester was the only local authority which had significantly high suicide rates for both sexes and age groups. Local authorities with significantly high suicide rates tended to be those characterised as having high levels of "deprivation". (RH)

ISSN: 03074463

Health care rationing, non treatment and euthanasia: ethical dilemmas; by Kenneth Howse. London: Centre for Policy on Ageing, 1998, pp 237-252.

IN: The social policy of old age: moving into the 21st century; edited by Miriam Bernard and Judith Phillips, 1998, pp 237-252.

The last fifty years have seen much change in medical practice and in public views about what should be permitted or required. This chapter provides an overview of recent developments regarding the right to autonomy in matters concerning ethics in medical practice. It also discusses health care rationing - the use of scarce resources and setting priorities for treatment - and the concept of the "quality adjusted life year" (QALY). Arguments relating to end of life decisions emphasise the threat to autonomy: treatment refusal and advanced directives; proxy decision-making for incompetent patients; and the case for a right to die. Debates on these themes are likely to continue for some years.

ISBN: 1901097005

Price: £14.00

From : Central Books, 50 Freshwater Road, Chadwell Heath, Dagenham, RM8 1RX.

High levels of hopelessness persist in geriatric patients with remitted depression and a history of attempted suicide; by Katalin Szanto, Charles F Reynolds, Yeates Conwell (et al).

Journal of the American Geriatrics Society, vol 46, no 11, November 1998, pp 1401-1406.

The aim of this study was to determine whether a high level of hopelessness after treatment of a depressive episode is an indicator of a history of lifetime suicide attempts in older people. Groups of suicide attempters, suicidal ideators, and non-suicidal patients were compared via analysis of variance with respect to levels of hopelessness, depression, anxiety, and global functioning before and after treatment of depression. After remission there were no differences between the three groups in depression severity, anxiety, and global functioning. Hopelessness remained significantly higher in the attempter group than among ideators or non-suicidal patients. The findings suggest that treatments designed specifically to lower hopelessness (such as cognitive, behavioural or interpersonal therapy) may be effective in reducing suicide risk. (AKM)

ISSN: 00028614

Hopelessness and suicidal ideation in older adults; by Heather Uncapher, Dolores Gallagher-Thompson, Nancy J Osgood (et al).

The Gerontologist, vol 38, no 1, February 1998, pp 62-70.

This study examined the role that hopelessness plays in geriatric suicidal ideation. Sixty institutionalised older men were recruited. Multiple regression analyses revealed that while hopelessness was strongly related to suicidal ideation, the relationship between hopelessness and suicidal ideation was dependent on level of depression. Participants, who reported moderate or higher levels of depressive symptoms were more likely to have suicidal ideation with increasing hopelessness, whereas hopelessness had little effect on level of ideation at mild or lower depressive symptom levels. Unlike previous studies in younger adults, hopelessness did not predict suicidal ideation better than depressive symptoms, although the relationship between depression and suicidal ideation was stronger within higher levels of hopelessness. These findings highlight the importance of considering depression and hopelessness simultaneously when assessing and treating geriatric suicidal ideation.

ISSN: 00169013

Panel on physician-assisted suicide and euthanasia: a family member; by Marion Malakoff.

The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 17, no 2, Spring 1998, p 50.

A woman with power of attorney for her sick 96-year-old aunt who has refused food and medication but not liquids, is looking for a doctor not to actively assist in suicide, but rather not to encourage life. (RH)

ISSN: 10724281

Physician-assisted suicide and euthanasia: the human dimension of legalization; by Herbert S Hendin.

The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 17, no 2, Spring 1998, pp 29-37.

In doctor-assisted suicide, the patient self-administers the lethal dose which has been prescribed by a doctor who knows that the patient intends to use it to end his or her own life. This article outlines the historical background, and considers the status of euthanasia in the Netherlands. (RH)

ISSN: 10724281

Physician-assisted suicide and euthanasia's impact on the frail elderly: something to think about; by Robert C Abrams.

The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 17, no 3, Summer 1998, pp 19-27.

The author frequently has reminders about doctor-assisted suicide in the course of his work as a hospital-based geriatric psychiatrist. A fundamental problem in interpreting patients' wishes regarding the end of life is the influence of pathological mental states on judgement. The author discusses problems in recognising geriatric depression that could be interpreted as requests to die. A case study illustrates the difficulties and benefits of clinical listening. Doctors are deficient in their training in knowing how and when to discuss feelings about death with patients. (RH)

ISSN: 10724281

Physician-assisted suicide and euthanasia's impact on the frail elderly: a physician's reply; by Ellen Olson.

The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 17, no 3, Summer 1998, pp 28-33.

The author does not believe that legalisation of physician-assisted suicide (PAS) in the US, with all the proposed safeguards, would in and of itself affect the way frail older people die. (RH)

ISSN: 10724281

Physician-assisted suicide and euthanasia's impact on the frail elderly: a social worker's response; by Marjorie Hornik.

The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 17, no 3, Summer 1998, pp 34-41.

The author proposes that the social worker response to a patient who seeks aid in dying, is to help the patient and caregivers to understand the nature of suffering which leads the patient to that request. She also explores obstacles that often arise for caregivers when they are assessing and responding to the patient who is asking for help in dying. Should doctor-assisted suicide become more routine and more widely available, the challenge for social workers will be help patients to finding meaning or worth in their lives. (RH)

ISSN: 10724281

Physician-assisted suicide and euthanasia's impact on the frail elderly: the perspective of a hospice nurse; by Barbara DiCicco-Bloom.

The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 17, no 3, Summer 1998, pp 42-50.

Assisted suicide is defined as providing, at patients' requests, the means for them to end their own lives. Arguments favouring assisted suicide are presented, which have been influenced by the author's education and nursing philosophy, and her personal experiences with the terminally ill as a home care and hospice nurse. This article reviews the effect of religion and culture on the development of negative attitudes about assisted suicide in the US. The author concludes that end-of-life choices should be no different to those which we make throughout our lives: we all deserve to be respected and supported in our individual decisions. (RH)

ISSN: 10724281

Physician-assisted suicide and euthanasia's impact on the frail elderly: autonomy or a license to kill?: some ethical perspectives; by William B Smith.

The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 17, no 2, Spring 1998, pp 42-49.

The context for this article is the 1994 report of the New York State Task Force on Life and the Law, "When death is sought: assisted suicide and euthanasia in the medical context." (RH)

ISSN: 10724281

Rights and dementia; by Mary Gilhooly. London: Centre for Policy on Ageing, 1998, pp 59-67 (CPA reports, 24).

In: Dementia in focus: research, care and policy into the 21st century; Centre for Policy on Ageing, Research into Ageing, 1998, pp 59-67 (CPA reports, 24).

There are many interesting legal and ethical issues associated with dementia, and this paper examines three topics. First, living wills: would legislation weaken rights we already have in relation to treatment refusal? Second, euthanasia: do people with dementia have a right to determine the timing and place of death? Third, long-term care: do people with dementia have a right to assistance from their children? Two fundamental questions shape the discussion. Do dementing people have rights, and if so what kind? And, is the language of rights helpful in determining public policy? The author has ambivalent thoughts about the use of the term 'rights', and considers that 'human rights' are not appropriate in relation to the provision of services for people with dementia. Rights rhetoric often leads to conflicting answers to moral questions. However, a rights analysis is useful, because it lays bare the complexities of the legal and ethical issues surrounding dementia. (RH)

ISBN: 1901097307

Price: £10.00

From : Central Books, 50 Freshwater Road, Chadwell Heath, Dagenham, RM8 1RX.

Suicidal behaviors in depressed men with a family history of suicide: effects of psychosocial factors and age; by E P Flint, J C Hays, K R R Krishnan (et al).

Aging & Mental Health, vol 2, no 4, November 1998, pp 286-299.

Effects of impaired social support and stressful life events on non-lethal suicidal behaviours were examined in a clinical sample of 79 high-risk patients: depressed adult men with a family history of suicide or attempted suicide. All subjects were participants in the Mental Health Clinical Research Center (MHCRC) for the Study of Depression in Later Life (US). Outcome measures were self-reported one-year histories of three suicide-related ideation symptoms and attempted suicide. One-year prevalences for these outcomes were: death ideation (58%); death wish (48%); suicidal ideation (57%); and attempted suicide (11%). In adjusted models, none of the four measures of social support (network size, frequency of social interaction, receipt of instrumental support, and subjective social support) increased the odds of any outcome. The number of negative life events experienced during the year before the study interview was not associated with increased odds of any ideation symptom, but was marginally higher in men who had attempted suicide during that year. Older age was significantly protective against explicit suicidal ideation in the sample but did not affect the odds of attempted suicide. (AKM)

ISSN: 13607863

From : <http://www.tandfonline.com>

Suicidal ideation amongst acutely medically ill and continuing care geriatric inpatients; by A Shah, D Dighe-Deo, C Chapman (et al).

Aging & Mental Health, vol 2, no 4, November 1998, pp 300-305.

Data from two pooled depression prevalence studies on acute geriatric wards and one such study on continuing care geriatric wards were re-examined in this study to investigate suicide ideation in the two patient groups. The Brief Assessment Schedule (BAS) measured depression, feelings of life not worth living, suicidal ideation, and pessimism. The prevalence of feelings of life not worth living, suicidal ideation and pessimism were 29%, 13% and 50%, respectively, in the acute sample, 33%, 26% and 52%, respectively, in the continuing care sample, and 38%, 29% and 55%, respectively, in the continuing care dementia sub-sample. These three variables were significantly inter-correlated, and they were associated with BAS depression scores and caseness in both the acute and continuing care sample. (AKM)

ISSN: 13607863

From : <http://www.tandfonline.com>

Suicidal ideation and the "wish to die" in dementia patients: the role of depression; by Brian Draper, Cressida MacCuspie-Moore, Henry Brodaty.

Age and Ageing, vol 27, no 4, July 1998, pp 503-508.

A sample of 221 Australian patients with dementia, comprising referrals from 1985 to 1995 were included in this study. Cognitive impairment was measured by the Mini Mental State Examination (MMSE) and the Blessed orientation - information - memory - concentration test and dementia scales, depression by the 21 Hamilton Rating Scale of Depression (HRSD), suicidal ideation and the 'wish to die' as defined by the suicide item on the HRSD, functional capacity by the activities of daily living (ADLs) scale, and the instrumental ADLs scale. Caregiver psychological morbidity was assessed with the General Health Questionnaire. 12 patients (5.4%) felt life was not worth living, 7 (3.2%) 'wished to die' or had thoughts of death, 2 (0.9%) had suicidal ideation or gestures, and none had made any suicide attempts. The 9 who 'wished to die' or had suicidal ideation scored 12 or more on the HRSD. Of these, 6 were clinically depressed. Suicidal ideation and the 'wish to die' were significantly correlated with the presence of depressive symptoms as measured by the HRSD (suicide item excluded), but only in those with Alzheimer's disease (AD). There were no significant differences in HRSD scores between the dementia groups. (RH)

ISSN: 00020729

Trends in suicide in England and Wales, 1982-1996; by Sue Kelly, Julia Bunting.

Population Trends, no 92, Summer 1998, pp 29-41.

Suicide trends in England and Wales are analysed by age and sex. Analyses by method and occupation suggest a link between suicide rates and easy access to effective means of committing suicide. The steadily growing number of cars with catalytic converters may go some way to explain the decreasing suicide rates from 'other gas poisoning' for both men and women since the early 1990s. It may also explain to some extent the decline in overall suicide rates for men since this time. (RH)

ISSN: 03074463

Views of elderly people concerning end-of-life decisions; by Victor G Cicirelli.

Journal of Applied Gerontology, vol 17, no 2, June 1998, pp 186-203.

The aim of this study was to examine older people's views regarding the acceptability of seven end-of-life decision options; existing research provides only partial information. A sample of 447 black and white older Americans, aged between 60 and 100 years responded to 17 decision situations depicting conditions with a low quality of life, rating acceptability of each decision option. Mean percentage (over 17 decision situations) of participants finding each decision option acceptable were: striving to live, 52%; refusing or withdrawing treatment, 47%; letting someone close decide, 36%; suicide, 7%; assisted suicide, 12%; voluntary euthanasia, 12%; and allowing the physician to decide to end life, 19%. Views were related to age, ethnicity, education, occupation, and religious affiliation using MANOVA analyses. (AKM)

ISSN: 07334648

Whose death is it anyway?: the Abbeyfield Lecture 1998; by Alison Kitson. St Albans: Abbeyfield Society, 1998, 19 pp.

In this lecture, the author considers what it means to have a good death. She argues that to understand what constitutes a good death, one has to understand what constitutes a good life. She suggests that good lives are characterised by a wholeness or a completeness experienced through an understanding of the importance of context, narrative and promises. This contrasts with social relationships encountered with those looking after people's personal needs, where self-interest and lack of respect for the integrity of others are all too often the norm. A final theme is the need for relationships based on mutual giving and receiving of gifts and promises: professional, volunteers and lay people need to understand what such relationships mean, if they are to be of help to the dying. (RH)

ISBN: 1872380433

Price: £3.00

From : The Abbeyfield Society, 53 Victoria Street, St Albans, Herts AL1 3UW.

## 1997

Active voluntary euthanasia or physician-assisted suicide?; by Bregje D Onwuteaka-Philipsen, Martien T Muller, Gerrit van der Wal (et al).

Journal of the American Geriatrics Society, vol 45, no 10, October 1997, pp 1208-1213.

In this study, general practitioners (GPs) and nursing home physicians in the Netherlands were asked (by means of anonymous questionnaires) about their and their patients reasons for opting for active voluntary euthanasia rather than for physician-assisted suicide, or vice versa. Findings revealed that in about 75% of all cases,

euthanasia was preferred to physician- assisted suicide, however, in 38% of all cases for GPs and 57% of the nursing home physicians' there was no actual choice - physician-assisted suicide could not be performed due to the patient's condition. In cases where there was a choice, most GPs performed euthanasia while most nursing home physicians assisted in suicide. Overall, active voluntary euthanasia was chosen mainly for medico-technical reasons, whereas physician-assisted suicide was selected mainly for moral reasons.

ISSN: 00028614

American Geriatrics Society on physician-assisted suicide: brief to the United States Supreme Court; by Joanne Lynn, Felicia Cohn, John H Pickering (et al), American Geriatrics Society.

Journal of the American Geriatrics Society, vol 45, no 4, April 1997, pp 489-499.

The controversy over physician-assisted suicide (PAS) has become a focal point of American law since the United States Supreme court accepted two PAS cases in October 1996, both filed by terminally ill persons and physicians to overturn state laws prohibiting PAS. The lower courts involved in both cases found a right to PAS. The American Geriatrics Society (AGS) submitted a legal brief as an "amicus curiae" (friend of the court) to the Supreme Court on both cases, urging the court not to recognise a constitutional right to PAS. The aim of the brief was to provide the court with the views of geriatricians and their patients. It suggested that the lower courts relied on misperceptions about dying and dying persons, countered the claims that PAS is no different from refusing life-sustaining treatment, and argued that limits on PAS will be difficult to establish and sustain.

ISSN: 00028614

Annotated bibliography on physician-assisted suicide; by Marshall B Kapp.

Journal of Ethics, Law and Aging, vol 3, no 1, Spring/Summer 1997, pp 45-52.

A review of periodical articles published in 1995 and 1996 focuses on the ethics of euthanasia and physician-assisted suicide in the US, including implementation of the Death With Dignity Act 1995 in the state of Oregon. (RH)

ISSN: 10761616

Awareness of dying: prevalence, causes and consequences; by Clive Seale, Julia Addington-Hall, Mark McCarthy.

Social Science and Medicine, vol 45, no 3, 1997, pp 477-484.

Analysis of a subset of the Regional Study of Care for the Dying carried out in 1990 is reported. Using the typology of awareness contexts developed in "Awareness of dying" by Glaser and Strauss (1965), the prevalence of different awareness contexts is described and compared with an earlier survey done in 1969. Open awareness of dying, where both the dying person and the respondent relative or friend knew that the person was dying, is the most prevalent awareness context. This is particularly so for cancer, and represents a change since 1969 when closed awareness (where the respondent knows, but the dying person does not) was more common. Compared with people in closed awareness, those dying in full awareness are more able to plan for death, so that they are less likely to die alone, and are more likely to die in their own homes. These individuals are also more likely to have spoken of their wishes for euthanasia, another indicator of their desire to control the manner and timing of death. If dying from cancer, those with full awareness are also more likely to have received hospice care. (RH)

ISSN: 02779536

Choice in dying: the facts about voluntary euthanasia; by Jean Davies, Voluntary Euthanasia Society. London: Ward Lock, 1997, 149 pp.

This book looks at the current situation worldwide with regard to euthanasia, its legal status, and the role of doctors, family, friends, and religions. The author includes many case histories and describes what action people can take to maintain control over their lives - including 'advance directives' (or living will), for which a specimen form is given.

ISBN: 0706375106

Price: £9.99

From : Ward Lock, Wellington House, 125 Strand, London WC2R 0BB.

Communication from the Commission concerning a community action programme on injury prevention in the context of the framework for action in the field of public health; [and]: Proposal for a European Parliament and Council decision adopting a programme of Community action from 1999 to 2003 on injury prevention in the context of the framework for action ...; by Commission of the European Communities. Luxembourg: Office for Official Publications of the European Communities, 1997, 43 pp (COM(97) 178 final).

Older people have been designated a target group for accident prevention in this Proposal, along with children and young people, and suicides of all ages. The Communication gives overviews of measures taken in Member

States and by international organisations, and of current activities of the European Community. It outlines the need for additional public health actions at community level and the Programme's objective to strengthen the capacity of public health bodies to mount effective injury prevention activities. The Proposal part of the document is a formal presentation which sets out the administrative, financial and evaluation aspects of the Programme. (RH)

ISBN: 9278194328

From : Office for Official Publications of the European Communities, L-2985 Luxembourg.

Contributing factors that influence the elderly in their attitudes toward euthanasia; by Maureen V Himchak.

Journal of Religious Gerontology, vol 10, no 2, 1997, pp 29-46.

Using a cross-sectional survey, this US research study examines the ethical dilemma of euthanasia in a sample of 239 community-based older people, diverse in culture and religious affiliation, from two types of environment: 216 from 15 different community sites, and 113 housebound. The study uses data from empirical studies and population polls to explain the factors that influence attitudes toward euthanasia among older people: life satisfaction, health, education, religiosity, and living arrangements. These contributing factors are statistically measured at the  $p < .05$  level of significance by a variety of tests: ANOVA, correlation, and regression analysis. Findings using covariate analysis show the major contributing factors to be life satisfaction and religiosity, which have a strong impact on attitudes toward euthanasia among older people, whereas correlation and regression analyses indicate religiosity alone as the major contributing factor. Results of multiple regression analysis show that 11% of the variance is explained among all variables, and 6% of this variance is explained by the total religiosity variable, which has the most effect on attitudes to euthanasia. (RH)

ISSN: 10502289

From : Haworth Document Delivery Center, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Coroner's verdicts in the elderly: a suicide or an open verdict?; by Emad Salib.

International Journal of Geriatric Psychiatry, vol 12, no 4., April 1997, pp 481-483.

The author identifies variables, other than legal definitions that may have influenced a coroner in returning a verdict of 'suicide' or an 'open verdict' on unexpected deaths in older people. In this review of coroners' verdicts in North Cheshire during the period 1989 to 1993, 47 'suicide' and 'open verdict' deaths of deceased aged 65 and over were defined in ICD classification 'E' codes E950-E959 and E980-E989 respectively. Logistic regression analysis suggests that the coroner's decision may be influenced by: intimation of intent, psychiatric history, and method of death. Sex of the deceased, history of attempted suicide, social setting and history of alcohol problems did not appear significantly associated with the coroner's verdict.

ISSN: 08856230

Death in England and Wales; by Ann Cartwright.

Reviews in Clinical Gerontology, vol 7, no 3, 1997, pp 265-272.

This article reviews research and official statistics on older people, death and dying. Death certificates provide information about the age, sex and marital status at death, and about the cause and place of death. Three ad hoc random studies on death are described, which examined people's circumstances in the year before their death, their restrictions and symptoms, the care they received, the quality of their lives, and the communication between them and their formal carers. Studies on the development, quality and effectiveness of palliative care are also reviewed, as are studies on euthanasia and non-treatment (decisions not to resuscitate). The author concludes that people dying when they are older have less support from relatives and more long-term problems than people dying at a younger age. In addition, they are less well cared for by formal services in relation to their needs, and discriminated against by the specialist palliative care services, which concentrate on short-term problems.

ISSN: 09592598

Death's challenges from the perspective of three generations of elderly; by Eugene E McDowell.

The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 16, no 3, Summer 1997, pp 4-14.

Death- and dying-related developmental tasks all old people must face include: accepting one's personal mortality; coping with the loss of others; and dealing with the fear of living too long. Research findings are reviewed concerning the responses to these factors by three generations of older Americans. First, the Lost Generation (born between 1883 and 1900) had direct experience of World War I and the Great Depression. Second, the GI generation (born between 1901 and 1924), are seen as having given more and received more from society than any other, and have enjoyed better health than any other generation. Third, the "Silent



Generation" (born between 1925 and 1942), the smallest birth cohort in recent history, has enjoyed better mental health and has lower rates of suicide than older age groups. (RH)  
ISSN: 10724281

Editorial: euthanasia and ageing; by John McCallum (ed).

Australian Journal on Ageing, vol 16, no 1,, 1997, p 2.

A short editorial, the background being developments in euthanasia in the Northern Territory of Australia and in the Netherlands. The articles which follow are published in the expectation of further debate and more research on this issue of major concern for older Australians.

ISSN: 07264240

Elderly suicide: a multi-national view; by J L Pearson, Y Conwell, J Lindesay (et al).

Ageing & Mental Health, vol 1, no 2, May 1997, pp 107-111.

Males aged 75 and over have the highest rates of suicide in nearly all industrialised countries. A fairly consistent pattern of risk factors for elderly suicides, in contrast to younger victims, includes major depression diagnoses without comorbid substance use, and comorbid physical illness. Older suicides also demonstrate greater lethality of self-destructive behaviours compared to younger groups. With regard to service use, reports from the US, UK and Japan find that most of the elderly suicides have contact with a primary health care provider in the month prior to suicide. Altogether, these findings suggest means for primary and secondary prevention efforts. This paper summarises research findings and recent prevention efforts from several nations.

ISSN: 13607863

From : <http://www.tandfonline.com>

Elderly suicide and weather conditions: is there a link?; by Emad Salib.

International Journal of Geriatric Psychiatry, vol 12, no 9, September 1997, pp 937-941.

Studies of the effect of meteorological factors on suicide have yielded inconclusive and often contradictory results. This may be due to a variety of methodological problems, including small numbers and variability in the definition of suicide. In this study, five-year data of deaths resulting from suicide (also open verdicts by coroners) in North Cheshire were analysed in relation to meteorological data (as measured at the nearest Met Office to the study population). Significant positive association was demonstrated between suicide in older people and hours of sunshine and relative humidity; these effects were independent of sex. Weather may influence suicide in older people, probably interacting with biological and social variables. The rate of reported suicide appears to be positively related to fine weather conditions, during early summer, and not to extreme weather conditions as previously reported. Method of death also appears to be also associated with weather conditions. (RH)

ISSN: 08856230

Euthanasia and old age; by Bregje D Onwuteaka-Philipsen, Martien T Muller, Gerrit van der Wal.

Age and Ageing, vol 26, no 6, November 1997, pp 487-492.

This descriptive, retrospective study explored the relationship between euthanasia and physician-assisted suicide (EAS) and the age of patients to whom it was administered. Data was collected from cases of EAS reported between 1984 and 1993 in the province of North Holland in The Netherlands. Between 1984 and 1993, 1707 cases of EAS were reported to the Public Prosecutor in North Holland. The average age of the female patients to whom EAS was administered was 65 years; for men the average was 62 years. For both men and women EAS was most frequently performed in the age categories of 60-69 years and 70-79 years, and less frequently in the age group of 80 years and older. The percentages of cases of EAS among all deaths are largest for the age groups of 25-44 and 45-54, and smallest for the age group of 80 years and older. The suggestion that EAS is mainly performed on older people in The Netherlands was not supported by this study.

ISSN: 00020729

Euthanasia: a clinical perspective; by J Zalberg.

Australian Journal on Ageing, vol 16, no 1,, 1997, p 9.

The author puts the case that society must demand a more informed debate about the medical and psychological realities of serious illness, before accepting the legislation of euthanasia as a variable option. Euthanasia represents an inadequate solution to a complex set of issues, putting at risk the frail and most vulnerable.

ISSN: 07264240

Health care law; by Jonathan Montgomery. Oxford: Oxford University Press, 1997, 476 pp.

This book - which describes the law in force as in October 1996 - covers public health law and the workings of the NHS (National Health Service), including handling of complaints. It explores the general framework for

regulating health care practice, the workings of relevant professional bodies, malpractice law, and the law governing the use of medicines. A section on the legal status of patients covers the law of consent, confidentiality, and access to health records, those with mental illnesses, and those involved in research. The last part examines ethical problems, including transplantation, terminal care and euthanasia.

ISBN: 0198762593

Price: £19.99

From : Oxford University Press, Saxon Way West, Corby NN18 9ES.

How we die; by Sherwin B Nuland. London: Vintage, 1997, 278 pp.

The author is a surgeon with over 30 years' experience, and he explains in detail the processes which take place in the body as it dies and the reality of death itself. One of the twelve chapters looks at Alzheimer's disease, whilst another looks at death in old age and yet another at suicide and euthanasia. (KJ)

ISBN: 009947641X

From : Vintage, Random House UK Ltd., 20 Vauxhall Bridge Road, London SW1V 2SA.

Issues concerning end-of-life care; by Connie Zuckerman.

The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 16, no 2, Spring 1997, pp 26-34.

The author outlines, what in her view, are the critical components necessary for quality care when end-of-life decisions are considered: respect for values, ongoing communication, and palliation. It is acknowledged that reality is unlikely to be anything like the ideal, particularly for those living at home. Two risks are identified: the impact of "managed care" on end-of-life care; and the increased attention being given to physician-assisted suicide as a legitimate alternative to, or option for, end-of-life care. (RH)

ISSN: 10724281

Last rights: death, dying and the law in Ireland; by Patrick Hanafin. Cork: Cork University Press, 1997, 114 pp (Undercurrents 12).

The author examines the degree to which it is necessary or acceptable to apply legal standards of fault and liability to complex ethical problems which arise in the care of the terminally ill or incurable patient. There is an analysis of the way in which death is perceived in society, and the competing moral and cultural viewpoints. Whilst this book is aimed at readers in Ireland, references are made to the law and its application in other jurisdictions. The theoretical model on which this book is based is that of the ethical understanding of a right to life, and the circumstances, if any, for that right to be waived. A more patient-oriented approach by the law in resolving medical dilemmas is suggested.

ISBN: 1859181562

Price: £4.95

From : Cork University Press, Crawford Business Park, Crosses Green, Cork, Ireland.

One hundred cases of attempted suicide in the elderly; by Jason Hepple, Catherine Quinton.

The British Journal of Psychiatry, vol 171, no 1, July 1997, pp 42-46.

Despite the high suicide rate in older people, there is a relative lack of information on the longer-term outcome of older people who have attempted suicide, particularly their psychiatric and physical morbidity and mortality. In this study, comprehensive demographic and psychiatric data were available on 100 consecutive referrals to an Oxfordshire liaison psychiatric service of patients over 65 years old who attempted suicide between 1989 and 1992. Detailed follow-up in 1994 included the interviewing of survivors using GMS-AGECAT. Of the 64 women and 36 men (mean age 75.6 years), 42 were dead at follow-up; 12 were suspected suicides, 5 having died as a result of the index attempt. 12 women made a further non-lethal suicide attempt. All five male repeat attempts proved fatal. Older people who attempt suicide have a high mortality both from completed suicide and death from other causes. The completed suicide rate is at least 1.5% per year, and the repetition rate is 5.4% per year. Those at risk of further self-harm are likely to be in contact with psychiatric services, and to be suffering from persistent depression. (RH)

ISSN: 00071250

Physician-assisted suicide: a brief historical and legal overview; by Mark Joy.

The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 16, no 2, Spring 1997, pp 2-11.

Following the passage of Oregon's Death with Dignity Act 1995, assistance in suicide by doctors has come to the forefront of issues in medical ethics. Another factor has been the actions of the "suicide doctor", Jack Kevorkian. This article outlines suicide and the law since from the earliest civilisations to present-day US legislation. (RH)

ISSN: 10724281

Physician-assisted suicide in Alzheimer's disease; by Stephen G Post.

Journal of the American Geriatrics Society, vol 45, no 5, May 1997, pp 647-651.

This article looks at the question of physician-assisted suicide in Alzheimer's disease, reviewing arguments for and against its legislation in a broad interdisciplinary context. The possibility of physician-assisted suicide in Alzheimer's disease leading to euthanasia in Alzheimer's disease is also considered. The author concludes that caution in moving toward physician-assisted suicide in Alzheimer's disease is necessary. However, where it is legalised, it may be difficult to justify precluding people with Alzheimer's disease from access.

ISSN: 00028614

Preferences for voluntary euthanasia during major depression and following improvement in an elderly population; by S C Hooper, K J Vaughan, C C Tennant (et al).

Australian Journal on Ageing, vol 16, no 1,, 1997, pp 3-7.

In this study, 25 patients diagnosed with major depression (DSM-IV) were examined for their preferences regarding voluntary euthanasia (VE) in their present state, as well as in two hypothetical scenarios. They were then treated for depression, and their preferences re-examined. 22 subjects completed both stages of this study. Of these, 18 improved in levels of depression. Before treatment, 8 (44%) indicated a desire for VE, but after treatment, only two desired VE. A similar trend in preference was found for the good prognosis scenario; but for the uncertain prognosis illness, preferences for VE remained high. Major depression in older patients may be associated with very high preferences for VE which is reversible with treatment in most cases. However, there was a suggestion that high levels of acceptance of VE occurring in situations involving serious medical conditions may not reverse following treatment for depression.

ISSN: 07264240

Psychogeriatric inpatient suicides in Australia; by Ajit Shah, T Ganesvaran.

International Journal of Geriatric Psychiatry, vol 12, no 1, January 1997, pp 15-19.

Psychiatric inpatients have a higher suicide rate than the general population. Psychogeriatric inpatient suicides in a large psychiatric hospital in Melbourne were examined over a 21 year period. Only 8% of all inpatient suicides were by those aged over 60 years. Psychogeriatric inpatient suicides, when compared to younger inpatient suicides were more likely to have depression, less likely to have schizophrenia, have more children and have a longer interval between the age of onset of the illness and the index admission. These associations were probably a function of age. Psychogeriatric inpatient suicides, when compared with psychogeriatric 'alive' patients, were associated with depression, alcohol misuse and pre-admission and intra-admission suicidal ideation. A high index of suspicion and vigilance among staff for elderly patients with these features is suggested.

ISSN: 08856230

Relationship of psychosocial and background variables to older adults' end-of-life decisions; by Victor G Cicirelli.

Psychology and Aging, vol 12, no 1, March 1997, pp 72-83.

This research aimed to determine acceptability of a full range of end-of-life decision options, and to identify related variables. 388 Black and White older adults aged 60-100 responded to 17 decision situations depicting terminal and non-terminal conditions with a very low quality of life, rating the acceptability of 7 end-of-life options per decision situation, and completed demographic, health, and psychosocial measures. Despite low quality of life, maintaining life (striving to live, and seeking treatment) was the most acceptable option, but a significant minority of participants wished to end life (suicide, assisted suicide, or euthanasia). Some wished to leave the decision to others. In hierarchical regressions, psychosocial variables (religiosity, values, fear of death, etc.) contributed significantly ( $p < .05$ ) to decisions beyond the effects of demographic and health variables.

ISSN: 08827974

Seduced by death: doctors, patients, and the Dutch cure; by Herbert Hendin. London: W W Norton, 1997, 256 pp.

Euthanasia and assisted suicide have been advocated as giving patients greater control over their deaths and improving the circumstances in which they die. In this book, the author puts the argument against, based on studied cases of assisted suicide and euthanasia in the Netherlands and the United States, where he believes doctors' power and control to make decisions have increased.

ISBN: 0393040038

Price: £19.95

From : W W Norton and Co. Ltd., 10 Coptic Street, London WC1A 1PU.

Society's search for a legal and ethical basis of physician-assisted suicide; by Rebecca C Morgan, D Dixon Sutherland.

Journal of Aging & Social Policy, vol 9, no 4, 1997, pp 51-70.

A review of the way physician-assisted suicide (PAS) is being addressed in the United States (US) reveals three models, each functioning out of distinctive concepts of autonomy: litigation, which utilises philosophical autonomy; legislation, which utilises political autonomy; and act of conscience, which utilises consumer autonomy. Each model raises a correspondingly distinct set of ethical questions and challenges centred around their point of reference - the judicial system, voters, or the doctor-patient relationship. However, efforts to resolve the challenge of PAS will falter if they do not go beyond these models of autonomy. Religious institutions offer a more constructive setting for facing the life and death decision making of PAS. The challenge for religion is to address PAS in solidarity with sufferers, physicians and the community, rather than retreating into iconoclastic dogmas.

ISSN: 08959420

From : <http://www.tandfonline.com>

Suicidal thinking in community residents over eighty; by Rahul Rao, Tom Denning, Carol Brayne (et al).

International Journal of Geriatric Psychiatry, vol 12, no 3, March 1997, pp 337-343.

Participants aged 81 and over in Cambridge had been examined for incidence of dementia and cognitive decline in the previous 7 years. CAMDEX (the Cambridge Examination for Mental Disorders of the Elderly), the 15-item General Depression Scale (GDS), and Scale for Suicidal Ideation (SSI) found 9 people showing suicidal thinking, all women; 6 had evidence of cardiovascular/cerebrovascular disease. Those with suicidal thinking showed higher CAMDEX depression scores, weaker strength of the wish to go on living, higher rates of expressing wish to die and depressive illness and mixed DAT/multi-infarct dementia as primary psychiatric diagnoses. Results did not support associations between suicidal thinking and GDS scores, Alzheimer-type dementia alone, awareness of memory difficulties or severity of dementia. Results should be treated with caution, given the methodological limitations. Further exploration of the role of cerebrovascular disease in depressive disorder is suggested.

ISSN: 08856230

Suicide by age, ethnic group, coroners' verdicts and country of birth: a three-year survey in inner London; by Jan Neeleman, Vivienne Mak, Simon Wessely.

The British Journal of Psychiatry, vol 171, no 5, November 1997, pp 463-467.

A survey of all unnatural deaths of residents in the London Boroughs of Lewisham, Lambeth, Southwark and Greenwich was conducted from 1991 to 1993. 'True likely' and 'official' age-adjusted suicide rates were compared by ethnicity and, for whites, birthplace. Irrespective of verdict, 329 likely suicides were identified. Relatively few ethnic minority and white immigrant suicides had received a suicide verdict. Afro-Caribbeans had relatively low, and young Indian women relatively high suicide rates. Rates of Scottish- and Irish-born residents were 2.1 to 2.9 higher than the local base rate. Young white males' rates were higher than those of older men. The study concludes that classification of suicide is biased with respect to ethnicity and national origin. Rate patterns for ethnic minority groups reflect patterns seen in attempted suicide. In the deprived inner city areas considered, white male suicide rates have surpassed those among the old. (RH)

ISSN: 00071250

Suicide in later life: how to spot the risks; by David Duffy.

Nursing Times, vol 93, no 11, 12 March 1997, pp 56-57 (Elderly care counts).

A quarter of all suicides in the UK are committed by people over 65. Health care staff often fail to recognise depression and other suicide risk factors in older people. Ageism may play a part in this oversight. By listening to older people and learning to recognise the warning signs, nurses can identify and treat the underlying problem, perhaps preventing the often fatal consequences.

ISSN: 09547762

Suicide rates and methods in different age groups: Australian data and perceptions; by John Snowdon.

International Journal of Geriatric Psychiatry, vol 12, no 2, Special Issue, February 1997, pp 253-258.

This study aimed to assess medical students' knowledge of the age pattern of suicides in Australia, and to note changes in the pattern of suicide in recent years using statistics provided by the Australian Bureau of Statistics. Only 40% of the 75 students were aware that suicide in Australia is much more frequent among males, and only

2 of the 75 drew graphs similar to the true pattern. The male rate of suicide at age 20-40 years was almost 35 per 100,000 in 1989-94; above 80, it was nearly 40 per 100,000. The female suicide rate of all age groups was about 7 per 100,000. Treating depressions and preventing suicides of older people (as well as of young people) should be given priority in medical students' education.

ISSN: 08856230

Voluntary euthanasia: letting people decide for themselves; by P Baume.

Australian Journal on Ageing, vol 16, no 1,, 1997, p 8.

The author argues that it should be possible to make dying less awful for some people than it is today. He also makes the case that a decision made by a competent person is no business of any other person. In the absence of anything better, voluntary euthanasia should be supported, and that the Northern Territories legislation should be 'given a go' without being overturned. Dying needs to be made more dignified, more pain free, and less of an ordeal - nothing more.

ISSN: 07264240

Voluntary euthanasia and the common law; by Margaret Otlowski. Oxford: Clarendon Press, 1997, 564 pp.

The author considers the legal status of medically administered euthanasia under the criminal law, focusing on the law's differential treatment of active and passive euthanasia. The implications for doctors who assist suicide of their patients is examined, with reference to case law in the United States and Canada. Evidence of doctors' involvement and the general debate on euthanasia are analysed. Changes in society have contributed to a more receptive climate for reform, given developments in the Northern Territory of Australia and Oregon in the US, as well as in the Netherlands, where euthanasia is openly practised though not actually legalised. The options for reform - mercy killing, legalisation of doctor-assisted suicide, or legalisation of active voluntary euthanasia - are put. On balance, with the limitations of legislation, legislative reform is necessary and appropriate.

ISBN: 0198259964

Price: £70.00

From : Oxford University Press, Saxon Way West, Corby NN18 9ES.

Voluntary euthanasia: the Council's view: approved by Council on 17th July 1997; by Working Party on Ethics, National Council for Hospice and Specialist Palliative Care Services. London: National Council for Hospice and Specialist Palliative Care ..., 1997, unnumbered.

This document endorses and elaborates on some conclusions reached by the House of Lords Select Committee on Medical Ethics in their report in 1994. The National Council for Hospice and Specialist Palliative Care Services reaffirms that the intention of good palliative care for dying patients is to relieve their physical, emotional, social and spiritual suffering in the context of respect for their individuality, and without intent to shorten life. The Council believes that there is no place for the direct killing of patients at their own request.

Price: FOC

From : National Council for Hospice and Specialist Palliative Care Services, Heron House, 322 High Holborn, London WC1V 7PW.

The wish to die in very old persons near the end of life : a psychiatric problem?: results from the Berlin Aging Study; by Michael Linden, Sven Barnow.

International Psychogeriatrics, vol 9, no 3, September 1997, pp 291-307.

A representative community sample of 526 people aged 70 to 105 from the Berlin Ageing Study was extensively investigated by psychiatrists using the structured interview Geriatric Mental State Examination Version A (GMS-A) and several self-rating and observer-rating scales. Diagnoses were made according to DSM-III-R criteria and by clinical judgement. The study's aim was to find examples of 'pathology-free' wishes to kill oneself. 114 (21.1% of the sample) said that they wanted to die, or felt that life was not worth living. 43 (6%) had the wish to be dead according to the Hamilton Depression Rating Scale (HAMD) or the GMS-A; 11 had suicidal intentions. Depending on intensity of suicidality, 80-100% were clinically diagnosed as having psychiatric disorders; more than half showed symptoms fulfilling criteria of at least one specified psychiatric diagnosis. Acute suicidal intentions were in all cases associated with at least one specified diagnosis according to DSM-III-R. 13 out of 54 who actually wanted to die did not fulfil criteria for specified diagnosis. Results strongly suggest that the wish to be dead in the very old is most probable, and suicidal intentions are definitely associated with psychiatric disorders. (RH)

ISSN: 10416102

**1996**

Advanced medical technology: the ethical implications for social work practice with the dying; by Nancy Beckerman.

Practice, vol 8, no 3, 1996, pp 5-18.

Using case studies, explores the ethical issues and impact of CPR (cardiopulmonary resuscitation) on the patient, the family and social workers. The article also discusses 'rational suicide', as regards the rights of those with HIV or AIDS.

ISSN: 09503153

Attempted suicide in old age; by Brian Draper.

International Journal of Geriatric Psychiatry, vol 11, no 7, July 1996, pp 577-587.

Critically reviews studies of attempted suicide in older people published between 1985 and 1994, with reference to demography, suicide methods, stressors, psychiatric features, and outcome.

ISSN: 08856230

A case of futility or patient autonomy; by Cynthia G Olsen.

Journal of Ethics, Law and Aging, vol 2, no 1, Spring/Summer 1996, pp 33-40.

The case of an elderly, dying man with metastatic cancer who desires aggressive treatment is presented. Conflict between family and the physician, who disagrees with their requests, is described. The concepts of justice, patient autonomy, medical necessity and rationing are discussed and related to the concept of futility. The fear of an abusive medical system, and the reversal of gains in patient autonomy are examples of why futility is a controversial area. The author points out the physician's conflicting roles of patient advocate and 'gatekeeper' in our changing health care environment. She describes an approach to addressing futility by examining the patient's goals and the types of treatment being considered.

ISSN: 10761616

Cases of euthanasia and assisted suicide reported to the public prosecutor in North Holland over 10 years; by Gerrit van der Wal, Bregje D Onwuteaka-Philipsen.

British Medical Journal, vol 312, no 7031, 9 March 1996, pp 612-613.

Describes the diagnoses for reported cases of euthanasia, including physician-assisted suicide from 1984 to 1993.

ISSN: 09598138

A chosen death: the dying confront assisted suicide; by Lonny Shavelson. London: Simon and Schuster, 1996, 240 pp.

Presents narrative and photographic portraits of five dying people and their end-of-life decisions, each confronting questions about euthanasia and assisted suicide.

ISBN: 0684801000

Price: £15.99

From : Simon and Schuster, West Garden Place, Kendal Street, London W2 2AQ.

Diogenes Syndrome: of omelettes and souffles; by Burton V Reifler.

Journal of the American Geriatrics Society, vol 44, no 12, December 1996, pp 1484-1485.

The Diogenes syndrome, also known as the squalor syndrome, is characterised by extreme self-neglect, domestic squalor, social withdrawal, apathy, a tendency to hoard rubbish, and a lack of shame. In this short paper, the author looks at the nature of the disorder, the terminology used to describe it, and how it relates to the issue of end of life decisions. (AKM)

ISSN: 00028614

Ethics in an aging society; by Harry R Moody. London: Johns Hopkins Paperbacks, 1996, 288 pp.

Focuses, from a United States perspective, on two fundamental topics: the problem of patient autonomy in long-term care; and the distribution of health resources among different age groups. Ethical problems relating to Alzheimer's disease and 'rational suicide' on grounds of old age are discussed in detail.

ISBN: 0801853974

Price: £14.00

From : Plymbridge Distributors Ltd., Estover, Plymouth, PL6 7PZ.

Euthanasia by stages; by J K Mason, Deirdre Mulligan.

The Lancet, vol 347, no 9004, 23 March 1996, pp 810-811.

Suggests that the medico-legal debate on euthanasia is complicated by the terminology used, and that the law should be clarified as regards the management of the permanent vegetative state and of progressive neurological disease.

ISSN: 01406736

Euthanasia: death, dying and the medical duty; by G R Dunstan, P J Lachmann (eds). London: The Royal Society of Medicine Press, April 1996, 172 pp.

British Medical Bulletin, vol 52, no 2, April 1996, 172 pp.

A collection of papers on the medical, legal and ethical issues surrounding voluntary euthanasia.

ISBN: 1853152781

Price: £45.00

From : The Domus Medica, The Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE.

Facing death: an interdisciplinary approach; by Paul Badham, Paul Ballard. Cardiff: University of Wales Press, 1996, 198 pp.

Considers some of the issues raised by modern longevity, from the perspectives of law, philosophy, medicine, social work and theology; and looks at accounts of research into "near-death" experiences and into meanings of the quality of human life. Topics covered include ethical decision-making in palliative care, euthanasia and pastoral care.

ISBN: 0708313310

Price: £9.95

From : University of Wales Press, 6 Gwentyth Street, Cathays, Cardiff CF2 4YD, Wales.

The final exit: the practicalities of self-deliverance and assisted suicide for the dying; by Derek Humphry. 2nd ed New York: Dell Publishing, 1996, 206 pp.

In the wake of court cases and legislation in the US since the 1991 edition, this revised edition provides new information about the legality of euthanasia and assisted suicide, and examines the personal issues involved. Appendices include Oregon's Death with Dignity Act 1995 (which permits physician-assisted suicide under certain limited conditions), and an example of a living will and durable power of attorney for health care. (RH)

ISBN: 0440507855

Price: £8.99

From : Publishers Marketing Services Ltd., 2 Barratt Way, Harrow, Middlesex HA3 5TJ.

Health related behaviour: an epidemiological overview; by Central Health Monitoring Unit, Department of Health - DoH; Office of Population Censuses and Surveys - OPCS. London: HMSO, 1996, 129 pp (Central Health Monitoring Unit Epidemiological Overview Series).

Provides statistical information on health related behaviours and the factors which influence such behaviours, relevant to the five Health of the Nation key areas, covering diet, alcohol consumption, physical activity, smoking, cancer, suicide, sexual behaviour, drug misuse, and accidents.

ISBN: 0113219768

Price: £12.95

From : HMSO Publications Centre, PO Box 276, London SW8 5DT.

High rate of antidepressant treatment in elderly people who commit suicide; by Margda Waern, Jan Beskow, Bo Runeson, Ingmar Skoog.

British Medical Journal, vol 313, no 7065, 2 November 1996, pp 1118.

The strong role of affective illness in suicides late in life has been shown repeatedly. The prevailing view is that suicide in the elderly is primarily a question of undiagnosed, untreated depression. During recent years antidepressants which are better tolerated by elderly people have been introduced. The authors examined cases of suicide among old people to see whether they had been taking antidepressants. Their findings emphasise that, once diagnosed, depression in the elderly must be managed with persistence.

ISSN: 09598138

Living and dying well; by Lewis Petrinovich. New York: Plenum Press, 1996, 362 pp (Critical Issues in Social Justice).

Considers the evolutionary, developmental and ethical principles in evaluating the quality of ongoing life and the ending of life. Topics covered include genetic screening, death and its criteria, organ transplants, suicide and

euthanasia, medical ethics, health care policy in the United States, and moral, ethical and economic issues in health care.

ISBN: 0306451719

Price: US\$49.50

From : Plenum Publishing Corporation, 233 Spring Street, New York, NY 10013-1578.

Living with grief after sudden loss: suicide, homicide, accident, heart attack, stroke; by Kenneth J Doka (ed), Hospice Foundation of America. Washington, DC: Hospice Foundation of America, 1996, 261 pp.

This book comprises papers from the Foundation's 1996 teleconference on this theme, given by those who have experienced sudden loss, as a result of a family member's heart attack or stroke, transport accident, suicide, sudden violent death, or work in the armed forces. Other papers look at counselling and other methods of dealing with grief, as well as the role of central government, schools and teachers and the media.

ISBN: 156032578X

Price: £11.95

From : Taylor & Francis, Rankine Road, Basingstoke, Hampshire, RG24 8PR.

Matters of life and death: attitudes to euthanasia; by David Donnison, Caroline Bryson, Social and Community Planning Research - SCPR. Aldershot: Dartmouth, 1996, pp 161-179.

In: British social attitudes: the 13th report; edited by Roger Jowell [et al], 1996, pp 161-179.

This chapter describes and distinguishes the different circumstances which may amount to euthanasia, public attitudes, those who support or oppose changes in the law, the characteristics which distinguish supporters of euthanasia from their opponents, and the ways in which the feelings of both are related to other attitudes and loyalties. The authors attempt to suggest some of the conclusions which a range of different interested groups may draw from their findings.

ISBN: 1855216078

Price: £28.50

From : Dartmouth Publishing Company Limited, Gower House, Croft Road, Aldershot, Hants GU11 3HR.

Mental disorders in older Irish people: incidence, prevalence and treatment; by Fiona Keogh, Anne Roche, National Council for the Elderly (Ireland). Dublin: National Council for the Elderly, 1996, 279 pp (National Council for the Elderly report, no 45).

This report brings together the available data on the prevalence, incidence and treatment of mental disorders in older people in Ireland, and compares it with international data. Depression and dementia are examined in detail. Other disorders described include mania; schizophrenia and other psychoses; neuroses and personality disorders; alcohol and drug abuse and dependence; learning disabilities and suicide. Diagnosis and misdiagnosis and the resulting treatments are explored, as are current treatment settings, the use of acute services, and mental disorders in long-stay care settings. The report highlights the need to strengthen the community care services and to develop specialist old age psychiatry services. Recommendations include the development of a national strategy for the future of mental health services for older people and the need for a public education programme on mental disorders in older people.

ISBN: 1900378035

Price: £7.50

From : National Council for the Elderly, Corrigan House, Fenian Street, Dublin 2, Republic of Ireland.

Proceedings of conference. Mental disorders in older Irish people: incidence, prevalence and treatment: Royal Marine Hotel, Dun Laoghaire, Co. Dublin, 11th October 1996; by National Council for the Elderly (Ireland). Dublin: National Council for the Elderly, 1996, 77 pp (Publication no. 46).

The National Council for the Elderly (NCE) is an advisory body to the Minister for Health (Ireland) on all aspects of ageing and the welfare of older people. This book contains the papers given at a conference held to discuss the findings of a report published by the NCE entitled 'Mental disorders in older Irish people: incidence prevalence and treatment'. Specific topics covered include detection of mental disorders in older Irish people; residential care for older people with mental disorders; old age psychiatry in Ireland; and extending and improving services for people with dementia and their carers.

ISBN: 1900378043

Price: £4.00

From : National Council for the Elderly, Corrigan House, Fenian Street, Dublin 2, Republic of Ireland.



Rational suicide?: implications for mental health professionals; by James L Werth. London: Taylor and Francis, 1996, 152 pp (Series in Death Education, Aging, and Health Care).

Explores the idea that suicide can be a rational option in some cases, and argues that the traditional interpretations of mental health, ethical and legal standards of care do not allow this. Includes chapters on the history of suicide, arguments against rational suicide, mental health professionals' attitudes, and legal and ethical implications.

ISBN: 1560324503

Price: £13.99

From : Taylor and Francis Ltd, 1 Gunpowder Square, London EC4A 3DE.

Reasons for living and coping abilities among older adults; by Lillian M Range, Traci A Stringer.

International Journal of Aging and Human Development, vol 43, no 1, 1996, pp 1-5.

Older adults have successfully resisted inclinations to commit suicide. However, little research has focused on their ability to cope, or their reasons for living. In this study, 79 older adults (mean age 60.6 years) recruited from churches, retirement groups, and relatives of college psychology students, completed the Reasons for Living and the Cope inventories. Overall coping was significantly positively correlated with total reasons for living. Moreover, coping was positively correlated with two RFL subscales, Survival and Coping Beliefs, and Child-related Concerns. Women were higher than men in total reasons for living, but not significantly different in coping abilities. Older women may underrate their ability to cope. An implication is that suicide prevention strategies should target men and bolster their cognitive deterrents to suicide.

ISSN: 00914150

Recent historical perspectives regarding medical euthanasia and physician assisted suicide; by Demetra M Pappas.

British Medical Bulletin, vol 52, no 2, 1996, pp 14.1-14.8.

Medical assistance in the termination of life, whether euthanasia or assisted suicide, is arguably one of the most hotly debated topics at the end of 20th century. The author seeks to explore some of the "recent" historical developments which have had an impact on the emergence of medical euthanasia and doctor-assisted suicide. The objective is to juxtapose events in a way that relates historical fact (and fiction) to current events and debates. (OFFPRINT.) (RH)

Repeated deliberate self-harm in the elderly; by David William Pierce.

International Journal of Geriatric Psychiatry, vol 11, no 11, November 1996, pp 983-986.

Previous studies on deliberate self-harm (DSH) in old age are reviewed, and the lack of any study on repetition in this group is pointed out. This article describes 39 patients aged over 60 (28 female, 11 male; seven multiple repeaters) presenting after repeated self-harm at a district hospital between 1973 and 1993; they comprised 1% of all DSH cases. Thirty were suffering from depressive illnesses, six showed significant cognitive impairment, while five (4 of them women) gave a history of alcohol abuse. A trend emerged for women to score higher than men on a measure of suicidal intent. Two patients committed suicide during the study period. These findings are discussed together with their implications for the management and prevention of suicidal behaviour in older people.

ISSN: 08856230

Risk factors for lower respiratory complications of rhinovirus infections in elderly people living in the community: prospective cohort study; by Karl G Nicholson, Julie Kent, Victoria Hammersley, Esperanza Cancio.

British Medical Journal, vol 313, no 7065, 2 November 1996, pp 1119-1123.

Rhinoviruses are an important cause of debility and lower respiratory illness among older people in the community. In this survey, 533 subjects aged 60 to 90 in Leicestershire were telephoned weekly, their symptoms and impact of illnesses were monitored, and specimens collected for diagnostic serology and human rhinovirus polymerase chain reaction. This survey concludes that chronic ill health and smoking increase the likelihood of lower respiratory complications from such infections. The overall burden of rhinovirus infections may approach that of influenza.

ISSN: 09598138

Sociodemographic predictors of firearm suicide among older white males; by Mark S Kaplan, Margaret E Adamek, Olga Geling.

The Gerontologist, vol 36, no 4, August 1996, pp 530-533.

Compared to women, younger males and other racial/ethnic groups in the US, white males aged 65 and over have the highest suicide rates. This study examined the sociodemographic factors associated with late life

firearm (vs other methods) suicide among white males. White males aged 65-84 residing in non-metropolitan areas who were married, divorced or widowed and with less than a high school education were significantly more likely to have killed themselves with a firearm than any other method. Policy initiatives and community interventions should incorporate this knowledge of those demographic subgroups most at risk from firearm suicide.

ISSN: 00169013

Suicidal plans in patients with stroke: comparison between acute-onset and delayed-onset suicidal plans; by Yasuhiro Kishi, Robert G Robinson, James T Kosier.

International Psychogeriatrics, vol 8, no 4, Winter 1996, pp 623-633.

Three-hundred and one patients were examined for suicidal plans during the acute hospital period following stroke and at 3, 6, 12 and 24 months' follow-up in this US study. It was found that 6.6% of patients developed suicidal plans during the initial in-hospital evaluation (acute-onset suicidal plans) and 11.3% of patients developed suicidal plans at 3, 6, 12, or 24 months' follow-up (delayed onset suicidal plans). The development of both acute and delayed-onset suicidal plans was strongly related to the existence of depressive disorders, especially major depression, and to a prior history of stroke. Acute-onset suicidal plans were also related to pre-morbid alcohol abuse. Delayed-onset suicidal plans tended to be associated with greater physical impairment and poorer social support during the acute post-stroke period. These findings suggest that the aetiology of these two types of suicidal plans may be different with acute onset related to biological mechanisms and delayed-onset related to psychological mechanisms. (AKM)

ISSN: 10416102

Suicide across the life span: premature exits; by Judith M Stillion, Eugene E McDowell. 2nd ed London: Taylor and Francis, 1996, 349 pp (Series in Death Education, Aging, and Health Care).

Provides a thorough review of the literature on suicide from the perspective of developmental psychology. The work uses the structure of the suicide trajectory model to explore suicide among different age groups. Other topics covered include a history of suicide in the western world, the nature and causes of suicide, attitudes towards the prevention and postvention of suicide, methods for treatment of suicidal people, and recent developments in assisted suicide.

ISBN: 1560323043

Price: £19.95

From : Taylor & Francis Ltd., 1 Gunpowder Square, London EC4A 3DE.

Suicide among Hispanic elderly: Cuban Americans in Dade County, Florida 1990-1993; by Maria D Llorente, Carl Eisdorfer, David A Loewenstein (et al).

Journal of Mental Health and Aging, vol 2, no 2, Summer/Fall 1996, pp 79-88.

Suicide rates in the United States (US) are reported to be highest among older men, however, little is known about suicide in Hispanic older people. The aim of this study was to examine suicide among older Cuban-Americans and compare known risk factors for suicide with an American-born group that also committed suicide. Files of persons aged 65 years and over were reviewed and analysed. Rates of suicide per 100,000 were as follows: Cuban males 66; American males 39.6; Cuban females 9.0; American females 6.2. The Cubans differed with respect to lower educational level, greater presence of support system and equal likelihood of hanging or gunshot wound as method of choice. Older Cuban males had a rate of suicide 1.67 times higher than older Americans. The study concluded that better recognition of and prompt referral for treatment of depression may be an important intervention in preventing suicide in older Hispanics. (AKM)

ISSN: 10784470

Suicide and depression in late life: critical issues in treatment, research, and public policy; by Gary J Kennedy (ed). Chichester: John Wiley, 1996, 176 pp (The Einstein Psychiatry Series, 13).

The authors - who are mainly from the US - explore the biology, psychology, epidemiology and sociology of depression and suicidal behaviour in late life, as well as the ethical principles that underlie clinical research and therapeutic intervention. The range of treatment - including environmental manipulation, psychotherapy, family counselling, medications and electroconvulsive therapy - is reviewed, and guidelines for effective interventions are provided.

ISBN: 0471129135

Price: £29.95

From : John Wiley & Sons Ltd., Baffins Lane, Chichester, West Sussex PO19 1UD.

Suicide in elderly; by P C Madan.: HelpAge India, June 1996, pp 3-6.  
Research & Development Journal, vol 2, no 3, June 1996, pp 3-6.  
In India, older people constitute a high risk group for suicide. This draws attention to the fact that society is not giving them a fair deal.  
ISSN: 09720227

Suicide in older adults; by Susan M Benbow, John Knapp.  
Geriatric Medicine, vol 26, no 2, February 1996, pp 35-39.  
Looks at the role of general practitioners in reducing the rate of suicide among older people, one of the key Health of the Nation Targets.  
ISSN: 0268201X

## 1995

Active euthanasia and physician-assisted suicide in Dutch nursing homes: patients' characteristics; by Martien T Muller, Gerrit van der Wal, Jacques T M van Eijk, Miel W Ribbe.  
Age and Ageing, vol 24, no 5, September 1995, pp 429-433.  
Presents findings from a study which explored the characteristics of nursing home patients who were given euthanasia or assisted suicide.  
ISSN: 00020729

Attitudes of older people toward suicide and assisted suicide: an analysis of Gallup poll findings; by Larry Seidlitz, Paul R Duberstein, Christopher Cox, Yeates Conwell.  
Journal of the American Geriatrics Society, vol 43, no 9, September 1995, pp 993-998.  
Explores older people's attitudes toward suicide and assisted suicide, and determines whether lenient attitudes are associated with known demographic and psychosocial risk factors for completed suicide.  
ISSN: 00028614

Careful questioning of elderly depressed may help avert suicide; by Adam Legge.  
Care of the Elderly, vol 7, no 5, May 1995, pp 17-18.  
Reports on a study which examined suicide among older people, and suggests that GPs should be encouraged to ask questions if suicide is suspected.  
ISSN: 09554262

The case for and against the practice of euthanasia; by Anne Taylor.  
Nursing Times, vol 91, no 20, 17 May 1995, pp 27-28.  
Describes the key arguments in the debate on euthanasia.  
ISSN: 09547762

Death and dying; by Colm Keane (ed). Dublin: Mercier Press, 1995, 168 pp.  
'Death and dying', published in association with Radio Telefís Éireann, is a companion to the RTE Radio 1 series of the same name. The contributors are some of Ireland's most eminent bereavement experts - including psychologists, psychiatrists and medical specialists - who cover normal and abnormal reactions to the death of a spouse, parent, child or loved one. Suicide, violent death and death by choice are also examined.  
ISBN: 1856351130  
Price: £6.99  
From : Mercier Press, 16 Hume Street, Dublin 2, Eire.

Decisions and care at the end of life; by Michael Gordon, Peter A Singer.  
The Lancet, vol 346, no 8968, 15 July 1995, pp 163-165.  
Reviews clinical issues and ethical dilemmas which may arise at the end of life, including consent to treatment, advance directives, resuscitation, palliative care and euthanasia.  
ISSN: 01406736

Definitions and debate - euthanasia; by Jeannett Martin.  
Nursing Times, vol 91, no 20, 17 May 1995, pp 28-29.  
Looks at the origins and history of euthanasia, describes active and passive interventions and explores the rights of patients and practitioners.  
ISSN: 09547762

Desire for death in the terminally ill; by Harvey Max Chochinov, Keith G Wilson, Murray Enns, Neil Mowchun (et al).

American Journal of Psychiatry, vol 152, no 8, August 1995, pp 1185-1191.

Investigates the prevalence of the desire for death in terminally ill patients over time, and its association with depression, and suggests that informed debate about euthanasia should recognise the importance of psychiatric considerations.

Differences between death and dying; by E T Bartlett.

Journal of Medical Ethics, vol 21, no 5, October 1995, pp 270-276.

Evaluates the different criteria used to declare patients dead.

ISSN: 03066800

Elderly suicide risk in family contexts: a critique of the Asian family care model; by Yow-Hwey Hu.

Journal of Cross-Cultural Gerontology, vol 10, no 3, September 1995, pp 199-217.

Challenges the view of the Asian model of family care as a cultural asset, and argues that Asian older people are vulnerable in their dependence on their children.

ISSN: 01693816

Euthanasia examined: ethical, clinical and legal perspectives; by John Keown (ed). Cambridge: Cambridge University Press, 1995, 340 pp.

A collection of papers on euthanasia and physician-assisted suicide, addressing the major ethical, legal, clinical and theological issues involved.

ISBN: 0521451418

Price: £40.00

From : Cambridge University Press, The Edinburgh Building, Shaftesbury Road, Cambridge CB2 2RU.

Framing the physician-assisted suicide and voluntary active euthanasia debate: the role of deontology, consequentialism, and clinical pragmatism; by Joseph J Fins, Matthew D Bacchetta.

Journal of the American Geriatrics Society, vol 43, no 5, May 1995, pp 563-568.

Examines the different positions in the debate on physician-assisted suicide and euthanasia, and presents a typology in which to analyse and frame the arguments in this debate.

ISSN: 00028614

Killing, karma and caring: euthanasia in Buddhism and Christianity; by Damien Keown, John Keown.

Journal of Medical Ethics, vol 21, no 5, October 1995, pp 265-269.

Examines Buddhist and Christian perspectives on euthanasia, and concludes that both are opposed to it for broadly similar reasons, and espouse a 'sanctity of life' position.

ISSN: 03066800

On euthanasia and other medical decisions in the terminal care of dementia patients; by Tim Helme.

International Journal of Geriatric Psychiatry, vol 10, no 9, September 1995, pp 727-733.

Discusses the legal and moral issues surrounding medical decisions in the terminal stages of dementia.

ISSN: 08856230

One hundred cases of suicide in elderly people; by Howard Cattell, David J Jolley.

The British Journal of Psychiatry, vol 166, no 4, April 1995, pp 451-457.

Examines the social, physical and psychological antecedents associated with suicide among older people, and looks at issues related to primary care services and the impact of secondary old age psychiatry services in an urban population.

ISSN: 00071250

"One in ten": a report by the National Schizophrenia Fellowship into suicide and unnatural deaths involving people with schizophrenia: April '91 - July '95; by Gary Hogman, Richard Meier, National Schizophrenia Fellowship. Kingston-upon-Thames: National Schizophrenia Fellowship, 1995, 31 pp.

Examines the prevalence and causes of suicide among people with schizophrenia.

Price: £10.00

From : National Schizophrenia Fellowship, 28 Castle Street, Kingston upon Thames, Surrey KT1 1SS.

Reading around: euthanasia; by J Moody.

Journal of Dementia Care, vol 3, no 1, Jan/Feb 1995, pp 25-27.

Reviews the ethical, legal and social issues surrounding the legalisation of euthanasia.

ISSN: 13518372

Resuscitation policy concerning older adults: ethical considerations of paternalism versus autonomy; by Pamela B Teaster.

Journal of Applied Gerontology, vol 14, no 1, March 1995, pp 78-92.

Looks at the debate surrounding resuscitation policies and older people and stresses the need for education for all actors involved in CPR (cardiopulmonary resuscitation) and advance directives.

ISSN: 07334648

Suicide in African American elderly; by Maude H Alston, Sharon H Rankin, Carol A Harris.

Journal of Black Studies, vol 26, no 1, September 1995, pp 31-35.

Examines some of the sociodemographic characteristics which may explain the high suicide rate among older African Americans.

ISSN: 00219347

Suicide in the elderly in antiquity; by Geoffrey Seidel.

International Journal of Geriatric Psychiatry, vol 10, no 12, December 1995, pp 1077-1084.

Explores suicide among older people of the Greco-Roman world through case descriptions and an investigation of ancient philosophical and medical writings.

ISSN: 08856230

Suicide in two patients with Alzheimer's disease; by K Rohde, E R Peskind, M A Raskind.

Journal of the American Geriatrics Society, vol 43, no 2, February 1995, pp 187-189.

Presents two case studies of suicide in patients with Alzheimer's disease, and discusses the similarities in the clinical features.

ISSN: 00028614

## **1994**

An act of will; by Michael Day.

Nursing Times, vol 90, no 10, 9 March 1994, pp 14.

Discusses the ethics of the euthanasia debate.

ISSN: 09547762

Changes in orders limiting care and the use of less aggressive care in a nursing home population; by J Holtzman, A Pheley, N Lurie.

Journal of the American Geriatrics Society, vol 42, no 3, March 1994, pp 275-279.

Assesses the changes over time to medical practices where the care given to an elderly patient is deliberately limited, for example by the withholding of antibiotics or resuscitation, and discusses the factors associated with the limiting of care.

ISSN: 00028614

Depression: your views; by John Grace.

Geriatric Medicine, vol 24, no 6, June 1994, pp 44-48.

Reports the results of a survey of GPs opinions on the management of depression in older people. Topics covered include suicide prevention and choice of drugs regarding treatment.

ISSN: 0268201X

Depression in old age; by Cornelius L E Katona. Chichester: John Wiley, 1994, 148 pp.

Describes the causes, epidemiology and presentation of depression in older people, and provides guidance on its detection and management. Includes a chapter on suicide.

ISBN: 0471943088

Price: £24.95

From : John Wiley & Sons Ltd, Baffins Lane, Chichester, West Sussex PO19 1UD.

Depression in the elderly; by M P Nowers.

Geriatric Medicine Clinical Bulletin, May 1994, 4 pp.

Discusses risk factors, prognosis and treatment of depression in older people. Also looks at suicide and deliberate self-harm.

ISSN: 0268201X

Early experiences of an ethics consult team; by E Olson, E Chichin, H Meyers, E Schulman, F Brennan.

Journal of the American Geriatrics Society, vol 42, no 4, April 1994, pp 437-441.

Describes the experiences of the consultant team on ethical issues arising in a nursing home for the elderly, including decisions such as whether to withhold treatment.

ISSN: 00028614

Euthanasia: can be part of good terminal care; by A P M Heintz.

British Medical Journal, vol 308, no 6945, 25 June 1994, p 308.

Discusses the need for regulations to safeguard against misuse of euthanasia in terminal care.

ISSN: 09598138

Euthanasia in Holland: an ethical critique of the new law; by H Jochemsen.

Journal of Medical Ethics, vol 20, no 4, December 1994, pp 212-217.

Looks at the situation in Dutch medical practice with regard to medical decisions concerning the end of life, and discusses the new law in the light of that practice, in particular the Dutch government's claim that the new law will protect the lives of patients while respecting the autonomy of those who want euthanasia.

ISSN: 03066800

Euthanasia: the Dutch experience; by T M J J Olde Scheper, S A Duursma.

Age and Ageing, vol 23, no 1, January 1994, pp 3-8.

Reviews the historical aspects of euthanasia, its definition, the guidelines and the legislation in use. Presents the results of some studies on the practice of euthanasia in the Netherlands.

ISSN: 00020729

Euthanasia: why people want to die earlier; by Clive Seale, Julia Addington-Hall.

Social Science and Medicine, vol 39, no 5, 1994, pp 647-654.

Results from two surveys in England in 1990 and 1987 of relatives and others who knew people in samples drawn from death certificates are reported. The incidence of people saying they wanted to die sooner, and of requests for euthanasia are reported. About a quarter of both respondents and those who had died had expressed the view that an earlier death would have been preferable. 3.6% of those in the 1990 study had asked for euthanasia at some point in the last year of life. The extent to which such views were determined by the experience of pain, other distressing symptoms, dependency, and social and cultural factors such as religious belief and social class is explored. (RH)

ISSN: 02779536

Long-term care facility policies on life-sustaining treatments and advance directives in Canada; by N Choudhry, J Ma, I Rasooly, P Singer.

Journal of the American Geriatrics Society, vol 42, no 11, November 1994, pp 1150-1153.

Describes the prevalence and content of policies regarding the use of life-sustaining treatments, such as CPR (cardiopulmonary resuscitation) and transfer to acute hospitals. Concludes that one third of long-term care institutions have policies outlining when not to use such treatments.

ISSN: 00028614

Medical decision-making in the last six months of life: choices about limitation of care; by Terri Fried, Muriel Gillick.

Journal of the American Geriatrics Society, vol 42, no 3, March 1994, pp 303-307.

Reviewed the experience in geriatric outpatient practice to describe the frequency and manner in which less than maximal care or treatment is chosen.

ISSN: 00028614

Medical treatment and older people: Part II: The right to refuse treatment; by Gordon R Ashton.

EAGLE Journal, vol 3, issue 3, December-January 1994, pp 4-9.

Looks at the legal position in relation to the right to refuse medical treatment, and discusses the validity, legality and practical issues surrounding durable powers of attorney and advance directives.

ISSN: 1360239X

Mercy or murder?; by Andrew Cole.

Nursing Times, vol 90, no 50, 14 December 1994, pp 14-15.

Reviews research showing many patients request euthanasia because of the fear of dependency.

ISSN: 09547762

Nationwide study of decisions concerning the end of life in general practice in the Netherlands; by Loes Pijenborg, Johannes J M van Delden, Jan Kardaun, Jacobus Glerum (et al).

British Medical Journal, vol 309, no 6963, 5 November 1994, pp 1209-1212.

Examines decisions about the end of life in general practice, including the use of technologies prolonging life and euthanasia.

ISSN: 09598138

Of ageism, suicide, and limiting life; by Elizabeth Hughes Schneewind.

Journal of Gerontological Social Work, vol 23, nos 1/2, 1994, pp 135-150.

Reviews the debate about increased longevity, medical technology, rationing and euthanasia.

ISSN: 01634372

From : <http://www.tandfonline.com>

Patient self-determination in long-term care: implementing the PSDA in medical decisions; by Marshall B Kapp (ed). New York: Springer Publishing Company, 1994, 215 pp (Springer series on ethics, law, and aging).

The US Patient Self-Determination Act (PSDA) of 1990 imposes new obligations on nursing facilities and home care agencies, which concern informed consent, advance instruction, proxy directives, and other facets of medical decision making. This volume comprises presentations at a conference on the theory and practice of enhancing patient self-determination in long-term care, which was held in Dayton, Ohio in 1993, and co-sponsored by the Wright State University School of Medicine's Office of Geriatric Medicine and Gerontology, and the Miami Valley Gerontology Council. Among the topics discussed are the moral aspects of decision making, home health care and dying at home, ethnic Americans and long-term care, and liability issues.

ISBN: 0826185207

Price: US\$34.95

From : Springer Publishing Company, 536 Broadway, New York, NY 10012-3955, USA.

Physician-assisted death in the Netherlands and the United States: ethical and cultural aspects of health policy development; by Nancy Jecker.

Journal of the American Geriatrics Society, vol 42, no 6, June 1994, pp 672-678.

A comparison of legal systems, ethical and professional values, health care systems and public attitudes towards voluntary euthanasia in America and Holland, based on two Dutch studies reported in the same journal issue.

ISSN: 00028614

Report of the Select Committee on Medical Ethics: Volume 1: Report; by Select Committee on Medical Ethics, House of Lords. London: HMSO, 1994, 70 pp (HL Paper 21-I, session 1993-94).

Examines the ethical and clinical implications of any changes to the law relating to euthanasia, assisted suicide, and the circumstances in which medical treatment may be withdrawn, limited or not initiated. The role of the hospice movement, advances in medical care of the terminally ill, and the experience of other countries, in particular Western Europe and the USA are also considered.

ISBN: 010481294X

Price: £12.95

From : HMSO Publications Centre, PO Box 276, London, SW8 5DT.

Suicidal behaviour in the elderly; by Brian Draper.

International Journal of Geriatric Psychiatry, vol 9, no 8, August 1994, pp 655-661.

This study examined suicide risk factors in a sample of older people, of which depression was found to be the main factor.

ISSN: 08856230

Suicide: the impact on carers; by Ursula Skerritt.

Geriatric Medicine, vol 24, no 6, June 1994, pp 51-55.

Outlines the special problems faced by survivors of older suicide victims and discusses the role of general practitioners in prevention and care.

ISSN: 0268201X

Suicide and older adults: the strengths perspective in practice; by K Perkins, C Tice.

Journal of Applied Gerontology, vol 13, no 4, December 1994, pp 438-454.

Presents an overview of suicide among older people, discusses the impact of ageism on suicide rates and evaluates an intervention technique which help potential suicide victims to cope.

ISSN: 07334648

Suicide over 60: the San Diego study; by S Carney, C Rich, P Burke, R Fowler.

Journal of the American Geriatrics Society, vol 42, no 2, February 1994, pp 174-180.

Looks at the risk factors associated with suicide amongst older people, and assesses whether these vary according to age and gender.

ISSN: 00028614

Terminal care in old age psychiatry: a survey of professionals' attitudes and approaches; by Josephine Anne Richards, James Lindesay.

Psychiatric Bulletin, vol 17, no 4, April 1994, pp 207-209.

Investigates psychiatrist's attitudes and approaches to the withholding of treatment for patients who are unable to make this choice for themselves.

ISSN: 09556036

Trends in firearm suicide among older American males: 1979-1988; by M Kaplan, M Adamek, S Johnson.

The Gerontologist, vol 34, no 1, February 1994, pp 59-65.

This study examined suicide trends for older men, involving the use of guns.

ISSN: 00169013

The troubled dream of life: in search of a peaceful death; by Daniel Callahan. New York: Simon and Schuster, 1994, 255 pp.

The author examines why the care of the dying, and the termination of treatment, have proved to be such difficult issues, despite intensive reform efforts in the US. Euthanasia is discussed, and it is suggested there are other ways of achieving a peaceful death: we need to examine the way we view death and the care of the dying and the critically ill. (RH)

ISBN: 0671887211

Price: £11.95

From : Georgetown University Press, P O Box 4866, Hampden Station, Baltimore, MD 21211-4866, USA.

Voluntary active euthanasia and physician-assisted suicide in Dutch nursing homes: requests and administration; by F Van der Wal, M T Muller, L M Christ, M W Ribbe (et al).

Journal of the American Geriatrics Society, vol 42, no 6, June 1994, pp 620-623.

Investigates the number of euthanasia requests and the proportion of these which are honoured.

ISSN: 00028614

Voluntary active euthanasia and physician-assisted suicide in Dutch nursing homes: are the requirements for prudent practice properly met?; by M T Muller, F Van der Wal, J Th M van Eijk, M W Ribbe.

Journal of the American Geriatrics Society, vol 42, no 6, June 1994, pp 624-629.

Investigates actual euthanasia procedures to assess whether requirements were adhered to regarding the patients' state of mind and consistency, consultation between doctors, and death certification.

ISSN: 00028614

### 1993

Deliberate self harm in the elderly: a survey of one London borough; by M Nowers.

International Journal of Geriatric Psychiatry, vol 8, no 7, July 1993, pp 609-614.

This study details the characteristics of a sample of elderly people who have deliberately, but not fatally, harmed themselves and compares their characteristics with those established in younger patients and elderly suicides.

ISSN: 08856230



Ethical and legal issues in the care of demented people; by R G Jones.  
Reviews in Clinical Gerontology, vol 3, no 1, February 1993, pp 55-68.  
The ethical issues of autonomy, beneficence, non-maleficence, equity, life supported treatment and assisted death are covered with suggestions on their incorporation into practice. The legal issues of consent, assessment of competence, guardianship and the Mental Health Act are discussed.  
ISSN: 09592598

Euthanasia attitudes of older persons: a cohort analysis; by Raymond M Leinbach.  
Research on Aging, vol 15, no 4, December 1993, pp 433-448.  
Looks at the attitudes of nine cohorts to euthanasia, and assesses whether these attitudes change with age.  
ISSN: 01640275

Last rights; by Tony Sheldon.  
Nursing Times, vol 89, no 44, 3 November 1993, pp 14-15.  
A report on voluntary euthanasia in Holland.  
ISSN: 09547762

Logical conclusion?; by Lindsay Bowles.  
Nursing Times, vol 89, no 31, 4 August 1993, pp 32-34.  
What steps can nurses take to ensure that the risk of suicide among older people is reduced?  
ISSN: 09547762

A review and new look at ethical suicide in advanced age; by Brian D Carpenter.  
The Gerontologist, vol 33, no 3, June 1993, pp 359-365.  
Reviews arguments against suicide in the elderly, and defends their right to autonomy in the decision to commit ethical and unobstructed suicide, noting that their wish to do so reflects badly on society and its treatment of the elderly.  
ISSN: 00169013

Suicide in the elderly in Austria; by E Etzersdorfer, P Fischer.  
International Journal of Geriatric Psychiatry, vol 8, no 9, September 1993, pp 727-730.  
Surveyed incidences of suicide by age and sex groups for the elderly population of Sweden.  
ISSN: 08856230

To live or die: a look at elderly suicide; by J Conrad Glass, Susan E Reed.  
Educational Gerontology, vol 19, no 8, December 1993, pp 767-778.  
Investigates the characteristics of older people at risk for suicide, and factors which appear to be related to suicide, such as loss of independence, reduced income and loss of self-esteem. Suggests strategies for intervention and lowering the suicide rate.  
ISSN: 03601277

## **1992**

An act of love...; by Peter Ellis, Joanna Trevelyan.  
Nursing Times, vol 88, no 37, 9 Sept 1992, pp 34-35.  
Puts the cases for and against euthanasia and nurses' involvement in it.  
ISSN: 09547762

Assisted suicide is not voluntary active euthanasia; by D Watts, T Howell.  
Journal of the American Geriatrics Society, vol 40, no 10, October 1992, pp 1043-1046.  
Distinguishes between assisted suicide and voluntary active euthanasia, and discusses whether the former could lead to abuse of vulnerable persons, undermine the trust between patients and physicians and weaken societal resolve to increase resources allocated to care of the dying.  
ISSN: 00028614

Changes in elderly suicides in the USA and the developed world 1974/87: comparison with current homicide; by C Pritchard.  
International Journal of Geriatric Psychiatry, vol 7, no 2, February 1992, pp 125-134.  
This review of murder and suicide statistics demonstrates the gap between the media perception and reality, posing questions about the silence surrounding increased suicide among the American aged.

ISSN: 08856230

Changes in grief and mental health of bereaved spouses of older suicides; by Norman L Farberow, Dorothy Gallagher-Thompson, Michael Gilewski, Larry Thompson.

The Journals of Gerontology, vol 47, no 6, November 1992, pp P357-366.

Comparisons are made of the immediate and subsequent impact of death on the surviving spouse, depending on whether the loved one dies of natural causes or by suicide.

ISSN: 00221422

A cross-cultural study of suicide among the elderly in Singapore; by Ee Heok Kua, Soo Meng Ko.

The British Journal of Psychiatry, vol 160, April 1992, pp 558-559.

Discusses the pattern of suicide of older people in three ethnic groups.

ISSN: 00071250

Geriatricians' attitudes toward assisting suicide of dementia patients; by D Watts, T Howell, B Priefer.

Journal of the American Geriatrics Society, vol 40, no 9, September 1992, pp 878-885.

Examines the attitudes of geriatricians toward assisting suicide of dementia patients.

ISSN: 00028614

International perspectives on aging; by George J Alexander (ed). Dordrecht: Martinus Nijhoff, 1992, 295 pp (Current issues in international and comparative law, 3).

Chapters explore questions of social obligation to older people and older people's rights and duties in the US, Japan, Greece, New Zealand, Netherlands, Canada and England.

Reach out ..... we'll be there: The Samaritans outreach programme; by Samaritans. Slough: Samaritans, 1992, 8 pp.

This reveals those people at greatest risk of suicide and shows how their needs are being addressed through the outreach programme.

Price: FOC

From : Samaritans, 10 The Grove, Slough SL1 1QP

Suicide attempts in elderly psychiatric inpatients; by Jeffrey Lyness, Yeates Conwell, J Craig Nelson.

Journal of the American Geriatrics Society, vol 40, no 4, April 1992, pp 320-324.

Describes the characteristics of older people who attempted suicide, and concludes that depression is the major association with suicide attempts.

ISSN: 00028614

A time to live or a time to die?; by Stephanie Sanders.

Nursing Times, vol 88, no 45, 4 November 1992, pp 34-36.

Explains the concept of passive euthanasia.

ISSN: 09547762

Voluntary euthanasia and the risks of abuse: can we learn anything from the Netherlands?; by Margaret Battin.

Law, Medicine and Health Care, vol 20, nos 1/2, Summer 1992, pp 133-143.

Public debate in the US concerning the legalisation of voluntary euthanasia and physician-assisted suicide has made much of the risk of abuse. The claim of abuse in the Netherlands - where euthanasia is openly permitted - contributed more than any other factor to the 1991 ballot in Washington State being defeated. The author of this article supports the legalisation of aid-in-dying. She discusses two central questions. First, will there be abuse, and if so, precisely what kind? Types of possible abuse are interpersonal abuse (particularly in families), professional abuse and institutional abuse. Second, can abuse of this sort be prevented? Three types of protection are identified: policies designed to protect the quality of the patient's choice; policies designed to control professional and institutional distortions of a patient's situation; and the development of objective indices of abuse. Both proponents and opponents have a moral duty to present their arguments in the continuing debate concerning voluntary euthanasia and doctor-assisted suicide. (RH)

ISSN: 02778459

## 1991

Adolescent and elderly white male suicide trends: evidence of changing well-being ?; by Patricia L McCall.  
The Journals of Gerontology, vol 46, no 1, January 1991, pp S43-51.

This social-demographic study examined indicators of well-being to determine what best accounts for white male adolescent and elderly suicide trends.

ISSN: 00221422

Euthanasia and other medical decisions concerning the end of life; by Paul J Van Der Maas, Johannes J M Van Delden, Loes Pijnenborg (et al).

The Lancet, vol 338, no 8768, 14 September 1991, pp 669-674.

Results of a Dutch study conducted in preparation for a discussion about legislation on euthanasia.

ISSN: 01406736

Euthanasia, senicide and the aging society; by Stephen G Post.

Journal of Religious Gerontology, vol 8, no 1, 1991, pp 57-66.

Discusses the philosophical, religious and moral issues surrounding euthanasia and senicide.

ISSN: 10502289

From : Haworth Document Delivery Center, Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904, USA

The right-to-die: state policymaking and the elderly; by Henry Glick.

Journal of Aging Studies, vol 5, no 3, Fall 1991, pp 283-308.

Traces the history of the campaign for euthanasia, analysing legislation, court decisions and the role and participation of various interest groups including the elderly.

ISSN: 08904065

Suicide among the elderly in long-term care facilities; by Nancy J Osgood, Barbara A Brant, Aaron Lipman.  
New York: Greenwood Press, 1991, 199 pp. (contributions to the study of aging, number 19).

National study of suicide in a population of institutionalised older adults in the US. At-risk groups are identified as are the major factors contributing to suicide.

Price: £31.95

Survival in a residential home: an eleven-year longitudinal study; by Anastasius S Dontas, Anastasia Tzonou, Popi Kasviki-Charvati (et al).

Offprint: Journal of the American Geriatrics Society, vol 39, 1991, pp 641-649.

The length of survival and various risk factors were studied in 408 residents (141 men, 267 women) of a large residential home in the US. They were aged 68 years and over at entry on admission between 1978 and 1983, and were physically independent, continent and non-diabetic. They were followed until the end of 1988, by which time 78% had died. Data obtained from multivariate proportional hazard analysis highlight the relative importance of specific factors associated with people's survival in residential homes. The presence of mild impairment of mobility at entry is by far the strongest predictor of early death, while smoking and lower haematocrit (volume of red cells in the blood) also exert important adverse effects. Certain 'risk factors', i.e. elevated systolic blood pressure and serum cholesterol, have a minimal protective effect, if any, in this age group. (RH)

ISSN: 00028614

## 1990

Completed suicide at age 50 and over; by Yeates Conwell, Melanie Rotenberg, Eric D Caine.

Journal of the American Geriatrics Society, vol 38, no 6, June 1990, pp 640-644.

The authors present data abstracted from medical examiners' investigative reports of 246 reported American suicides of over 50s classified into four age groups. The sample population conformed to epidemiological studies with regard to sex distribution. With increasing age, more suicide victims were widowed, and significantly fewer were single, separated or divorced. Violent methods of suicide were more prevalent, and alcohol use and psychiatric histories less common with ageing. Physical illness and loss became the most common definable precipitants of suicide, whereas job, financial and family relationship problems became less frequent with increasing age. (RH)

ISSN: 00028614

Going gently into the dark night; by Norman Woolley.  
Nursing the Elderly, vol 3, no 7, Sept/Oct 1990, pp 22-23.  
Discusses the decision criteria involved in the practice of cardiopulmonary resuscitation (CPR), and the questions of ethics and patients' rights which arise.  
ISSN: 09568115

Infanticide and geronticide; by Stephen G Post.  
Ageing and Society, vol 10, part 3, September 1990, pp 317-328.  
This essay considers recent ethical literature on the question of the direct killing of newborns and of severely demented elderly people. At various points, the arguments in these literatures are brought together for comparison and contrast. Finally, a constructive argument against infanticide and geronticide is developed.  
(KJ)  
ISSN: 0144686X

## 1989

The application of modern diagnostic and therapeutic techniques to aged patients; by Helen Kapila, Nicholas Coni.  
Ageing and Society, vol 9, part 2, June 1989, pp 165 - 177.  
The availability of high technology medical interventions designed to preserve human life produces ethical dilemmas.  
ISSN: 0144686X

Attempted suicide in the elderly; by John Merrill, Stephen Edwards.  
Update, vol 39, no 5, 1 Sept 1989, pp 373-374, 376, 378.  
Examines the ways in which general practitioners are well placed to prevent suicide attempts in older people, and discusses the assessment and management of suicide attempts in older patients.

Psychiatric correlates of non-fatal deliberate self harm in the elderly: a pilot study; by A K Upadhyaya, H Warburton, J C Jenkins.  
Journal of Clinical and Experimental Gerontology, vol 11, nos 3 & 4, 1989, pp 131-143.  
A high frequency of depressive symptoms were found among the self-harming subjects, and the effectiveness of treatment for depression, treatment of physical conditions and reduction of social isolation were tested.  
ISSN: 01921193

## 1988

Dying: facing the facts; by Hannelore Wass, Felix M Berado, Robert A Neimeyer (eds). 2nd ed Washington, DC: Hemisphere, 1988, 472pp.  
Includes sections on hospice care, the funeral, bereavement, the right to die etc.

Elderly suicide in London: an analysis of coroner's inquests; by H R Cattell.  
International Journal of Geriatric Psychiatry, vol 3, no 4, October-December 1988, pp 251-261.  
The article describes the social, physical and psychological features of 104 consecutive elderly suicides, using information obtained from coroners' inquests. An age and sex matched cohort of 51 accidental deaths was used as a control. The suicide cohort was significantly more depressed and in pain, had experienced more previous depressive episodes and suicide attempts, and were less confused compared to the control group. The study confirms the importance of recognized risk factors: 61% were living alone, with 9% complaining of loneliness. Only one individual, on available data, attended a day hospital or day centre. Physical illness was common, with at least 56% having ill health prior to death and 63% showing postmortem abnormalities. Twenty-two per cent revealed abnormal cerebral pathology. Depressive illness was prominent, with 79% exhibiting depressive symptoms prior to death. Only 12 individuals were taking antidepressants and only one was on lithium. Despite contact with primary care services, only 20% had been seen by psychiatrists within three months of death. The roles of alcohol, drugs, abnormal cerebral changes and personality factors are discussed along with considerations for prevention. (KJ)  
ISSN: 08856230

Qualities of daily life and suicide in old age: a comparative perspective; by Karen Altergott.  
Journal of Cross-cultural Gerontology, vol 3, no 4, 1988, pp 361-376.  
The incidence of suicide among older people from a cross-cultural perspective.

ISSN: 01693816

## 1987

Death and bereavement; by Robert Kastenbaum.: American Society on Aging, Spring 1987.  
Generations, vol XI, no 3, Spring 1987.  
Topics include hospices, grief, suicide.  
ISSN: 07387806

The death debate; by Pat Turton.  
Nursing Times, vol 83, no 45, 11 Nov 1987, p 31.  
It is vital that the nursing voice is heard in the debate on euthanasia.  
ISSN: 09547762

Deliberate self-harm in the elderly; by David Pierce.  
International Journal of Geriatric Psychiatry, vol 2, no 2, Apr-Jun 1987, pp 105-110.  
This article reviews 145 patients over the age of 65 years seen at a district general hospital after deliberate self-harm between 1973 and 1985. There was no significant change in the numbers seen per year, and they comprised 5.4% of all the hospital's self-harm cases. The male to female ratio was 1:1.5 although the self-harm rates for males and females over 65 in the local population were identical. Fifty-five per cent widowed, over 90% of the patients had depressive conditions, only 3% had an established dementia, and 63% had significant physical illness. Half the patients received inpatient psychiatric treatment. Under 10% of the patients gave a history of earlier self-harm, while both the repetition and suicide rates were very low. These findings are discussed. (KJ)  
ISSN: 08856230

Going gently into that good night; by Sarah Whitfield.  
Nursing Times, vol 83, no 45, 11 Nov 1987, p 30.  
High standards of terminal care are preferable to euthanasia.  
ISSN: 09547762

Killing to be kind; by Anthony Gottlieb.  
New Society, vol 82, no 1297, 6 Nov 1987, pp 25-26.  
The ethical problems of euthanasia.  
ISSN: 00286729

'My life's not worth living, nurse'; by Gail Harkness, Phyllis Stricklan.  
Nursing Times, vol 83, no 36, 9 Sept 1987, pp 46-48.  
The problems of caring for someone who wants to commit suicide.  
ISSN: 09547762

Whose life? whose decision; by Philip Derbyshire.  
Nursing Times, vol 83, no 45, 11 Nov 1987, pp 26-29.  
The issue of euthanasia is a complex one involving legal, ethical, clinical, professional and personal decisions.  
ISSN: 09547762

## 1986

Affective disorders in the elderly; by Elaine Murphy (ed). Edinburgh: Churchill Livingstone, 1986, 235pp.  
Sections covering depression, anxiety and mania.

The end of life: euthanasia and morality; by James Rachels. Oxford: Oxford University Press, 1986, 204 pp (Studies in bioethics).  
The author argues against the traditional view that killing of the innocent is always wrong, and presents an alternative view based on the belief that there is a profound difference between having a life and merely being alive. The social policy implications as well as the morality of euthanasia are also examined. (RH)  
ISBN: 0192860704  
Price: £3.95  
From : Oxford University Press, Walton Street, Oxford OX2 6DP.

Ending it all; by Ian Moore.  
Nursing Times, vol 82, no 7, 12 Feb 1986, pp 48-49.  
Factors which precipitate suicide by elderly people.  
ISSN: 09547762

The right to die: understanding euthanasia; by Derek Humphry, Ann Wickett. London: Bodley Head, 1986, 353pp.  
The history, philosophy, and practice of euthanasia.

Suicide and the elderly: an annotated bibliography and review; by Nancy J Osgood, John L McIntosh. New York: Greenwood Press, 1986, 168pp + appendix (Bibliographies and indexes in gerontology, no 3).  
Contains annotated references, review of the literature, list of bibliographic sources, and a set of demographic tables and figures. International coverage.

Time to examine the wish to die; by P Drummond.  
The Health Service Journal, vol 96, no 5012, 14 Aug 1986, pp 1080-1081.  
Describes the Dutch campaign to legalise euthanasia.  
ISSN: 09522271

Trends in self-poisoning in the elderly 1974-1983; by James Lindesay.  
International Journal of Geriatric Psychiatry, vol 1, no 1, July 1986, pp 37-43.  
More careful prescribing practices could lead to a lower suicide rate in old age.  
ISSN: 08856230

## **1985**

To die or not to die?; by Andrew Bell.  
New Society, no 1183, 30 Aug 1985, pp 313-314.  
Voluntary euthanasia in Holland and the UK.  
ISSN: 00286729

## **1982**

Dealing with the brain-damaged old - dignity before sanctity; by George S Robertson.  
Journal of Medical Ethics, vol 8, no 4, 1982, pp 173-179.  
The ethical problems involved in the medical management of elderly people with advanced brain decay.  
ISSN: 03066800

Legal and ethical aspects of treating critically and terminally ill patients; by A Edward Douders, J Douglas Fetters. Michigan: AUPHA Press, 1982, 344pp.  
An investigation of the problems associated with deciding whether to withdraw or withhold life-sustaining treatment based on studies in the US.

## **1980**

Age and acceptance of euthanasia; by Russell A Ward.  
Journal of Gerontology, vol 35, no 3, May 1980, pp 421-431.  
An analysis of surveys on attitudes toward euthanasia.  
ISSN: 00221422

Dear Helen, I hope you feel better now, love John; by Elinor Harbridge.  
Community Care, no 322, 14 Aug 1980, pp 16-18.  
Suicides among the over 65s.  
ISSN: 03075508

## 1978

Aging and the right to terminate medical treatment; by Marie Haug.

Journal of Gerontology, vol 33, no 4, 1978, pp 586-591.

An analysis of the effect of age on belief in the right of patient and/or family to terminate medical care in the case of terminal illness.

ISSN: 00221422

Dying while living : a critique of allowing-to-die legislation; by Marc Lappé.

Journal of Medical Ethics, vol 4, part 4, 1978, pp 195-199.

Discussion of the American law on euthanasia.

ISSN: 03066800

Geriatric suicide: the Arizona study; by Mary Miller.

The Gerontologist, vol 18, no 5, 1978, pp 488-495.

A study of the factors and circumstances of suicides by elderly men in Arizona, USA.

ISSN: 00169013

Half the elderly suicides see a GP in their last week of life; by Colin Godber.

Modern Geriatrics, vol 8, no 8, August 1978, pp 24-29.

Suicides in elderly people could be reduced by a positive approach to identifying and treating depressive illness.

"Natural death" laws cause hospitals few problems; by Emily Friedman.

Hospitals, Journal of the American Hospitals Association, vol 52, part 10, 16 May 1978, pp 124-130, 148.

A review of the legislation on the right not to prolong treatment in terminal illness that has been passed in eight American states.

The right to die; by Barbara Wootton.

New Society, vol 46, no 838, 26 Oct 1978, pp 202-203.

A discussion of the legislative problems associated with euthanasia.

ISSN: 00286729

The right to die; by Eileen Younghusband.

Community Care, no 206, 29 March 1978, pp 15-16.

A discussion of the issues of euthanasia.

ISSN: 03075508

Suicide and parasuicide in old age: a review; by Kenneth Shulman.

Age and Ageing, vol 7, no 4, Nov 1978, pp 201-209.

Examines the disproportionately high suicide and attempted suicide rate in the elderly.

ISSN: 00020729

## 1977

Causing death and saving lives; by Jonathan Glover. Harmondsworth: Penguin, 1977, 327pp.

A philosophical discussion of the arguments prohibiting or justifying the killing of others.

## 1974

Preventing self-destructive behavior; by Robert D Patterson, Ruby Abrahams, Frank Baker.

Geriatrics, vol 29, no 11, November 1974, pp 115-118, 121.

Older people may actually shorten their lives by their own behaviour. The most obvious example is suicide; but other physically injurious behaviour or psychological stress can have the same result. By being on the alert to self-destructive behaviours - alcoholism, heavy smoking, neglect of health care, and stress - doctors and patients can together improve survival in old age. (RH)

## 1971

The Samaritans and the elderly: some problems in communication between a suicide prevention scheme and a group with a high suicide rate; by Maxwell Atkinson.

Social Science and Medicine, 1971, vol 5, 1971, pp 483-490.

The work of suicide agencies such as the Samaritans is based on a number of assumptions, but for schemes such as theirs to succeed, not only must they make their existence known to as many people as possible, those in need of help must be willing and able to contact them. Older people have repeatedly been found to have the highest suicide rate of all age groups, and at the same time are known to be under-represented by about half among the Samaritans' clients. This study attempts to throw light on two main questions: what proportion of old people actually know about the Samaritans; and what proportion can and do use the telephone, the main means of getting in touch with the Samaritans? (RH)

ISSN: 02779536

## 1968

[Suicide and depression]: [6 articles]; by D H Ropschitz, Irene M K Ovenstone, J A Morphew (et al).

International Journal of Social Psychiatry, vol 14, no 3, Summer 1968, pp 165-234.

This issue of the International Journal of Social Psychiatry comprises five articles on suicide themes, and one on depression. These are as follows: A two years' survey on self-aggressive acts, suicides and suicidal threats in the Halifax district between 1962 and 1964 (D H Ropschitz and Irene M K Ovenstone, pp 165-187); Religion and attempted suicide (J A Morphew, pp 188-192); The suicide problem in India (R E Pandey, pp 193-200); The suicide six: observations on suicidal behaviour and group function (David Reiss, pp 201-212); The psychopathology of suicide in Japan (Lynnette Beall, pp 213-225); and Current concepts of depression: the sociocultural (John J Schwab et al, pp 226-234). (RH)

ISSN: 00207640