

In brief

Subclinical form of BSE may exist: A subclinical form of bovine spongiform encephalopathy may exist in sheep, pigs, and poultry that were exposed to BSE via contaminated feed. The research by the Medical Research Council's prion unit means that experiments into how easily BSE can move from cattle to infect people and other animals have to be repeated (full story in News extra at bmj.com).

More children smoke in developing countries: About 20% of school children in developing countries are already regular smokers, reports a survey coordinated by the World Health Organization in collaboration with the US Centers for Disease Control and Prevention.

Russian population continues to decline: The Russian state statistics committee has reported that the country's population fell by 425 000 in the first six months of 2000, reflecting bad economic conditions, the poor state of the health service, and a falling birth rate. The committee estimated that there could be a fall of eight million by 2016, a rare development for an industrialised country not at war.

Elderly people do not get appropriate help: Vulnerable older people do not get services tailored to their needs, says a report from the Royal College of Physicians, the Royal College of Nursing, and the British Geriatrics Society. *The Health and Care of Older People in Care Homes* says that the organisation of health and care services is haphazard and overshadowed by debates about costs and regulatory mechanisms. The report is available, price £12, from the RCP (tel 020 7935 1174).

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News extra

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Suicides in Japan reach a record high

Joe Lamar *Tokyo*

A record number of people committed suicide in Japan last year, largely as result of the nation's prolonged economic slump, government statistics revealed last month.

The National Police Agency said that 33 048 people killed themselves in 1999, an increase of 185 on the record level set the previous year.

As in previous years, the main reason that people killed themselves was ill health, which was cited in 41% of the 9027 cases where the victim left a note.

However, the most notable trend was the sharp increase in suicides related to financial problems. Among those who left a note, 2779 said they killed themselves for economic reasons, a rise of about 12% over the previous year.

Police estimate that a lack of money was a factor in about one in three suicides. Reflecting the trauma of unemployment in a society that until recently had been used to full employment, 47% of those who killed themselves were without work.

Business failures accounted for 1026 deaths, and an inability



TORU YAMAKA/APP PHOTO

The East Japan Railway Co has installed mirrors in some subway stations to deter passengers from suicide.

to meet basic living costs was thought to be the reason for another 916 suicides.

Police are investigating whether the starvation of five adult siblings in Osaka last week comes into this category. The victims of this unusual and high profile case stopped eating when their uncle, a self proclaimed religious guru, ran out of money.

Continuing a trend that has been noticeable in the past two years, middle aged men were particularly likely to kill themselves. Police officials said this was because they were most vulnerable to corporate restructuring.

Men accounted for 23 512 suicides (71% of the total). Of these, 40% were men in their 40s and 50s.

In terms of age, the greatest proportion of suicides (34% of the total) was in those aged over

60. This was followed by 25% among those in their 50s and 16% among those in their 40s.

The new report leaves Japan's suicide rate at about 17.2 deaths per 100 000 people, one of the highest rates in the world, though still less than half the rate in Hungary (35.3).

As well as the economic slump, cultural factors are also believed to have contributed to Japan's large number of suicides. In the two main Japanese religions—Shintoism and Buddhism—there is no moral prohibition on self killing, and many literary works extol it as a way to atone for misdeeds.

The fact that life assurance policies in Japan do not exclude payouts in the event of suicide, as is often the case in Britain and western Europe, may also distort the picture somewhat. □

French health costs rising rapidly

Alexander Dorozynski *Paris*

Health expenditure in France during the first half of this year has grown at a rate of 4.9%—almost twice the rate voted by parliament for the year 2000.

To control the rapidly increasing costs of health care parliament had voted an annual budget of Fr658.3bn (£61.2bn; \$92bn) for the year 2000, which represented an increase of 2.5% over the previous year.

The highest increase was reported for private practice, a rise of 7.9% over the same period last year. This global increase for a category called "médecine de ville" (city medicine) includes fees paid to doctors (up 4.1%) and the cost of

prescribed pharmaceuticals (up 11.3%). It also includes the amount paid to patients on sick leave from work, which has increased by 8.1%.

A more encouraging trend was recorded for expenditure in state hospitals, which has been climbing rapidly in recent years. This has increased by 2.3%, well within the parliamentary budget. Such a moderate increase probably results from a tighter control of allocations of public funds to hospitals and to the closure of thousands of hospital beds around the country.

The national body responsible for financing and administering health insurance (Caisse

nationale d'assurance maladie) is not overly concerned by the general increase, which is occurring in a transitional period during which some new agreements with the medical profession are being tested. It has been agreed, for example, that access to specialists should be controlled by referral by GPs to avoid multiple and costly consultations that a patient may decide to have with several specialists.

And since last May the government has a new weapon at its disposal. It can reduce the fee charged by GPs and specialists if the expenditure caused by one specialty or another is deemed to be in excess of the public health objectives. Thus cardiologists were told that from the beginning of August they could charge only Fr300 for an office visit instead of the previous fee of Fr320. □