BORDER CROSSING **Tessa Richards**

Who will care for us when we are old?

Europe joins the global debate on who should deliver tomorrow's health care

The phrase "Don't waste a good crisis" has become something of a political leitmotiv in the past two years—a backdrop to proposals for reform in many spheres, not least health care.

Currently the "crisis in the health workforce" is being seen as an opportunity to radically rethink the way that health professionals are educated and trained. Prominent among the advocates for change is the Global Commission on Education of Health Professionals for the 21st Century, which is shortly to publish its blueprint to develop a new generation of health workers (www.globalcommehp.com).

In poor countries the shortage of health professionals, particularly skilled ones, is acknowledged to be a critical constraint to progress towards achieving the United Nations' millennium development goals. But what about Europe?

Here the "crisis" pales by comparison, but all countries have serious concerns. Some, Hungary and Romania among them, report that the migration of skilled staff has left them unable to keep certain essential services staffed.

Dealing with current workforce problems is hard enough. Predicting future ones and devising strategies to deal with them is even harder. Each country, region, and locality has its own unique set of challenges, and national statistics conceal huge local variations in the size and skills mix of the workforce.

Eighteen months ago the European Commission ran a public consultation on its green paper on the European health workforce (http://ec.europa.eu/health/workforce/consultations/results_oc_workforce_en.htm). Respondents said that there was a European Union dimension to the challenges they faced and wanted its support for workforce planning. More (and more comparable) data on health workforce indicators and health needs would help. So would information about the flow of workers between member states, which is now being collected by the EU's Health Prometheus programme.

Views on the "efficient use" of the workforce varied. Some warned of the danger of trying to save money by task shifting (delegating tasks to less qualified staff); others favoured it. Doctors referred to the potential of new technologies to deliver care. Nurses said that better working conditions, more family friendly employment policies, and greater access to training programmes would help recruitment and retention.

Last month the Belgian health ministry held a conference in La Hulpe, a leafy suburb on the edge of Brussels, to draw up firm recommendations for EU action. The European health commissioner, John Dalli, opened proceedings by warning of the huge increase in demand for health care from Europe's rapidly ageing population. A colleague provided figures on the size of Europe's "crisis."

"In 10 years' time the EU will be short of a million skilled health workers and two million ancillary care workers, and 15% of care will not be covered," she warned.

No one questioned the figures or the correlation between the number of health professionals and health outcomes. Nor was there speculation on the ideal ratio of health workers to head of population, although there is debate on this (www.rn4cast.eu).

Hours were spent learning about European initiatives to assess future health workforce needs, improve the quality and safety of care, and maintain and extend the skills of the workforce. Snapshots of national experience with task shifting were shared. But most discussions lacked passion and new vision. I longed to hear views from a handful of seasoned recipients of care.

All meetings aim to come up with "deliverables," but this one closed without consensus on future EU action. The clearest messages were about better data collection, increasing the allocation of EU structural funds for extended training programmes for nurses, and making lifelong learning mandatory (see Analysis, p 706). There was also agreement that Europe should not seek to solve its workforce problems by poaching (more) health professionals from poor countries; it should adhere to the World Health Organization's new code on ethical recruitment (*BMJ* 2010;340:c2784).

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Perhaps this was not surprising. The EU may have had success in harmonising the shape of vegetables, but it can't do the same with the performance of health professionals, although it can support convergence on training. Nor can it dictate quotas. As speakers emphasised, good healthcare delivery is not just about numbers: "It depends on getting well motivated people with the right skills in the right place, at the right time."

It's also hard to conceive how EU regulation could deliver good leadership and organisation, make decision makers deliver on their promises, rekindle the spirits of disillusioned health professionals, and guarantee they provide safe, humane, and cost effective care.

Maybe the EU stands to achieve more through its public health programmes aimed at reducing the demand for care. There must also be scope for further "soft" action to promote health literacy and empower patients to play a more active role in managing their illness. The movement that sees patients as co-producers of health and partners in care has some way to go.

Europe might also acknowledge that innovatory ideas on how to tackle its health workforce problems may come from low and middle income countries. Many are ahead of the game on task shifting—they have had no option—and a recent Cochrane review underlines the potential of using lay health workers. Poor countries are also leading the way in devising innovatory low cost methods of delivering care and harnessing the skills and enthusiasm of civil society and social entrepreneurs. Currently the EU is developing its strategy to "strengthen its voice in global health." It needs to listen as much as it talks.

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MEDICINE AND THE MEDIA

Can depictions of suicide influence copycat acts?

Responsible media reporting on suicide is far from the norm in Hong Kong, and it is having serious consequences, writes **Jane Parry**

The *Oriental Daily News*: a departure in the coverage of suicide

Hong Kong's print media have never shied away from using gruesome images to illustrate its news reports, but when the *Oriental Daily News*, one of the city's major circulation newspapers, covered a case of suicide in November 1998 it broke new ground.

A quarter page photograph showed the prone corpse of a 35 year old woman who had committed suicide. There was another photograph too, showing a barbecue grill, incongruously positioned in the tiny bathroom near where she died. The grill contained the lumps of charcoal that she had burned to raise the carbon monoxide in the air to a fatal level, easy to achieve in the small rooms characteristic of Hong Kong apartments.

This was one of the first known cases of suicide by charcoal burning in Hong Kong and the first time the method had been given such sensationalist media coverage. In the following weeks several more cases occurred. A week later a man killed himself using the same method at a rented holiday flat on Hong Kong's Cheung Chau island, popular with day trippers, and within three months six other people had done the same. A review of suicide records found that 37 suicides related to charcoal burning occurred on the island within four years.[1]

It is unclear whether this novel method of suicide originated in Hong Kong or Japan, but within a year of this widely publicised case suicide by charcoal burning took off in Asia, with cases reported in Hong Kong, Taiwan, Korea, and Japan. In Taiwan it was the subject of similar news coverage to Hong Kong and remains the most popular method of suicide there.

One of the city's main newspapers has added video footage of its news coverage of suicides, with animations filling the gaps where video footage is not available

Such extensive and prurient reporting of suicide stands in stark contrast to international best practice among media outlets. A symposium earlier this year hosted by the Hong Kong Jockey Club Centre for Suicide Research and Prevention at the University of Hong Kong gave academics from Australia and Austria a chance to show how collaboration between public health professionals and the media can foster responsible reporting of suicide, which is in turn associated with reduced rates of suicide.

A recent review of international evidence from almost 100 studies on the association between media reporting of suicide and suicidal acts points to a causal relation between irresponsible media reporting of suicide and copycat acts,[2] says Jane Pirkis, director of the Centre for Health Policy, Programmes, and Economics at the University of Melbourne.

The quality of reporting plays a crucial role, Professor Pirkis says. An Australian media monitoring project looked at two 12 month periods before and after revised guidelines, *Reporting Suicide and Mental Illness*,[3] were introduced. The research, published in the journal *Crisis*, found that although the number of media reports on suicide was far higher in 2006-7 than in 2000-1, reporting had become more sensitive and appropriate over that time.[4] "There was an increased emphasis on the individual's experience of a suicide attempt and from the perspective of the people bereaved by suicide," Professor Pirkis says.

Similarly, research by Thomas Niederkrotenthaler, assistant professor at the Centre for Public Health at the Medical University of Vienna, and colleagues published in the *Australian and New Zealand Journal of Psychiatry* showed that after the implementation of recommendations to the media on reporting of suicide the number of suicides and attempted suicides on the Vienna subway fell dramatically.[5]

New research on the potential benefits of appropriate media coverage in terms of suicide prevention is also beginning to emerge, says Dr Niederkrotenthaler. "We have always thought about the potentially harmful effects of media coverage of suicide, but studies are coming out now that show there may be preventive effects for individuals in suicidal crisis."

The University of Hong Kong has published guidelines for reporting of suicide by local journalists, but it may be too late to change what local people are exposed to in their daily diet of news media. Free newspapers have undermined the dominance of the traditional print dailies, and the battle for readers and advertising dollars has gone multimedia, with newspapers running content rich websites.

For example, now that suicide by charcoal burning is no longer a novelty, one of the city's main newspapers, *Apple Daily*, has added video footage of its news coverage of suicides, with animations filling the gaps where video footage is not available. Thus it is possible to watch (the *Apple Daily* animations are freely available on YouTube) a rendition of exactly which window the victim jumped from and where the body landed.

Interest in viewing animated news stories is gaining momentum, says King Wa Fu of the University of Hong Kong's journalism and media studies centre. "Senior management of Next Media [the publisher of *Apple Daily*] told us that their animated news stories get 1.5 million views and 200 000 iPhone downloads a day and that they are also selling animated content to other news providers overseas such as Reuters, the BBC, and the *Washington Post*. It's not a local issue anymore," says Professor Fu.

Professor Fu and colleagues reviewed existing evidence about the internet and suicide and found that most of the evidence is anecdotal, most studies are individual case studies, and as yet there has been no systematic analysis of the effect of internet media.[6] Many questions about the effects of new media on suicide remain unanswered, he says. "It's a constantly changing landscape."

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References are on bmj.com

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