quite apart from the doctor's compliance. Patients are themselves gullible to the claims of advertisers and believe that for every disease there is a specific remedy—usually a drug—if only the doctor knew what it was. Such an attitude is all too often reinforced by newspaper or television advertising.

There are patients who are nearly as sensible as some of their doctors, and some who are even more so. But leaving these on one side we may perhaps agree with Marinker's witty proposition that it is an exceptional barmaid indeed who responds to an order for a double gin with the statement, "Never mind the gin; why don't we sit down and talk about why you feel you need one."³ Thus, the explanation may well be that doctors are evermore being expected to do for their patients what they have not been trained to do. This has implications for medical education about which perhaps medical teachers ought to be losing more sleep than some of them are currently doing.

Harm caused by Over-prescription

How much harm, other than to the economy, does all this over-prescription of psychoactive drugs bring about? If we are honest we must say surprisingly little; surprisingly little, that is, from a physical point of view and in relation to the apparent size of the problem. Indeed, one almost paradoxical aspect of the matter is that though in Britain there has been a 10% yearly increase in the number of apparent suicidal attempts carried out by self-poisoning (for the most part using psychoactive drugs prescribed by doctors) there has been no rise in the actual suicide

rate by this method. The overall suicide rate in Britain has been falling fairly dramatically over the past seven years. It seems, therefore, that doctors, by placing psychoactive drugs in the hands of those who make suicidal attempts, but who for the most part lack a real intention to kill themselves, have provided them with a relatively inefficient means of dicing with death in order to signal their distress. We should not condone over-prescription on this account, however, for improved methods of resuscitation clearly have much to do with it. Furthermore, though over-prescription of tranquillizers may not do all the physical harm to patients that we might expect it to, it undoubtedly harms the quality of medical practice.

There is such a thing as pharmacogenic disease and we are clearly seeing much more of it, particularly, though not wholly, among old people. Indeed, it sometimes seems that over-prescription may lead to an entirely new reason for admission to hospital—that is, to take a patient off all drugs just to find out what really is the matter with him.

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Social Medicine

Suicide and "The Befrienders"

T. A. HOLDING

British Medical Journal, 1975, 3, 751-753

Summary

The short-term effect of "The Befrienders"—an 11-episode weekly series on B.B.C. 1 portraying the Samaritans as a suicide prevention service—on suicide and undetermined deaths was monitored in Edinburgh. No preventive effect was observed though the series was associated with a dramatic rise in new client referrals to the Edinburgh branch of the Samaritans.

Introduction

The telephone Samaritans were established in 1953 by the Rev. Chad Varah as a suicide prevention service, but it remains unresolved whether their major effect is suicide prevention. Bagley¹ found a significant reduction in the suicide rate in 15 towns in which Samaritan branches had been established compared with the rate in matched control towns. Atkinson² con-

cluded in a study of the Samaritans and the elderly that: "it seems that those who are most likely to commit suicide are least likely to know of the Samaritans and marginally less proficient at using telephones." Barraclough and Shea³ found that the suicide rate for Samaritan clients in six county boroughs was 10 times that of the general population and highest in the month after referral; the Samaritan branches studied were attracting the suicidal but these were only a small proportion of all clients, and it was not possible in that study to evaluate the effectiveness of the service.

On the hypothesis that the Samaritans are a major factor in suicide prevention a rise in Samaritan referrals should result in a fall in the number of suicides, other factors being equal. "The Befrienders," an 11-episode weekly series screened at peak viewing times and dramatizing the role of the Samaritans as a suicide prevention service, provided a natural experiment for testing the hypothesis that the Samaritans are a major factor in suicide prevention. In co-operation with the Edinburgh branch of the Samaritans a 140% rise in new client referrals was monitored in 1972 in association with the B.B.C. series, but no preventive effect on parasuicides ("attempted suicides") known to the hospital services in Edinburgh was observed.⁴ The present study was concerned with *completed* suicides.

Method

"The Befrienders" was screened weekly from 19 February 1972 to

MRC Unit for Epidemiological Studies in Psychiatry, University Department of Psychiatry, Royal Edinburgh Hospital, Edinburgh EH10 5HF

T. A. HOLDING, B.M., M.R.C.PSYCH., Hon. Senior Registrar

29 April 1972. Three periods were studied in relation to the series: the 10 weeks before the series started, the 10 weeks for which it ran, and the subsequent 10 weeks. For each period the numbers of suicides (I.C.D. code E950-959*) and undetermined deaths (I.C.D. code E980-989*) in the city of Edinburgh were derived from data supplied by the Registrar General's Office in Scotland. The sexes were combined. Comparisons were made for both suicides and undetermined deaths with corresponding periods in 1969, 1970, 1971, and 1973.

Results

In 1972 there were 10 suicides before the series, 10 during the series, and 11 subsequently (table I). For suicides and undetermined deaths combined corresponding numbers in 1972 were 13, 15, and 13 (table II). The numbers of suicides and suicides plus undetermined deaths for the corresponding periods in the years of comparison showed no stable trend for individual years, partly because the numbers were small.

TABLE I—Number of Suicides in Edinburgh

	10 Weeks before "Befrienders"	10 Weeks during "Befrienders"	10 Weeks after "Befrienders"
1969	11	7	7
1970	10	7	11
1971	4	7	4
1973	10	10	5
1972	10	10	11
	35	31	27

TABLE II—Number of Suicides and Undetermined Deaths in Edinburgh

	10 Weeks before "Befrienders"	10 Weeks during "Befrienders"	10 Weeks after "Befrienders"
1969	20	12	11
1970	19	12	14
1971	10	12	10
1973	11	14	9
1972	13	15	13
	60	48	44

For each period the average weekly suicides and suicides plus undetermined deaths were calculated for 1972 and the comparison years combined. The results were expressed as a percentage change using as a baseline the average for the 10 weeks before the series in 1972 and for the corresponding weeks in the comparison years (figs. 1 and 2). The fall in suicides and in suicides plus undetermined deaths that occurred in the comparison years was not evident in 1972 either during or after "The Befrienders."

FIG. 1—Average weekly suicides.

Discussion

The role of the Samaritans as a suicide prevention service continues to be emphasized, and it was this aspect of their work that "The Befrienders" dramatized. As it had already been shown

* E950-959—suicide and self-inflicted injury; E980-989—injury undetermined whether accidentally or purposefully inflicted.

FIG. 2—Average weekly suicides plus undetermined deaths.

that the series resulted in a dramatic rise in new client referrals to the Edinburgh branch of the Samaritans it was possible to test the hypothesis that if the Samaritans are a major factor in preventing suicide then a rise in referrals should be associated with a fall in suicide. Though no cases were studied individually and we cannot say how many were suicide risks, the series specifically emphasized suicidal predicaments, and some individual identification with the situations portrayed is assumed. Though the series was successful in making people aware of a service from which help is available, no short-term prophylactic effect on suicide in Edinburgh was shown in association with "The Befrienders." Compared with the pooled comparison years, in which the average weekly suicides fell both during the 10 weeks corresponding to the series and again during the subsequent 10 weeks, no fall was seen in 1972.

Undetermined deaths have been included because they are directly comparable with suicides and self-inflicted injury in terms of cause of death. They are widely held to be largely "concealed" suicides, and, like people who commit suicide, people who die an undetermined death have a high prevalence of psychiatric morbidity both in their past medical history and just before death.⁵ Though the average weekly number of suicides plus undetermined deaths fell in the combined comparison years there was no fall in these deaths in 1972 (fig. 2). The possible reasons for the pattern in the comparison years is immaterial here, but in 1972 "The Befrienders" had no short-term prophylactic effect on suicides or undetermined deaths in Edinburgh.

Suicide is rare and this study is based on small numbers in one city, Edinburgh (population 350 620 aged over 15 years, 1971 census), collected over a short period. Though the Samaritans attract the suicidal, the suicidal are a small proportion of all their clients, so that a prophylactic effect on suicide associated with an increase in Samaritans referrals would have to be considerable in order to reflect a fall in suicide in Edinburgh. Nevertheless, the results show no such prophylactic effect in the short term. They do not, however, exclude the possibility that the Samaritans are effective as a suicide prevention service in the long term, nor do they deny the other valuable roles for which the Samaritans exist.

I thank the Edinburgh branch of the Samaritans for supplying the number of client referrals and would like to make it clear that at no time did the organization depart from its policy of anonymity. I am grateful also to the Registrar General's Office in Edinburgh, who made available the suicide and undetermined deaths statistics and to Dr. Norman Kreitman for his advice and encouragement.

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