People with psychoses commit about 5% of the violent crimes in Sweden

Research question What is the impact of serious mental illness on violent crime in Sweden?

Answer People with psychoses commit about 5% of violent crimes.

Why did the authors do the study? We already know that people with a serious mental illness are substantially more likely than others to commit violent crime. But this doesn't tell us much about the absolute risk they pose to the public. These authors wanted answers to two different but related questions: what proportion of violent crimes are these people responsible for, and how much would the crime rate go down if serious mental illness were eliminated or if all patients were locked up indefinitely?

What did they do? They linked data from two high quality Swedish databases using a unique identification number given to all Swedish residents. The first database records a discharge diagnosis for all hospitalisations. The second records all criminal convictions. The authors included in their analysis anyone discharged from hospital with a psychotic mental illness, and anyone convicted of committing a violent crime in the 13 years between 1988 and 2000. The authors defined violent crime as homicide or attempted homicide, aggravated and common assault, robbery, threatening behaviour, harassment, arson, or sex crime.

They calculated the overall rate of violent crime (offences per 1000 people) in the general population and the rate among individuals with no admissions for severe mental illness. The difference between the two was the rate attributable to people with a history of psychotic mental illness. They then did separate analyses for men, women, different age groups, different crimes, and different mental illnesses.

What did they find? During the 13 years of the study there were 45.2 violent crimes per 1000 people in Sweden. Of these 2.4/1000 were accounted for by people with a psychotic mental illness (the population attributable risk), so they committed 5.2% of the violent crime during this period. Breaking the figures down by crime showed that people with a psychotic mental illness were responsible for 18.2% of murders or attempted murders, 15.7% of arson attacks, 6.3% of aggravated assaults, 4.9% of sex offences, 3.6% of robberies, and 3.1% of common assaults. The impact of mental illness on violent crime was substantially greater for men than for women (population attributable risk 4.3/1000 *v* 0.6/1000) and was slightly lower for schizophrenia than for other psychotic illnesses (1.0 *v* 1.4).

What does it mean? This data linkage study shows that people with psychoses are responsible for a small proportion of violent crime in Sweden. Eliminating serious mental illness or locking up patients indefinitely would result in about one less violent crime per 1000 residents every five years, assuming there's a straightforward causal link between psychoses and violent crime. The authors admit this assumption could be simplistic. They also note that these results won't translate well to societies, such as the United States, where violent crime is more common than it is in Sweden and where other risk factors, such as gun ownership, are likely to distort the impact of mental illnesses on violent crime, particularly homicide.

Fazel et al. The population impact of severe mental illness on violent crime. *Am J Psychiatry* 2006;163:1397-403

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Editor's choice

A doctor's dilemma

"Let us hope the medical profession can continue to learn from all the other worlds that surround it and which it ultimately serves," writes David Connell in this week's journal (p 489). He's talking about the blues, but he may just as well be talking about sport, literature—or indeed the theatre. This year is the centenary of George Bernard Shaw's *The Doctor's Dilemma*, a play with even more to teach the medical profession today than when it was first written.

James Sabin of Harvard Medical School has given a good account of what the play can tell us (www.amrep.org/past/doctor/charlatans.html). "The play revolves around what high school students refer to as 'lifeboat ethics,' the question of who should come first when there isn't enough to go around. The preface delineates a second quandary—no matter how we pay our doctors, we inevitably create destructive conflicts of interest. Finally, Shaw dramatises the clash between intellectual integrity and the fear of death. Integrity requires us to face facts. Fear prefers the consolation of fantasy."

Sir Muir Gray, the NHS's knowledge guru, has proposed a public reading of the play on 20 November, the date in 1906 when it was first performed. We're hoping Sir Mike Rawlins, the director of the UK National Institute for Health and Clinical Excellence (NICE), will read Sir Colenso Ridgeon, the doctor faced with the "lifeboat ethics" rationing dilemma, and that the BMA's chairman, Jim Johnson, will read Cutler Walpole, the surgeon whose answer to every ill is to remove the patient's nuchiform sac.

And why not also have a network of readings at hospitals and medical institutes around the world on that day? People might do it instead of the weekly grand round or journal club. If you're planning a reading, send us a rapid response, and we'll register your event on bmj.com. You could even send us a video.

Back to this week's journal, Anthony J Pelosi and colleagues (p 491) explore the ramifications of a bitterly fought present day rationing dilemma, and one in which NICE made first an unpopular stand—that cholinesterase inhibitors should not be available on the NHS for people with dementia, and then a reluctant concession—that they should be restricted to people with moderate Alzheimer's disease. The authors contend that the drugs have diverted resources towards memory clinics whose main aim is to monitor patients' cognitive decline rather than providing effective multidisciplinary care. As patients and carers cry foul against NICE, Pelosi and colleagues write, "The tragedy is not the proposed restrictions, but the fact that the only currently available licensed medicines for this cruel illness have turned out to be of marginal benefit."

What would Shaw have made of all of this? In his preface to *The Doctor's Dilemma*, he suggested that it be "compulsory for a doctor using a brass plate to have inscribed on it, in addition to the letters indicating his qualifications, the words 'Remember that I too am mortal.'"

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