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Self-burning – A rare suicide method in Switzerland and other industrialised nations – A review



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ABSTRACT

News items reporting self-immolation by Tibetans have been on the increase in recent years. After examining the corpse of a Swiss man who had committed suicide by deliberate self-burning, we wondered how often this occurs in Switzerland. The Federal Statistics Office (FSO) does not register self-burning specifically so no official national data on this form of suicide are available. However, we had access to the data from a Swiss National Science Foundation (SNSF) project Suicides in Switzerland between 2000 and 2010, which collected information on all (4885) cases of suicide investigated by the various institutes of forensic medicine. From this data pool we extracted 50 cases (1.02%) of suicide by selfburning, in order to determine the details and to identify the possible reasons for choosing this method. To look at our results in the light of studies from other countries, we searched the literature for studies that had also retrospectively examined suicide by self-immolation based on forensic records. Our results showed that, on the whole, personal aspects of selfburning in Switzerland do not differ from those in other industrialised nations. Some data, including religious and sociocultural background, were unfortunately missing - not only from our study but also from the similar ones. In our opinion, the most important prevention strategy is to make healthcare professionals more aware of this rare method of suicide. © 2014 Elsevier Ltd and ISBI. All rights reserved.

1. Introduction

Media reporting of self-immolation amongst Tibetans has been noticeably on the increase. Since February 2009, at least 120 Tibetans, most of them monks, died from setting themselves on fire after dowsing their clothes and bodies with inflammable liquids. The reason given for this increase in self-immolation has been protest against the suppressive politics of China [1–4]. The literature shows that self-immolation is a common way of ending one's own life, not only amongst Tibetans but also in India, where approximately 7–9% of all suicides are due to deliberate self-burning [5,6], as well as the Middle East, Africa and South Asia [5]. In some

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countries, such as Iran, the suicide rate from self-immolation is said to be as high as 71% [7] or 22.4/100,000 inhabitants [8]. The underlying reasons are of a political nature, especially in the Arab world, including the Maghreb, Tibet and South Korea [5,9] and the so-called dowry deaths of young women in the Middle East and central Asia, especially in Iran, Iraq, Afghanistan, Uzbekistan and Tajikistan [10–12]. Sociocultural reasons can also be found in India, where widows used to – and in some regions still do – burn themselves during the funerals of their deceased husbands [9,10].

In our work as forensic pathologists in Switzerland, we are sometimes confronted with this highly aggressive method of committing suicide: for example, we recently had to examine the body of a middle-aged Swiss man who had killed himself by setting himself alight after dowsing his body with petrol. Having read about the self-immolation of Tibetan monks in the news, we wondered about the situation of self-burning in Switzerland and whether there are any known factors influencing the choice of this highly aggressive method, such as cultural or immigrant background. Our research at the Federal Statistics Office (FSO) showed that no details are available on suicide by self-burning in Switzerland. Furthermore, this method is not even listed amongst the suicide methods. In general, information provided by the FSO is sparse, as it lists only the seven most common methods of suicide without any further distinction other than gender and age group [13,14]. Thanks to a research cooperation, we had access to the data pool of a Swiss National Science Foundation (SNSF) project, which retrospectively examined all suicides under forensic investigation in Switzerland between 2000 and 2010. The aim of that huge project was to gain greater insight into suicide methods than is provided by the FSO, in order to develop new prevention strategies [15]. We extracted all cases of suicide by self-burning from the data pool, with the following aims:

- to determine details of suicide by self-burning, which is given in official statistics listed in Switzerland, and possibly to discover drivers such as religious, political and cultural background;
- to give an overview of the existing literature, especially retrospective studies based on forensic investigations of suicide by self-burning;
- 3. to look at our results in the light of these other studies.

2. Methods

The study is part of an SNSF project – Suicides in Switzerland: a detailed national survey of the years 2000 to 2010, which retrospectively examined all cases of completed suicide that had been investigated by full postmortem examination or simple external examination by institutes of legal and forensic medicine in Switzerland [15]. The databases of all these institutes were searched for suicides occurring in the period 2000–2010. Only cases where suicide was the manner of death, as defined by the forensic experts, were included. Searches differed between the individual institutes of legal and forensic medicine: some had an electronic system in place, in others

the database had to be searched manually. A non-standardised questionnaire with sociodemographic aspects and detailed questions on the main suicide methods was used. This questionnaire had been developed by the research group after a trial period and contained closed-ended questions on sociodemographic parameters and details for the most common methods of suicide (intoxication, shooting, drowning, strangulation, thermal trauma, sharp trauma, blunt trauma). Other suicide methods could be specified by writing in an open-ended question. Master's students, who had all been instructed and tested by the same academic research assistant, were sent to collect data from the different institutes in Switzerland (Zurich, Bern, Basel, Chur, St. Gallen, Lausanne and Geneva) between spring 2011 and winter 2013. The completed questionnaires were transferred in SPSS files. For the present study, we extracted all suicides by self-burning from the SPSS database of 4885 cases. We used SPSS 20 software to perform a retrospective data analysis and a frequency analysis. For review purposes, we searched the internet for studies on self-immolation using the search terms "self-immolation", "self-burning", "suicide fire", "self-incineration", "death fire" and "forensic". References of the studies found were searched for publications on completed suicides due to setting oneself on fire. In the present review, we included only retrospective studies based on suicides by selfburning investigated by forensic experts, and looked at our results in the light of these studies.

3. Results

In the 4885 cases of suicide in Switzerland between 2000 and 2010 identified so far (autumn 2013), we found 50 (1.02%) instances of self-immolation. Four cases were investigated by external examinations of the body only, whilst 46 had full postmortem examinations. Table 1 shows our main findings together with a summary of the results of the 13 studies identified in the literature [16-28]. In our study, most suicides were Swiss men, and the other studies also showed a preponderance of male nationals. The median ages were about 43 and 41 respectively. Most were either employed or retired on a pension, including those on a disability allowance. Marital status throughout showed that most of the people committing suicide were not married. From the cases available, 30% of our study group and 51% of the cases in the literature left suicide notes. Little was found on previous suicide attempts: the data available on a few cases showed that most of them had attempted suicide before, although the information provided was sparse, with little detail of the method or number of attempts. The psychiatric history was unknown in 23 of our cases and unremarkable in six. Where the information was available from the 229 cases in the literature, nearly 85% had a known history of psychiatric disorders. The diagnoses in the remaining 21 cases from our study group can be seen in Table 2: seven had a combination of two diseases. Psychotic disorders and schizophrenia were most frequent. The motive for the suicide in our study group was available in 31 (62%) cases. Mental problems were the reasons assumed for the suicide in 27 (87.0%) of those cases. Other motives mentioned were physical problems (19.3%),

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