Letter to the Editor

TAKE SUICIDE PREVENTION SERIOUSLY IN LEPROSARIA

Zhejiang Wukang Sanatorium is one of the earliest leprosaria founded in China. The Sanatorium is formally called the Guangji Leprosarium, which was established by the Church of England in Hangzhou, Zhejiang Province in 1892. The establishment cares for people affected by leprosy, including the seriously disabled and some active leprosy cases with complications. The Zhejiang Wukang Sanatorium provides hospitalisation services not only in Zhejiang Province, but also throughout the eastern China regions.

I have been working in the leprosarium as a full time doctor since February 2004. At the beginning of my work, there were 128 patients affected by leprosy, 22 of them female, aged from 29 to 84 years of age, averaging 68.17 ± 10.86 years. They are all cured, disabled patients except for six active cases. Thirteen members of staff, comprising four doctors, eight nurses and one logistical person, serve these patients with continuous medical and logistical services. The government provides relief payments regularly for every person affected by leprosy who is hospitalised, up to 480 Yuan RMB each month. As a welfare policy, every person affected by leprosy here enjoys free medical insurance provided by our leprosarium and they can be treated and rehabilitated here at ease. Our leprosarium can claim that those treated here have acquired the best leprosy services in China.

Although these leprosy-affected people were cared for 24 hours a day by the medical staff, including holidays and festivals, some unfortunate events have happened to them over the last 7 years. In the September 2006 issue of *Leprosy Review*, Nishida M and others reported that 41 residents had committed suicide in the National Tamazenshouen Sanatorium since 1907, with an article entitled ‘Prevalence and characteristics of depression in Japanese leprosarium from the viewpoints of social stigmas and ageing: A preliminary report.’1 Six suicides have occurred here since 2004, which is more than those at the National Tamazenshouen Sanatorium, with 385 residences there on December 2004.

Among six suicide attempts, two resulted in death. In 2004, the drowning of a 71 year old man occurred, owing to a love setback with a past girlfriend. In 2007, an 83 year old man killed himself by overdosing on medicine, because of intolerable pains caused by urinary bladder cancer. The remaining survivors of these suicide attempts include a 29 year old woman, due to family stigma towards leprosy; a 74 year old man due to trouble with a personal relationship; a 72 year old woman, due to her husband passing away, and an 86 year old man due to depression. The survivors of these suicide attempts tried to end their lives by overdosing on medicine, except for the old woman aged 72 years old, who tried to end her life by jumping from a building at night.

These intermittent suicide events shocked me greatly. I wondered why these leprosy-affected people ended their lives by suicide. I agreed with the view of Dr H Joseph Kawuma, which he presented in the September 2005 issue of *Leprosy Review*. He suggested that physical and emotional stress can be the cause, which occasionally appeared to precipitate reactive episodes and increased the risk of suicidal thoughts.2 I am sure that if enough psychiatric care and timely emotional support can be given, these unfortunate events will begin to decline. In addition, the medical service competence in leprosaria

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should be heightened to tackle the chronic somatic symptoms, including those caused by cancer and other chronic diseases that usually affect elderly people.

Leprosy stigma and discrimination seem to play an important role in some active cases, which obviously manifested in the case of the 29 year old woman. The consultation among newly active leprosy cases, even their families and communities, should be emphasised as before.

The leading method of suicide in this group is overdosing on medicine. It is suggested that we should reinforce the management of medicine in leprosaria. Considering the high incidence of suicide cases in leprosaria, a suicide prevention programme should be imperative and should be carried out in the future. We hope that the medical staff and other stakeholders in leprosaria take these suicide risks seriously, and hope they will take immediate action on the matter.

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References