

---

## An abrupt end

---

EDITORIAL

KARI TVEITO

[kari.tveito@tidsskriftet.no](mailto:kari.tveito@tidsskriftet.no)

Kari Tveito, PhD, MD, specialist in internal medicine and scientific editor of the Journal of the Norwegian Medical Association

---

**Some people's lives are shorter than they might have been.  
But suicide can be prevented.**



September 10 marks World Suicide Prevention Day, an initiative started in 2003 by the International Association for Suicide Prevention, supported by the World Health Organization [\(1\)](#). Its purpose is to raise awareness that suicide can be prevented, of where to seek help in a crisis, and of how to help those at risk of suicide.

Suicide has its costs – and not just in the form of years of life lost. The costs are high for all those who knew the deceased: family, friends and acquaintances, often also healthcare personnel, work colleagues or classmates [\(2\)](#). The grief that follows a suicide can be prolonged and complicated. The risk of suicide also increases for many loved ones of those who have lost their lives in this way [\(3\)](#).

Although suicide is no longer a crime in most countries, taking one's own life is still bound up with shame and secrecy [\(4\)](#). It is important to fight the stigma so that all those who need it will seek help in time. Societal attitudes are also key to ensuring that suicide prevention strategies are prioritised. Since 1996, when the United Nations urged all countries to draw up national guidelines for suicide prevention, the number of countries with such guidelines had increased to 45 in 2023. Nevertheless, more than 700 000 people worldwide die by suicide each year. In Norway the figure was 693 in 2023 – 70 more than in the previous year [\(5\)](#).

Healthcare personnel frequently discuss what the health service can do to prevent suicide. However, public health measures at a societal level are at least as important, perhaps of primary importance, for reducing suicide rates [\(4\)](#). In low and middle-income countries, where the majority of suicides in the world occur, consumption of pesticides has been one of the most frequently used methods for many years. As recently as in 2007, this was the cause of around 30 % of suicides globally [\(6\)](#). Since the sale of the most poisonous pesticides was discontinued, the figures have fallen dramatically. Unfortunately, reduced access to one method can sometimes lead to other means being chosen. Suicide among farmers overburdened by debt occurs far too often in India, which has one of the highest suicide rates in the world. When the number of pesticide poisonings fell, there was a rise in cases of death by hanging.

*«Healthcare personnel frequently discuss what the health service can do to prevent suicide. However, public health measures at a societal level are at least as important for reducing suicide rates»*

A European example of simple measures that have a major effect comes from the United Kingdom. The poet Sylvia Plath (1932–63) poignantly described the nature of depression in her book *The Bell Jar*. She ended her life in London by putting her head in the oven and switching on the gas after sealing the kitchen door so that the gas would not leak out to where her children were sleeping. If her suicide attempt had occurred a few years later, she would not have had access to this method. When poisonous coal gas containing carbon monoxide was replaced with harmless North Sea gas in the 1960s and 70s, the number of suicides in the UK fell by one-third [\(4\)](#).

## **Do you need to talk to someone after reading this article?**

If there is an immediate risk of suicide, contact emergency services. You can find more information and local resources at: [findahelpline.com](https://findahelpline.com).

However, it is not always easy to point to what works and does not work in suicide prevention. This is partly because the risk factors are interconnected and are difficult to distinguish from each other, and partly because it is complicated to assess the effectiveness of interventions. In recent years there has been a greater awareness in the health service of the challenges of assessing suicide risk. Although there is a strong association between mental illness and suicide, most cases occur among those who have a low or moderate risk of this outcome. Many believe that it may therefore be equally important to focus on improving patients' quality of life and coping strategies in crises (4). That is not to say that risk assessments do not have their place, especially in evaluating acute suicide risk (7).

The suicide rates in most EU countries have fallen by half in the period 2000–17 (8). This is a positive development, but behind the average figures lurk considerable variations. A study from Finland showed that for Finnish men in manual occupations, the decrease in the suicide rate occurred much later than among those with other occupations (8). Unequal access to health care and differences in health-related behaviour between socioeconomic classes are some of the reasons highlighted by the authors of the study.

The French sociologist Emile Durkheim pointed out the association between social factors and suicide as far back as 1897 in his book *Le Suicide*. An example from more recent times is the trend in the United States: while those with a college education have lived better and longer lives in recent decades, the opposite has happened to the white working class (defined in the United States as white people with no college education). An increasing number have died as a result of suicide, overdoses or alcohol-related liver disease in what are termed 'deaths of despair' (9). What are the social drivers behind these tragic deaths? They include financial misery, unemployment and low wages.

To reduce the number of suicides by 30 % by 2030, which is the goal of the World Health Organization (1), efforts must be targeted in particular towards high-risk groups. But at the same time we must not forget measures that are aimed at the population as a whole, such as poverty reduction. One of the largest global threats we are facing today is the climate crisis, which also has implications for suicide prevention work. Large waves of migration, war and regional conflicts triggered or exacerbated by climate change are not an unrealistic scenario in the next few decades (4). The fight to combat climate change, maintain stability between countries and stop or prevent war, is therefore not only a matter of saving lives as a direct consequence of natural disasters and acts of war. People can also die from lack of hope and a liveable future.

---

## REFERENCES

1. World Health Organization. World Suicide Prevention Day. <https://www.who.int/campaigns/world-suicide-prevention-day> Accessed 26.8.2024.
2. Bélanger SM, Hauge LJ, Reneflot A et al. General practitioner consultations for mental health reasons prior to and following bereavement by suicide. *Soc Psychiatry Psychiatr Epidemiol* 2024; 59: 1533–41. [PubMed] [CrossRef]
3. Pitman A, Osborn D, King M et al. Effects of suicide bereavement on mental health and suicide risk. *Lancet Psychiatry* 2014; 1: 86–94. [PubMed] [CrossRef]
4. Hawton K, Pirkis J. Suicide prevention: reflections on progress over the past decade. *Lancet Psychiatry* 2024; 11: 472–80. [PubMed][CrossRef]
5. Folkehelseinstituttet. Dødsårsaker i Norge i 2023. <https://www.fhi.no/nyheter/2024/dodsarsaker-i-norge-i-2023/> Accessed 27.8.2024.
6. Gunnell D, Eddleston M, Phillips MR et al. The global distribution of fatal pesticide self-poisoning: systematic review. *BMC Public Health* 2007; 7: 357. [PubMed][CrossRef]
7. Ekeberg Ø, Hem E. Kan vi forutsi selvmord? *Tidsskr Nor Legeforen* 2017; 137. doi: 10.4045/tidsskr.17.0573. [PubMed][CrossRef]
8. Raittila S, Kouvonon A, Koskinen A et al. Occupational class differences in male suicide risk in Finland from 1970 to 2019. *Eur J Public Health* 2023; 33: 1014–9. [PubMed][CrossRef]
9. Case A, Deaton A. Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *Proc Natl Acad Sci U S A* 2015; 112: 15078–83. [PubMed][CrossRef]

---

Publisert: 9 September 2024. *Tidsskr Nor Legeforen*. DOI: 10.4045/tidsskr.24.0447  
Copyright: © Tidsskriftet 2026 Downloaded from tidsskriftet.no 6 February 2026.