

viewing figures but also to cause fear and anxiety, as well as the consumption of scarce healthcare resources. Those responsible for promoting health need to engage programme makers in a full ethical debate.

References

- 1.Hawton K, Williams K. The influence of media on suicide. *BMJ* 2002; **325**: 1374–1375
- 2.Howe A, Owen-Smith V, Richardson J. The impact of a television soap opera on the NHS cervical screening programme in the north west of England. *J Public Health Med* 2002; **24**: 299–304
- 3.Richardson J, Owen-Smith V, Howe A. The effect of “Alma's” death on women attending for a cervical smear: a questionnaire survey. *J Public Health Med* 2002; **24**: 305–306

Media influence behaviour

Rachel Hardyman, research officer (rhardyman@cancerbacup.org), **Geraldine Leydon, lecturer and MRC fellow**

Department of Clinical Strategy, Greater Manchester Strategic Health Authority, Manchester M60 7LP

South Manchester Primary Care Trust, Withington Hospital, West Didsbury M20 2LR

CancerBACUP, London EC2A 3JR

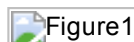
Cancer and Public Health Unit, London School of Hygiene and Tropical Medicine, London WC1E 7HT

Department of Psychiatry, Chinese University of Hong Kong, Shatin, New Territories, Hong Kong Special Administrative Region, China

Centre for Suicide Research and Prevention, University of Hong Kong, Hong Kong Special Administrative Region

EDITOR—Hawton and Williams's study provides evidence that supports an argument for (increased) awareness among media producers and editors about their potential influence on the public over health matters.¹ Howe et al in response note the effect on the NHS cervical screening programme of a television character's death (Alma in *Coronation Street*) from cervical cancer (letter above). We examined the impact of the same television story and related tabloid newspaper reporting on inquiries made to CancerBACUP's helpline (the United Kingdom's leading cancer information charity, <http://www.cancerbacup.org.uk/>).

The change in the volume and content of calls during the three months between the story “breaking” in the *Sun* newspaper and Alma's eventual death, compared with calls received in the three months before the story, supports Hawton and Williams's work.¹ Peaks in inquiries about cervical cancer occurred on three occasions, directly coinciding with developments in the storyline (figure). The story triggered up to 300 additional weekly enquiries to CancerBACUP. Evidence corroborated Hawton and Williams's suggestion of a similarity between media stimulus and the viewer in terms of age, sex, and nationality.¹ Data showed a slight increase in the proportion of calls from women in their 50s and 60s; the actor who played Alma was 63 years old.



Inquiries about cervical cancer to CancerBACUP telephone helpline, April-June 2001

In the three months before the storyline just 6.7% of people telephoning CancerBACUP about cervical cancer said that they had first heard about the charity via a newspaper or the television. This percentage rose to 41.8% while the storyline was in progress. Furthermore, the proportion of inquiries from homemakers and retired people more than doubled compared with calls during the previous three months.

Our research has questions left unanswered. What, for example, became of the people whom the *Coronation Street* story worried but who did not contact CancerBACUP? Did they contact other information services or their general practitioner, or did they remain concerned, probably unnecessarily, about the risk of cervical cancer? What is clear is the potential for media to impinge on the viewing public in a marked, and in this case measurable, way.

The trend for giving information at the end of potentially delicate television programmes seems not only responsible but necessary. In our study making such information available led to the use of a cancer helpline by a broad and, in part, previously untapped group.

References

- 1.Hawton K, Williams K. The influence of media on suicide. *BMJ* 2002; **325**: 1374–1375

Media's role is double edged

Kathy P M Chan, adjunct associate professor (chanpm@ha.org.hk), Dominic T S Lee, associate professor, Sing Lee, professor, Paul S F Yip, director

Department of Clinical Strategy, Greater Manchester Strategic Health Authority, Manchester M60 7LP

South Manchester Primary Care Trust, Withington Hospital, West Didsbury M20 2LR

CancerBACUP, London EC2A 3JR

Cancer and Public Health Unit, London School of Hygiene and Tropical Medicine, London WC1E 7HT

Department of Psychiatry, Chinese University of Hong Kong, Shatin, New Territories, Hong Kong Special Administrative Region, China

Centre for Suicide Research and Prevention, University of Hong Kong, Hong Kong Special Administrative Region

EDITOR—The alarming escalation of charcoal burning suicide in Hong Kong supports Hawton and Williams's call for guidelines on the reporting of suicide.¹ We previously reported on the emergence of this new method of suicide in Hong Kong.²

In November 1998 a 35 year old woman committed suicide by burning charcoal in a barbecue grill in her sealed and cramped apartment. Compared with jumping, which accounts for most local suicide deaths, suicide by burning charcoal was romanticised as an easy and comfortable way of dying. The incident was pictorially reported in the media. Two months after its appearance charcoal burning became the third commonest method of suicide in Hong Kong, where carbon monoxide poisoning was previously uncommon.² In 2001 it replaced hanging as the second commonest method of suicide, accounting for 25% of all deaths from suicide.

People committing suicide by charcoal burning were often middle aged and were portrayed as debt