

## Authors' Response

Sir,

We appreciate Dr. Hampson's letter, and we agree that the increase in suicide by charcoal burning that we observed in King County may have no relation to the local Asian population. As we noted in our paper and as Dr. Hampson emphasizes, suicides by this method were not increased in Asian individuals and were actually under-represented in this population. While it is conceivable that the large Asian community in King County contributed to gradual dissemination of knowledge of the charcoal-burning suicide method among the general population in the area, we do not have any data to either confirm or refute this hypothesis.

Dr. Hampson also notes that charcoal-burning suicides did not increase in our U.S. population until *c.* 5 years after the 1998 index case in Hong Kong. Notably, while suicides by this method did sharply increase in Hong Kong immediately after the index case, there was a 3 year delay before charcoal-burning suicide cases began to increase in Taiwan (1). Moreover, the initially slight increase in Taiwan was followed by further yearly escalations in incidence until the rate of suicide by this method had increased nearly 30-fold by 2006, with this single method accounting for 33.5% of all suicides in Taiwan (2). Given the rapid spread in suicide by charcoal burning that has been seen in other parts of the world, we feel that it is important to subject the possible growth of this trend in the United States to close scrutiny.

We were particularly interested to hear that Dr. Hampson has not seen an increase in the rate of nonfatal suicide attempts by charcoal carbon monoxide (CO) poisoning in our region, whereas

our data indicates an increase in fatal cases. This discordance may reflect the lethality of the method and perhaps attraction of the method to those with particularly high suicidal intent. There also may be refinements in suicide technique that are contributing to elevated mortality: in recent fatal cases, we note that the decedents have taken steps such as use of an extremely small room, use of more than one barbecue grill for CO production, and taping the seams of doors to obtain a tight seal. These findings bring into focus the importance of early examination of trends of charcoal-burning suicide. Part of this examination could include trying to ascertain how a person arrives at the idea of burning charcoal as a suicide method. Interviewing survivors, such as those who are treated in a hyperbaric chamber after a suicide attempt, may be a particularly fruitful way to gain insight into this question.

## References

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2. Pan Y, Liao S, Lee M. Suicide by charcoal burning in Taiwan, 1995–2006. *J Affect Disord* 2009;120:254–7.

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