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Letter to the Editor

The COVID-19 pandemic and suicide by self-immolation: Is risk increasing?



Dear Editor:

The COVID-19 pandemic has dramatically changed life circumstances worldwide. Among the many negative health effects are concerns about increasing risk of suicide. Suicide risk may increase due to the anxiety, depression and sleep disturbance arising out of social isolation in quarantine; economic stress and unemployment; fear of contracting the disease; physical and mental suffering from those who do contract the disease and their family members; stigma toward patients with COVID-19 and their families; and domestic strife and violence [1-5].

Self-immolation is among the most lethal methods for suicide, and it is estimated that up to 27% of suicide attempts in developing countries are performed via self-immolation [6]. Young married women living in rural areas of the Middle East and South Asia are the most common victims [7]. One oft-cited factor leading to these women's suicides is family conflict, which arises largely out of traditional cultural practices whereby newly-married young women move to live with their husband and his extended family [8-10].

During the global quarantines required by COVID-19, family quarrels and domestic violence have increased [11,12]. It seems natural to hypothesize these increases in domestic conflict may lead to increasing self-immolation rates among women, especially given the concurrent emotional, economic and mental health challenges they may be facing.

We recommend multi-faceted strategies for prevention. Suicide helplines must be established and promoted for use by women with suicide thoughts. Financial support is needed for families in crisis, and social support for anxious, depressed, lonely and bereaved individuals. Finally, efforts to restrict access to lethal means like fuels and fire sources are recommended to prevent suicide at all times, including during the COVID-19 pandemic [5].

In conclusion, while we are unaware of any documented evidence of increasing suicide by self-immolation rates during the COVID-19 pandemic, the ingredients are present to raise concern. Public health systems should be mobilized to fight this aspect of the pandemic along with the many other ongoing health challenges and consequences of COVID-19.

Conflict of interest

The authors have no financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work.

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REFERENCES

http://dx.doi.org/10.1016/j.burns.2020.06.016 © 2020 Elsevier Ltd and ISBI. All rights reserved.

- [2] Kawohl W, Nordt C. Covid-19, unemployment and suicide. Lancet Psychiatry 2020;7(5):389-90.
- [3] Klomek AB. Suicide prevention during the COVID-19 outbreak. Lancet Psychiatry 2020;7(5):390.
- [4] Brown S, Schuman DL. Suicide in the time of COVID-19: a perfect storm. J Rural Health 2020;3:10.
- [5] Gunnell D, Appleby L, Arensman E, Hawton K, John A, Kapur N, et al. Suicide risk and prevention during the COVID-19 pandemic. Lancet Psychiatry 2020;7(6):468-71.
- [6] Rashid A, Gowar JP. A review of trends of self-inflicted burns. Burns 2004;30(6):573-6.
- [7] Ahmadi A. Suicide by self-immolation: comprehensive overview, experiences and suggestions. J Burn Care Res 2007;28(1):30-41.
- [8] Rezaie L, Khazaie H, Soleimani A, Schwebel DC. Is selfimmolation a distinct method for suicide? A comparison of Iranian patients attempting suicide by self-immolation and by poisoning. Burns 2011;37(1):159-63.
- [9] Rezaie L, Hosseini SA, Rassafiani M, Najafi F, Shakeri J, Khankeh HR. Why self-immolation? A qualitative exploration of the motives for attempting suicide by self-immolation. Burns 2014;40(2):319-27.
- [10] Khankeh HR, Hosseini SA, Rezaie L, Shakeri J, Schwebel DC. A model to explain suicide by self-immolation among Iranian women: a grounded theory study. Burns 2014;41 (7):1562-71.
- [11] Bradbury-Jones C, Isham L. The pandemic paradox: the consequences of COVID-19 on domestic violence. J Clin Nurs 2020;12:10.
- [12] Sacco MA, Caputo F, Ricci P, Sicilia F, De Aloe L, Bonetta CF, et al. The impact of the COVID-19 pandemic on domestic violence: the dark side of home isolation during quarantine. Med Leg J 2020;5:25817220930553. Leeba Rezaie*

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[1] Sher L. COVID-19, anxiety, sleep disturbances and suicide.

Sleep Med 2020;25(70):124.