Achieving standardised reporting of suicide in Australia: rationale and program for change

Jessica D Pearse

To the Editor: I would like to clarify some of the statements made about the National Coroners Information System (NCIS) in the article by De Leo and colleagues.[1]

The article cites a study conducted by the NCIS concerning the presence of intentional self-harm determinations in coronial findings. Unfortunately, De Leo and colleagues did not note that this study was an internal and informal review of a small random sample of findings conducted by the NCIS that examined disparities between codes assigned on the NCIS and coronial findings. On the basis of this limited study, I would not endorse the statement (which was attributed to me) that "nationally, 29% of coroners omit reference to intent".

Further, it is important to note that NCIS staff do not assign intent codes on entries in the NCIS, and that this coding is performed by clerks in each of the coroners' offices. The statement in the article that "the NCIS judged 111 (39%) as involving intentional self-harm" is therefore misleading, and should instead have indicated that the coding on the NCIS showed 111 deaths (39%) as involving intentional self-harm.

I acknowledge that De Leo and colleagues did not intend to mislead readers as to the work of the NCIS.

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1 De Leo D, Dudley MJ, Aebersold CJ, et al. Achieving standardised reporting of suicide in Australia: rationale and program for change. *Med J Aust* 2010; 192: 452-456. ❑