

## Ebola: protection of health-care workers



Cellou Binani/Stringer

See [World Report](#) page e67  
See [Obituary](#) page 2201

The Ebola outbreak in west Africa has taken a substantial toll on health-care workers in Guinea, Liberia, and Sierra Leone—not only doctors and nurses, but also other cadres including ambulance drivers, hospital cleaners, and burial team members. More than 600 of the nearly 17 000 cases of Ebola virus disease have been in health-care workers, more than half of them fatal. In today's issue of *The Lancet* we pay tribute to several of the health workers who have lost their lives to the disease since the outbreak began a year ago. Many of the doctors who have died were medical educators in their nations, representing a tragic loss for the next generation of health workers in Africa.

The risks remain high for medical staff. On Dec 9, the US Centers for Disease Control and Prevention published an analysis of Ebola infections in health-care workers in Sierra Leone. Incidence of Ebola infection among this group was 103-times higher than that in the general population during the period from May 23–Oct 31, 2014. Of 3854 laboratory-confirmed Ebola infections in the country during this period,

199 (5.2%) were in health-care workers. According to the report, 65 cases of confirmed Ebola infections were found in Kenema District, mostly from Kenema General Hospital. A broad range of challenges were reported in implementing infection prevention and control measures, including gaps in infection control protocols, training, and supplies. In response, the Sierra Leone's Ministry of Health and Sanitation is developing standard operating procedures for several aspects of infection prevention; recruiting and training staff; procuring needed commodities and equipment, including personal protective equipment; and investigating new cases of Ebola in health-care workers to identify and address ongoing prevention failures.

Health authorities in Guinea and Liberia must also be alert to gaps in the protection and treatment of health workers, which could propagate transmission and worsen the Ebola outbreak. Prevention of Ebola in health-care workers is crucial to improve the health response to all causes of morbidity and mortality in affected countries. ■ [The Lancet](#)

For the [CDC report](#) see [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6349a6.htm?s\\_cid=mm6349a6\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6349a6.htm?s_cid=mm6349a6_w)

## Suicide in India: from criminalisation to compassion



Tumpa Monali/Xinhua Press/Corbis

The Indian Government has announced that it will overturn Section 309, a controversial law criminalising suicide. The announcement follows a 2008 report from the Indian Law Commission that recommended repeal of the “anachronistic” statute, mandating that people attempting suicide would be presumed to be suffering from mental illness and thus not liable for punishment.

Precise figures are difficult to obtain, but suicide represents a huge public health problem in India. In 2012, Vikram Patel and colleagues calculated that 187 000 suicides occurred in 2010—ranking second among causes of mortality in people aged 15–29 years—whereas this year WHO estimated that 258 000 Indians died by suicide in 2012, a third of all suicides worldwide.

Despite a huge unmet need of psychiatric morbidity, few resources are available for suicide prevention. India spends just 0.06% of its health budget on mental health, compared with 10.8% spent by England. The 2013 draft Mental Health Care Bill (establishing rights to mental health care, currently in parliament), together with the

launch of India's first National Mental Health Policy, and now clarification of the legal status of people who attempt suicide, are all welcome and desperately needed measures.

However, WHO suggests that mental disorders might be present in only about 60% of people who die by suicide in India, compared with up to 90% of those in high-income countries. Thus, beyond improvement of mental health services, other factors contributing to suicide—the widespread availability of lethal organophosphates, and social determinants such as gender-based violence and acute indebtedness—must be addressed. The Law Commission specifically cited the dehumanising effects of Section 309, perhaps signifying a shift from legal and philosophical arguments about the existence of a right to die to recognition of suicide as a health issue.

Overtaking Section 309 represents more than the end of a law. It demonstrates the Indian Government's potential to contribute to a global cultural shift towards a pragmatic and compassionate approach to suicide.

■ [The Lancet](#)

For [Patel and colleagues' study](#) see [Articles Lancet](#) 2012; 379: 2343–51

For the [WHO report Preventing suicide: a global imperative](#) see [http://www.who.int/mental\\_health/suicide-prevention/world\\_report\\_2014/en/](http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/)

For more on [country-level mental health resources](#) see [http://www.who.int/mental\\_health/evidence/atlas/profiles/en/](http://www.who.int/mental_health/evidence/atlas/profiles/en/)