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Authors' reply

We have been gratified by the interest generated by our initial letter on the health effects of the financial crisis in Greece, which summarised available evidence on increases in suicides, homicides, HIV incidence, self-reported “bad health”, and reduced access to care, among other developments. Since the time of publication, the disease statistics we reported have been corroborated by the Centre for Disease Control and Prevention and police data, revealing even greater rises in HIV¹ and violence.² The initial letter prompted others to investigate the situation in more detail; they have reported parents abandoning children,³ an escalating homelessness crisis,^{4,5} and shortages of health-care supplies.⁶ Although we did not seek to attribute these effects to a particular government, Nikos Polyzos correctly notes that our data on reduced access to care relate to the period in power of the previous conservative government. It is unfortunate that subsequent governments have not published more recent epidemiological data.

There is little doubt that the public health budget has been cut substantially, even if the precise figures are contested. Parliament passed €2.1 billion of cuts to hospital spending in its 2011 budget.⁷ Although Polyzos challenges our report that they were about 40%, our information was from his ministry, reported as follows:

Journalist: You asked hospital administrators to present you their 2011 budgets reduced by 40%. Is this possible?

Minister: It is, to the extent that our 2011 policies are implemented. These, like all other government policies, need a surgical scalpel and very sensitive hands. But the Greek public administration cannot use a scalpel, it uses butcher's knives.

Similarly, researchers at the National School of Public Health reported that “spending by Greeks on health is falling 36 percent” in 2011, from €25 billion to about €16 billion.⁸ Signs of further cuts are ahead, since the International Monetary Fund attributed Greece's recent failure to reach deficit reduction targets partly on inability to reduce hospital expenditures.⁹

Polyzos suggests that these extensive cuts are increasing efficiency without affecting service provision, citing a study that is unpublished, precluding us from assessing this claim; however, in the context of recession and austerity, efficiency (measured as health spending per life-year saved), will generally increase as spending is lower and hospital admissions rise, making it an incomplete measure of the performance of the health-care system.

Turning to the suicide data, although rates had been higher in 2005–06, they did rise strikingly between 2007 and 2009 (by 19.2% according to Konstantinos Fountoulakis and colleagues' data, which use numbers rather than rates). We also drew on a report by the Minister of Health, Andreas Loverdos, who noted that “the latest data and epidemiological studies show a significant increase in suicide rates in Greece, which reaches 40%.” However, we agree with Fountoulakis and colleagues that, since Greek rates are among the lowest in Europe, partly reflecting historical under-reporting and misclassification for religious reasons,¹⁰ caution is needed in interpreting them. Nonetheless, there are also reports of increases in psychiatric morbidity (including increasing antidepressant use⁸) and of further rises in suicides in 2010 and 2011.¹¹ Additionally, the recent increase is consistent with a

pattern seen across Europe whereby suicide rates have increased, reversing a decade of past and steady declines, most greatly in countries experiencing rapid rises in economic insecurity.¹²

We hope researchers will continue to monitor closely the trends in health of populations experiencing ongoing economic downturns and austerity in Europe.

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