Prior to World War II, the mortality rate of Japanese who committed suicide per 100,000 people (hereinafter referred to as the “suicide mortality rate”) was annually around 20, with it reaching its peak at 22.2 in 1932.

During the War Years (1940-1945), as seen in other countries this rate then became remarkably smaller, dropping to 12.1 in 1943.

After the War, it started to increase again, and in 1958 rose to 25.7, the highest rate in modern Japanese History. In the following years it then decreased again and in 1968 stood at 14.2. This was attributed to Japan's economic progress and the elevation of its standard of living.

As this economic progress then began to taper off, the suicide mortality rate began to increase again, rising to the 17-18 range until 1982. In 1983 it then suddenly increased to 21, and until 1986 it remained around 20. Since then, it has had a tendency to decrease.

In 1988 this rate was 18.7, and suicides ranked as the seventh major cause of deaths in Japan. They accounted for 2.9% of all recorded deaths.

If this suicide mortality rate were to be compared to those from Holland, Finland, France and Switzerland, it would be smaller, while it was almost the same as that of the German Federal Republic.

In studying the suicide mortality rates of insured Japanese with those of all Japanese, the insured rate, for both men and women was smaller until 1981. Since 1982, the rate for men has been larger than that for women. This is due to an increase in the suicides of men aged 45 to 55.

As for what percentage of all deaths suicides accounted for, in 1987 they represented 3.2% and in 1988 2.9%.

In studying the records of those insured by Fukoku Mutual Life Insurance Company, suicides had a larger percentage: 5.93% for 1987 and 5.10% for 1988. Other life insurance companies during these years have also shown almost the same figures.

In examining these records from the standpoint of whether the insured underwent a medical examination or not, in the cases of the insured not having had a medical examination, suicides were the cause of 4.89% of all the deaths in 1987 and 4.26% in 1988. Among the insured having had a medical examination, they comprised 6.52% in 1987 and 5.59% in 1988.

This fact indicated that suicides comprised a larger percentage of the cases in which those insured had a large amount of insurance coverage. This also indicated that suicides comprised a larger percentage of the total amount of claims paid.

For some life insurance companies whose major clients were the proprietors of medium and small-sized enterprises, out of all the deaths against which claims were filed, suicides ranked second only to deaths by malignant tumor, and this has had a great influence on how those claims were managed.

There is a distinct possibility that a considerable number of suicides took out insurance policies only so that their beneficiaries could (hopefully) collect on them. This is known as “anti-selection” in the life insurance industry, and it is extremely difficult to determine if a person had this in mind or not at the time they made their life insurance contract.

Japanese, most of whom are Buddhists, traditionally do not regard suicide as something for which they should feel guilty. Moreover, it is still considered to be a virtue in that a person responsible for a family or company “saves” that group by sacrificing his own life if the group is in trouble from an economic or social point of view. Suicide may also be spurred on by the distinctive style of Japanese management, which frequently regards the relationship between an employer and employee as being a kind of “family”. This is especially true in small and medium-sized companies whose proprietors have the responsibility not only to their families, but also to their employees.

Those who are between the ages of 45 and 55, who normally are proprietors of small or medium-sized companies comprise a large number of the suicides that are later found to have been insured. Thus it is not unreasonable to presume that many suicides are more-or-less related to the collection of insurance money.

To prevent an “anti-selection”, like life insurance companies in other countries, Japanese companies have set up a time period following a death in which, should the situation warrant it, they can exempt themselves from paying on a life insurance contract. This is called a “suicide exclusion period”.

Before the Second World War this period of time was usually 2-3 years, although it was temporarily shortened to 1 year. Just before the War and then after the War it remained at 2 years until 1971. In that year the entire life insurance industry revised their policy clauses so that the period would be 1 year again. Since, then, this 1-year-period has not been changed.

Within this “suicide exclusion period”, it has been common practice for a life insurance company to pay on a claim, even if a death is proven to have been caused by a mental disorder and determined to have been caused by a sickness rather than
a deliberate act. If the insured had a mental disorder before effecting insurance and did not inform his life insurance company, the company is allowed to terminate the contract and not pay any claims on it, on the condition that it is 2 years from the date of the contract’s signing. Needless to say however, it is sometimes quite difficult to determine whether an insured person committed suicide on his free will, or whether it was because he had some kind of mental disorder. Decisions rendered in cases such as this frequently result in lawsuits being filed.

The Japanese life insurance industry now strongly considers that this “suicide exclusion period” should be extended from 1 year to 2 or even 3 years, as is currently being done in many Western countries. The Industry is also considering the possibility of handling all suicides as a separate category of death without differentiating between a suicide that might have been deliberate, and one that was apparently caused by a mental disorder. This is due to a recent statistic that revealed that the number of those insured who committed suicide just after the expiration of their “suicide exclusion period” had markedly increased in number.

Insurance companies have a very difficult problem determining whether a person is going to effect insurance for the purpose of “anti-selection” or not, and how to handle their claims fairly should a suicide happen. Some experts claim that it would be more effective to abolish the “suicide exclusion period” and that a limit to the amount of a claim that a company has to pay should be established. Due to the complexity of these issues, it seems that it will take more time before clauses concerning how to handle the claims of insured people who commit suicide can be revised.

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