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Attempt of Suicide (Sec.309 IPC) and Abetment of Suicide (Sec.306 IPC) often becomes a Dilemma for the Medicolegist - A Case Report

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Abstract

Suicide (self annihilation) is a common incident affecting the people of all classes throughout the globe. . It is a peculiar crime where both the accused and victim is same person. Attempt to suicide and abetment of suicide is punishable under Sec. 309 and Sec.306 of Indian Penal Code. Medicolegists should be very cautious regarding the opinion while dealing such cases because many times the exact cause and circumstance of the incident remains concealed. Thorough investigation, meticulous examination including visit to the scene of crime is utmost essential to take correct decision to avoid miscarriage of justice. Such a situation arose when a young married male person was admitted in unconscious state in hospital with history of attempt of suicide by hanging. The case was booked under Sec.309 of Indian Penal Code by the police. But presence of some unexplainable mysterious mechanical injuries over his

body found during medicolegal autopsy following his death after eight (8) days put the forensic experts in a dilemma to rethink the background. This interesting case report is depicted here for better understanding of such similar incidences.

Keywords: Attempt of suicide, Abetment of suicide, Mechanical injuries, Hanging, Medicolegal autopsy.

Introduction

Suicide takes away a lot of lives every year worldwide. While accomplishment is free from punishment, failure of death after attempting it is a punishable offence under Sec. 309 of Indian Penal Code (Attempt of suicide). Abetment of suicide is a serious offence punishable under Sec. 306 of Indian Penal Code. ^[1] Attempt of suicide is punishable because it violates the Right to Life explained in Article no.21 in Indian Constitution. ^[2] But many times, the investigating police officer should contain a proper background of the case including detailed history and informations gathered by the witnesses (Panchas). Most often due to limited resource and concern, proper history is difficult to obtain. This creates confusion and dilemma for the autopsy surgeons to correlate the findings with the informations furnished by the police in inquest. In these circumstances, medicolegists should attempt to reveal the facts and reconstruct the incidents from the attendants of the deceased in a retrograde manner starting from the time of postmortem examination.

History

The victim was a 28 years male who worked as a labourer in Sikkim along with some other co-workers and stayed with them. He was from a different state and recently married. His wife was at his native place and used to come off and on. One day he was found unconscious in a partially hanged position at his temporary residence and was admitted to the nearest tertiary care centre with alleged history of suicidal attempt. The case was booked under Sec.309 of Indian Penal Code (IPC). CT scan of brain revealed large occipital scalp hematoma. He responded poorly to treatment and on 8th day of admission he succumbed to death. Being a suspicious and unnatural death, medicolegal autopsy was done.

Postmortem findings

The healthy male subject of brown complexion had flushed face, blue fingertips and an oblique, high up and non-continuous ligature mark (measuring 30cm X 1cm) around his neck having gap over the left mastoid region. Dissection of the ligature mark revealed glistening and parchmentation, which suggested antemortem hanging. But there were some more mechanical injuries. One bruise (measuring 2.5cm X 2cm) was present over left cheek 1.5cm below lateral canthus of left eye. Bruise measuring 3cm X 2cm was present over back of the right forearm 11cm proximal to ulnar styloid process. Another bruise measuring 5cm X 3cm was found over dorsum of left hand. A large contusion (12cm X 7cm) was present involving upper anterior thoracic wall near the midline. There were two small contusions; one (3cm X 2cm in size) present over 12cm above left anterior superior iliac spine and another (measuring 2cm X 1cm) over the upper outer aspect of left gluteal region associated with an abrasion measuring 6cm X 3cm over upper lateral part of right gluteal region. There was graze abrasion of size 25cm X 13cm on the back of the chest associated with a bruise (8cm X 5cm) over right side of lower angle of right scapula. Bruises of similar size (2cm X 2cm) were present over back of both the elbows. All of the bruises were greenish yellow in colour and the abrasions were covered with brownish black scabs along with partial healing at places. Two large scalp hematomas were detected on dissection over left temporo-occipital region (measuring 17cm X 10cm) and right parieto-temporo-occipital region (measuring 10cm X 8cm). All the viscerae were congested with evidence of petechial hemorrhagic spots at places over pons, midbrain and epicardium of heart and lungs. ^[3] Opinion given regarding the cause of death was due to cerebral hypoxia resulting from ligature around the neck during life. Hyoid bone and thyroid cartilage were intact. ^[4]

Discussion

Detection of multiple unexplainable mechanical injuries persuaded the medicolegist to know the actual background of the case. Questioning the persons associated with a particular case (deceased's relatives and party) often provides very useful and important information. It ultimately helps to come to an explainable and scientific opinion to conclude and solve the case. This case was not an exception. Further enquiry revealed the actual circumstance. At

the workplace he met a lady to whom he got emotionally attached gradually. One day he was found by the co-workers in a compromising position with the particular lady inside their temporary residence. They beaten him and threatened to inform his wife about the incident. He was depressed and shameful after that. He did not interact with others next few days. On 3rd day of this incidence he hanged himself in his temporary shelter. The workers noticed him and rescued him to the nearest hospital in an unconscious state.

Presence of numerous mechanical injuries on the inaccessible part of the body is not compatible with suicidal hanging and clearly indicates that those were inflicted by others before the suicidal attempt. Moreover, all the injuries on the upper extremities are suggestive of defence wounds.^[5] There is reason to believe that the threatening by the co-workers to inform the matter of extra-marital affair to his legally married wife put the victim under anxiety, shamefulness and unbearable psychological pressure. As a result of that he was under compulsion to put an end of his life in such a manner.

Conclusion

The relevant vital history of incidents revealed after autopsy compelled the medicolegist to rethink whether the case registered by the police under Sec.309 of IPC exactly fitted with the real incident. It is obviously difficult to nullify the possibility of abetment of suicide. However, some of the points of investigation in such case like crime scene visit, detection of suicide note and forensic photography of the place of incidents were deficient in this case, leading to multiple missing links which were revealed by the medicolegist. The objective of this article is to draw the attention of doctors dealing with such cases in the hospital and also in the autopsy room to avoid the possibility of diverting the case from the real issue. This will be helpful to avert the unnecessary medicolegal litigations too.

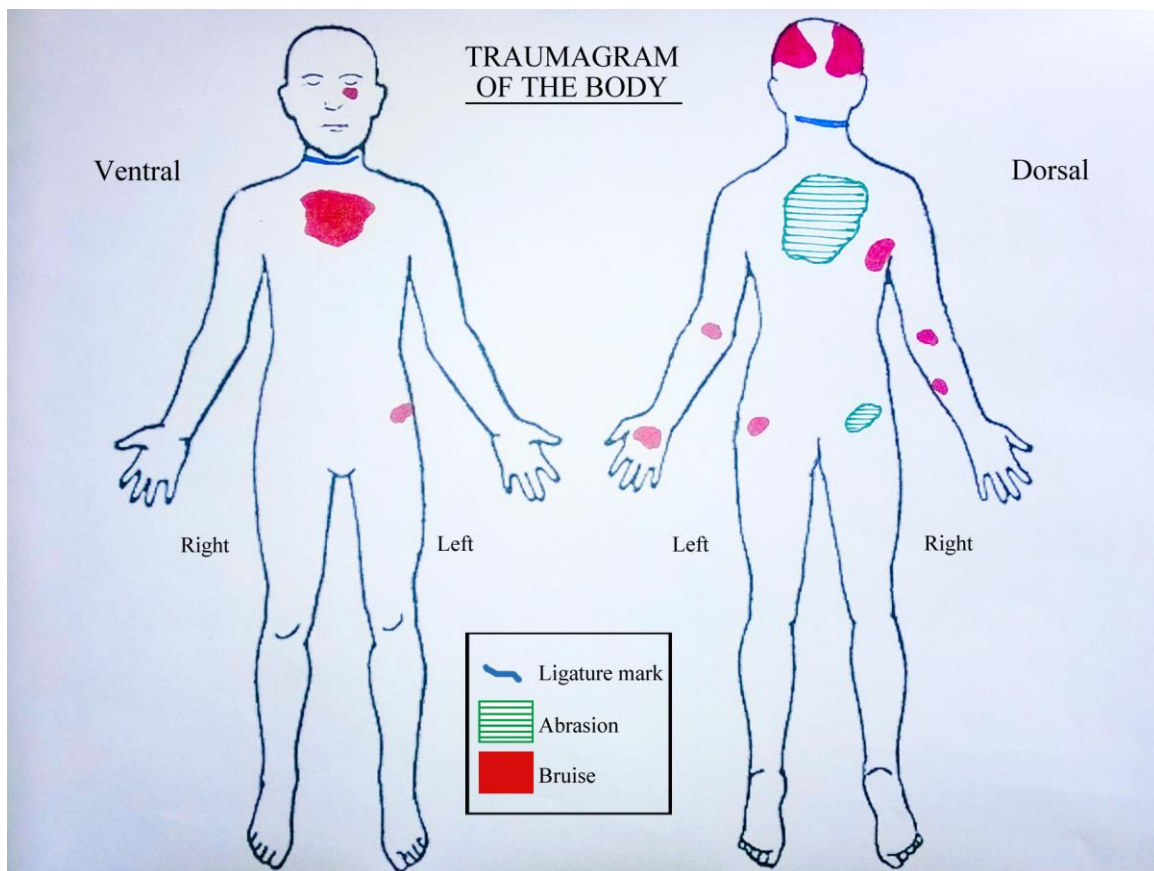
Conflict of interest

This article was not sponsored by anyone and was done exclusively by the authors with their own resource and interest.

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Figure-1: Diagrammatic representation of injuries all over the body revealed at autopsy



Authors Column



Dr. Abhishek Das passed his MBBS from Nil Ratan Sircar Medical College, Kolkata in 2006 with honours marks in Forensic Medicine and then got his MD degree from the same institution in 2014. He presented several papers and posters in conferences. He received the appreciation as one of the best seven presenters in India in 2014 national conference of Forensic Medicine. He has six publications in national and international journals and also contributed in several books including Recent Advances in Forensic Medicine & Toxicology. His special area of interest is forensic photography and forensic reconstruction of events & injury Presently, Dr. Das is associated with the department of Forensic Medicine & Toxicology, Sikkim Manipal Institute of Medical Sciences under the Sikkim Manipal University as Assistant Professor.