Case Report

CUSTODIAL DEATH: SUICIDAL HANGING BY PRISONER IN THE HOSPITAL

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Abstract:
Custodial death refers to the death of a person in the police custody/lockup or in the prison. In the present custodial deaths, two prisoners had committed suicide by hanging in the government hospital while admitted for the treatment of cancer. In both cases, the cotton bandage available in the hospital ward is used as ligature material for hanging. Both the prisoner had committed suicide in the toilet of the ward due to agonising pain of cancer. This incidence highlight the need to prevent any loose material used for the treatment or present in the hospital wards that may be a possible means of suicide. The present custodial deaths are presented with a view to provide information which will help to design effective preventive programmes and the establishment of better preventive strategies to prevent such incidence in the hospital.

Keywords: Custodial death, prisoner, suicide, hanging, bandage, hospital, prevention.

Introduction:
Death in custody is one of the most embarrassing situations for the law enforcement agencies and medicolegal experts. It increases the public interest and attracts the attention of the electronic media. To prevent violation of human rights and to provide compensation against these violations, National Human Rights Commission, New Delhi was established in 1984. Even the doctors have to follow the guidelines given by National Human Rights Commission while conducting postmortem examination in custodial death cases. The death of the prisoner usually occurs due to natural cause either in the prison or in the hospital while admitted for terminal illness; and rarely due to violent cause like suicide by hanging in the prison. However violent cause in custodial deaths are more common in police cell. With this background, two custodial deaths are presented, where the convicted prisoners had committed suicide by hanging in the hospital.

Case Reports:
Case 1: A dead body of sixty-year male prisoner was brought for medicolegal autopsy. As per the investigating officer, the deceased was a prisoner, convicted for cognizable offence. He was admitted in the government hospital two days before for severe agonizing pain due to carcinoma buccal mucosa. He
was under chemotherapy and radiotherapy for almost 3 months for the same. In the early morning hours, his body was found in the toilet of the ward in partial hanging position with a suicidal note that he has committed suicide due to severe agonising pain of cancer. The body was sent to mortuary for autopsy after preliminary magistrate investigation.

**Autopsy findings:**

On external examination, the ligature material of cotton bandage was present encircling the neck at the level above thyroid cartilage, tied by running noose at right mastoid of neck. Stock and glove type of lividity was present. There was congestion of face. Cancerous growth was present in the buccal mucosa on right side. Ligature mark was present around neck of size 13x1 inches. The mark was present at the level above thyroid cartilage and was running obliquely upwards and towards right mastoid. It was situated 1” below right mastoid, 3 ½” above manubrium and 2” below left mastoid. It was brownish, parchmentised, and non-grooved.

Internally, on opening the ligature material, white glistening area was seen underneath corresponding to ligature mark. Reddish moist haematoma of size 1.5x1 cm was present in the muscles of neck on right side corresponding to ligature mark. Hyoid bone and laryngeal cartilage were intact. Mucosa of respiratory tract was congested and show shower of petechiae in the larynx. Thyroid gland was congested with haemorrhages on cut section. Visceral organs were congested. Lungs were congested and edematous with sub-pleural petechiae. Brain was congested and edematous. Histopathological examination of the buccal mucosal growth revealed squamous cell carcinoma.

**Case 2:** A dead body of forty-year male prisoner was brought for medicolegal autopsy. As per the investigating officer, the deceased was a jail prisoner serving 10 yrs imprisonment for cognisable offence tried u/s 302 IPC. He was admitted in the government hospital for severe agonizing pain due to carcinoma of pancreas. On the second night of admission, his body was found in the toilet of the ward in partial hanging position. He had committed suicide due to severe agonising pain of cancer. The body was sent to mortuary for autopsy after preliminary magistrate investigation.

**Autopsy Findings:**

On external examination, ligature material of cotton bandage was present around the neck, tied by simple knot at left mastoid. The free end of ligature material was tied to dupatta by simple double knot. Evidence of dribbling of saliva seen as dried salivary stains present over chin and chest on right side near midline. Bivaginal hydrocele was present. After removing the ligature material, the ligature mark of size 12 ½”x1” was present around neck at the level above thyroid cartilage running obliquely upward and toward left mastoid. It was situated 3 1/2” above manubrium and 1 ½” below right mastoid and ¼” below left mastoid. It was brownish parchmentised and non-grooved.

Internally, the scalp, cartilage, pleura, pericardium and peritoneum show yellowish tinge. Haematoma of size ¼” x ¼” was present in the soft tissue on right side corresponding to ligature mark. Hyoid bone and laryngeal cartilage were intact. Mucosa of respiratory tract was congested. Thyroid gland was congested. Visceral organs were congested. Lungs and brain were edematous. Liver was enlarged and firm in consistency. Pancreas was adherant to the surrounding structure and becomes a hard mass. Histopathological examination of pancreas revealed moderately differentiated adenocarcinoma. Liver shows cirrhotic changes.
Discussion:

Suicide in prison causes an enormous degree of distress to other prisoners, prison staff and of course, to the inmate’s family and friends outside. Indeed, it is sometimes regarded as a testament to the failure of our penal institutions to fulfil their obligation to provide offenders with a humane and safe environment during the period of their incarceration [1]. The statistics of the National Crime Record Bureau (NCRB) show that there were 1,357 custodial deaths across India in the year 2005. India has the highest number of cases of police torture and custodial deaths among the world’s democracies and the weakest legislation against torture. The Asian Centre for Human Rights alleges that 7,468 persons died or killed in prison and police custody during 2002-2007 with Uttar Pradesh and Maharashtra tops the human right violation cases in the nation. [2]

In the custodial deaths, the deaths in prison outnumbered the death in police custody. The death in prison was natural in almost 85% cases and unnatural in 15% cases. Moreover all suicides in the custodial death occurred in the police cell. [3]. Thus the suicide in prison was uncommon in India, which is in sharp contrast to that seen in developed countries. In Australia, almost 50% of all prison deaths were as a result of inmate suicide with hanging as the most common method. [1]. Suicide is documented as the leading cause of death in prison in Canada [4], and in Britain [5] with hanging as the most common method. Moreover, Suicide in prison is much more common than suicide in community [4]. However, both England and US reports have noted the relative infrequency of suicide in special security hospitals [5,6].

The increase in custodial death is mainly due to increase in the number of suicide in police custody. The suicide in custody is worrisome and suggests lack of preventive effort by the authorities. As per the guidelines of NHRC, the government and the concerned authorities are taking all necessary precautions to prevent custodial death. However, the prisoner who wants to commits suicide finds one or other new ways to end their life. So the concerned authorities have made various other stringent measures at police lockup and prison to prevent death in custody. Now the prisoner who doesn’t find anything to terminate the life in prison, commits suicide in the hospital while admitted for some ailment, posing problem mainly to the other patient, hospital staff and to the police who is on duty.

In the present custodial deaths, both the prisoners were admitted in the hospital for treatment of chronic ailment i.e. cancer. Both of them were convicted for cognisable offence and committed suicide by hanging for their agonising pain in the toilet of the hospital ward at night by using cotton bandage of the hospital that was freely available in the wards. U utmost precautions were taken in the jail to prevent the prisoner to commit suicide. But when the same prisoner was admitted to the hospital for any ailments, then the same precautions were not followed stringently. Only police guards were deployed for security reason so that the prisoner could not escape from the hospital.

While suicide is recognised as a critical problem within the jail environment, the issue of prisoner suicide in the hospital has not received comparable attention. Prevention of custodial related deaths should be recognised as an area of concern and should be given greater priority by the government and concerned authorities. It is always difficult, however, to preach prevention without first identifying the parameters of the problem, only by continuing to examine the problem of prisoner suicide and transmitting what is learned to those entrusted with the custody and care of the inmates will be in the best possible position to prevent the likelihood of prisoner suicide. The concerned staff should have a responsibility for preventing suicides through screening, identification and supervision of suicide prone prisoner. In the purview of human
rights, the commission should lay down certain guidelines to protect the life of prisoner in the hospitals too to avoid such phenomenon.

Despite the attention that these two cases received, standards have not been set regarding the type or placement of the loose materials used for the treatment of the patient within the hospital wards. Hence it is suggested that, there shall be separate prisoner’s ward/ room in the hospital for prisoner. Same precautions should be taken while constructing those ward/ rooms in the hospital. Stringent measures should be taken to avoid any untoward incidence in relation to drug / medicine. Drug should be given under direct observation. The prisoner should be under direct observation through closed circuit camera. Precaution should be taken not to have free access to any loose material like drugs, syringes, bandage, dupatta, bed sheet, telephone cord, water pipes, etc. available in the hospital wards that may be used for committing suicide. The concerned authorities should adopt all necessary measure to avoid such incidence in the hospital.

References: