

## Unplanned Complex Suicide

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### Abstract

Suicide is an act of self-inflicted, self-intentioned taking of one's life. The term "complex suicide" refers to suicides in which more than one method is employed to commit suicide. A dead body of a 34 year old female was brought to mortuary of Government Medical College Hospital Miraj for postmortem examination. She was married since 10 yrs. Ligature mark was present around neck with knot impression at left sub-mandibular area. Presence of multiple injuries raises suspicion of foul play. Therefore, differentiation has to be made whether the given case is suicide or homicide. Careful postmortem examination and thorough investigation of scene of crime is necessary to arrive at a proper conclusion.

**Keywords:** Death; Suicide; Self-harm; Forensic; Ligature.

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### Introduction

Suicide is an act of self-inflicted, self-intentioned taking of one's life [1]. The term "complex suicide" refers to suicides in which more than one method is employed to commit suicide [2]. A distinction can be made between planned and unplanned complex suicides i.e., primary and/or secondary combinations. In planned complex suicides one or more methods are applied simultaneously in order to make sure that death will occur even if other method fails. In unplanned complex suicides, the mode of performance is changed after the first chosen method fails or working too slow or appears to be too painful [3]. As per National Crime Record Bureau the reported rate of suicides is consistently higher among men as compared to women irrespective of age group [4]. Hanging is a common mode of suicide [5]. However,

precise rate of complex suicide is not available but are rare in occurrence. Herewith we are reporting one of such unplanned complex suicidal death.

### Case Report

A dead body of a 34 year old female was brought to mortuary of Government Medical College Hospital Miraj for postmortem examination. She was married since 10 yrs. History and police inquest revealed hanging in the kitchen which was locked from inside. The suspension point was ceiling fan. Parent alleged foul play and complaint was lodged at local police station. History of marital disharmony with frequent quarrels was present. There was previous suicidal attempt six months back and she was admitted in same hospital and treated for poisoning. No documentation is available whether psychiatric counseling was done or not. Postmortem examination was done on the same day. Police brought the odhni by which body was found suspended separately after removing from neck. One intact glass and one broken glass pieces were also brought by police along with dead body. At autopsy she was averagely built, Ligature mark was present around neck with knot impression at left submandibular area (Fig.1). Ligature mark was broad, prominent over anterior and right lateral part of neck. It was directed upwards on right lateral side and downwards on left lateral side. It was faint on posterior aspect merging in hairs. Color

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of ligature mark was reddish brown with parchmented skin. Ligature mark was compatible with soft, broad material like odhni (Fig. 2). On both forearms and wrists, multiple parallel incised wounds were present. On right side, parallel superficial injuries were present over distal third of forearm and wrist on flexor aspect (Fig 3). On left side, multiple parallel superficial incised wounds were found distal half of forearm and wrist on flexor

aspect. The injuries were fresh and possible with the broken glass pieces. Sharp edges of glass pieces showed dried blood stains (Fig 2). Injuries over left side were more in number than right side injuries. The directions of injuries over left side were lateral to medial and obliquely going proximally on medial side. On right side injuries were more transverse than oblique. This indicates right handedness of deceased with self inflicted injuries.

**Fig .1:** Ligature mark over neck



**Fig. 2:** Ligature material odhani and broken piece of glass



**Fig. 3:** Injuries over forearms and wrists

### Discussion

Suicide is preventable form of death. The causes of suicide are multi-factorial including social, economic, psychological, work pressure etc [6]. Suicide in married females is sensitive issue and many times husband and in-laws faces wrath from relatives and society. Many times such deaths are labeled as dowry deaths. Analysis of cause or provocative reason is seldom done. When marriage is solemnized it is expected that the couple should live life happily. After marriage when the female enters her new house, she has to make considerable adjustments. She has to adjust with husband, in-laws and other family members. The adjustments include physical, emotional, mental, and psychological. The problem gets complicated if there is marital discord or poor relationship. In the present case there was marital disharmony and because of this a six months before she had attempted suicide by consuming the poison.

In current case the postmortem findings and ligature material along with broken glass pieces correlate with pattern of injuries found over body. While cut marks over forearms and wrists were superficial and nonlethal; the cause of death is given as asphyxia due to hanging. Previous suicide attempt and marital disharmony are important factors behind current attempt. The present case emphasizes the need of psychiatric counseling in

a patient with suicide attempt and taking extra care of such individuals.

Presence of multiple injuries raises suspicion of foul play. Therefore, differentiation has to be made whether the given case is suicide or homicide. Careful postmortem examination and thorough investigation of scene of crime is necessary to arrive at a proper conclusion.

In planned complex suicides the obvious reasons to use more than one method simultaneously is to ensure death, accelerate the process or cause less pain to the individual by a planned combination of methods [2]. In unplanned complex suicides individual do not use combined method or planned combination of more than one method. Here the victim switch to another suicide method after the first method chosen failed [7]. In unplanned complex suicides, as in present case, self-inflicted injuries by sharp force, especially cuts on the forearm and wrists, are often found as the primary act of suicide [5]. In the present case hanging was used as terminal method after the first phase of self-inflicted injuries was over. In the literature the use of up to 5 suicidal methods applied one after the other have been described [3].

In conclusion complex suicides represent a situation where the wish to die is so irresistible that for ensuring death the victim employs more than one method. Careful autopsy and investigation at the scene of crime is essential to allow a precise reconstruction of events that occurred prior to death.

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