Case Report

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A Planned Complex Suicide: Cut Injury to the Wrist with Hanging

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Abstract

A planned complex suicide is the complex action mechanism, formerly planned to protect the victim of suicide from failure. A 22-year-old female body was brought by the relative to the hospital with cut injury in the both forearms. Autopsy findings revealed cut injury in both forearms with ligature mark around the neck. Death scene investigation, Forensic science lab reports and different observations confirmed, it is a case of planned complex suicide. To the best of our knowledge combination of methods used in this case is unique and has not been reported. The sequence of events in this case was difficult to determine as both the methods used, viz. cut wrist and hanging were sufficient to cause death individually. Also the sequence of event made it more difficult to determine.

Keyword: Planned complex suicide; Cut wrist; Hanging; Death scene investigation.

Introduction

A complex suicide is defined as the use of more than one method to induce death, either simultaneously chronically. The term has been widely accepted in the forensic medicine literature.[1–4] In 1974, Marcinkowski et al. had considered a general division of methods of suicide. In this classification, suicides are divided into simple versus complex, the complex one submitting to suicide by a combination of more than one method[1,2,4,7–9] planned complex suicide or primary combined suicide is the complex action mechanism formley planned, to protect victim for failure. This manner of suicides is used by the victim so as to prevent failure of one of the mechanisms. On the contrary, the characteristics of complex unplanned suicide, or "second combined suicide", is that the victim, after the failure of an attempt, continues try by the using one or moreself —destruction modalities to achieve death. A few cases of planned complex suicide.

Case Report

One day during postmortem duty I have received a police request with *panchnaama* for a postmortem of a 26-year-old lady by board. Lady was the wife of a constable belongs to a middle class family in Kota. We, members of board, have done all the pre-PM formalities before starting the postmortem like identification; etc. as per *panchayatnama* panchas are not sure about the cause of death. During pre-postmortem formalities, police and others told that it was a case of suicidal hanging with injuries on both forearms. As per police her husband was out of Kota from last 2–3 days and he reached to home on incidence day about 10 am and knocked the door many time, when there was no response, he opened the gate by the iron rod *sabbal* and taken down the body and dragged out and called to deceased. She was brought to the hospital about 11 am but was declared as brought dead. Father of the deceased told that *sahib meri ladki ko mara ha, wo suicide nahi karsakti,* and also tell that *lekin sab, mahmanji to aso karhi koni sake wo to bahut seeda ha, ghar ke liyan ladwada ko kam hai sab*.

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External examination

During postmortem examination, it is found that deceased was a Hindu female wearing *Sari, Blouse* and *Petticoat* with undergarments. Body was placed on postmortem table in supine position. Lower parts of all the cloths are stained with blood which was partially clotted. During the removing the cloths from the body, we found a piece of *chudi,* not matching with the dead body's *chudi.* All the cloths and chudi was sealed and handed to police for cross matching. She was an averagely built and nourished adult female. Rigor mortis was present about whole the body. Postmortem staining was present over the back and dependent parts in the patches but not appreciated on hands and feet like hands and gloves appearance. Eyes are slightly open, pupils dilated and fixed. There was NO cyanosis seen at the lips and finger tips (Figs. 1 & 2). There was no sign of dribbling of saliva or saliva stain on face or cloths. Then we have examined the external injuries on the body. Spindle shaped incised wounds of size 4 cm × 0.25 cm × tendon deep on lower third of the left forearm and 3 cm × 0.25 cm × tendon deep on the lower third of the right forearm. The margins of both wounds were clean cut with tailing laterally and infiltrated with blood (Figs. 3 & 4). On further examination we find that ulnar artery of both hands and the tendons were cut. Bones were healthy.

Ligature mark: Ligature mark of size 25 cm of maximum width 3 cm present on the anterior and both lateral of the neck above the thyroid cartilage level (Figure 3 & 4) with a gape of 5 cm on the occipital region then both sides it goes backwards and slightly upwards. On further examination during layer-by-layer neck dissection, skin and sub mucosa beneath the ligature is redish brown parchment like, inner aspect of skin beneath ligature mark os showing contusion at places. Both the margins of ligature mark shown slight contusion with veins and artery wall. Collection of blood around the artery and veins seen. Esophagus and tracheal wall healthy. Thyroid cartilage and hyoid bone intact. Trachea contains minimal froth.

Internal examination

Head: Sub scalp and skull are normal but brain and membranes are pallor otherwise normal.

Chest: Pleura and lungs are pale and trachea shows minimal froth. Heart grossly normal, right side chambers contain little blood and left sides empty.

Abdomen: In abdomen wall was intact, peritoneum was pallor, gastric mucosa is slightly congested with 100 ml food mixed material.

Other internal organs liver spleen kidney and uterus are grossly normal but pallor.

During postmortem examination following samples have been preserved and handed to police for FSL:

1. One sealed glass jar stomach with one loop of small intestine with contents in saturated solution of common salt.
2. One sealed glass jar pieces of liver, spleen and both kidneys in saturated solution of common salt.
3. One sealed glass bottle 20 ml blood.
4. One sealed glass bottle saturated solution of common salt as preservative.

Opinion regarding cause of death kept pending till toxicological analysis report.

Crime scene

I have requested to police to visit crime scene with forensic team after postmortem so 3–day later visit of crime scene was arranged by police. During visit the crime scene it revealed a bedroom of size 397 cm × 280 cm of height 281 cm with single gate without attached toilet. There were no marks of forceful opening by *sabbal* on the outer part of door and adjacent area with kundi but inner area shows the same. As per forensic expert the marks of sabbal was from inward to outward on the adjacent area of wall with inner kundi with blood stains (Fig. 2 & 3). There were blood stains also present on switch board of same room light and the inner handle of the gate (Fig. 2 & 3). The floor of the room was formed by simple white tiles. There were stains of blood with dragging signs over the floor up to the door. Room contain a 4*6 sq.feet

Fig. 1:

bed and a iron box (*Baksa*) of dimensions (L*W*H) 173*81*80 cm. Height of ceiling fan hanging hock was 294 cm and of ceiling fan was 257 cm from the floor. So the height of fan from Baksa is 177 cm. A suicide note of 4 pages was also found at the crime scene below the thin handmade mattress placed on box. Suicide note does not contain date, time and signature, it was sent to FSL for writing expert report. No weapon was observed during this crime scene visit (Figs. 5-11).

Final opinion

After passing about one year police came with FSL reports of writing expert (writing of suicide note and control is of same candidate), blood grouping reports of blood stains of crime scene and cloths (blood groups of the all stains and sent for chemical analysis are of same candidate), crime scene FSL expert report, IO investigation reports (all in the favor of planned suicide) with toxicological reports (all viscera gave negative test for metallic poisons, ethyl and methyl alcohol, cyanide, alkaloids, barbiturates, tranquilizers and insecticides) for finalize the opinion regarding cause of death.

After considering all the above reports, *panchayatnama* postmortem report, we found that "The Death has been Due to Asphyxia as a Result of Ante-Mortem Hanging with Cumulative Effect of Ante-Mortem Injuries to Both Forearms and Hemorrhage Which are Sufficient to Cause Death in Ordinary Course of Nature."

Fig. 3:

Fig. 4:

Fig. 2:

Fig. 5:

Fig. 6:

Fig. 7:

Fig. 8:

Fig. 9:

Fig. 10:

Fig. 11:

Discussion

In the forensic literature, complex suicides account for about 1.5–5.0% of all suicides.[2,12] Use of forearms has been earlier reported as one of the most preferred methods employed in complex suicide.[7] Demirci et al. in their study have found that most common methods of complex suicide were wrist cutting combined with self-strangulation, insecticide ingestion with shotgun injury, and insecticide ingestion with jumping from a height.[2] Palmiere et al. have reported a complex suicide by self-strangulation associated with multiple sharp force injuries.[3] In the literature, the use of maximum up to 5 suicidal methods applied one after the other has been illustrated.[10] Victims prefers to use methods of lesser lethality before choosing to use more lethal techniques. The adaptation from lesser to greater methods of lethality is most likely concerned with pain, anguish, and frustration experienced by the person.[8] Bohnert[12] and Pollak[5] have accounted that self-inflicted injuries by sharp force, especially cuts of the wrists, are often preferred as the primary act of suicide in complex suicides.[5], Demirci et al. reported that wrist and/or flexor surface of the elbow cutting was chosen in seven out of 16 cases in their study.[2] In these cases, subsequent method was applied because the first method takes much time as well as gives pain and uneasiness. Hence, the victim had selected the second and more lethal method due to the reasons of pain, ache, and taking too much time. Cingolani et al. have reported that even if hanging and shooting are frequently used alone in a planned suicide, their use at the same time is rare.[4]

In the present case, a combination of methods was found as cut injury to the both wrist with hanging. In most of the cases of complex suicide, wrist cutting was found with other combinations.[2] To the best of our knowledge, a combination of cut injury to the wrist with hanging has not been reported previously. Commenting on the sequence of events in the present case is difficult. It can be just guessed on the basis of previous studies that cut wrist injury might have taken place earlier than ingestion of poison.[2]

Most of the questions may remain unanswered if the scene of death is not investigated. The scene may disclose features about suicide, like a suicide note or any material used as a means of suicide. Relatives or friends of the decedent also may reveal background information such as history of depression, previous suicide attempts, social, marital or economic problems.[11]

Conclusion

A planned complex suicide represents a tricky medicolegal case, because the combination of mechanisms concerned in such cases may be complex and homicide could be suspected. Homicide should be carefully ruled out in every case of sharp weapon injury. Only a careful assessment of all the elements, including examination of the scene and postmortem findings, can reconstruct the lethal chain of events and elucidate the time, manner, and cause and of death.

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