

January-June 2019

Volume 28

Issue 1

PRINT ISSN: 2277-1867  
ONLINE ISSN: 2277-8853



# JOURNAL OF FORENSIC MEDICINE SCIENCE AND LAW

Official Publication of Medicolegal Association of Maharashtra

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(Official Publication of Medicolegal Association of Maharashtra)

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PRINT ISSN:  
2277-1867

ONLINE ISSN:  
2277-8853

## Case Report

### Suicide by multiple methods- a case report of complex suicide

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#### Article Info

**Key words**  
Complex suicide  
Hanging  
Poisoning

#### Abstract

The phenomenon of complex suicide as the use of more than one method to induce self-destruction has been widely noticed in the forensic literature. In complex suicide, the victim intentionally uses backup methods to ensure successful suicide. Depending upon simultaneous or chronological implementation of backup method/s, complex suicides are categorized as Primary or planned complex suicide and secondary or unplanned complex suicide.

The Complex suicides poses challenge for autopsy surgeon and the investigating agencies because of the plurality of methods applied for self-destruction. Determining the cause of death amongst the multiple methods used in complex suicide is a crucial task. Also, easily available and accessible methods used in complex suicide poses more difficulty to categorize the case as planned or unplanned one. We presented here forensic aspects of a case of complex suicide by triple methods i. e. wrist-cutting, ingestion of household insecticide and hanging.

#### 1. Introduction

Complex suicide is defined as the use of more than one method to induce death, either simultaneously or chronologically. 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 refers to committing suicide by a combination of more than one method.<sup>1-5</sup> Planned or primary complex suicide is the complex action mechanism formerly planned, to protect the victim from failure.<sup>6</sup> This manner of suicide is used by the victim so as to prevent failure of

one of the mechanisms. On the contrary, the characteristics of unplanned or secondary complex suicide is that the victim, after the failure of an attempt, continues to try by using one or more Self-destruction modalities to achieve death. Using more than two methods to complete suicide is a very rare occurrence.

**How to cite this article:** Waghmare S S, Pawar V G, Kachare R V, Raut S M, Shaikh A K, Suicide by multiple methods- a case report of complex suicide. J For Med Sci Law 2019;28(1):22-25

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**Case report:**

A 53-year-old man had been found by his younger brother to be dead in his home, hanging by his neck to the ceiling support. He immediately rushed to the nearest Police station and informed about the incident. Investigating officer at the crime scene observed that the room was locked inside. Upon opening door the deceased found in state of complete hanging using a nylon rope with a fixed knot over back of neck on left side.

On detailed crime scene investigation the investigating officer found a knife on the floor near the wash basin in the room with stains of blood over wash basin; also, noticed an empty bottle of household insecticide in the vicinity of the room. According to the close relatives and friends, the deceased had financial crisis because of his fraudulent business partner. As a result of which he was going through depression and also had alcohol addiction. On completion of inquest the Investigating officer forwarded the dead body to for medico-legal autopsy.

Examination of clothes revealed brownish stains having abnormal smell on anterior part of shirt.



**Fig. 1:** Deceased in hanging position.

On examination of the body of deceased, brownish colored sero-sanguineous fluid was oozing out at right angle of mouth [Fig. 1].

He was an averagely built and nourished male. Rigor mortis was present all over the body but not well developed. Glove and stockings type distribution of post-mortem lividity was observed and which was fixed.

At his external examination, the neck showed a single ligature mark with maximum 1 cm width, directed obliquely upward towards the suspension point at left side of occipital region. It was brown and dried with a parchment-like appearance with narrow band of hyperemia at margins. Additionally, multiple wrist-cuts of approximately 5 cm in length were noticed on anterior aspect of left wrist (Fig.2).



**Fig. 2:** Multiple wrist cuts.

The wrist cuts were starting from lateral side and ending on the medial side of wrists with superficial incisions. There was injury to radial vessels and complete and/or partial transactions of underlying flexor muscles were noticed.

There were neither facial congestion nor petechiae in skin and eyes. The cervical spine, hyoid bone and laryngeal cartilages were intact. There was no hemorrhage in strap muscles, thyroid gland or other neck tissue on internal examination. Petechial hemorrhages were revealed in visceral pleurae, pericardium and under the scalp. On internal examination of gastro-intestinal tract, stomach showed 150 cc brownish fluid having abnormal smell with mucosa of the stomach inflamed and hemorrhagic [Fig.3].



**Fig.3:** Stomach mucosa with hemorrhages.



**Fig.4:** Container of alleged poison found at crime scene.

On comparing it with empty bottle of household insecticide at crime scene, it was found to be the same odor. [Fig.4].

A complete forensic investigation revealed that the case was an unusual complex suicide using triple methods by wrist-cutting, ingestion of household insecticide and hanging.

## Discussion

In the forensic literature, complex suicides have been accounted for about 1.5–5.0% of all suicides.<sup>2,7</sup> The methods used vary from country to country due to the variations in cultural, religious and social background. In India, insecticide ingestion, hanging, self immolation, drowning, falling from height and self-inflicted injury by sharp force are frequently encountered methods for suicide. The methods most frequently used in complex suicides are those which are prevalent in that region. In our case, three methods used for self-destruction were wrist-cutting by knife, consumption of household insecticide and hanging. Vidhate et al. have reported a complex suicide by wrist-cutting associated with corrosive acid poisoning.<sup>8</sup> Palmiere et al. have reported a complex suicide by self-strangulation associated with multiple sharp force injuries.<sup>9</sup> Altun G described a complex suicide by wrist-cutting and ingesting a large amount of concentrated hydrochloric acid and another case of hanging after taking rodenticide poison.<sup>10</sup> In the literature, the use of maximum up to five suicidal methods have been illustrated.<sup>2,8</sup>

In complex suicides, victims prefer 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.<sup>3</sup> Although, we can definitely say that, last method used for suicide in this case should be hanging; it's difficult to determine sequence between wrist-cutting and ingestion of insecticide. Bohnert and Pollak 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.<sup>6,7</sup> On the basis of previous studies, we can guess that wrist-cutting might have taken place earlier than ingestion of insecticide. The second method was applied by victim after using self-inflicted injuries by sharp force because first method takes much longer time as well as gives too much pain and acute ache.<sup>2</sup> The second method also might have taken much time and produced uneasiness and pain. On having knowledge that, these methods are slower and comparatively ineffective, the victim might have selected hanging as third method of suicide. Hanging is one of the hard method of committing suicide which is certain and quick in terms of result.

Investigation of scene of crime may play crucial role among complex suicide lie in present case. The scene discloses important features about suicide, like material used as means of suicide, blood loss from sharp weapon injury, absence of struggle. Relatives or friends of the decedent also may reveal background information such as history of depression, previous suicide attempts, social, marital or economic problems.<sup>2,8</sup> In present case scenario, all the three events i. e. cut wrist, poison ingestion and hanging might have taken place very close to each other in terms of time. The sequence of events in this case was now very obvious. However, categorization of this case among planned and unplanned complex suicide faces difficulty. The different methods used for committing suicide by victim were straightforward in terms of access to materials and ease of implementation. So, we could not comment whether previous planning to make available these means was carried out or not.

## Conclusion

Planned complex suicides represent complex medico-legal cases. The combination of mechanisms concerned in such cases may be complex to determine cause of death. Homicide should be carefully ruled out in every case of sharp weapon injury. The careful assessment of all

elements, including crime scene investigation and postmortem findings will help reconstruct chain of events and elucidate the time, manner, cause and mechanism of death.

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