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An Analysis of Custodial Deaths in South Western Region of Punjab – A 6 Year Study.

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ABSTRACT

The motto of the National Human Rights Commission is “*Sarve Bhavantu Sukhinah*”. Happiness and health for all is sought to be achieved through a rights-based regime where respect for human beings and their dignity is cardinal. A retrospective analysis of all cases of custodial deaths postmortem examinations that have been conducted from January 2008 to December 2013 (six years) in the Mortuary of Forensic Medicine of GGS Medical College, Faridkot. Departmental postmortem records were perused, and data on all custody-related deaths were extracted. The study was approved by the institutional research ethical committee. A total of 46 cases of custodial deaths were studied out of total cases 45 were male and of which 21 custodial deaths were in year 2013. 41.30% cases were of age group of 41 to 60 years. Maximum (27) were convicted and 19 were under trial. 32 deaths occurred in hospital while providing treatment and 14 deaths were declared brought dead to the hospital; 80.43% were natural deaths and 19.57% (9) were unnatural. Out of 9 unnatural deaths, 5 were due to poisoning, 3 were due to ante-mortem hanging and one death due to homicidal sharp edged injuries.

Keywords: Custodial Deaths, Natural Deaths, Unnatural Deaths, Human rights.

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INTRODUCTION

Custodial deaths means deaths occurring in custody of law-enforcing agencies, during processing, apprehension-detention, in lockup or jails, during interrogation or willful negligence of the investigating agency as well as convicts dying in hospitals. Custodial deaths invite public wrath, concern and mass resentment in any civilized society, because such an event indicates the lack of careful handling, on the part of the authorities concerned [1].

Death in custody is becoming the most controversial episode that is condemned by every section of society. In spite of all the legal restrictions, deaths do occur in custody and require investigation as to whether the death occurred due to any disease process, or was a deliberate attempt to kill, or because of the use of brutal force. It is also documented in electronic and print media that the prisoners themselves resort to self-harm/suicide by using some noxious material or otherwise. Often these deaths occur suddenly and unexpectedly, which have cascading effect to resentment and protest.

These are mainly due to unawareness and sometimes, carelessness on the part of the officials about the health status of the jail inmates, due to poor condition of the cells where inmates are kept, such as restricted access to space and materials. Unnatural death may be due to various causes, such as suicides, various accidents or tortures by the officials and/or fellow inmates and can occur during the period of the custody [2]. The considerable research, conducted over the past two decades, has yet to delineate a single causal factor of death in custody. However, a relatively consistent combination of factors has been identified. The body's reaction to struggle, coupled with drug use, restraint aids, and natural disease synergistically function to increase the likelihood of sudden unexplained death. The present challenge for the medico-legal community is to identify which factors, and in what combination, may result in the death of an individual [3].

In India, some non-governmental or independent organizations, such as the Human Rights Commission has worked on custodial deaths in relation to the violation of human rights. The motto of the National Human Rights Commission is "*Sarve Bhavantu Sukhinah*". Happiness and health for all is sought to be achieved through a rights-based regime where respect for human beings and their dignity is cardinal. President of India's assent to the Protection of Human Rights Act was a major breakthrough in this direction. Section 3 of the Act provides for the setting up of the National Human Rights Commission (NHRC) and Section 21 provides for the setting up of various States Human Rights Commissions (SHRC).

Comprehensive studies detailing the statistical findings of the causes and manners of death have established profiles of what constitute normal occurrences of deaths in-custody and have been important in determining what areas of health care in prison, need improvement. Further, these studies have been used for recommending the creation of improvement of policies in regard to better standards of prison health care, suicide prevention programme or have drawn attention to curb police brutality [4].

The present study was to highlight various causes of custodial deaths by conducting autopsies, which is an integral part of the investigation needed to dispel or sometimes confirm the allegations that an act of commission on the part of the custodians had led to, or contributed to, the death. It has been noted that individuals who die during physical constraint usually have a combination of factors, which often include drug toxicity in which illicit drugs are quickly swallowed to avoid detection.

MATERIALS AND METHODS

A retrospective analysis of all cases of custodial deaths postmortem examinations was done that have been conducted from January 2008 to December 2013 (six years) in the Mortuary of Forensic Medicine of GGS Medical College, Faridkot as per the guidelines laid by National Human Rights Commission. The Institutional Research Ethics Committee has approved the study. Departmental postmortem records were perused, and data on all custody-related deaths were extracted.

Observations

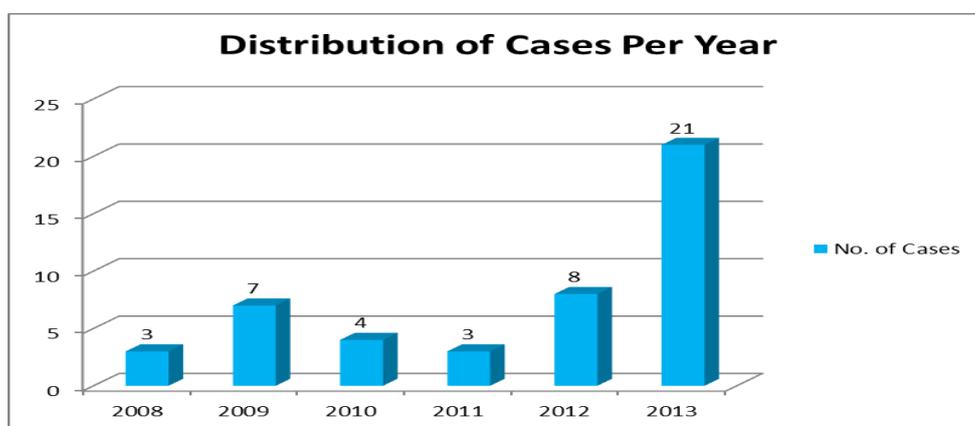
A total of 46 cases of custodial deaths were studied for this study and were evaluated. There is sharp increase in number of custodial death cases in year 2013 (N=21), from 8 in the year 2012, 3 in the year 2011

(Graph No. 1). Of the total, 45 cases were male and one female. Age group of these cases was between 21 to 90 years, maximum cases 19 (41.30%) were between age group of 41 to 60 years. (Table No. 1)

Table 1: Age Wise Distributions

Age in Years	No. of Cases
21 – 30	7
31 – 40	6
41 – 50	10
51 – 60	9
61 – 70	5
71 – 80	6
81 – 90	3
Total	46

Graph 1

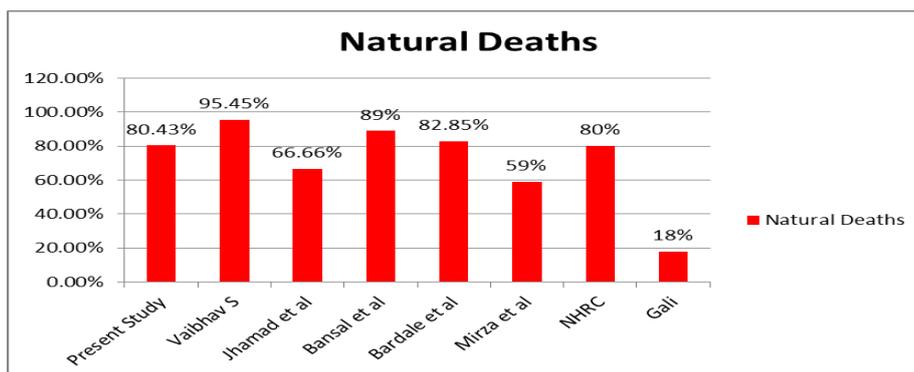


The present study showed that maximum 27 cases were convicted and 19 were under trial. Out of 46 custodial deaths, 32 deaths occurred in hospital while providing treatment and 14 deaths were declared brought dead to the hospital. As per manner of death, 37 cases (80.43%) were natural deaths and 9 cases (19.57%) were unnatural. Out of 37 natural custodial deaths, 11 cases (29.73%) died with respiratory disease, 9 cases (24.32%) died with coronary artery diseases, 4 cases (10.81%) died due to renal disease, 3 cases (8.1%) died due to liver disease and septicemia each, one case (2.7%) died due to cerebro-vascular accident and 6 cases (16.2%) died due to their complications of various diseases. (Table No. 2)

Table 2: Cause of Death

Natural	No. of cases	Percentage	
Respiratory Diseases	11	29.73%	
Coronary artery Disease	9	24.32%	
Renal Disease	4	10.81%	
Liver Disease	3	8.1%	
Cerebro Vascular Accident	1	2.7%	
Septicemia	3	8.1%	
All & their Complications	6	16.2%	
Total Natural Deaths	Total	37	80.43%
Unnatural			
Poisoning	5	55.55%	
Ante mortem Hanging	3	33.33%	
Homicidal Sharp Edged Injuries	1	11.11%	
Total Unnatural Deaths	Total	9	19.57%
Grand Total		46	100%

Graph 2



Out of 9 unnatural deaths, 5 were due to poisoning (Alprazolam, Organo Phosphorous Compounds, Chloro compounds) suicidal (as per inquest papers), 3 were due to ante-mortem hanging suicidal (as per inquest papers) and one death due to homicidal sharp edged injuries homicidal (as per inquest papers).

DISCUSSION

Deaths of people in custody are always tragic. The authorities are bound by the law to provide adequate necessary amenities to ensure the health and safety of persons in their custody and providing timely medical assistance.

In this study there is sudden increase of custodial death cases to 21 in year 2013 as the old Central Jail, Faridkot having capacity of about 300 inmates was shifted to new building as Modern Central Jail, Faridkot with capacity of more than 2000 inmates in 2013 but housing more than 3800 inmates. Similar observations were made by Mirza et al in Pakistan that jails are overcrowded [1].

In present study 41.30% (n=19) deaths occurred in the age group of 41 to 60 years, 30.43% (n=14) between age group of 61 to 91 years and 28.26% (n=13) between age group 21 to 40 years. These observations are similar to Canadian study by Wobeser et al [5].

Majority of deaths in this study are due to natural death 80.43% (n=37), which is in accordance with global scenario. Vaibhav S [6], Jhamad et al [7], Bansal et al (2010), [8] Bardale et al, [9] Mirsa et al [1] also reported that majority of custodial deaths were due to natural causes. Similar observations made by NHRC that some 80% of deaths that occurred in the custody were attributable to causes such as illness and old age. Whereas study from Australia reported only 18% custodial deaths were due to natural causes Gali [10].

In the present study 54% (n=20) deaths occur due to respiratory and coronary artery disease followed by 16.2% (n=6) deaths due to multiple system involvement and their complications, 10.8% (n=4) deaths were due to renal disease, 8.1% (n=3) deaths due to liver disease and septicemia and only 2.7% (n=1) deaths due to cerebro-vascular accident which is in corroboration with various studies. [1,6-8]

The authorities were usually un-aware about the present health status of the inmates or neglected their treatment. They were rushed to hospitals, only when the condition worsened and some of them were declared brought dead to the hospitals.

An important fact responsible for the deaths occurring in custody is the poor condition of the jails in India. Overcrowding, unhygienic environment, malnutrition and non-availability of health facilities, the conditions which may cause spread of various communicable diseases such as various vector-borne diseases, blood-borne diseases and sexually transmitted diseases. Besides these, inmates are also prone to various non-communicable diseases such as cardio-vascular diseases, respiratory diseases, mental disorders, neurological disorders, substance abuse disorders and cancers. These are mainly due to physical inactivity, unhealthy and stressful environment, unhealthy food, physical and sexual violence, deliberate self-harm, various drug abuse and mental health problems mainly depression, anxiety, adjustment problems and psychosis.

In this study the unnatural causes of death accounts to 19.57% (n=9), out of which 5 cases (55.55%) were due to poisoning (3 deaths due to Organo Phosphorous Compound poisoning, 1 each with Chloro Compound Poisoning and Alprazolam), 3 cases (33.33%) were due to suicidal hanging and 1 case due to homicidal multiple sharp edged injuries. All these cases of suicide, points to negligence on the part of official who was in charge of their custody at that relevant point of time. How the inmates were able to procure sharp edged weapons, poisons and drugs inside the jail premises was not known. It is these kinds of cases which raises suspicion of foul play by the connivance of the jail authorities. These results are on the same lines as per studies done in Greece [11] and USA [12].

All these cases, be it natural deaths or un-natural, show some sort of carelessness and disrespect for human life on the part of authorities. Authorities are not aware about any history of inmates related to health and they take action only when the condition deteriorates and the inmates are about to succumb to their precarious conditions. Keeping all these in view, National Human Rights Commission has instructed the jail authorities to follow a formal medical screening format whenever a new inmate enters the jail so that health status of the inmate can be known beforehand and can be managed accordingly.

CONCLUSION

When the state takes away a person's liberty, it assumes full responsibility for protecting their human rights. The most fundamental of these is the right to life. Providing healthcare facilities, equivalent to that available in the community is one of the most important remedial measures. The provision of adequate treatment for communicable diseases, drug and alcohol addiction in detention is essential to protect the rights to life. The views of the NHRC for better maintenance and running of prisons, better trained and more dedicated staff, including medical staff, and de-crowding of prisons are few of the important suggestions to be followed. Strictly following guidelines and slight modification in the already laid down procedures, as well as compliance among jail authorities will go a long way reducing the morbidity and mortality among prisoners. There is also a need for proper jail reform to avoid deaths due to suicide, poisoning, violence and self-harm among the inmates. There is a need to have constant surveillance by installing Cameras to supervise their activities to prevent violence and suicide.

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