### **ORIGINAL ARTICLE**

# Custodial Deaths in Jamnagar Region of Gujarat: A 5-Years Retrospective Study Report

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### **Abstract:**

Twenty cases of custodial deaths were examined retrospectively in the present study. Out of these twenty cases, there were nineteen cases of males and one case of females. The majority of the cases occurred in the age group of 31-40 years, followed by the 21-30 years age group. There were 14 cases of natural death in whom the presence of pre-existing diseases was found and 6 cases were of unnatural deaths. In this study out of 14 natural deaths, 10 cases were of Ischemic heart disease/myocardial infarction with 2 cases of renal failure and 1 case each of pulmonary tuberculosis and chronic hepatitis. There were 6 cases of unnatural deaths; there were 3 cases of suicidal hanging, 2 cases were of multiple body injuries caused by blunt force, and 1 case of accidental choking due to the aspiration of food material.

Keywords: Custodial death; Natural death; Unnatural death; Police custody.

#### **Introduction:**

The word "Custody" may be defined as "Protective care" or "Guardianship of someone or something". In the legal term, it is any point of time when a person's freedom has been denied by law enforcement agencies, such as transport before booking, or during arrest, prosecution, sentencing, correctional confinement, etc. Death in custody is defined as death occurring in some form of custodial detention whether in prison or police cell.<sup>2</sup> Deaths while in custody, are a matter of concern for one and the whole community with false allegations of violation of human rights. Studies have shown that there is increased morbidity and mortality with natural deaths with the people in custody.<sup>3,4</sup> Though some deaths due to illness are unavoidable but can be prevented with proper care and treatment by having the knowledge and data regarding such deaths to be provided to the prison/custodial officials. These can be facilitated through the implementation of preventive programs. This study aims to visualize the pattern of deaths to bring awareness and prevention programs to the law enforcement agencies for the betterment of prisoners.

# **Materials and Methods:**

The present study was conducted retrospectively at the department of Forensic Medicine & Toxicology, Shri M. P. Shah Government Medical College, Jamnagar, Gujarat State. Altogether 20 cases of custodial death were identified during this study period over the last five years. Relevant data such as age, sex, cause of death, manner of death, place of death, any pre-

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**Article History** 

DOR: 16.06.2022 DOA: 10.03.2023

existing illness, etc. were gathered from postmortem examination reports on custody-related deaths during the period from 2015 to 2019. Other relevant information was also collected from the medical record files available at medical record department, Shri M.P. Shah Government Medical College, Jamnagar, Gujarat. The data were tabulated and then analyzed.

DOI: 10.48165/jiafm.2023.45.2.5

# **Observation:**

A total of 20 custodial death cases were studied retrospectively. Out of these 20 cases, 19 cases were male and there was only 1 female. In the present retrospective study, the maximum number of cases of custodial deaths were seen in the year 2016 followed by the year 2018 and the least number of cases were seen in the year 2015 and 2017 which recorded only 1 case (Table no.1).

The maximum number of cases were observed in the age-group of 31-40 years followed by the age group of 21-30 years where 5 cases were recorded. The minimum number of cases was observed in the elderly age group comprising 2 cases. None of the case was seen below the age of 20 years (Table no.2).

Out of the total 20 cases, there were 14 cases of natural death in whom the presence of pre-existing diseases was found and 6 cases were of unnatural deaths. In this study out of 14 natural deaths, 10 cases were of Ischemic heart disease/myocardial infarction with 2 cases of renal failure and 1 cases each of pulmonary tuberculosis and chronic hepatitis. There were 6 cases of unnatural deaths; there were 3 cases of suicidal hanging, 2 cases of multiple body injuries caused by blunt force, and 1 case of accidental choking due to the aspiration of food material (Table no.3).

In this study, 14 numbers of cases were under the custody of Jail and 6 cases were under the custody of a police cell. Out of 14 cases of jail custody, 13 of them died in the hospital while receiving treatment and only one case was recorded who died in jail. There were 6 cases under police custody, out of which 4 cases died in the hospital while 2 cases died in the police custody cell (Table no.4).

Table 1. Year-wise distribution of cases.

No.	Year	Cases	%
1	2015	1	5
2	2016	7	35
3	2017	1	5
4	2018	6	30
5	2019	5	25
	Total	20	100

Table 2. Age-wise distribution of cases.

No.	Age- group	Cases	%
1	0-10	00	0
2	11-20	00	0
3	21-30	05	25
4	31-40	07	35
5	41-50	03	15
6	51-60	03	15
7	61-70	00	0
8	71-80	02	10
	Total	20	100

Table 3. Distribution of cases according to the cause of death.

Cause of death	Cases	%
Tuberculosis	01	5
Ischemic Heart disease	09	45
Renal Failure	02	10
Myocardial infarction	01	5
Chronic hepatitis	01	5
Hanging (Suicidal)	03	15
Multiple injuries (Homicidal)	02	10
Choking (Accidental)	01	5
Total	20	100

 $\label{thm:conding} \textbf{Table 4. Distribution according to the type of custody.}$ 

Type of custody	Cases	%
Jail	14	70
Police	06	30
Total	20	100

### Discussion:

The death of a person while in custody is tragic and it affects the family members the most. It catches the eye of all the concerned members of the family and also the community. In such kinds of deaths, there is always a kind of allegation towards the law enforcement agencies of the violation of human rights, prevention of proper care, non-availability of basic human needs & facilities and ignorance of timely treatment of the detainee/prisoner.

In the present study, we have analyzed a total 20 number of cases that have come across for the past five years in the department of Forensic Medicine & Toxicology, M.P. Shah Govt. Medical College, Jamnagar for the autopsy examination. All of these autopsies were carried out according to the strict rules of NHRC and postmortem videography was done in every case.

The majority of the cases studied died due to natural causes and similar observations were noted by various authors.<sup>5-11</sup> This finding is also consistent with the reports of NCRB 2021<sup>12</sup> &

Kumar K<sup>13</sup> In a study conducted by Jhamad AR et al.<sup>11</sup> & Jadhao VT, <sup>10</sup> infectious diseases of the respiratory system were mainly responsible for the natural causes of death but in our study, most of the deaths were due to pre-existing diseases; which mainly were involving cardiovascular system; infectious entity being low

The present study showed the male preponderance with 19 cases belonging to males and only 1 case belonging to a female. These findings are consistent with studies done by Bansal YS et al., Sonar V et al., Wobeser WL et al., and Singh SP et al., The Greater involvement of males may be explained due to their common involvement in criminal activities and easy moneymaking minds. Bardale et al. and Dogra TD et al. reported no female cases which may be due to the rare committing crime nature of females.

The proportion of deaths recorded was highest in the age-group 31-40 years followed by the age-group 21-30 years. Comparable findings observed in India suggest that the major age group involved were in the range of 21-40 years which was consistent with studies done by Bardale et al., Jadhao VT., Sonar V et al., Wobeser WL et al. And Singh SP et al. The maximum age of males studied was 75 years.

Suicide by hanging was the most common unnatural manner of death comprising a total of 3 cases followed by 2 cases of multiple body injuries by the usage of blunt force and 1 cases of accidental choking due to the aspiration of food material. Our finding regarding this manner of death is consistent with the works of Sonar V<sup>9</sup> & Jhamad AR. Poisoning and hanging were also observed to be the most common method of suicide. The result of this study is consistent with the study done by Bansal et al., Jadhao VT. Homicidal cases in custodial deaths are very uncommon. In the present study too there were only two cases of homicidal deaths accounting for only 10% of the total cases. We confirmed these homicidal cases from the police case papers and related hospital records. Our study was consistent with the works of other authors.

In this study, 14 numbers of cases were under the custody of Jail and 6 cases were under the custody of a police cell. Out of a total of 14 cases in jail custody, 13 of them died in the hospital while receiving treatment and only one case was recorded who died in jail, which was due to a suicidal hanging. There were 6 cases observed to be under police custody, out of which 4 cases died in the hospital while 2 cases died in the police custody cell where they committed suicidal hanging.

All of these cases whether natural or unnatural show some sort of ignorance towards the prisoners/detainees. Authorities are not aware of any history related to them. They take action only when the condition deteriorates and the prisoners/detainees ultimately succumb to death despite receiving the proper treatment in the hospital. Keeping all these in view, National Human Commission has instructed the jail authorities and police to follow a formal medical screening of the prisoners/detainees who enter the jail or police cell so that the health of the inmate can be known properly and can be managed accordingly. 11

#### DOI: 10.48165/jiafm.2023.45.2.5

## **Conclusion and Suggestions:**

The study concludes that death occurring in the custody is mainly due to natural causes and in most cases due to the pre-existing history of any condition or illness; of which authorities are not aware of those facts. The study stresses the need for complete medical screening of the new prisoners/detainees as per NHRC recommendations and to provide them with timely and proper medical treatment.

In the present study, the most common mode of unnatural death is hanging, following multiple body injuries while detaining the suspected person. Awareness should be created among the authorities regarding the immediate detention of a person which may lead to pursuing his suicidal tendency. For the detention of a suspected person with multiple body injuries, he must be hospitalized first rather than confining him to custody.

Ethical Clearance: It was obtained as per our college guidelines.

Conflict of interest: None to declare Source of funding: None to declare

#### **References:**

- Gill J, Koelmeyer TD. Death in Custody and Undiagnosed Central Neurocytoma. Am J Forensic Med Pathol. 2009;30: 289–291.
- 2. Reddy KSN, Murthy OP. The essentials of forensic medicine andtoxicology. 33<sup>th</sup> ed. New Delhi: Jaypee. 2014:267-8.
- 3. Fazel S, Benning R. Natural deaths in male prisoners: A 20 year mortality study. Eur J Public Health. 2006;16: 441-4.
- 4. Wobeser WL, Datema J, Bechard B, Ford P. Causes of death among people in custody in Ontario, 1990-1999. CMAJ. 2002; 167: 1109-13.
- Grant JR et al. Death in Custody: A Historical Analysis. J Forensic Sci. 2007 Sep; 52(5): 1177-85.
- National Human Rights Commission Annual report 2017-2018.
- 7. Bansal YS, Murali G, Singh D. Custodial deaths an

- overview of the prevailing healthcare scenario. J Indian Acad Forensic Med. 2010; 32: 315-7.
- 8. Bardale R, Shrigiriwar M, Vyawahare M, Dixit P, Tayade S. Death Behind Bars: A five-year study of custodial deaths. Medicolegal Update. 2005;5(4):10–12.
- Sonar V. A retrospective study of prison deaths in western Maharashtra (2001-2008). Medicolegal Update. 2010;10: 112-4.
- Jadhao VT, Tatiya HS, Taware AA, Punpale, Satyanarayan B Bandgar AL. An overview of custodial deaths in pune six years retrospective study. J Indian Acad Forensic Med. 2015;37(3):268–71.
- 11. Jhamad AR, Sikary AK, Millo T. Analysis of custodial deaths in New Delhi: a 13 years study. J Indian Acad Forensic Med. 2014;36:19-22.
- 12. Jain B. The Times of India [internet] [Cited 31 Aug 2022]. Assessed on 11.05.2023. Available from: https://timesofindia.indiatimes.com/india/31-of-88-deaths-in-custody-in-2021-were-suicides-says-ncrb-data/articleshow/93891050.cms.
- 13. Kumar K. Custodial Deaths in India. Jr of Guj Research Society. 22(1)2022.644-648.
- 14. Singh SP, Singh D, Aggarwal A, Oberoi SS, Aggarwal KK. Profile of Disease related Deaths in Custodial Cases an Autopsy based experience. J Indian Acad Forensic Med. 2015;37(4): 392-395.
- 15. Dogra TD, Bhardwaj DN, Sharma GAS, Lalwani S. Postmortem examination in cases of custodial death in India. J Indian Med Assoc. 2008; 106 (2):51-53.
- Kulshrestha V, Anand A, Sharma D, Panga SK, Sharma SK, Tandon S. Study of Custodial Deaths In Safdarjung Hospital, New Delhi Autopsy Based Retrospective Study. Int Jour of Current Advanced Research. May 2021;140(5): 2319-6505.