

## Case Report

# Self Destruction by Using Multiple Methods in a Single Episode: A Case Report

<sup>1</sup>Avijit Roy, <sup>2</sup>Abhishek Das, <sup>3</sup>Sujash Biswas, <sup>4</sup>P. C. Chakraborty

### Abstract

Suicide means taking away of one's own life. India being a developing country adopts various means and methods for commission of suicide. Although the prevalence of suicide throughout the world is not accurately available, however, the reported rate of suicides is consistently higher among men as compared to women irrespective of age group. Employing multiple successive attempts and using various methods ultimately leading to suicidal death is rare in occurrence. Complex suicide refers to a suicide in which more than one suicide methods is adopted. Complex suicide is further subdivided into two types Primary (planned) and secondary (unplanned).

In the Forensic literature, complex suicides have been reported to account for about 1.5%–5.0% of all suicides. A young mentally disturbed person in the background of multiple substance abusers, with history of previous suicide attempt, which are the markers of severe psychopathology, adopted multiple means in the same occasion for commission of suicide is presented.

**Key Words:** Suicide, Multiple Methods, Substance Abuse, Psychopathology

### Introduction:

Suicide means taking away of one's own life voluntarily. [1] Suicide is a significant public health problem in the world because many precious lives are lost every year by self-destruction. Reported rates of suicides are consistently higher among the men than women regardless of the age group. India being a developing country adopts various methods for commission of suicide.

Suicides are divided into two categories: simple and complex. Complex suicide refers to a suicide in which more than one suicide methods is adopted. [2] Complex suicide is further subdivided into two; Primary (planned) and secondary (unplanned). [3]

A case employing multiple successive attempts and using various methods, ultimately leading to suicidal death is presented here.

---

### Corresponding Author:

<sup>1</sup>PGT, Department of Forensic Medicine  
NRS Medical College, Kolkata

E-mail: [dravijitroy01@gmail.com](mailto:dravijitroy01@gmail.com)

<sup>2</sup>Assist. Prof, Dept of Forensic Medicine  
SMIMS, Gangtok

<sup>3</sup>Senior Resident, Dept. of Forensic Medicine  
NRS Medical College, Kolkata

<sup>4</sup>Prof & H.O.D, Dept. of Forensic Medicine  
NRS Medical College, Kolkata

DOR: 06.08.2013 DOA: 30.05.2014

### Case History:

The deceased was a 24 year old young unmarried and unemployed Muslim male from a lower socio-economic status.

The man was distraught over his girlfriend cheating on him and was depressed. He was addicted to ganja and alcohol; he attempted suicide twice before by slashing his wrist and by hanging but failed. He was missing for last one day when his decapitated body was discovered by the nearby railway crossing. The dead body was sent to N.R.S. Medical College for autopsy.

### Autopsy Findings:

1. The head was grossly mutilated by traumatic avulsion laceration and multiple fractures of all cranial bones and mandible in piece meals; some pieces were lost and gross mutilation of face caused inability to reconstruct facial appearance
2. Meninges were torn and brain matter was completely extruded out and lost.
3. Few pieces of upper and lower jaw with teeth were available
4. The neck was severed at level 2.5" above suprasternal notch and severed margin of skin beard pressure abrasion, bruise, and rusty stain. The severed end of soft tissue under skin extends 4" above skin margin, i.e. the wound at severed neck was 6" (T. I.) x 4" (ht) x 5" (A.P) depth, causing severance of muscles, vessels, pharynx, larynx,

oesophagus, fracture of C-1 vertebra through and through separating all the structures at that level.

5. One transverse linear clean cut incised wound 1.5" long upto the depth of subcutaneous tissue placed 4.5" proximal to left wrist on ventral surface of left forearm.
6. Another similar linear transverse incised wound 1.8" long and muscle deep, slightly spindle like appearance, ½" above wound no. 5
7. Similar linear transverse incised wound parallel to injury no.5 & 6; placed ½" above injury no. 6. These are fresh ante mortem injuries, show vital reactions.
8. Old glistening linear transverse parallel scars about 15 in no. present in same forearm above and below injury no.5, 6, and 7.

**Discussion:**

In the Forensic literature, complex suicides have been reported to account for about 1.5%–5.0% of all suicides. Using multiple methods for self-destruction in a single episode occurs very rare. The victim intentionally uses a variety of backup (simultaneously or chronologically) methods to ensure a successful suicide. [4]

In planned complex suicides two or more methods are employed simultaneously in order to make sure that death will occur after failure of previous attempt. [5-7]

In unplanned complex suicides, several other methods of suicide tried after the first chosen method either failed or was too painful.

**Conclusion:**

Friends or Relatives of the victim may provide background information such as history of depression, substance abuse, marital, social, or financial problems, previous suicide attempts, from which incidence can be interpreted in favour of suicide.

Autopsy processes should be performed carefully in complex suicides in which more than one method is used. A young mentally disturbed person in the background of multiple substance abusers, with history of previous suicide attempt, which are the markers of severe psychopathology, [8, 9] adopted multiple means in the same occasion for commission of suicide.

**References:**

1. Reddy K. S. Narayan. The Essentials of Forensic Medicine and Toxicology. 2010; 29<sup>th</sup> edition:236
2. Bohnert M, Pollak S. Complex suicides a review of the literature. Arch Kriminol. 2004; 213:138–153
3. Racette S, Sauvageau A. Planned and unplanned complex suicides: a 5-year retrospective study. J Forensic Sci. 2007; 52:449–452
4. Lignitz E, Strauch H. Combined suicide caused by burns and falling from a high place. Arch Kriminol. 1986; 178:51–53
5. Taff ML, Boglioli LR, Danto BL. Planned complex suicide. Am J Forensic Med Pathology. 1998; 19:194.
6. Altun G. Planned complex suicide: report of three cases. Forensic Sci Int. 2006; 157:83–86
7. Marcinkowski T, Pukacka-Sokolowska L, Wojciechowski T. Planned complex suicide. Forensic Sci. 1974; 3:95–100
8. Beratis S. Factors associated with adolescent suicidal attempts in Greece. Psychopathology 1990; 23:161–168
9. Evan M. Forman, Michele S. Berk, Gregg R. Henrique's, Gregory K. Brown, Aaron T. Beck. History of Multiple Suicide Attempts as a Behavioural Marker of Severe Psychopathology. Am J Psychiatry 2004; 161:437-443.

**Fig. 1: External Appearance of Body**



**Fig.2: Both Old & Fresh Cut Marks over Lt Forearm**

