REVIEW OF SUICIDAL CASES, A RETROSPECTIVE STUDY

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INTRODUCTION

Suicide is a major cause of death in the present world. In every country the rate for a particular figure of population is increasing day by day.

According to Durham, the French biologist, suicide is death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result. Suicide from an existential point of view reflects a behavior that seeks and finds the solution to an existential problem by making an attempt on life of the subject. Suicide is applicable to all acts terminating fatally.

Suicide is a worldwide phenomenon, though its rate varies from place to place. According to Kuruvilla & Venkoba Rao the rate is very high in Australia and Germany. In Nigeria and Gulf countries it is low. India ranks 10th in the figure. It is 6-7 cases/1,00000 population [1]. Out of 1000 suicides in a day in world over 100 occur in Indian Subcontinent.

MATERIALS & METHODS

Total no. of suicidal cases coming for PM examination in 2 years period (2003 -2004) were taken into consideration.

Detailed study with respect to age, sex, time of committing suicide, socioeconomic status, education, visible causes were taken up. After the yrs study the datas were analyzed, tabulated and inference was drawn. The doubtful cases regarding suicide or homicide or accident were excluded in the series. Previous attempt prior to completed suicide, history of psychiatric treatment were sought from their relatives. Suicidal notes whenever available were studied and compared with history given by relatives.

OBSERVATION

Fig. 1

AGE AND SEX COMPOSITION OF SUICIDE VICTIMS

PERCENTAGE

PERCENTAGE

AGE IN YEARS

Male □ Female

Fig. 2

EDUCATIONAL STATUS OF THE VICTIMS OF SUICIDE

NO. OF CASES

EDUCATIONAL STATUS

Male □ Female
**DISCUSSION**

Total no of cases studied was 159 during the period of 2 years (2003-2004). The following inference was drawn out of the study.

In sexual variation male sex are very prone to take extreme decision (2.7 times more than female sex). In teen age group suicide is more prevalent during 20 to 40 years of age. The educational status denotes that the literate group commit suicide more often than the counterpart. Marital status study reflects that married people take this decision more frequently than unmarried ones. Unemployed group takes this path easily than the busy employed group. In the low socio-economic status the rate is more prevalent. From total cases of suicide, 34% of cases were suffering from any from of mental disease and depressive psychosis is more common in this series. 16.4% of cases were having some form of chronic painful disorder at the time of committing suicides.

In the study of the female age group 30% of cases were in the period of menstruation and 3% cases were at last trimester of pregnancy. In diurnal variation, the time of suicide is more during night than day. Again in the moonless phase the case is more compared to that of moon phase. More people commit suicide during first 4 days of Krushna Pakhsya.

Regarding the cases of suicide the psychosocial factor like family dispute plays a great role as compared to mental illness or physical illness.

This shows clearly that disharmony existing between family members trigger to take the fatal decision. The commonest method of committing suicide is poisoning than any other methods.

Out of 159 case, suicidal pacts written by 3 victims, out of them 2 were expressing frustration in their daily life, one expressing excessive passion for the other partner. 4 cases out of all have tried double methods of suicide to ensure death e.g., committed hanging after taking poison.
CONCLUSION

Today, the figures of suicides, if at all these are an index of the increasing incidence of this menace also pose a challenge for psychiatrists, social workers, public health personnel, sociologist and psychologist. It is not possible to bring back those lives which often lost in such tragic manner but identifying the underlying factors in the social system which promote suicidal tendencies and improving the mental health of the community can certainly prevents such incidence further. It is said that man must choose between, certainty and wider understanding. In suicide, the choice is the former. When one’s cognitive abilities are completely masked beclouded by confusion, death may appear to be the only immediate certainty which he can lay hands. The present study exposes a wide range of frustrations and family tensions which may will be due to series of socioeconomic, psychosocial and cultural practices. Though such type of study cannot be the only solution for those human tragedies, the concept of “suicide as a preventable disease” should be well understood and demands thorough and detailed investigations.

References