

# Death in Police Custody - Non Traumatic Causes

Z PERVEEN N A ASHRAFI

Department of Forensic Medicine & Toxicology, Fatima Jinnah Medical College & Member Provincial Standing Medical Board Punjab, Lahore  
Department of Anatomy, Post Graduate Medical Institute, Lahore  
Correspondence to Dr. Zainab Parveen

**Death occurring in Police custody is not an infrequent occurrence. It is always presumed by the Press, Public and Administrative authorities that cause of death in all such cases would be due to Physical torture. A study of deaths in Police custody presented to the Standing Medical Board for examination for the last three years were examined to determine causes of death in this situation on scientific grounds. The various non-traumatic causes of death found are due to natural diseases and self-poisoning.**

**Key words: Cause of death, poisoning, natural diseases**

The occurrence of death while a person is either in the custody of the Police, or the inmate of the person, raises public interest and emotions that require careful handling and thorough investigations. There is always an immediate complaint or rumor of Physical violence and ill treatment by the relatives and by the press or media. In such circumstances a meticulous medicolegal examination of the dead body is a necessary part of investigation needed to dispel or some times to confirm the allegations that an act of commission or omission on the part of the custodians has led to, or contributed to the death of the person<sup>1</sup>. Such deaths are by no means infrequent in our country. Strict legislative rules are present in Pakistan concerning investigations into the cause of such types of deaths.

The relevant law in this regard is as follows: -  
The Code of Criminal Procedure of Pakistan (Act V of 1898).Section 176:

Inquiry by Magistrate into cause of death.

*(i) When any person dies while in the custody of Police, the nearest Magistrate empowered to hold inquests shall, and in other case mentioned in Sec 174 clause (a), (b) and (c) of subsections (1) any magistrate so empowered, may hold an inquiry into the cause of death either instead of, or in addition to, the investigation held by the Police Officer, and if he does do, he shall have all the powers in conducting it which he would have in holding an inquiry into an offence. The Magistrate holding such an inquiry shall record the evidence taken by him in connection therewith in any of the manners hereinafter prescribed according to the circumstances of the case<sup>2</sup>.*

The Government of the Punjab Health Department has also issued Order No. SO (H&D) 2-2/2002 dated 28-10-2002 constituting Standing Medical Board at the District and Provincial levels to carry out postmortem examination on the dead bodies of the persons allegedly meeting their deaths while in Police custody, barring junior, inexperienced, single doctor carrying out such an important work.

**Material and method:**

All the postmortem examinations conducted by the Standing Medical Board Punjab Lahore at the Office of The Surgeon Medicolegal Punjab Lahore from 01-02-2000 to 31-12-2002 are included in the study (the author being member of the Provincial Standing Medical Board). Total numbers of such examinations during this period was 64, 4 cases, all of them being exhumation and primary examination of the body after disinterment were excluded where there was no allegation (as lodged in the FIR) of death in Police custody leveled by the guardians or relatives of the deceased.

**Determination of cause of death was by the following methods: -**

1. Macroscopic examination of all the external as well as internal organs of the body in situ individually and on section. Further investigation was required during the post mortem examination in quite a large number of cases.
2. Radiological examination of the body in relevant cases for Skeletal injuries, and/or metallic foreign bodies / metallic dust etc. This examination being the part of physical examination of the dead body is conducted in all cases with history of firearm injuries or blunt trauma. The radiological report was furnished by the Forensic Radiologist from the office of Surgeon Medicolegal Punjab.
3. Chemical examination of the appropriate specimens of body fluids (Blood, Urine, Bile etc.) and solid viscera (Stomach, Liver, Intestine, Kidney, Spleen, Brain etc.) to determine presence of poison/toxic material. This examination was conducted by the Laboratory of the Chief Chemical Examiner to Govt. of Punjab Lahore under Section 510 of Code of Criminal Procedure of Pakistan<sup>3</sup>.

To determine the causes of death from poisoning following viscera were sent to the Laboratory of the Chief Chemical Examiner to Government of Punjab.

These specimens in routine included: -

1. Stomach with its contents.



## Death in Police Custody - Non Traumatic Causes

2. Intestine (small and large) with contents-about 3 feet.
3. Liver--- 500 gm.
4. Spleen--- whole.
5. Kidney---one

These solid organs retained for chemical analysis were preserved in super saturated saline.

4. Histopathological examination of the organs suspected to be the seat of death e.g. Heart, Kidneys, Lungs etc. This examination for legal purposes was conducted by the Bacteriologist to the Govt. of Punjab Lahore.
5. Ballistic examination of the clothes, body, (entry & exit wound) and the missiles recovered from the body was conducted by the Forensic Science Laboratory Ballistic sections under the rules.

### Results

From the perusal of the record it is clear that the vast majority of the cases dying in the Police encounter or while in Police Custody were males. A total of 64 cases were examined, (4 of them being excluded where no allegation of death being caused by the Police has been leveled). In the 60 remaining cases of death in Police encounter / Police custody 58 were males and only 2 were females. See table A.

Table A

Sex	No of cases	%age
Male	58	96.66
Female	02	03.33
Total	60	100

The age distribution in various age groups is as follows in table B: -

Table B

Age in Year	No of cases	%age
16 - 19	01	01.66
20 - 24	09	15.00
25 - 29	21	35.00
30 - 34	12	20.00
35 - 39	06	10.00
40 - 44	07	11.66
45 - 49	03	05.00
50 - 54	00	00.00
55 - 59	00	00.00
60/above	01	01.66
Total	60	100

Further investigations were required during the postmortem examination to determine the cause of death whether natural, traumatic or due to poisoning. The number of these investigations carried out are listed below as Table C. Radiological examinations of the body and Forensic ballistic examination were routinely conducted in all cases of deaths due to trauma and firearm injuries. Chemical analysis and Histopathological examinations of

appropriate specimens from the body was conducted when indicated during the postmortem examination.

Table C.

Investigation	No. of cases	%age
Ballistic Examination	In routine	100
Radiological Examination	In routine	100
Chemical Examination	18	30
Histopathological Examination	11	18

The causes of death as determined in these cases follow in table D

Table D

Cases of death	No	%age
Trauma		
{a-Firearm}	40	66.66
{b-Blunt}	05	08.33
{c-Sharp}	01	01.66
{d-history of trauma but no injury}	02	03.33
Poison	06	08.33
Natural decease	06	10.00
Total	60	100.00

Cardiac examination was conducted in detail in every case where a traumatic cause of death during the Post Mortem Examination was not apparent. This included macroscopic (**gross**) examination of the pericardium and the heart noting its size, wt, thickness of walls of the cardiac chambers including the Septum, examination of the Myocardium and the Endocardium, all the four Valves, Corditendinae and Papillary Muscles for any abnormal signs visible to naked eyes. For Histopathological examination the sectioned whole Heart was sent to the Bacteriologist to Government of Punjab (a misnomer). Usual findings on microscopic examination were advanced / moderately advanced atherosclerosis, occlusion of one and more coronary arteries, patchy or discrete fibrosis of Myocardium and pericarditis.

IHD was diagnosed in 6 cases, chronic obstructive pulmonary disease in one. In case of death due to blunt trauma renal congestion and focal hemorrhages were found in 3 cases.

Out of 6 cases of suspected poisoning positive identification was possible in 3 cases. One case was diagnosed as HCL poisoning where history of ingestion of toilet cleaner/bleach was available. In other 2 cases traces of Morphine was detected in the specimens where history by the relatives and the FIR mentioned chronic heroin addiction.

### Discussion

Deaths occurring in custody require careful handling and investigations. To ascertain the real cause of death a complete, thorough and meticulous autopsy is a necessary part of these investigations. In the current study two types of deaths were found.



Traumatic death due to firearm injuries received during Police encounter being the commonest. 40 (66%) cases out of total 60 deaths examined by the Standing Medical Board belonged to this group.

Blunt trauma sufficient to cause death in ordinary course of nature was found in 5 cases out of 60, only one case of injuries by sharp cutting weapon was seen. In 2 other cases there was a history of trauma, and torture was alleged by relatives in the FIR but on Postmortem Examination no bony or soft tissues injuries were found. In both these cases, cause of death was drowning (accidental) while trying to evade arrest by the Police.

Out of 11 non-traumatic deaths in custody, 6 were due to natural diseases, 5 due to chronic heroin addiction and 1 due to acute corrosive poisoning. In all these cases chemical analysis of body fluids and tissues were performed to ascertain the cause of death. Macroscopic examination of the body revealed no soft tissue or bony trauma. Histopathological examination reports show the commonest finding being active Ischemic heart disease with advanced atherosclerotic changes in the coronary arteries, coronary occlusion, Myocardial fibroses, cardiomegaly and enlargement of chambers, increase in the wt. of organ, increased thickness of the ventricular and septal walls, pale fibrotic areas (discrete as well as focal), hyperemic inflamed areas of Myocardial infarction and Pericarditis when the cause of death was from natural disease. In one case stenosis of the valves of the Heart was also observed.

History of Heroin addiction was ascertained from the FIR and the relatives accompanying in 5 cases. In 2 cases traces of Morphine was detected from body fluids and tissues submitted for chemical examination where as in other three cases no poison could be detected on examination of submitted specimens. Also traumatic and Pathological causes of death were excluded on autopsy examination in such cases.

The development of physical dependence is an invariable accompaniment of tolerance to an opioid.

Failure to continue administration of drug results in a characteristic with drawl or abstinence syndrome. With morphine or heroin, with drawl signs usually start with in 6-10 hours after the last does. Peak effects are seen at 36-48 hours<sup>4</sup>. In the absence of appropriate treatment the syndrome may prove lethal.

Knight says that death in custody may be from purely natural causes, usually cardiovascular in origin, which happens to have occurred during detection. It must be admitted, through it is almost in capable of objective proof, that the emotional & some times physical upset of being arrested and confined may have affected the blood pressure and heart rate by and adrenaline response, sufficiently to have precipitated an acute cardiac crises in the presence of severe pre-existing disease.

Similarly about the presence of concurrent medical diseases e.g. diabetes, epilepsy, asthma or others that can potentially cause sudden or unexpected death should be sought for by medical history and autopsy appearance<sup>5</sup>.

In the current study it was seen that in 12 (20%) of all cases i.e. 1 out of every five persons dying in Police custody the cause of death was non traumatic, either from silent natural causes concomitantly present in the person or due to self-poisoning. The natural cause of death being acute-on chronic degenerative atherosclerotic coronary artery disease. These results indicate the importance of a full medicolegal autopsy with utilization of as many investigations as are available in diagnosing the cause of death on scientific grounds.

#### References

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2. Criminal Procedure Code of Pakistan (Act V of 1898); Section 176.
3. Criminal Procedure Code of Pakistan (Act V of 1898); Section 510.
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