

Study of Trend and Pattern of Death of Prisoners in Judicial Custody in the State of Bihar and its Medico Legal Aspect

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Abstract: ***Aims and objective:** To know the cause and manner of death of prisoners and its medicolegal aspects, trends and patterns of death of cases referred to Patna medical college, Patna for treatment and management. **Methods:** This prospective study includes cases brought to PMCH, Patna from different districts of Bihar from January 2020 to November 2021 who died in hospitalization or were brought dead information sourced from autopsy reports and the inquest papers of the investigation officer: A mortuary based study. **Result:** In the majority of cases the cause of death was natural mostly from disease of lung, liver, brain, kidney, few neoplastic causes of oropharynx, lung, thyroid and alcoholic liver disease too - surprisingly in a significant number of cases like head & stab injury, hanging, shock, hemorrhage and trauma. **Conclusion:** The increasing number of custodial deaths with little to no police accountability has shed light on the systemic flaws that have ended the justice system and compounded human rights violations. It is time to optimize the system to involve a time bound justice protocol.*

Keywords: Prisoner, Judicial custody, Hanging, suicide, hospital, prevention

1. Introduction

Prisoner is a person legally committed to prison as a punishment for a crime or while awaiting trial or a person captured or trapped by a situation is deprived of liberty against their will.¹ Judicial custody means an accused is in the custody of the concerned magistrate lodged in jail whereas police custody means that the police has the physical custody of the accused lodged in police station lockup.² In judicial custody the person becomes responsibility of the court for the purpose of further investigation. In India are governed by the section 167 of the code of criminal procedure.^{3,4} Judicial custodies may extend to a period of 90 days for a crime which entails punishment of death, life imprisonment or period of imprisonment exceeding 10 days and 60 days for all other crimes if the magistrate is convinced.

The present autopsy study includes prisoners brought to mortuary of Patna medical college, Patna, who died in treatment in hospitalization or were brought dead in casualty entailed deaths wide ranging from natural disease process to unnatural cause of death giving impetus of identifying the factors such as custodial violence where an individual who has done a crime is tortured mentally or physically, custodial torture were included suicide and deaths in hospital during treatment, overcrowding, malnutrition, unhygienic conditions and lack of medical care are some of the factors

of death but custodial violence remains the common cause of deaths in prisoners and lockups.

Many human rights activist and social workers have found that the worst violations of human rights take place during the course of any investigation with the police with a view to secure evidence on confessions, often resort to third degree methods. Any case of custodial violence physical violence, psychological violence and sexual violence is reported to National Human rights commission in India between 2015 - 2019, 36% of deaths by suicide in police custody has been reported 2014 onwards, physical assaults by police has been recorded only in 6% of the cases. In last 10 years, 403 of 1004 deaths (40%) in judicial/ police custody are listed due to hospitalization/ illness/ natural deaths.

2. Material and Methods

The retrospective study was conducted on all 55 dead bodies of prisoners received in mortuary in the department of Forensic Medicine and Toxicology, P. M. C. H, Patna for autopsy. The Demographic profile of the victims /prisoners was noted from the police papers and interrogation with the accompanying persons. Injuries and causes of death were noted at the time of post mortem examination of the dead bodies. All the information of every case was recorded carefully, analyzed and preserved in tables for the comparison with other studies.

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3. Observation and Results

A Total of 55 cases (100% Males) of Prisoners death in Judicial custody over Study period from January 2020 to November 2021 were examined in details. Maximum number of Prisoners death (23.6%) Occurred in age group in 31 - 40 years, followed by (16.4%) death in age group 51 - 60 years, 14.5% deaths respectively in age group 21 - 30 years, 41 - 50 years, 61 - 70 years, and 12.7% elderly deaths in age group 71 - 80 years. Least number of deaths 3.7% occurred in age group 11 - 20 years of all the custodial deaths. Study revealed 24 (43.6%) death due to natural causes while 13 (23.6%) death due to unnatural causes, 5 (9.1%) death due to Neoplastic causes, 4 (7.3%) death due to HIV related infections with complications. However, in 5 (9.1%) cases of deaths opinion were reserved till receivable of visceral chemical analysis and histopathological reports. In 4 (7.3%) cases of death from hepatic failure perhaps Alcohol abuse/intoxication.

In natural causes of death mostly Pulmonary tuberculosis with Pneumonitis 11 (20%) were the common cause with maximum number of deaths, 8 (14.5%) cases died due to septicemia, 4 (7.3%) death respectively each from hepatic failure and HIV related infections, 5 (9.1%) deaths due to neoplastic cause. Hepatic failure from fibro - fatty changes to nodular cirrhosis.2 (3.7%) each died due to coronary artery disease and Anemia with CKD. Neoplastic cause was mass in Lung squamous cell carcinoma, oropharynx, tongue and thyroid. In unnatural causes of death 3 (5.4%) cases of death from hanging, suicidal in nature, 3 (5.4%) cases of death due to unintentional act of violence or accidental, rest 7 (12.7%) deaths attributed to hard blunt object/blunt force impact injuries & stab injury homicidal in nature.

All the information recorded carefully and presented in table, charts, bar and pie diagrams below: -

Table 1: Age distribution of Judicial custodial deaths

S. No.	Age Group	No. of cases	Percentage %
1.	11 - 20	2	3.7
2.	21 - 30	8	14.6
3.	31 - 40	13	23.6
4.	41 - 50	8	14.5
5.	51 - 60	9	16.4
6.	61 - 70	8	14.5
7.	71 - 80	7	12.7
	Total	55	100%

Table 2: Causes of death of prisoners in judicial custody

S. No	Nature of Causes	Number	Percentage%
1.	Natural disease process	24	43.6
2.	Neoplastic cause	5	9.1
3.	Opinion Reserved	5	9.1
4.	Hepatic Failure	4	7.3
5.	Violent		
	Hanging	3	5.4
	Stab injury	1	1.8
	Hard blunt object/ Force impact	9	16.4
6.	HIV related infections with complications.	4	7.3
	Total	55	100%

Table 3: Number of cases vs Causes of death

S. No	Causes of death	No. of cases	Percentage %
1.	Hemophilia	1	1.8
2.	Pulmonary Tuberculosis & Pneumonitis	11	20
3.	Carcinoma of Tongue	1	1.8
4.	Carcinoma of Lung	3	5.4
5.	Carcinoma of Thyroid	1	1.8
6.	Hepatic Failure	4	7.27
7.	Septicemia	8	14.5
8.	Anemia with CKD	2	3.7
9.	Ischemic heart Disease	2	3.7
10.	Hanging	3	5.4
11.	Stab Injury	1	1.8
12.	Opinion Reserved	5	9.1
13.	Head Injury/Hard Blunt object Injuries	5	9.1
14.	Shock And hemorrhage	4	7.4
15.	HIV Related Infections with complications	4	7.27
	Total	55	100%

4. Discussion

Death of Prisoners in Judicial custody is one of the worst crimes in a civilized society governed by Rule of law, despite this India sees a high number of custodial deaths. Can the Right to life of a citizen be put in abeyance on his arrest? The answer indeed has to be an empathic “No”. Therefore, when prisoner in judicial custody dies, it is only fitting that an independent investigation be conducted regardless of the presumed cause of death, which may be natural or accidental but which may also have been an instance of unlawful killing or the result of ill treatment or inadequate conditions of detention.5 - 7 A prompt, impartial and effective investigation is essential for ascertaining the cause of death for preventing similar incidents in future and ensuring the security of other prisoners, commitment to fulfilling their national and international obligations. Our present study is consistent with the works of previous authors.8 - 11

The study highlights the lack of Medical care facilities, inadequate treatment, overcrowding in jail with decreased health hygiene, emotional stress/turmoil, physical/psychological harassment which needs to be addressed.11 - 12 The establishment of custody centers run by social welfare department independent of police department should be an alternative model wherein the victim after being arrested should be sent looked after by prison authorities a separate cell entity. Round the clock monitoring by closed circuit cameras is advisable. There should be mandatory regular health checkup of all prisoners in jail custody apart from routine checkup for screening their health conditions. It is true that each and every death in custody cannot be prevented but by large such untimely death can be reduced with considerable numbers if appropriate preventive steps are implemented.

5. Conclusion

The present study presented with a view to provide

information which will help to design effective preventive program and the establishment of better preventive strategies to prevent such incidence in the hospital which are as follows: -

- 1) Proper reforms must be implemented to completely prohibit custodial/judicial violence.
- 2) India should ratify the UN convention against torture as it will handle 4 systemic reviews of the colonial methods practices and arrangements and treatments of person subjected to arrest, detention and custody.
- 3) Separate rooms with CCTV cameras installed must be set up in police stations for the purpose of interrogating.
- 4) Prison conditions must be in line with human rights requirement.
- 5) Implementation of Law Commission of India's 273rd report that suggest that those accused of committing custodial torture be it - policemen, military and paramilitary personnel should criminally have prosecuted instead of facing mere administrative action.
- 6) Implementation of strict laws, solid prison reforms, avoid work pressure from higher authorities, follow international standards – United Nations Convention Against Torture in 1997.
- 7) Radical standardize improvement in living conditions in jail and adequate medical care facilities.

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