

Study of Hundred Medico-Legal Autopsies Conducted Under Video photography

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Abstract: As per National Human Rights Commission's recommendation, video recording of the autopsy by empanelled videographer in cases of custodial death is mandatory. Video autopsy is also performed in cases of exhumation, dowry death & medical negligence cases. But for proper administration of justice & to stop the misuse of the advancement of technology, we should strictly follow some guidelines, mainly to maintain a proper 'chain of custody'. Present survey considers different aspects of 100 autopsy cases done under video photography. It was observed that 80% of cases were from correctional homes & vagrant homes. 67% were malnourished. In 80% cases, death was due to some disease condition involving respiratory system. It was concluded that autopsies conducted under video photography are actually yielding more authentic, unbiased reports from legal perspective. But they may not be scientifically superior always. Mostly the death is natural; cause of death is already diagnosed during their stay in hospital. In these, the utility of autopsy under videography is doubtful & debatable.

Keywords: Autopsy, Custodial death, Video photography

I. Introduction

In the recent times, videography evidence has become important evidence in the administration of justice. The National Human Rights Commission issued a directive on 10th Aug 1995 for video recording of medico-legal autopsy of the custodial deaths.^[1] Generally, it is believed that videography is necessary to simplify the understanding pertaining to medico-legal issues such as: identification, injuries, signs of disease, etc. It is true that photographs and videographs convey a message directly and vividly. However, a chance of misleading the law courts by videography cannot be ruled out. The aim of the present study was not only to record the whole thing as evidence but also to compile the questions which may arise later on to corroborate with the findings of the PM report. There is no question regarding its evidential value in Human Rights Commission & judiciary system, but its application from practical point of view needs to be tested. It was seen that even in cases of death in government hospitals, where the deceased was admitted for disease for a sufficient period of time to make a diagnosis about cause of death, autopsy is performed under video photography, as per NHRC recommendations. This is the area where this current study was done to find out the necessity of PM examination under videography. PM examination under videography can only reveal the external & internal status of different organs & injury over them, if present. But it cannot expose the underlying causes responsible for developing such devastating condition of the deceased. We did this study to focus on the trend in different aspects of PM examination under videography at Kolkata Police Morgue.

Procedure for Autopsy in Custodial Deaths:

The legal authority conducting an inquest should give a requisition for autopsy along with necessary documents. In the requisition itself, the authority should mention that the autopsy should be done by a panel of two or more doctors. The said authority should also arrange for a videographer who should be selected from the panel of videographers accredited by the district magistrate for the above purpose. Autopsies of all custodial deaths should be done only by forensic pathologists at the teaching hospitals of government medical colleges where the departments of forensic medicine are present, and on no condition should such autopsies be conducted in the absence of natural light (from sunrise to sunset).

Norms to be followed by Videographer:^[2,3]

1. Situation to be videographed

- The place of occurrence of deaths in custody should be videographed.
- The process of post-mortem and the process of burial and exhuming of the body should be videographed.

2. Essential elements in the videography

- The videograph is a visual document, not a news report or a chat show, and therefore the coverage should be comprehensive and detailed.
- The video cassette is to be used as corroborative evidence. Therefore, avoid visual gimmicks and bias.
- The video cassette is to be preserved as a source for future reference. Therefore, maintain professionalism in recording and only provide an unedited version.
- During the videography of post-mortem in custodial deaths, the date and time button should be pressed so that the date and time will automatically be superimposed.
- The context of the videography should be established by an appropriate combination of wide-angle shot, panning and tilting.
- While highlighting the details, continuity should be ensured by using zoom in and zoom out without cutting. It is suggested to limit to eye-level shot and to use pad-up or -down if necessary, however, not to use high or low angles.

- Ensure to avoid complicated lighting. It is advisable to light the subject fully if the ambient light is not sufficient. When lighting is poor, use of manual mode to focus is suggested.
- It is necessary to use the normal lens in general and to avoid using filters. However, before any recording the auto white balance button should be used.
- It is suggested to use the tripod during videography of the post-mortem.
- Each injury, whole and cut internal organ should be videographed for a minimum of five seconds.

3. Custody of the videotape:^[2,3]

- Immediately after the videography is completed, the essential details relating to the case, such as name of the deceased, general particulars of the deceased, particulars of requisition of the post-mortem, etc., should be recorded on the video.
- Thereafter, the forensic pathologist conducting the autopsy should ensure immediate sealing of the videotape and its immediate dispatch with all required particulars to the National Human Rights Commission (NHCR).
- Relatives of the victim and other public interest bodies should be entitled to receive copies of the video cassette from the NHCR.

4. General Points to Note:^[2]

- Copies of the autopsy certificate should be provided to the relatives of the deceased by the authority conducting the inquest without any delay whatsoever.
- It should be ensured, however, that no executive/judicial inquiry should commence without the relatives of the deceased being provided a copy of the autopsy certificate and the video cassette.
- It is welcome that there is transparency during the process of autopsy of custodial deaths - thus calling for the presence of an impartial observer during the process of autopsy. However, such occasion has not yet arisen.

5. Recommendations to the Government:^[2]

- I. The facilities for conducting autopsies should be standardized at all taluk and district hospitals. The autopsy room should be on par with any standard operation theatre. Better facilities for cold storage of bodies and specimen storage should also be introduced.
- II. It should be made mandatory that all the department heads of teaching hospitals and medical colleges cooperate with the forensic pathologist when their opinions are sought regarding any medico-legal issues.
- III. A panel of videographers should be accredited by the district magistrate for videographing custodial deaths. Any magistrate conducting inquest should choose a videographer to videograph the post-mortem only from this panel.

Materials And Methods

The record based cross sectional study of autopsy cases under video photography was conducted at Kolkata Police Morgue under direct supervision of Upgraded department of Forensic & State Medicine, Medical College. The study tools were PM register, PM reports and pre-designed proforma. Strict confidentiality regarding identity was maintained during the study. The data were tabulated & analysed.

Cases included:

1. Death in police/ jail custody
2. Death in home (vagrant home, remand home)
3. Death in psychiatric hospital
4. Exhumation

II. Results & Discussion

In our study we have tried to highlight our findings with the aims of autopsy under video photography, as per tables 1 to 6. Cases less than 30 years were 32%, and 30% within age group of 30- 50 years. So, 62% of total cases were within 50 years. Only 12% victims were female.(Table 1) Place of occurrence was maximum at correctional home and it was 45% of total study population and also 40% at vagrant homes.(Table 2) Nutritional status is also one very important factor related to life and death. In our study 67% of all cases were malnourished; that is an important factor leading to death.(Table 3) We did not find any significant injury (external & or internal) among 92% of cases. We found only 8% cases to be associated with fatal injury which was sufficient enough to cause death in ordinary course of nature.(Table 4) Maximum cases (80%), died because of natural disease condition of vital system/s of body. Among the 12 unnatural death, only 2 were homicidal in nature, 6 were suicidal & rest 4 were accidental. (Table 5) We found that 80% cases were associated with disease condition of vital systems. The involvement of respiratory system, mainly lungs, was seen in 57% cases & 12% cases had problem in the cardiovascular system.(Table 6)

Tables

Table 1 Age & Sex Distribution

Age Group	No. of Cases
<30years	32 (male 29, female 3)
30-50 years	30 (male 29, female 1)
>50 years	38 (male 30, female 8)
Total	100 (male 88, female 12)

Table 2 Circumstances of death

Circumstances	No. of Cases
Correctional Home	45
Vagrant/NGO (Home)	40
Police Custody/Firing	01
Exhumation	08
Medical Negligence	06
Total	100

Table 3 Nutritional Status Based On BMI

Nutritional Status	No. of Cases
Poor	67
Average	20
Good	05
Not Defined	08
Total	100

Table 4 Significant/Major External Injury

Injury	No. of Cases
Present	08
Absent	92
Total	100

Table 5 Nature of Death

Nature of Death	No. of Cases
Diseased Condition	80
Unnatural Death	12
Undetermined	08
Total	100

Table 6 Main System Involved in Diseased Condition (based on macroscopic finding)

System Involved	No. of Cases
Respiratory	57
Cardiovascular	12
Nervous	03
Digestive	08
Total	80

III. Conclusion

In our study, we made some important observations:

1. Nutritional deficiencies that may be out of long term suffering of chronic diseases and/ or poor or insufficient dietary supplementation to the victims, especially at vagrant homes, should be verified by authority concerned in the respective custody in frequent interval.

2. Videography in custodial death cases - whether it can done away with in those persons who were admitted with known diseased condition in hospital for a sufficient period and in whom, the diagnosis of cause of death is natural, should be left to the treating physician/ surgeon. In this study, 80% of cases were detected to have died due to diseases.

3. Respiratory diseases were the leading cause of death in our study. We suggest regular health check up of the persons under correctional homes and vagrant homes, giving emphasis mainly to chest infections and by taking precautionary measurements like investigations as chest x-ray, sputum examination where applicable and also monitoring the supply of medicines given to them are provided in regular basis or not.

Last but not the least-

4. The health condition is closely related with mental well being. Even after taking all steps the victims may not be healthy or disease free only because of mental illness that may be either depressive or impulsive disorder. Considering it we have to think about regular counseling to all so that mental status can be uplifted from depressive state or can be prevented in future.

Perhaps all the recommendations as noted above are going on, like our study result give the emphasis to improve and strength and re-evaluate again.

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