

PACT SUICIDE: A CASE REPORT

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Abstract

Pact suicide is when two or more individuals commit suicide based on an agreement made earlier to end life together, usually at the same time and place. The Suicide pacts are usually seen among small groups of people such as married or romantic partners, family members, friends or any group of small people sharing same problems in life. The causes of pact suicide among lovers is usually due to denial in their marriage by family members or society whereas most of the other cases are due to routinely encountered problems in life like poverty or other financial worries and dissatisfaction with their lifestyle.

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Introduction

Suicidal pact is an agreement between individuals in small group (usually two) to end their lives together. Suicide pacts are relatively rare phenomenon in India and accounts for 2.5 % of total number of suicide.¹ Most commonly seen among lovers and married couples, cases of suicidal pacts when heard about, read or encountered by us, first thing that come to our mind is the trust they had for each other, the strong bond that they shared during their life span and the decision they made to end it together.

Most common defeat they bear is usually a mere obstacle which at some point of life separates them from one another. The bond so strong and the dreams they built over time, when shattered in the form of man-made illogical rules of caste and pride like opposition of affair by the family members, poverty, disclaims from society, economic ranking disparity etc lead

them to get an idea of dying together if not living happily together.

We present such a case where a 21years old male and a 17years old female were found to have made a pact. They succeeded in their agreement by consuming poison. Both the bodies were found lying in an unconscious state on the last seat of a bus when it was being cleaned at the last stop. Some sedative pills and an empty can of Aluminium Phosphide (fumigant) were found near them. Female victim died on her way to hospital whereas her lover succumbed after a day following hospital admission. Postmortem examination of male counterpart of the pact was performed at our center.

Case report

Following his identification with the help of identity card found inside his bag, the moderately built, 21 years old male, having wheatish complexion was examined. Except for a reddish brown abrasion measuring 5x2 cm on the left side of forehead no other injuries were present. All the natural body orifices were intact and unremarkable.

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Internally, there was congestion of lungs and brain. White matter showed petechial hemorrhages. Stomach contained white colored mucoid fluid with faint odour which was subjected to Forensic Science Lab for analysis along with other routine visceral samples. All other organs were intact and healthy but showed congestion on cut section. FSL analysis reported positive for aluminium phosphide in preserved viscera and blood. There were no significant findings on histopathology examination except for congestion of liver and kidneys.

Discussion

Suicide pacts are associated with romantic, tender, heroic and certain social overtones.² The pact can occur between individuals of the same sex as well as between those of the opposite sex. It is commonly seen between a husband and wife, between lovers and also friends.³ It is interesting to speculate exactly which features in the relationship play a part in the development of a suicide pact. Financial problems, marriage-related issues and a threat of separation from a partner due to illness are among the most usual reasons.⁴ The partners create a special social unit of two and cannot bear to be separated from each other. A threat of dissolution to this unit results in the suicide pact.² Suicide pacts can also occur between complete strangers; they are negotiated over the internet and are known as internet suicides.⁵

An exception to this is seen in suicides occurring in psychiatric hospitals where there is no pact between the pair but one patient's suicide seems to stimulate another's. Rare cases have been encountered where psychiatric patients in wards and asylums follow chain of suicides

seeing one member of the ward doing so, which is thought to be more of a stimulation of mental disorder and is totally different from pact suicide. There is no pact between the pair but one patient's suicide seems to stimulate another's.⁶ Folie a deux, a relatively uncommon syndrome in psychiatric entity is characterized by the transfer of delusional ideas and/or abnormal behavior from one person to one or more others who have been intimately associated with the primarily affected patient.⁷ A term "family suicide" is when family members commit suicide together or in a successive manner. These are ritualistic types of suicide that bear resemblance with suicide pacts.^{8,9}

In pact suicide, when an idea of committing suicide comes to one of the partner's mind it is obvious that he/she instigates the counterpart. If the bond between them is strong enough, they land up performing the act. The one who co-operates in the act is thought to be less committed to the act compared to the instigator both mentally and physically. Such individuals are determined to die, hence use definitive methods of suicide, also use potent poisons if they choose poisoning to die, also may use large dose of poison to die, choose to die in secluded or bolted places so that they are not saved. In present case, the victims consumed Aluminium Phosphide, a deadly poison to commit suicide on the last seat of the bus which is usually a crowded public place in contrast to the usual secluded sites selected for such act.

In the society where victims lived, life partners are usually fixed by the parents. Any act beyond the family decision is considered disrespectful to them. In present case the victims were lovers since studying in high school. The

boy was a college dropout whereas the girl was still pursuing her studies in the same college and the affair was in full swing. The affair became a forbidden fruit to the society especially their family members which promptly made them take the extreme step of dying together, a step towards a pact to commit suicide for not being able to fulfill their desire to live their life happily ever after.

References

1. Sathyavathi K. Usual and unusual suicide pacts in Bangalore- a report. Indian J Soc Work 1975; 36: 173–180.
2. Rosenbaum M. (1983) Crime and punishment – the suicide pact. Arch. Gen. Psychiat. 40, 979–82.
3. Latha K.S. Suicide pact survivors: some observations. Med. Sci. Law 36 (4), 295–8.
4. Noyes R. Jr., Frye S.J. and Hartford C.E. (1977) Single case study. Conjugal Suicide Pact. J. Nerv.Ment. Dis. 165 (1), 72–5.
5. Rastogi P, Nagesh K R. Suicide pact by hanging: a case report. Med. Sci. Law 2008;48(3), 266-68.
6. Santy P A. Observations on double suicide: Review of the literature and two case reports. American J. of Psychother. 1982;36 (1), 23–31.
7. S. G. Dhawane , R. V. Bardale. Dying together: a study of suicide pacts, Journal of Forensic Medicine, Science and Law (Jan-Jun 2011), 20(1)
8. Salih MA. Suicide pact in a setting of Folie a Deux. Brit J Psychiat 1981; 139: 62 - 67.
9. Dabbagh F. Family suicide. Brit J Psychiat 1977; 130: 159 – 61.

CONGRATULATIONS



Dr. S.M. Kantikar, a first Medical Doctor in National Consumer Disputes Redressal Commission (NCDRC), New Delhi.

Govt of India , Ministry of Consumer affairs appointed Dr. S.M. Kantikar from Shimoga ,Karnataka as a member in National Consumer Disputes Redressal Commission(NCDRC), New Delhi from March 2013 . Previously he was Associate Professor in Pathology at Shimoga Institute of Medical Sciences, Shimoga.

Dr.Kantikar is a reputed Pathologist in Shimoga for the past 25 years who is among very few personalities having qualifications in Medicine and Law. He is graduated from V.M.Medical College, Solapur, thereafter completed LLB at Shimoga and PG Diploma in Medical Law and Ethics from a prestigious National Law School of India University , Bangalore.

He is associated with organizations such as Red Cross, Family Planning Association of India,(FPAI), Blood Transfusions etc. He is instrumental in starting two voluntary blood banks in Shimoga. His social work in the field of medical law of negligence, consumer awareness are laudable. He had served as a member of the District Consumer Court from 2002 to 2006.

He is a life member of KAMLS and SIMLA. Entire medical and legal fraternities of Karnataka and Maharashtra state are proud of his appointment in NCDRC, New Delhi. Members & KAMLS wish him 'Best of Luck'.