

Dyadic Death in A Hospital

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Abstract: Homicide-suicide (dyadic) deaths have got important social impact. Whenever an incident of homicide-suicide occurs, many questions arise and need attention, many facts need consideration and evaluation. The present case-report documents homicide of wife by her husband in a reputed hospital. The perpetrator (husband) killed his wife by the continuous attack by saline stand. Then he hanged himself by the ceiling fan. The suspicion of infidelity is said to be the reason for the killing.

Keywords: dyadic death, homicide, perpetrator, suicide

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I. Introduction

Dyadic deaths (homicide – suicide) is defined as a dramatic violent event in which an individual kills another and subsequently commits suicide immediately or after certain period of time that may range from hours to 1 week. There is however no standardized operational definition¹. They are relatively infrequent events. Yet, they are of great concern because they often result in the death of family members, young children, and cause additional morbidity, family disruption and childhood psychological trauma. Currently there is no classification system validated for this phenomenon, but Mazruk et al, have suggested a system of classification based on type of relationship between perpetrator and victim and sub classified it on motivation of crime. Thus dyadic deaths are classified as spousal/ consortial, familial, and extra-familial type with different sub classification based on motive of crime¹. The Hanzlick–Koponen typology has the following special classifications, which can be divided into two broad categories: single victim and multiple victim events. And according to this, single victim events (dyadic deaths) include homicide - suicide or suicide pacts². The most common type of dyadic deaths involve killing of intimate partners and perpetrators are male in most of cases¹⁻⁶. They account for approximately 1000 to 1500 deaths yearly in the United States⁷. In India, National Crime Records Bureau hasn't given information regarding incidences of dyadic deaths. But, such deaths are not infrequent in society as evident from various case reports and media news⁸⁻¹². These cases have got great social impact on after survivors of victim and perpetrators, and as well as on society⁶. However, the present case of dyadic death discussed here, occurred within the premise of hospital.

II. Case Report

A 37-year man killed his 34-year wife by the saline stand in a general ward. Then he committed suicide by hanging himself by ceiling fan of the hospital. The husband killed his wife by continuous attack by saline stand on suspicion of infidelity. The elder sister of wife confronted him but made her half-dead too. No hospital staffs were aware of the incident. According to police and relatives, the lady was admitted to the hospital after sustaining minor injuries by falling from stairs. Her elder sister was attending her in the hospital. On that night the husband came to the hospital asking her to take discharge and return home. For which she refused leading to the heated arguments. This turned husband violent resulting in the gruesome incident. The elder sister of wife tried to protect her but in vain.

On examination of wife

Average built, rigor mortis were present all over the body, both eyes and mouth were open.

Abrasion (dark brown): 3x1 cm front of neck lower part, 4x2 cm left side of forehead above left eyebrow.

Contusion: 15x10 cm front of chest upper part [fig.1]. **Lacerated wound:** 2x1cm x soft tissues with oozing of blood over left clavicular region, 2x1 cm x bone deep over right index finger with fracture of proximal phalanx, 2x1 cm x bone deep over right ring finger with fracture of proximal phalanx, 2x1 cm x bone deep over right little finger with fracture of proximal phalanx [fig.2], 7x2 cm x soft tissues over left parietal region of head [fig.3], 6x2 cm x soft tissues over right side of frontal region of head. Internally, there were diffuse contusion of frontal and left parietal scalp, there was subdural blood and blood clots over both side of brain, and death was due to head injury.

On examination of husband

Average built, rigor mortis was present all over the body, both eyes were partially open, mouth was partially open with tongue pressed between the teeth, nails were cyanosed, face was congested, ligature material was present in situ of greenish colored saree with slipping knot. The ligature mark: 02 cm width around the neck upper part above the thyroid cartilage. The mark was oblique and high up towards the right lateral neck behind the right ear at mastoid region where it was discontinuous. The ligature mark was abraded and contused at places.

Internally, the tissues underneath the mark were dry, white and glistening. The hyoid bone was intact. There were petechial hemorrhages over the surface of both lungs. The right chamber of heart was full of blood. The internal organs were congested. The death was due to asphyxia as a result of hanging. The deceased wife was in general ward at the third floor of the hospital. There were eight beds in that general ward but no other patients were present on that day. Both sisters were shouting for help but none came for the help. This incident raises serious questions about security in the hospital. The hospital management says majority of the staff were in leave due to Puja festival. According to police and relatives, the husband suspected wife of infidelity. They frequently had the heated arguments on the matter.

III. Discussion

Dyadic death episodes are reported from various parts of India and mostly seen in low socio-economic, less educated or illiterate families and included single victim or multiple victim events. Demographic characteristic of perpetrator and victim are more or less same as observed in various reports. Most episodes occurred at home and perpetrator is known to victim⁸⁻¹¹. But this incident occurred in a hospital, an unusual place. In majority of the cases, offenders were male, from low socio-economic class, living in semi-urban areas and less educated. In developed countries, use of firearms is common method of homicide in dyadic deaths. Other weapons associated with this includes knives, blunt objects, and, other methods of homicide have included strangling /asphyxiation, poisoning and physical assault or vehicular accidents⁵.

When comparing homicide incidents to dyadic deaths, research has suggested that the perpetrator is more likely to die by suicide when motive is related to possessiveness /jealousy, sickness or stress and these incidents are more likely to be premeditated than a homicide alone¹³. Bossarte et al, observed, shooting (80.4%), Sharp weapons (11%), Hanging (6%), Poisoning (4%), fall (3%), Burns (1%), and vehicular accidents as method of suicide in perpetrators⁵. Here perpetrator died by suicidal hanging. Causative factors are multidimensional for such episodes as seen by Milroy CM, in his studies of 52 cases of homicide-suicide pacts, and established breakdown in a relationship (46%), Mental illness (21%). Physical ill-health (11%) and financial stress (10%) as important reasons for homicide – suicide³. Graser identified a number of precipitating factors in perpetrators of familicide, including marital and financial problems, unemployment, depression and social isolation, alcohol abuse, physical and mental illness and, particularly in murder – suicide type of family murder, stated that victim precipitation in the form of behavior of spouse often provides a “trigger” for the family murder. The personalities of perpetrators and their victims, the prevailing circumstances, and the manner in which latter are defined, interact, possibly ending in tragedy⁴. Jealousy, conflict over extramarital, sexual, love affairs, threat of separation or actual separation from intimate partner is important factors seen in spousal or consortial homicide. In Indian scenario financial distress is mentioned as predominant factor for familicide^{8,10}. Also, financial burden and marital disharmony are the principle reasons for suicide in India. And, such suicidal tendencies are now commonly seen in farmers of country due to agrarian crisis & unemployed youths making them vulnerable population^{14,15}.

IV. Conclusion

Dyadic death in a reputed hospital is a rare incident. A hospital has never been reported as a place for such incident. This surely raises the mismanagement of the hospital. The police officials have ensured the strict action against the hospital after proper investigation of the case. But the precipitating factors in previously normal individuals that lead to homicide – suicide episodes still remains unanswered. Because, in India there is no national surveillance system for such cases and investigating agencies are never been able to discover the facts due to death of an offender. Hence, to prevent such episodes, it is necessary to focus on vulnerable population with multidisciplinary approach.

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Fig.1-showing contusion over front of chest upper part (PM No.808/17)



Fig.2-showing lacerated wound with fracture of index, ring and little fingers of right hand (PM No.808/17)



Fig.3-showing lacerated wound over left parietal region of head (PM No.808/17)

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