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Suicidal Trends Among Doctors

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ABSTRACT

Not a single year passes when daily newspapers do not have news mentioning about suicide by doctors. Commonest mode employed is by introducing certain drugs in the body by oral or intravenous. Often the doctors are known to use a particular drug since long either as a drug of abuse or for relieving him from certain tensions of life or of his work. The question is "to what extent have these drugs contributed to the death". It is observed that there is no anatomical, histopathological and chemical characteristic changes in the body due to these drugs, which can be extracted and measured. Usually they give rise to uncertainty in the interpretation of cause of death. Sometimes the nature and characteristics of the particular drug cannot be determined even after meticulous examination. In the era of scientific and medical advancement, there is easy availability of drugs to the common people as well as professionals (doctors, chemists etc.). This is becoming one of the disadvantages to the society. Various related points are discussed in this paper.

Keywords: Morphine, Pavlon (Pancuronium), Suicide, doctors

INTRODUCTION

Self destruction through suicide is becoming more and more common in the society and it is more extensively covered by media these days. Doctors also appear to be at a high risk for several reasons, their "task" becoming simpler because of the following main factors:

Better understanding of life processes by them

Easy availability of such drugs to doctors

Doctors face severe mental stress and strain. This is usually more than what an average person experiences. this results in mental and physical strains. If these stress and strains are not managed

properly and there are various precipitating factors, they can manifest as depression, and under this depressed state the doctors try or commit suicide.

SUICIDE

Stress in the life of a doctor begins right from this childhood: in fact from his school leaving days, when he faces the tough competitive medical entrance examination followed by high expectations of parents and relatives with high social stigma. There is tough tiring schedule of at least five and a half years of education period. He not only has to pass out, but to secure good marks to get admission in desired post graduate subject. In the present era of specialization and super specialization, the training period ordinarily extends to another 3 to 6 years resulting in: 1. Delay in the settlement of life. 2. Delay in the marriage and in the further planning. 3. Extended financial dependence on parents and the relatives. 4. Stress to get good job opportunities and work satisfaction.

All the above conditions may develop stressogenic situations in the career of a doctor. The stress result in an unimaginable strain followed by depression. During the acute phage, these depressed persons are at a very high risk of committing suicide.

MATERIAL AND METHODS

CASE NO. 1

HISTORY

On 18 December 1991 a decomposed dead body of a doctor was brought for post mortem examination. He was an obstetrician and Gynecologist serving in a Government hospital. According to the investigating officer and neighbors of the deceased, the body was lying on the floor of kitchen. By the side of the body, there was a disposable needle and syringe along with four broken injection bottles.

EXAMINATION

The body was of a male, aged about 36 years, wearing full sleeves shirt, white banyan (an undergarment worn in Indian subcontinent over the chest) and socks in both feet. There was no pant or undergarment over the waist. Sings of decompositions were present and all internal organs were congested, soft and flabby. Forensic Science Lab (F.S.L.) report was received on 2 April 1992 indicating presence of Morphine (Narcotic analgesic) in the stomach, intestine, liver, kidneys, blood, lungs and brain.

CASE NO. 2

A 24 year old Gynecologist was found dead in his father's house on 12 February 1993 at 20.30 hrs.

HISTORY

She was married, had a female baby and some possibly some conflicts with her in-laws about pursuing further studies. Four broken ampoules of Pavlon injection and one disposable syringe and needle was found by the side of the body.

EXAMINATION

A 24 years old female, having clothes over the body and injection marks in right cubital area. Organs were congested. F.S.L. report was negative.

CASE NO. 3

Dead body of a 25 years old female (M.D. Anesthesiology) brought for postmortem examination on 21 November 94 at 9.30 a.m.

HISTORY

She was found in unconscious state in her home at 19.30 hours on 20 November 94. She was immediately rushed to a nearby hospital for treatment by relatives and declared dead at 19.55 hours on the same day. Disposable syringe and broken injection ampoules of Pavlon and Diazepam were recovered from the side of the body.

EXAMINATION

Injection marks were present on anterior aspect of left forearm and dorsal surface of left foot, a contusion was present 2 cm. above outer angle of right eye brow, of size 1.8 x 1.7 cm., red in color. Fingernails shows bluish discoloration. All organs were congested and lung shows gross as well as microscopic pulmonary edema. F.S.L. report received on 24 March 95 did not reveal presence of any chemical substance in the tissues and organs.

CASE NO. 4

A dead body of 35 years old male (M.B;B.S.) brought for postmortem examination on 23 July 1995 at 15.30 hours.

HISTORY

After a hot exchange with his wife, he went to one of the river bridges of Surat city and jumped in to the running water. An auto rickshaw driver saw him while jumping in the river and informed the fire brigade department. On that day there was heavy rain. After intense search the body was recovered about 500 meters away from the bridge, after about 48 hours of the incidence.

EXAMINATION

The body was of a 35 years old male, under the process of decomposition. The body was swollen and distorted; there was peeling of skin and hair, facial features were bloated. Bluish green discoloration was present all over the body. Bluish discoloration of fingernails was present, conjunctiva was congested, lungs were heavy, congested and dark brown colored frothy fluid came out from cut surfaces. Dark brown colored fluid was present in both plural cavities. Internal organs were congested, soft and showed sings of decomposition. The cause of death was asphyxia as a result of drowning.

CASE NO. 5

Dead body of a 25 years old male (M.S.- E.N.T., Resident) was brought for postmortem examination on 24 January 1994 at 9.30 hours.

HISTORY

He was found in unconscious state in the recovery room of Anesthesia department at 7.30 hours, then immediately shifted to ICCU. He could not be revived even with all possible efforts. By the side of the body a 10 ml. disposable syringe with attached butterfly needle and four broken ampoules of Pavlon and two broken ampoules of Diazepam, with two unbroken ampoules of Diazepam were recovered.

EXAMINATION

Bluish discoloration of lips and fingernails was present, white froth present in mouth and nostrils. Injection needle marks were present over left cubital area and dorsal aspect of right hand. All organs were congested. Histopathological report showed tubular necrosis in kidneys and bronchopneumonia in both lungs. F.S.L. reports did not reveal presence of any chemical substance in the organs and body fluids but in syringe Pancunorium was detected. Final cause of death was bronchopneumonia and renal shut down, by a poison whose nature was not detected by the chemical analyzer.

CASE NO. 6

A doctor who had recently obtained his medical license (Internship completed on 11 August 2001) was found in unconscious state on 30 September 2001 at around 3.00 p.m. in his house by his mother. Immediately he was shifted to a nearby hospital. Despite all possible efforts he could not be revived and was declared dead around 5.00 p.m.

HISTORY

He was found in an unconscious state. By the side of the body, broken ampoules of Pavlon injection with a disposable syringe were recovered.

EXAMINATION

His face was livid, the conjunctiva was congested. Lips and finger nails showed bluish discoloration. White froth present in the nostrils and injection marks present in both forearms. All internal organs were congested. Tissues and body fluids were forwarded for chemical analysis and histopathological examination. The results are awaited. Cause of death - Kept pending till the receipt of chemical analysis and histopathological examination reports.

DISCUSSION

It is observed that commonly used drug by medical professionals for committing suicide in our region (Surat, Gujarat, India) is Pancuronium with or without Diazepam. Pancuronium is a peripherally acting muscle relaxant having a neuromuscular blocking property. It acts as a competitive blocker by competing with Acetylcholine for cholinergic receptors. It is five times more potent than d-Tubocurarine. The order in which the muscles undergo paralysis is this: fingers, eyes, limbs, neck, trunk and respiration. It produces flaccid paralysis. Pancuronium is a synthetic steroid molecule based on the naturally occurring compound MALOUETINE that was used as arrow poison by African tribesmen. Onset of action is 4 to 6 minutes. It is commonly used in operation theaters and I.C.U. for muscle relaxation. It produces dose related tachycardia, slight elevation of blood pressure but due to its vagolytic action but there is no ganglionic blockade.

Major factor responsible for the use of this drug as a suicidal agent is its easy availability. Other drugs may be used because they are so commonly available in the market. This has resulted in development in the so-called polypharmacology where the drug is used not for the therapeutic purpose but to increase the main desired effect. Unsuspected drug interactions have come to light, some of which are beneficial while others are harmful. Determination of concentration of anesthetic agents by the chemical analysis in the viscera and body fluid is not of much value. It is difficult to detect them too.

Out of six cases studied, four of them had used Pancuronium (Pavlon) for the purpose of committing suicide, while one of them used Morphine and another ended his life by jumping in running water.

CONCLUSION

It is observed that due to increased struggle in the life and advancement of education the way of self-destruction has also changed. In the past, the common way of suicide was ingestion of some poison (not a drug), hanging, drowning, burning etc. but now-a-days there is a change in the mode of committing suicide. In the professionals it has become very common to use therapeutic drugs for the purpose of committing suicide. It seems that there is an urgent need of regulating the availability of these drugs even to the health professionals.

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