

Pathology Biology Section - 2012

G61 Suicide and Profession

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After attending this presentation, attendees will be aware of why it is of paramount importance to know the profession or skills of the victim before performing the autopsy.

This presentation will impact the forensic science community by serving to understand how the profession, knowledge, and or skills of the victim should influence the decision of what is the best way to commit suicide in a simple, rapid, intelligent, and effective way.

Methods of suicides most common used and examined at the National Center of Forensic Medicine in Israel for the last several years were by hanging, jumping, shooting, stabbing, and cutting. To choose the appropriate way to commit suicide, is probably a very complicated issue, and depends on many factors that certainly, the profession and skills of the victim are an important parameter to take into consideration.

In general, the people know the location of the heart or neck's great vessels, so those are usually the places of choice for cutting or stabbing. In most cases, the victim doesn't have the appropriate anatomy knowledge which tells him where to cut for achieving the most "effective" place to harm himself and usually they doesn't know how much pressure to apply in order to create the most effective lethal damage.

This lack of knowledge guides the typical victims to select the most inappropriate places for cutting which leads to produce several superficial and parallel cuttings (*hesitation wounds*). Such wounds indicate repeated attempts of self-inflicted damage before to build-up of sufficient courage for the final deep gash that injures major blood vessels or expose the trachea or larynx to die. Those lesions not always appear near the deeper fatal injury.

In these cases not being able to achieve their goal by this method, they usually finish their life by hanging or jumping or choosing another way to die. Death may have been due to a cause other than exsanguination.

In self-inflicted incised wounds of the extremities, right-handed individuals usually cut the left wrist or forearm, typically found on the flexor surface and radial aspect of the forearm. Groins are not such a common place.

The story can take different angle when the victim has anatomy knowledge such as painter (artist), hunter or a physician when chosen the cutting method. In these cases, they know where to cut, at which depth, and may be they know how much pressure to apply on the skin. In such cases one can asked if hesitation marks must appear. The answer is: probably not.

This presentation will show an unusual case of a convict physician, who committed suicide on jail by cutting his own groin vessels.

For the first time, as far as the records at the The National Center of Forensic Medicine tells, the body of a person who committed a suicidal act by cutting the main blood vessels in the groin, with only a few hesitation wounds, was brought in for autopsy. A similar case like this has not been previously described in the forensic literature to the best of our knowledge.

Undoubtedly, the victim had a background of anatomical knowledge, and unquestionably this point helped him to select the proper area of his body to do a lethal damage.

In this case there are some interesting questions to ask:

- 1. It looks that in this case the appearing of hesitation marks are not a result of lack of knowledge of the amount of pressure to apply. Maybe it was the result of not enough courage to execute the act?
- 2. Even though the victim had knowledge in Anatomy; one of the groins' damaged wasn't effective enough to cause death. Why?
- 3. Why the victims choose the groin vessels as a target of damage instead of neck vessels?
- 4. Did the victim weigh another alternative which is more common option to commit suicide in jail like hanging? Obviously, it is impossible to give answers to these questions today.

Suicide, Profession, Hesitation Marks