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Original Contribution

STRATEGY FOR FORENSIC ANALYSIS OF SUICIDE CASES IN BULGARIA

K. Stojkoski*, M. Grozeva

Department of Forensic Medicine, Medical Faculty, Trakia University – Stara Zagora,
11 Armeiska str., Stara Zagora 6000, Bulgaria

ABSTRACT

In the condition of Bulgarian Healthcare and forth coming reform of the legal system in Republic of Bulgaria as a future member of the European Union, forensic pathologist frequently will have to examine thoroughly the cases of the successfully committed suicide. The generalization of forensic medical registers, at this moment in Bulgaria is underestimated. They could be rationally used for the needs of suicides prevention. The significance of building an informational database received from family doctors and National Health Insurance Found (NIHF) respectively Regional Health Insurance Found (RHIF), for fast investigations of suicides is emphasized, which aim is improving National Program for Prophylaxis of the suicides. Our research will be used for clarifying the role of forensic doctor in preparation of effective prophylaxis programs, as European practice.

Key words: forensic medicine, suicide, biostatistics.

INTRODUCTION

For Bulgaria suicides are one of the problems of a constantly increasing importance. This is determined by certain demographic, social-economic, psychological and health aspects of the suicidal acts which can be summarised as: loss of human potential, comparatively high use of the resources of health care – general and specialised, negative psychological influence over individuals, groups, communities and the whole society.

METHODOLOGICAL PROBLEMS WITH THE REGISTRATION OF SUICIDE CASES

The most significant problem is the reliability when registering the suicide cases. Since the 19th century the establishing of the causes of death has been carried out by the pathologist in most of the European countries. The doctor has bean the one who establishes suicide cases as well. Very often, especially in the past, when suicide was taboo according to the society and religion, it was concealed as being the reason for death. This concealment could be due to economic motives. The majority of the insurance organisations consider suicide a natural risk and keep strictly to the clause according to which the bonus is given back in its whole amount when the insured person commits suicide during the first two years following the signing of the contract. This clause is used as security against people who are supposed to have made heir life insurance with the intention to commit suicide once the contract has come into force. The insurance organization has to prove that the death was caused by suicide (1). With the advance in age, with the increase of susceptibility to different diseases, which can lead to a fatal outcome, it becomes more difficult to establish whether the suicidal attempt has caused the death or the person has died of a natural cause (2). Even the ceasing of the intake of medicines of vital importance is often not accepted as a suicidal attempt. (Velder 1989)(3). In these cases the definition of suicidal attempt is under question having in mind the active deed of the person committing suicide.

FREQUENCY OF SUICIDES

There are great differences between certain countries. The South-European countries have

* **Correspondence to**: *K. Stojkoski, Department of Forensic Medicine, Medical Faculty, Trakia University – Stara Zagora, 11 Armeiska Str., Stara Zagora 6000; Bulgaria; E-mail: cyril.md@gmail.com*

a comparatively small number of suicides, while in the North American and North-European countries it is higher. Taking into account the data of the WHO, we can establish a clearly defined tendency towards increasing suicides in most of them (4, 5).

RISK FACTORS

- Sex: men commit suicide more often than women, except for China and India (6);
- Age: the elderly people commit suicide more often, especially around the age of fifty.**(2,7);**
- Marital status: the highest percentage of suicides is with the divorced (especially men), followed by the widowed and single people. At the same time the married people show the lowest percentage of the suicides, but nevertheless marriage is still thought to be a protective factor. **(7,8,9,10,11);**
- Social status;
- Fluctuation according to season **(12);**
- Differences between the city and village.

STRATEGIES OF THE STUDY

The most important strategy when studying the frequency of suicides is probably the most representative inclusion of these acts among the normal population. **(8,13,14)** This can be done very well with suicides, when establishing the causes of death considering the problems that result from the peculiarity of the moment of friends and relatives with a successful suicidal attempt. Of great importance is the study of migrational groups, i.e. generations of specific national groups, which have passed from one society and culture to another. (Murphy 1982) **(10, 15)**

The forensic pathologist is the first medical worker who meets the relatives and friends of the person who has committed suicide, during examinations of the scene of accident, which are routine activities of the forensic doctor. In the Forensic Department at the Medical Faculty – Stara Zagora, we try to apply an algorithm which includes gathering catamnestic data from the friends and relatives, examination of the scene of accident, forensic autopsy and if necessary, taking information from the family doctor (GP). When there are old epicrisies for hospital treatment, they are checked and particularized with the doctors who have performed the treatment in the appointed medical institutions. The catamnesis itself consists of an interview (taken on the next day). The gathering of catamnestic data from friends and relatives starts with the obtaining of informed agreement, which requires exceptional tact on side of the forensic doctor. In our opinion, after signing such an informed agreement, the getting of catamnesis and other medical data and documents will not break the professional secret and medical ethics. **(4, 16)** The algorithm we use in our practice is in the following order: Birthplace of the deceased; Date of the birth; Born from which of the pregnancies; How has the pregnancy passed; Physical development; Intellectual development; Family environment; marital status; ethnic consciousness, religious beliefs; place of residence; conditions of the style of life; education; job; Professional realization; social status; information about hereditary defects; health condition; mental diseases and treatment; previous suicidal attempts; motives for previous attempts; social and psychological; character of the previous suicidal attempt; where and when has been was committed; were have they got first medical aid; who gave first aid; hospitalisation with evaluation of the health condition; profile of the ward; mechanism of the suicidal attempt; guided to a specialised aid; dispensary treatment; personal habits; use of alcohol; narcotics; current medicines for the chronic disease; personal impressions in the relationship with the deceased; information about the general practitioner (telephone, e-mail) (12).

This order of collecting catamnesis is not obligatory. Every forensic doctor has to conform to the moment environment and to evaluate personally the individual that takes the interview. This is the way to get maximum information whether other specialists have participated in the treatment in connection with other suicidal attempts or other diseases of the deceased. The obtained catamnestic data from friends and relatives as well as the data from the family doctor in combination with the examination, the autopsy finding, give the chance for a thorough analysis and the conclusion from the data collected in this way, could give a more concrete answer, i.e. that the death is a result of a suicide.

The legislative organs have to possess clear evidence for such a premeditated action in order to classify the death as suicide. The juridical accents, however, vary in the different countries. The same is true about the relative authority of the law and medical point

of view when estimating the causes of death. When defining the suicides the criteria are stricter than the medical ones. (Krigman 1996) (10).

Up to now the obtained evidence is not used when giving a preliminary estimate whether there was a problem in the environment of the deceased or there was some mental disorder. It is used to help the relatives of the person who has committed suicide in the period of time that is awaiting them to be directed to the existing groups organized by the National Program for Prophylaxis of the suicides. Our experience has shown a lot of difficulties and defects, which are removed on the move. Each population has its own peculiarities and the study of the forensic registers is the basis of eventual suicide prophylaxis actions. The catamnestic collecting of information from relatives and friends of the person who has committed suicide, gives the idea of the risk groups as well as the behaviour in the concrete environment.

At present the suicides, murders and accidents in Bulgaria are legal terms connected with defining the intention, form of the guilt of the person who has done the injury. So the defining of the kind of death is competence of the juridical organs, i.e. function of the coroner, public prosecutor and the judge (17).

The expert doctor establishes the forced character of the death, its kind and cause, clarifying the peculiarities of the injuries, their number, locality, means used and the way in which they were applied. They state the possibility or impossibility for the victim to have caused them him/herself and gives material base helping the lawyer in defining the kind of death. This role of the forensic pathologist limits him in the behaviour necessary for making clear the details in each concrete case where there is doubt about a successful suicidal attempt. Impressive is also the number of accidents and their connection successful suicidal attempts.

Suicidology is a new science and it deserves the chance and time needed in medicine in order to help man better.

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