

Original Article

Custody Deaths Autopsied in Northeast Delhi Region : A 5-Years Retrospective Analysis

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Abstract

Background : On hearing custodial death, thought comes to the mind in most of us, is injustice and abuse of power and refers to the demise of an individual occurring while an individual is under the custody. It's the duty of state is to provide healthcare to their citizen including those in custody.

Materials and Methods : To find the trend, a retrospective autopsy-based study on death in custody was conducted in Northeast Delhi region for duration of five years (2019 to 2023).

Results : A total of 9653 medico legal autopsies were conducted during the study period, in which 3.6%(n=83) involves custodial death. Male predominance 93.9%(n=78) was seen over female 6.1%(n=5). Majority of custodial deaths belonged to the age group of 21 to 30 years. Natural causes like septic shock, disseminated tuberculosis, cardiovascular diseases etc accounts majority 72%(n=65) cases. Among unnatural cause 21.6%(n=18), from suicide 10.8%(n=9), due to violence 7.2%(n=5), due to accident 4.8%(n=4) was observed.

Conclusion : Mandatory medical investigation and screening while during a person into custody and periodical health checkup with proper and timely medical care will prolong the lifespan and overall health status among the person in custody. As we are part of society, we need to work towards creating more humane and equitable systems of justice and healthcare that uphold the fundamental rights and dignity of all individuals, both inside and outside of prison walls.

Key words : Custodial Death, Jail Death, Asylum Death, Charity Home Death.

The duty of state is to provide healthcare to their citizen including those in custody under 'Article 21 of the Indian Constitution, 1950' which emphasises that no one can be denied his right to health. Before the law, every person is equal which is similar to other nations for imposed legal obligations on states to uphold these right and personal liberty¹.

On hearing custodial death, thought comes to the mind in most of us, is injustice and abuse of power, refers to the demise of an individual occurring while an individual is under the custody or control of law enforcement, correctional facilities, or other authorities. This occurrence, tragically prevalent in many countries worldwide and in India, represents a grave violation of human rights and threaten the principles of justice and accountability.

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Editor's Comment :

- Ensuring mandatory medical screenings and periodic health check-ups for individuals in custody is not only a legal obligation but also a morally indispensable.
- By advocating for humane and equitable systems, we contribute to the well-being of all members of society, which uphold the fundamental rights and dignity of all individuals, both inside and outside of prison walls.

Addressing the issue of custodial death put forth extremely challenging and difficult for Governments, civil society organizations and the international community alike. These challenges include extensive criminality of offenders, inadequate access to justice and redress for victims and their families, lack of transparency and accountability within law enforcement agencies, and a conspiracy of silence and complicity surrounding cases of abuse. Moreover, the socio-political circumstance in many countries, characterized by political quashing, corruption and weak institutional ability, further complicates efforts to combat custodial death effectively.

There are also a possibility of false allegations of violation of human rights by prisoners on law enforcement authorities and few studies shown that there is increased morbidity and mortality with natural

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deaths with the individual is under the custody^{2,3}. Although natural death is unavoidable, with adequate care and necessary treatment, disease progression can be controlled and that requires proper planning and allocation of resources which in-turn requires data regarding natural and unnatural manner of death in the custody.

Through analysing the complexities surrounding custodial death, this exploration aims to enrich greater understanding and action towards preventing further loss of life and upholding the fundamental rights of all individuals, regardless of their circumstances or legal status. This study also limelight the stake holders on pattern for planning preventive measures and awareness programs based on the past learning of their particular geographical area.

MATERIALS AND METHODS

The present study was conducted retrospectively at the Department of Forensic Medicine & Toxicology, University College of Medical Science & GTB Hospital, University of Delhi. Altogether 83 cases of custodial death were identified during this study period over the last five years. Relevant data such as age, sex, cause of death, manner of death, place of death, any pre-existing illness, etc were gathered from post-mortem examination reports and other legal documents on custody-related deaths during the period from year 2019 to year 2023. The data were tabulated, then analysed and compared with previous similar study done in national and international in past.

OBSERVATION AND RESULTS

A total of 9653 medico legal autopsies were conducted in our institute during the study period, in which 3.6%(n=83) involves custodial death. Male predominance of 93.9% (n=78) and female 6.1% (n=5) were observed with p-value is 0.002891 and the result is significant. Also, most of the death occurred in hospital stay and ongoing treatment. (Tables 1 & 2).

The most common age group among deaths in custody was 21-30 years of 37.3% (n=31). A majority of deaths occurred in due to natural causes with the p-value 0.035729 showing significant result (Table 3).

The maximum number of custodial death was reported in month of June 13.2% (n=11) and November 12% (n=10). In majority cases, post-

Table 1 — Year and Sex Distribution

Death in Years	Male Death	Female Death
2019	17	0
2020	10	0
2021	18	2
2022	17	3
2023	16	0
Grand Total	78	5

Table 2 — Place Distribution

Place of Death	Count
Brought Dead	13
Custodial Death	27
Hospital Dead	42
Police Station	1
Grand Total	83

mortem interval was observed one day 27.7% (n=23). Among cause of death, septic shock and disseminated Tuberculosis leads the top by 23% (n=15) and 17% (n=11) respectively. Breathing difficulty and altered sensorium were the most common symptoms observed in present study and Tuberculosis 21.6 % (n=18) and hypertension 14.4% (n=12) were top in the list of pre-existing diseases (Tables 4 & 5).

Majority of death reported in jail were Central Jail, Mandoli, Delhi 63.8% (n=53), Dasna District Jail, Ghaziabad, Uttar Pradesh 18% (n=15). Where as in police cell death contribute five cases and while transfer two prisoner committed suicide by jumping from height. Asylum death of three cases, de-addiction centre and charity home death one case each observed in present study (Table 6).

DISCUSSION

According to the most recent Prison Statistics India-2022 published on December 1, 2023 by the National Crime Records Bureau, as of 31st December, 2022,

Table 3 — Age and Manner Distribution

Age	Male		Female		Total
	Natural	Unnatural	Natural	Unnatural	
10 to 20	1	0	0	0	1
21 to 30	17	12	1	1	31
31 to 40	11	3	1	1	16
41 to 50	12	1	0	0	13
51 to 60	10	0	0	0	10
61 to 70	10	0	1	0	11
71 to 80	1	0	0	0	1
Total	62	16	3	2	83

Table 4 — Top 10 Symptoms Prior to Death

Symptoms	As A Primary Complaint	As A Secondary Complaint	Total
Abdominal Pain	2	-	2
Altered Sensorium	6	1	7
Breathing Difficulty	19	5	24
Chest Pain	5	1	6
Cough	2	1	3
Fever	3	3	6
Hanging	6	-	6
Loss Of Conscious	6	-	6
Lung Infection	4	1	5
Public Beating before Arrest for Theft / Crime	2	-	2

Table 5 — Count on Chronic Illness

Pre-existing Diseases	Count
Tuberculosis	18
Hypertension	12
Diabetes Mellitus	7
Hepatitis C Virus	7
Chronic Obstructive Pulmonary Disease	6
Kidney Disease	5
Coronary Artery Disease	4
Liver Disease	4
Human Immunodeficiency Viruses	4
Both Hypertension and Kidney Disease	4
Both Coronary Artery Disease and Diabetes Mellitus	2
Both Tuberculosis and Chronic Obstructive Pulmonary Disease	1
Hepatitis C Virus	1

Table 6 — Count on Location

Location of Custody	Count
Jail	71
Police cell	5
Asylum	3
De-Addiction centre	1
Charity home	1
While Transfer - Jail to court	2
Grand Total	83

in 1330 prisons all over India had 5,73,220 prisoners with occupancy rate of 131.4%. In which Delhi, Uttarakhand, Uttar Pradesh had top three occupancy rates 185.5%, 183.3% and 179.9% respectively. Based on gender 5,49,351 were male, 23,772 were female and 97 were transgender prisoners. The maximum number of prisoners belongs to age group of 18-30 years followed age group 30-50 years and above 50 years with proportion of 44.7%, 42.5% and 12.8% respectively. The total number of deaths among the prisoner in custody for the year 2022 were 1995, in which 1773 (88.9%) by natural causes, 159 (8.0%) by un-natural causes includes suicide and 63 death cause yet unknown. Uttar Pradesh reported

highest deaths both in natural and un-natural category⁴.

Person under custody might face many sorts of psychological, physical and at times sexual abuse. Some cases result from excessive use of force by authorities or carelessness, or even intentional injury done to the inmate. It can occur during interrogation, arrest or transportation of suspects. The prevalence of unnatural manner of custodial death goes beyond geographical boundaries, affecting individuals from dissimilar socio-economic backgrounds, marginalized communities and minorities.

In India custodial death is to be testified within 24 hours, in which inquest is conducted by Magistrate as per CrPC 176 and this section has been replaced by 196 of BNSS 2023. Medico-legal autopsy will be conducted by constituting medical board of doctors and entire autopsy proceeding is properly video recorded following standard operation procedure and guidelines of National Human Right Commission {NHRC} of India.

The present study retrospectively analysed 83 cases, which reveals that the males were commonly affected which is also consistent with the findings of other studies done nationally⁵⁻⁹ and internationally¹⁰⁻¹⁷. It shows the gender-based aggression and exposure to criminal behaviour of male comparatively with female population. The age group shown higher death in age group 21-30 years 37% (n=31) followed by age group 31-40 years which is similar with other studies^{6,9,18,19}.

The majority of the death occurred due to natural causes 72% (n=65) showing statistically significant results (p-value of 0.035729). Results of present study coincide with the studies done by various authors^{5-9,15,20-26}. Among the natural cause, most common cause of death was septic shock 23% (n=15) followed by disseminated tuberculosis 17% (n=11) and cardiovascular diseases 11% (n=7). These natural causes are mostly either preventable or treatable with efficient healthcare interventions.

On comparison of this study with both national and international studies, the proportion of unnatural death has come down drastically and able to appreciate the changing trend because of effort taken by members of the society more than several decades but still there were the rooms for improvement (Table 7).

In present study, unnatural deaths reported 21.6%

Table 7 — Comparison of present study with Various National and International Studies

Citation	Study Country	Year	Gender Dominance	Common Age Group	Manner of Death (MC)
13	Australia, Victoria	2000	Male 93.7%	Mean 34.6 Years	Unnatural, 81.2%
14	Canada, Ontario	2002	Male 97.2%	Mean 40.9 Years	Unnatural, 59%
19	South Africa	2003	Male 100%	21-30 years	Unnatural, 98.2%
18	India, New Delhi	2008	Male 100%	21-30 years	Unnatural, 76.9%
20	India, Maharashtra	2008	Male 98%	31- 40 years	Natural, 68%
7	India, Chandigarh	2010	Male 95%	46-55 years	Natural, 89%
22	Pakistan, Karachi	2010	Male 95.1%	30-39 years	Natural, 59%
15	UK	2011	Males 72%	21-50 years	Natural, 66%
23	Turkey, Istanbul	2012	Male 98.4%	Mean 40.9 years	Natural 83.2%
6	India, Patiala	2014	Male 96.6%	21-30 years	Natural, 92.5%
25	Malaysia, Seremban	2015	Male 96.51%	21-50 years	Natural 84.88%
21	India, Punjab	2016	Male 88.1%	26-35 years	Natural, 95.65%
9	India, Patiala	2017	Male 92.5%	21-40 years	Natural, 81.6%
8	India, Yavatmal	2018	Male 97.2%	41-50 years	Natural 69.44%
5	India, Jamnagar	2019	Male 95%	31-40 years	Natural, 70%
24	Nigeria, Uyo	2021	Male 100%	22-44 years	Natural, 44.4%
-	Present study (India, NE Delhi)	2023	Male 93.9%	21-30 years	Natural, 78.3%

(n=18) of total cases out of which 10.8% (n=9) cases chosen suicide. Most common method of suicide used by hanging (n=7), in that one case was police guard; he hanged in his police station. Other unnatural causes were fall from height (n=2), death due to violence (n=5), in which public beating before arrest was two cases, another two cases on interrogations in police station and one case by physical assault among inmates. Death due to accident 4.8% (n=4), in which drug abuse / over dose death was 3.6% (n=3), accidental fall 1.2% (n=1). This shows the inefficiency of custodian, breach in duty by lack of monitoring and ignorance, leading to access of prohibited substance inside the custody.

In this study majority of death occurred where under the custody of prison was 86.7% (n=72), in police cell 7% (n=6), in mental health facility 4.8% (n=4) and Missionaries of charity home 1% (n=1). Among the death in prison was vastly from central jail in Mandoli, Delhi 63.8% (n=53).

CONCLUSION

In conclusion, prisoner's health represents a complex and multifaceted issue with far-reaching implications for individuals, communities, and society as a whole. By understanding the challenges and disparities faced by incarcerated individuals, there is requirement for prioritizing their healthcare needs. In the present study, custody deaths occurred mainly due to natural cause or illness. Basically, prisoners frequently have an extensive variety of health issues as a consequence of factors like socio-economic

disadvantage, substance abuse, mental illness and inadequate access to healthcare both before and during incarceration. Moreover, the prison environment itself can exacerbate existing health issues and expose individuals to additional risks, including infectious diseases, violence and poor living conditions. As a result, prisoners have disproportionately higher rates of chronic and infectious diseases, mental health disorders, and substance abuse disorders compared to the general population.

By following NHRC recommendation, to undergo medical investigation and screening while taking a person into custody and periodical health check up with proper and timely medical care will prolong the lifespan and overall health status by reducing morbid and mortality among them. As we are part of society, we need to work towards creating more humane and equitable systems of justice and healthcare that uphold the fundamental rights and dignity of all individuals, both inside and outside of prison walls.

LIMITATIONS

The limitations of the study include its focus on a specific region and time period. It relies on data from a single institute, lack of information at the individual level and absence of exploration of potential demographic differences or changes over time.

Ethical Committee Report :

Basically this study was a data based retrospective study. As per college guidelines, there was no need

to take ethical clearance from the committee for this study.

Conflict of Interest : None to declare.

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