

## Attempt at Suicide

In the verdict on the writ Petition filed by naxalite leader Mr. Nagabhushanam Patnark, Justice R.M. Sahai and Justice B.L. Hansaria, constituting a two member bench of the Supreme Court has struck down Section 309 of the Indian Penal Code. They held that Section 309 is cruel and irrational.

In coming to this conclusion, they held that suicide is not against religion, morality or public policy.

The argument is handed: If a person has already found life not worth living, how can we submit him or her to further punishment?

The Supreme Court decision raises many issues:

1. If attempt at suicide is no longer criminal, will aiding and abetting suicide be criminal?
2. Will physician assisted suicide be criminal?
3. Will direct killing of a patient by a doctor at the patient's request be criminal?
4. Will <sup>attempting or</sup> aiding and abetting 'sati' be criminal?
5. Will attempting self-immolation or fasting until death be criminal?
6. Is there a right to die? Can such a right be read into the right to life itself?
7. Can society stop a fully conscious, rational person from ending his or her own life?

## Physician assisted suicide

Dr. Jack Kervorkian invented a 'death machine'. He inserted an intravenous tube connected to a drug container into the arm of the patient, Janet Adkins. She pressed the button which released the drug, causing stoppage of her heart.

He knew that the patient will die and intended patient's death. He did not directly cause death but assisted in suicide.

Patient - ~~physician~~<sup>doctor</sup> relationship is a covenant in which there are rights on the part of the patient and duties on the ~~of~~ doctor's part. The patient has the right to control his or her life and treatment. Does this right go to the extent when his or her intentions are not in the interest of the person? A right is present as long as the person is alive. Hence preservation of life ~~is~~<sup>and consciousness are</sup> a pre-requisite for autonomy.

The doctor's duty is to act for patient's good (beneficence) and to do no harm (avoid malfesance). It includes belief of suffering, effect cure or contain the disease, or care for the patient when cure is not possible.

Assisted suicide is against medical ~~some~~ traditions and the doctor's code of conduct. Doctor cannot become instruments of death.

In USA, there is the Patient Self Determination Act. But this cannot be extended Patient Self Termination Act.

## Sati

There are Central and State laws preventing and prohibiting 'Sati'. (The Commission of Sati (Prevention) Act, 1987)  
The relevant extracts of the Central law states:

### 3. Attempt to commit Sati

Notwithstanding anything contained in the Indian Penal Code, whoever attempts to commit Sati and does any act towards such commission shall be punishable with imprisonment for a term which may extend to six months or with fine or with both.

Provided that the Special Court trying an offence under this section shall, before convicting any person, take into consideration the circumstances leading to the commission of the offence, the act committed, the state of mind of the person charged of the offence at the time of the commission of the act and all other relevant factors.

### 4. Abetment of Sati

(1) Notwithstanding anything contained in the Indian Penal Code, if any person commits Sati, whoever abets the commission of such Sati, either directly or indirectly, shall be punishable with death or imprisonment for life and shall be liable to fine.

(2) If any person attempts to commit Sati, whoever abets such attempt, either directly or indirectly, shall be punishable with imprisonment for life and shall be liable to fine.

Sati is attempted or carried out when the husband dies. The wife feels that life after the death of the partner will be miserable or even unbearable. Is she then justified in committing Sati? She also believes that she will be with the partner in the life hereafter.

Will a close relative, friend or well-wisher be justified in helping her to achieve her objective?

## Right to die

This is a right to life. All societies uphold this right. But there is no right to die. Society has an interest in the life of the people. That is the reason why society invests in health of the people.

Those of us who believe that life is a gift from God, consider that we are not <sup>it's</sup> absolute masters but only its stewards. We have to utilize life in the best way possible and cannot terminate it.

## Society's interest

It is not correct to say that the suicide is not against public policy. It is society's interest to guarantee the life of the people. All measures of society ensure this.

When a society sanctions the taking away of the life of an innocent person, it abandons a long standing tradition of its interest in human life. Sanctioning the taking away of any life, devalues all lives but especially — the lives of certain vulnerable citizens — the chronically ill, the aged, the disabled, and infants. The argument that life can be dispensed with when the quality of life is low (?) will produce a dangerous trend and we will be on the slippery slope.

~~Andhra High Court~~

Supreme Court

Pannamand Kastur vs Union of India

Human life is more valuable and must be preserved at all costs  
and every member of the medical profession is under an obligation  
to provide such aid to another as may be necessary to help him.

## Euthanasia

The Dutch Parliament passed a law legalizing euthanasia or mercy killing which authorizes physicians to kill their patients who have no hope of recovery.

Patient must ask for death.

must not be depressed when asking for it.

must be well-informed about his illness and options

must feel that his suffering is unacceptable.

Physician must consult a colleague before doing

must inform the authorities <sup>after doing it</sup> why he was justified in doing it

## Forces supporting euthanasia

1. Scientific advancement: ability to keep any person 'alive' for a virtually indefinite period; misuse of this power; pointless prolongation of terminal illness, suffering and death.
2. Changing medical ethics: individualism and commitment to negative rights. Political right of non-interference being translated into a moral right to make one's own moral decisions. Patient autonomy extended.
3. Erosion of the fundamental value of human life: more microlability and meaning of human life.

Suicide/Attempted Suicide/assisting in suicide.

"Suicide is not a crime under the statutes of any state in the United States. Nor does any state, by statute, make attempting a suicide a crime. In twenty-two states and three United States Territories, however, assisting suicide is a crime. If an assistant participates affirmatively in the suicide, for instance by pulling the trigger or administering a fatal dose of drugs, courts agree that the appropriate charge is murder."

Columbia Law Review, 1986, p. 348.



## Suicide - Why:

Why is suicide committed?

Reasons:	Economy	Feeling of burden	Loss of employment
:	Exasperation	Torture	Reserving fortune
:	Fury	Sadness	Misery due to illness
:	Frustration		Family trouble - marital problem
:	Revolution		Thwarted love
			Unjust treatment; maltreatment
			Cruelty

What about Sati

Self-immolation (eg, when a film star/politician dies)

Failure in examination; failure to come up to examination

Fasting to death

What is required is to

take note of the situation

take remedial steps; make others take remedial steps

"Call for help"

psychiatric/psychological problem

medical and social problem

Do not sweep it under the carpet and forget the problem.

Religions: life does not end in this world but the life in this world ends; it is necessary to live the span of allotted life according to dharma and not end it prematurely.

argument fallacious

~~Distinction~~ distinction between euthanasia and suicide

attempt of a person to take his life and action of some others to bring to an end the life of a third person.

self-immolation

Public interest - preserving life: burn's ease: do everything possible to preserve life at high cost

"Article 21 has conferred a positive right to live which comes with it the negative right not to live."

Ridiculous! Freedom of speech and expression include freedom to speak and to remain silent."

The negative punitive measure (section 309) must be changed to make the state make available psychiatric and counselling services to those who attempt suicide -

SUICIDE PRONENESS

(Vaidyabhooshanam K. Raghavan Thirumulpad, Chalakudy-680 307)

Suicide proneness has become very general and common that discussions as to how it can be curbed have become necessary. It cuts across all kinds of communal and other differences of the people. Attempt to suicide is a culpable offence according to our code of law. Recently the supreme court has decided that it should not be so, because if the attempt is successful, the offender cannot be punished as the offender is dead and gone. Some sort of failure in achieving something that is desired fervently or particular kind of complex of fear to face some situation in life can be thought as the basic cause to attempt suicide. Instead of helping to avert the cause, punishing for attempting to escape from it, the supreme court might have perhaps thought, is cruel. Most religions consider that suicide is a sin. Suicide is killing oneself and any killing (Himsa) is essentially a sin.

A suicide is generally attempted when one is afraid to face some situations of life, sometimes real, sometimes imaginary. There are some psychological conditions with suicide as a symptom. People who attempt suicide can be generally said to be feeble minded, but not always mentally dissatisfied. Disappointment and unbearable pain sometimes prompt suicide. Sometime ago, there was the story of a person, who in old age committed suicide, leaving a letter that his life had been a great success, fulfillment, achieving everything aimed in life, with nothing more to be desired, nothing more to be done and hence he is putting an end to it. Perhaps his action can be said to be courageous. Among the Jains, putting an end to life in the old age by willingly fasting is considered to be an act of virtue. Any how, any attempt to suicide has to be considered as an act evoking sympathy.

In Ayurveda, suicide-mania is a symptom of certain mental diseases. There the disease has to be cured by proper treatment. General advices are also given to keep the mind healthy and equanimous and brave. The function and structure of the mind also are explained so as to understand how it can be maintained, and utilized properly. The substance of the mind is formed of the subtlest part of the essence of the food, that we take. Structurally it is material (Bhowthika). Primarily mind depends on what one eats, how one eats, how one digests and assimilates what he eats. We can infer that indirectly all the actions in life, somehow or other affect the mind. So the elementary principles of a healthy body are binding for a healthy mind also. The body exerts its influences on the mind just as the mind has its influences on the body. Functionally, the mind is said to be the organ of thought. Basically mind is what one thinks. There can be two aspects of thought, emotion and discretion - emotional and discretionary. Emotion is the reaction of the mind to circumstances. Discretion is born out of the consideration about the circumstances. As any other organ, it can be trained to react properly, and consider discretionally. Yoga is the method of training the mind. A prelude to training and restraining the mind, there has to be conscious effort to control life with yama and niyama. Yama is morality in nature (ahimsa - non injuring, Sathya - truthfulness, asthaya - non stealing, brahmacharya - continence, and aparigraha - non possession) Ahimsa indicates kindness which is the basic virtue, the virtue of virtues, as without kindness no other virtue can be sustained. Sathya is kindness in essence as asathya is false hood and is injurious to others. Stealing is acquiring something that is not one's own by merit. Continence is not limited by regulation of sexual activity, it includes the control of all the senses, senses of knowledge (ജ്ഞാനബോധം) and senses of action (കർമ്മബോധം) Non -possession means that one should not intend to amass anything much more than what is needed for

maintaining one self and others who are under one's care and for doing one's duties. Even if much more is earned by one's truthful effort, it has to be administered as a trust bequested by God for the benefit of the world. Riches have to be earned virtually and utilized virtually. These laws of a good life has to be strictly observed and practised, so that the mind does not wander waywardly and commit blunders, to escape from the effects of which people commit suicide. Actually these virtues strengthen the mind. The Niyams are (1) ശുദ്ധി Purity (2) സന്തുഷ്ടി -contentment (3) സ്വീകൃതം regular and systematic study (4) വ്യഗ്രം endurance in performing one's duties (5) ഉത്തരജി പ്രതിധ്യാനം; surrendering oneself to God and submitting one's will to the will of God, taken of which is worship in its various forms. Then comes അനന്ദം, practising body postures so as to control the body and to maintain physical health. Without maintaining proper physical health, mental health cannot be maintained. These three aspects are necessary for success in any discipline of life. The remaining four aspects of yoga namely പ്രത്യേകം (restraining the mind from external objects) (controlling the senses inwardly) (steadfast concentration) and സ്ഥായി (permanence in sublime equanimity, peace) are particularly indicated for spirituality. For the ordinary individual ' bhakthi (devotion to God) and ജ്ഞാനം (discriminate understanding) will be enough for the control of mind in daily household life. Actually unknowingly all people have these as tendencies but we have to refine our tendencies by learning and practice. This is the way to control the mind and prompt it in the proper direction. Any kind of control of the mind in the basic level is impossible without controlling the habits of food. If we control our palate, the control of the senses and mind becomes easier (ഭക്ഷണത്തിന്റെ നിയന്ത്രണം). and other activities of life, exertions in every way, sleep etc, have also to be controlled, Controlling doesnot mean complete abstinence, it means avoiding the extremes without being more (അതി) or less (കുറവ്) as the Bhagavath Geetha says മുക്തമാനസം വിഹരന്ത്യ മുക്തഃ പ്രാപന്ത്യ കർമ്മമസു മുക്തഃ സ്വപ്നാനവേദന്ത്യ ദോഷോ വേദിഃ ദുഃഖഃ Yoga is the condition of equanimity സ്ഥായിഃ ദോഷ ഉച്യതേ. Yoga promotes efficiency ദോഷം കർമ്മമസു കർമ്മം. This is the way to control the emotions of the mind and actions of the body and to effectually direct the proceedings of the intellect. This is the method to control oneself in the virtuous way, avoiding transgressions and aberrations in the morals of life. All these can be condensed in the ardent devotion and unconditional surrender to God which is Bhakthi -Yoga Prayer is not just placing before the Lord some requests for sanction. It is the willing surrender of one's will to the will of the Lord, which enlightens the correct and the straight way of a virtuous life. It assists one to pursue virtue in the strictest sense of the term. In Ayurveda it is said that only virtue brings happiness. സുഖം തന്നെ സർവ്വമാർഗ്ഗം. It is happiness for which we all strive by all our activities of life. സുഖസർവ്വം : സർവ്വ ഭൃതാഹഃ മതഃ : സർവ്വഃ പ്രാണശ്വാഹഃ : from sunrise to sunset and from sunset to sunrise, whatever is done by us has to be virtuous for happiness, for that rules and regulations for a virtuous life (സർവ്വമാർഗ്ഗം) are elaborately prescribed in Ayurvedic texts. It is also said that what is said has to be understood only as examples (ഉദാഹരണം. മാത്രം)

The idea behind the advices has to be properly grasped to be put into practice in changed conditions and circumstances of life. It is not the letter but the spirit that is important. The letter has to be followed understanding the spirit behind it. Also, it is not pleasure but happiness that has to be sought after. Pleasure but happiness that has to be sought after. Pleasure is momentary and transitory, but happiness is sternal and sublime. Seeking pleasure one may transgress the path of virtues, but happiness is the companion of virtue. Where there is virtue, there is virtue, there is virtue. In compassion there is selflessness. Pleasure is selfish

and happiness is selfless. The idea and ideal can be cultivated by the association of virtuous people. But the seed has to be in one-self.

Here the subject is suicide. We have to consider and correct the domestic social and other factors to avoid the circumstances of suicide. By a virtuous life many of these things can be overcome. Also by moral courage one may withstand contrary factors and also overcome fear. Perhaps the idea behind the supreme court judgement is that by inculcating fear by punishment in the survivor alone, suicides cannot be prevented, and in personal and social morality the remedy to the malady has to be found. This is the idea that one gets by reading the lines and between the lines of the Ayurvedic texts. The suicide proneness should not be considered simply as a disease which can be cured by some medicine. A compassionate and tolerant family and society are also necessary in instill confidence in the members.

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## SUICIDE PREVENTION - A PRACTICAL APPROACH

Suicide is one of the important health problems with a social dimension in the modern world. It has been increasing in the past 4-5 decades in the western countries. Recently, it has increased in developing countries also. In Kerala, the rate of suicide is very high when compared to other states of India (Kerala 24.7/100000, India 8.1/Lash)

Suicide has got much social implications because most of the people who commit suicide are in the productive age group and the survivors have to undergo psychological tension and social isolation. In most of the situations, it is preventable if the society is aware of the related problems and risk factors and if the attitude of society is changed, positively.

Suicide Prevention Clinic: General Hospital, Thiruvanthapuram

With the following objectives, we started a suicide prevention clinic in Sept. 1993, under the Dept. of Psychiatry, General Hospital, Trivandrum. The main objectives include (1) to evaluate various risk factors in suicide attempters. (2) to develop treatment strategy (3) to develop a prediction model for future suicide and repeated attempts in the survivors.

Our main target groups are (1) these who have attempted suicide and admitted in the emergency ward (2) Those who have suicidal tendency among the O.P.D. Patients. (3) Those who contact through telephone during crisis.

So far we could follow up 76 patients who have attempted suicide by poisoning, out of which 47 were females. Suicide attempt is more among women, while completed suicide is more among men in all studies. The highest rate of attempt is seen in 15-35 years age group in the present study.

### Intervention strategies

It is usually believed that, if somebody is determined to commit suicide, nobody can prevent it. This notion is unscientific. It can be seen that most of the people are in an ambivalent state when they intend to commit suicide. 80% of them give hints by talking, writing or by any other means to their close friends, or relatives before the incident. If somebody gives them support and if the dependency need is fulfilled most of the cases can be saved. Suicide happens after passing through different stages and in the earlier stages it is easy to prevent.

Preventive strategies are developed in individual level and community level. Individual level:- Counselling is an effective method in healing the trauma of a person with suicidal intent. This include, allowing the patient to ventilate, empathising, identifying the problem, suggesting, alternative etc. sometimes, the suicidal attempt or ideation will be associated with some psychiatric problems like depression. In these cases drug therapy also can be indicated. Management is more effective, if there is team approach where doctor, psychiatric social worker, psychologist and health worker are involved. Counselling with family members and group therapy are also helpful in regaining the mental health of the concerned person. Regular follow-up is necessary for full success.

In telephone counselling also, the principles are same. But here, the assessment of lethality is crucial in saving the person. The management strategy depends on the level of intensity and lethality. The dependency need of the patient must be fulfilled. Other relative or friends can be informed of the problem if necessary 'No suicide' contract is made, if lethality is high.

### Problems and Limitations:

As far as the social stigma attached to suicide is existing in our society, it is very difficult to make the programme successful. Most of the people are reluctant to consult with a psychiatrist even after attempted suicide. Relatives also don't wish to share the problem with others. Some people even abscond from hospitals as soon as they become symptom-free! Very few people come for follow-up regularly. In case of women, shame following suicide attempt is intense and if she is an unmarried girl. It creates further Psychological tension to herself and to her family members.

In addition, the existing social structure and values are beyond our control, which determine the risk factors leading to suicide and social rehabilitation of the Victims. These factors limit the effects of our activities to some extent. This can be exemplified by the case studies.

### Community level intervention:-

Community level prevention is relevant because the origin of risk factors are deep rooted in the structure and values of society. Social attitude play an important role in prevention and rehabilitation. Social stigma could be removed if professionals, teachers, and other community leaders become aware of the problem. They can teach people. Any person can help his/her friend or family member, who is in a crisis. 90% of people share their feelings with peers. The knowledge of warning signs and risk factors help in identifying a suicidal person and thereby preventing. Warning signs are 'threats of suicide', (talking, writing, Hinting,) 'depression', 'Sudden improvement after depression', 'hopelessness and helplessness', 'noticeable change in behaviour', 'getting affairs in order', 'giving away possessions' etc. Commonly associated risk factors are sudden change in interpersonal relationship, loss of a significant other, separation from friends, broken love affairs, neglect from close relatives, family problems, trouble with law, shame, unemployment alcoholism, drug abuse, previous attempt, family history, suicide of a related person etc.

Community level education can be given through mass media, by organising workshops, seminars, talks etc involving students, professionals, teachers, and the public.

To make the programme effective, co-operation of all sections is necessary. Myths and fear should be eliminated. Suicide must be treated as any other health problem. Discussions should be promoted and oriented positively, it is false notion that suicide is not preventable and it is some one elses business. Anybody can help a friend who have suicidal tendency, if he/she has got awareness. Health education Programmes and Health worker's training to carry out crisis intervention services will be useful.

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Education System and Employment Conditions Leading to Suicides  
 Paper for Presentation in the Symposium on the Socio-cultural  
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### Introduction

Suicide as a social phenomenon is not a totally new one, Judas, one of the 12 disciples of Jesus Christ, after betraying his Master for 30 silver coins, is reported to have gone and committed suicide. He is said to have done so out of remorse or extreme grief over what he did.

In India, up to very recent times, the practice of Sati was widespread. While many women who practiced this may have done so out of irresistible social pressure, it is also possible that atleast some have done so in a totally voluntary manner, unable to bear the loss of their husbands. We have also stories of war heroes or men of nobility who opted for voluntary death when faced with prospects of being caught and humiliated by enemies.

In Japan the practice of harakiri has socio-religious sanction as an honorable way of ending one's life.

In our discussions on suicides, we need to distinguish between what is done with social sanction (eg. Sati, harakiri etc..) from what is done without it. Our subject of discussion today, that is "the alarming rise of suicides among the people of Kerala" belongs to the second category.

Since the statistics regarding this alarming rise of suicides in Kerala are periodically reported in News papers and in professional presentations by those studying this phenomenon, I am restricting myself to the topic given to me, that is, "education systems and employment conditions leading to suicides". My approach is therefore analytical, and not descriptive.

Two important questions are to be asked here . what motivates people to commit suicide and what forces them to commit suicide?

#### 1. What Motivates People to Commit Suicide?

Judas was motivated to commit suicide by remorse or extreme sorrow over what he did. A combination of extreme regret coupled with hopelessness about being pardoned by his Master and co-disciples may have made him do so. Similar situations may be identifiable in the case of also persons in Kerala who opt for suicide. Persons who feel that they have done something extremely wrong (eg. husband cheating over his wife; wife cheating over her husband; father raping his daughter; brother raping his sister and who later experience extreme remorse over what has been done) and then commit suicide belong to this category. But such situations are rare in our society. Cases of suicides commonly reported belong to other categories.

The cases of suicides commonly reported in our news papers can be classified as follows.-



1. Suicides by students in the context of actual or wrongly reported lower grades or failures in examinations;
2. Suicides by frustrated lovers (who may be students, married persons, lesbians, or those under caste restrictions);
3. Suicides by frustrated job-seekers;
4. Suicides by youngsters who feel neglected by parents and who wanted to defeat the parents through this extreme step;
5. Suicides by wives or husbands cheated by their partners in marital loyalty.
6. Suicides by person who felt that they could not any more cope with extreme poverty.
7. Suicides by persons who felt caught in their crimes (including mishandling of money in fraud ways) and who found no ways of escape;
8. Suicides by persons under extreme depression over the loss of near and dear ones;
9. Suicides by persons who were unable to cope with stress in life;
10. Suicides by persons with other reasons not mentioned above.

The motivations behind the suicides in each of the situations mentioned above need to be examined.

1. Situation One . Students committing suicide when things go wrong with examination results.

There is an increasing trend of this type of cases. This happens either when the students are declared failed or when grades are declared to be lower than what was expected. This may be also accompanied by reprimand by parents for not doing well in the examinations. This may be more in the case of over pampered students.

The action of suicide by the concerned student may be motivated by :

1. a desire to escape further humiliation in the society, including reprimand by parents;
2. a desire to take revenge upon the parents who are seen to be unfair in reprimanding for the failure.
3. a desire to have nothing to do with a life that has become unbearable or unattractive.
2. Situation Two : Suicides by frustrated lovers. The motivations may include:
  1. a desire to be united in or after death when such a union appears impossible in actual life;
  2. a desire to escape humiliations from the society;
  3. a desire to take revenge upon those who caused obstructions.

3. Situation Three : Suicides by frustrated job seekers.  
The motivation may be

1. a desire to finish with a totally defeating situation in life;
2. a desire to take revenge upon those who caused obstructions.

4. Situation Four : Suicides by those feeling neglected. The motivations may be.

1. a desire to finish with the life that has become totally disgusting;
2. a desire to take revenge upon those who are judged to be unfair.
3. a desire to make oneself more wanted (especially when s suicide attempts are made or tried as a trick to force attention on oneself).

5. Situation Five : Suicides over violations of marital loyalty. The motivations may be.

1. a desire to finish with the life that has become disgusting;
2. a desire to escape humiliations in society;
3. a desire to escape the insecurity caused by the (actual or potential) loss of the partner;
4. a desire to take revenge upon the one who violated marital loyalty.

6. Situation Six : Suicides due to poverty. The motivations may be :

1. a desire to finish with the life that has become totally unmanageable;
2. a desire to escape humiliations (especially in situations of forced lowering of standards in life).

3. Situation Seven : Suicides when caught in crimes.

The motivations may be;

1. a desire to escape humiliations of exposure and punishment;
2. a desire to finish with life when faced with obligations of repayment, refunding, compensations etc.) beyond one's repayment capacity.

8. Situation Eight : Suicides under Depression. The motivations may be :

1. a desire to finish with a life when one is going to be left without the near or dear one who had become a centre of one's life;
2. a desire to demonstrate one's attachment to the lost one;
3. a desire to be united in death with the lost one;

9. Situation Nine : Suicides under stress. The motivations may be:
  1. a desire to finish with a life that has become unbearable or unattractive;
  2. a desire to escape actual or feared humiliations.
10. Situation Ten . Suicides for Other Reasons. The motivations may be:
  1. a desire for fulfilling a solidarity Pact(eg. between lovers, friends, members of suicidal mission).
  2. a desire for fulfilling a threat between quarrelling family members).

Case studies of actual situations may help us to identify more motivations.

## II What Forces People to Commit Suicide

The forces behind the motivations identified above can be classified as subjective and objective, in the sense of those existing in the persons committing suicide and those existing outside them.

### a) Subjective Forces

Reasons for suicides are subjective when they are existing in the minds of persons who decide to commit suicide. All the "desires" mentioned above as motivations are existing in the minds of those who decide to commit suicide. To this extent, all such desires are subjective. Cutting across the situations, these subjective forces can be listed as.

1. desire to escape humiliations;
2. desire to take revenge upon some one;
3. desire to finish with a disgusting life;
4. desire to make oneself more wanted;
5. desire to escape emotional insecurity;
6. desire to escape economic insecurity;
7. desire to demonstrate attachment to a lost one;
8. desire to be united in death.
9. desire to fulfil a solidarity pact;
10. desire to carryout a threat (for enhancing the worth of one's ego);
11. desire to demonstrate one's commitment to a cause or ideology;
12. desire to do the extreme for promoting a cause or ideology.

In every instance of actual or attempted suicide, either one or a mingling of the above subjective forces can be found. These may be found in varying forms of combinations and in varying patterns of intensity, which can be examined by studying every instance in a detailed manner. Pre-suicide notes (when available), pre-suicide conversations with near and dear ones, pre-suicide actions, usual life style upto the time of suicide etc. of those who actually committed or attempted suicide can provide clues to the subjective forces behind suicides.

b) Objective Forces

Objective forces are those existing outside those who commit Suicide. These may be found in the families, neighbourhoods, educational institutions, place of work and the society at large. Each of those sources could be examined in detail to identify contributing factors.

1. The Family

The family may contribute to the suicide of a persons in many ways including:

- a) making a person feel unwanted;
- b) subjecting a person to extreme humiliations;
- c) making unreasonable demands including matters of grades, ranks, subjects of study, and fields of specialisation;
- d) making unreasonable demands in matters of dowry from a girl brought in marriage;
- e) making unreasonable economic demands from an earning member;
- f) causing extreme insecurity through threats, deprivations etc;
- g) forcing somebody to marry an undesirable reason;
- h) refusing to allow a person to marry a chosen partner.

2. The Neighbourhood

Those living as neighbours can contribute to the suicide of a person in many ways including;

- a) unbearable teasing;
- b) spreading false stories leading to the damage of name and esteem;
- c) causing extreme insecurity;
- d) joining the members of other families who engage in practices that can contribute to the suicide of a member.

3. Educational Institutions

The educational institutions can contribute to suicide in several ways. These include :

- a) Inculcation of wrong and destructive values in life (eg. over emphasis on competition, achievement, success in career, role of money, position, and power etc.)

- b) Institutionalisation of wrongly conceived criteria in studies and in life (eg. marks, grades, ranks etc. interpreted and used in very narrow ways).
- c) Practice of unfair and unreliable methods in assessment and rewards;
- d) Failure to provide a balanced vision of life;
- e) Failure to promote emotional and intellectual maturity;
- f) Failure to provide timely counselling.

#### 4. The Place of Work

Those in the place of work too can contribute to suicide in many ways. These include:

- a) making a person feel unwanted;
- b) subjecting a person to extreme humiliations;
- c) making unreasonable demands (eg. sexual favours, unmanageable quantity of work);
- d) causing extreme insecurity;
- e) subjecting to injustice;
- f) causing extreme frustration in matters of career advancement, job satisfaction, and self-actualisation;
- g) causing extreme economic frustration.

#### 5. The Society

In various ways members of the society at large too can contribute to suicide. These include.

- a) causing unbearable adverse publicity of a person;
- b) creating situations of extreme humiliations;
- c) creating and maintaining structures of social, economic, and political frustrations;
- d) denying opportunities for redressal of extreme grievances;
- e) creating and promoting life styles which only a few can cope with, while causing unbearable frustrations for those who cannot cope with the same;
- f) creating and maintaining values and priorities that upset the balance of life, leading to incompatible pursuits, and fill the life of individuals with goals that are suicidal in nature (in the sense of killing the very results that are being pursued, as in the case of "success" irrespective of the means being used).
- g) making individuals mere cogs in a machine (caste structure, political party, bureaucracy etc.) where requirements of human growth, personality development. Self-actualisation etc are denied opportunities.

IV. Strategies for Coping with Rising Trends in Suicides

Since the sources of the forces for the rising trends in suicides are manifold, strategies for dealing with this trend also should be manifold, addressed to each of the sources that make contributions to the rising trend. The family, the neighbourhood, the educational institutions, the place of work and the society at large need to be treated as target for treatment. The strategies need to be of various forms, including.

1. General awareness-building on the trend and its causes through mass communication so as to reach all of the five sources of the contributing forces.
2. Sector-based communication and awareness-building campaigns to be sponsored by voluntary agencies as well as the governmental and semi-governmental agencies.
3. Sector-based counselling efforts aimed especially at the families educational institutions, and place of work, focussing on those who "manage" these sub-social systems.
4. Individual-based counselling efforts aimed at the members of the three main sources, namely, the family, educational institutions and place of work. (Centres to be set up for providing help to whoever is in need of assistance).
5. Re-defining the social goals of education to encompass the need for preparing individuals not only for securing grades and obtaining degrees, but also for making them prepared and fit to successfully face the tests of life, and to be useful to themselves, to the family, to the neighbourhood, to the society, to the country and to the world in an ascending order of achievement and excellence.

Conclusions

In defining success and achievement, the present trend is to emphasise the capturing of positions and the grabbing of money and power (through means fair and not fair). This is preparing people for becoming mere "takers". Instead of this, the emphasis has to be placed on becoming "givers" of benefits to one's family, one's neighbourhood, one's place of study, one's place of work, one's society, one's country and one's world. The criteria of achievement and success should be redefined to mean the actual contributions one makes to the above situations of group living, instead of the present emphasis on the accumulation of power, money and status symbols.

1. General awareness-building on the trend and its causes through mass communication so as to reach all of the five sources of the contributing forces. \*\*\*\*\*

2. Sector-based communication and awareness-building campaigns to be sponsored by voluntary agencies as well as the governmental and semi-governmental agencies. \*\*\*\*\*

3. Sector-based counselling efforts aimed especially at the families educational institutions, and place of work, focussing on those who "manage" these sub-social systems. \*\*\*\*\*

ASSESSMENT OF RISK IN SUICIDAL THOUGHTS, THREATS AND ATTEMPTS

The suicidal risk must be assessed in all who are depressed and in those who threaten or discuss their own possible suicide.

PERCEPTIONS

- (1) Threatening suicide does not mean that the patient will not attempt suicide.
- (2) Asking patients if they have thought of suicide does not provoke them into thinking of suicide.
- (3) A small overdose is not an indication that the patient did not mean to kill themselves.

ASSESSMENT

Ask the following questions in this order:-

- if lost interest in life;
- if wished did not wake up;
- if wished were dead;
- if thought others would be better off with the patient dead;
- if thought of harming self;
- if planned a method;
- if has taken active steps in preparation of self harm;
- if has attempted self harm.

Negative replies mean that the later questions are probably not necessary. Positive responses to later questions indicate more serious risk. Repeated assessments will be necessary where there is doubt.

PATIENTS AT PARTICULAR RISK OF SUICIDE are the:

- very depressed;
- previous attempt suicide;
- males over 55 years;
- the isolated;
- alcoholics and drug addicts;
- those with an overwhelming problem with no prospect of solution (e.g. SEVERE CHRONIC ILLNESS, TERMINAL ILLNESS)
- severe personal or work failure;
- severe family problems;
- public disgrace (e.g. pending police prosecution).

A combination of two or more of the above factors place the patient in a high risk category calling for an urgent medical opinion.

CIRCUMSTANCES OF ATTEMPTED SUICIDE - Can give a guide to the degree of risk of further fatal self harm. There is a high risk if there has been:-

- attempted hanging, drowning, shooting, throat cutting;
- attempt where patient was clearly not expecting to be discovered and resuscitated.

*Earliest reference to the word "crime" dates back to 14th century when it conveyed to the mind something reprehensible wicked or base. Any conduct which a sufficiently powerful section of any given community feels to be destructive of its own interest, as endangering its safety, stability or comfort is usually regarded as heinous and it is sought to be repressed with severity and the sovereign power is utilised to prevent the mischief or to punish anyone who is guilty of it. Very often crimes are creations of Government policies and the Government in power forbids a man to bring about results which are against its policies.*

*In a way there is no distinction between crime and tort, inasmuch as a tort harms an individual whereas a crime is supposed to harm a society. But then, a society is made of individuals, harm to an individual is ultimately harm to society.*

*A crime presents these characteristics: (1) it is a harm, brought about by human conduct which the sovereign power in the State desires to prevent; (2) among the measures of prevention selected is the threat of punishment; and (3) legal proceedings of a special kind are employed to decide whether the person accused did in fact cause the harm, and is, according to law, to be held legally punishable for doing so. [Para 50 to 52]*

#### Cases Referred:

- Unnikrishnan v. State of Andhra Pradesh, JT 1993 (1) SC 474 = 1993 (1) SCC 645. [Para 27]
- C. Jagadeeswar v. State of Andhra Pradesh, 1988 Cri. LJ 549. [Para 8]
- Maruti Shripati Dubal v. State of Maharashtra, 1987 Cri. LJ 743. [Para 7]
- Central Inland Water Transport Corporation Ltd. v. Brajo Nath, AIR 1986 SC 1571. [Para 97]
- State v. Sanjay Kumar, 1985 Cri. LJ 931. [Para 6]
- Bachan Singh v. State of Punjab, AIR 1982 SC 1325. [Para 63]
- Ratan Chand v. Ashkar, AIR 1976 Andhra Pradesh 112. [Para 96]
- R.C. Cooper v. Union of India, AIR 1970 SC 1318. [Para 16]
- Ranjit D. Udeshi v. State of Maharashtra, AIR 1965 SC 881. [Para 89]
- Colapatri v. Colapatri, AIR 1964 Andhra Pradesh 465. [Para 96]
- Gherulaj Parakash v. Mahadeodas, AIR 1959 SC 781. [Para 94]
- Mafizuddin v. Habibuddin, AIR 1957 Calcutta 336. [Para 96]
- Bhagwant v. Gangabishan, AIR 1940 Bombay 369. [Para 96]

#### Foreign Cases Referred:

- Enderby Town Football Club Ltd. v. Football association Ltd., 1971 (Ch.) 591. [Para 97]
- Solesbee v. Balkcom, 1949 (339) US 9. [Para 84]
- Egerton v. Brownlow, 1853 (4) HLC 121. [Para 94]
- Barwin v. Reidy, 307 p.2d 175. [Para 98]
- Clough v. Garliner, 182 NYS 804. [Para 99]
- Draughon v. Fox pelletir Corporation, 126 SW 2d 329. [Para 99]

#### Books and Articles Referred:

- Alan A Stone : 1987 "Jonas Robitscher Memorial Lecture in Law and Psychiatry, under the caption: "The Right to Die": New Problems for Law and Medicine and Psychiatry", Emory Law Journal, Volume 37, 1988, pp. 627 to 643.
- Annual Survey of Indian Law, 1987 Vol. (23) p.260. [Para 10]
- Burton M. Leisers : "Liberty, Justice and Morals" 1973 p.19. [Para 84]
- Maurice Halbwachs : "Causes of Suicide", (Translated by Harold Goldblatt). [Para 70]
- Encyclopaedia of Crime and Justice, Vol (IV) 1983 p.520. [Paras 18 & 67]
- H. Romilly Fedden: "Suicide" (London, 1938) p.42. [Para 105]



Islamic and Comparative Law Quarterly, Vol. (VII) p. 112. [Para 9]  
 Law Commission of India, 42nd Report of 1971. [Para 23]  
 Simon Lee : "Laws and Morals", 1986 p.86. [Para 87]  
 Suffolk University Law Review, 1991 Vol. (25) 829. [Para 15]  
 E.S. Shuaib: 'Suicidology: Contemporary Developments', 1976 p.14. [Paras 71 & 111]  
 Victor Hugo : 'Les Miserables'. [Para 65]  
 Webster's Third New International Dictionary, 1968. [Para 15]  
 'Words and Phrases', Permanent Edn. 1963 Vol.(35) p.454. [Para 98]

#### HANSARIA, J. :

##### 1. Gandhiji once observed:

"Death is our friend, the trust of friends. He delivers us from agony. I do not want to die of a creeping paralysis of my faculties - a defeated man".

##### 2. The English poet William Ernest Henley wrote:

"I am the master of my fate, I am the captain of my soul".

3. Despite the above, Hamlet's dilemma of "To be or not to be" faces many a soul in times of distress, agony and suffering, when the question asked is "To die or not to die". If the decision be to die and the same is implemented to its fruition resulting in death, that is the end of the matter. The dead is relieved of the agony, pain and suffering and no evil consequences known to our law follow. But if the person concerned be unfortunate to survive, the attempt to commit suicide may see him behind the bar, as the same is punishable under section 309 of our Penal Code.

4. The two petitions at hand have assailed the validity of section 309 by contending that the same is violative of Articles 14 & 21 of the Constitution and the prayer is to declare the section as void. The additional prayer in Writ Petition (Cri.) 419/87 is to quash the proceedings initiated against the petitioner (Nagbhusan) under Section 309.

5. The judiciary of this country had occasion to deal with the aforesaid aspect, and we have three reported decisions of the three High Courts of the country, namely, Delhi, Bombay and Andhra Pradesh on the aforesaid question. There is also an unreported decision of the Delhi High Court. It would be appropriate and profitable to note at the threshold what the aforesaid three High Courts have held in this regard before we apply our mind to the issue at hand.

6. The first in point of time is the decision of a Division Bench of Delhi High Court in *State v. Sanjiv Kumar*, 1985 Cri. Law Journal, 931, in which the Court was seized with the question as to whether the investigation of the case under section 309 should be allowed to continue beyond the period fixed by section 368 Cr. P.C. Some loud thinking was done by the Bench on the rationale of section 309. Sachar, J., as he then was, observed for the Bench:

"It is ironic that Section 309 IPC still continues to be in our Penal Code ... Strange paradox that in the age of votaries of Euthanasia, suicide should be criminally punishable. Instead of the society hanging its head in shame that there should be such social strains that a young man (the hope of tomorrow) should be driven to suicide, compounds its inadequacy by treating the boy as a criminal. Instead of sending the young boy to

psychiatric clinic it gleefully sends him to mingle with criminals .... The continuance of section 309 IPC is an anachronism unworthy of a human society like ours. Medical clinics for such social misfits certainly but police and prisons never. The very idea is revolting. This concept seeks to meet the challenge of social strains of modern urban and competitive economy by ruthless suppression of mere symptoms - this attempt can only result in failure. Good is for humane, civilised and socially oriented outlook and penology .... No wonder so long as society refuses to face this reality its coercive machinery will invoke the provision like section 309 IPC which has no justification right to continue remain on the statute book."

7. Soon came the Division Bench decision of Bombay High Court in *Maruti Shripati Dubal v. State of Maharashtra*, 1987 Cri. Law Journal 743, in which the Bench speaking through Sawant, J., as he then was, on being approached for quashing a prosecution launched against the petitioner under section 309 of the Penal Code on the ground of unconstitutionality of the section, took the view and that the section was ultra vires being violative of Article 14 and 21 and was therefore struck down. We would note the reasons for the view taken later.

8. Close on the heels was the decision of a Division Bench of Andhra Pradesh High Court in *C. Jagadeeswar v. State of Andhra Pradesh*, 1988 Cri. Law Journal 549, in which on the High Court being approached against the conviction of the appellants under section 309, inter alia, on the ground of the section being violative of Articles 14 and 21 of the Constitution, the Bench held that the section was valid as it did not offend any of these articles. The Bombay view was dissented to; the reasons of which also we shall advert later.

9. The unreported decision of the Delhi High Court has been noted in the articles of Sri B.B. Pandey, Reader in Law, University of Delhi, as published in *Islamic and Comparative Law Quarterly*, Volume VII (1) March, 1987 at page 112 to 120 and of Sri Faizan Mustafa, Lecturer, Department of Law, Aligarh Muslim University, at pages 36 to 42 of 1993 - 1 SCJ, Journal section. That decision was rendered in a suo motu proceeding titled as "*Court on its own Motion v. Yogesh Sharma*" and registered as Cri. Revision No.230/85. The decision was rendered by Sachar, C.J. The Court once again pointed out to the futility of creating criminal liability in suicide cases, but instead of striking down the section or declaring it invalid, what the learned Chief Justice did was to quash all the 119 proceedings pending in the trial courts on the ground that dragging of the prosecutions for years when the victims have had enough of misery and the accused also belonged to poorer section which added further insult to the injury, would be abuse of the process of the court. Being of this view, each of the accused was directed to be acquitted.

10. Striking down of the section by the Bombay High Court has come to be criticised by the aforesaid Shri Pandey and Shri Mustafa, so also by Shri D.D. Pandey, Research Professor, Indian Law Institute, in his article on "Criminal Law", as at pages 260 to 270 of Vol. 23 (1987) of *Annual Survey of Indian Law*, published by the Indian Law Institute. In the 'Editorial Note' titled 'Taking one's Life', as published at pages 37 to 40 of (1986-87) 91 CWN (Journal section), the Bombay decision received some criticism.

11. Before dealing with the points raised in these writings, it would be worth-

while to note that Shri V.S. Deshpande after his retirement as Chief Justice of Delhi High Court had expressed his view on this question in his article titled "To be or not to be" printed at pages 10 to 15 of the Journal part of 1984 (3) SCC. Shri Deshpande, after referring to what had been held by this Court regarding the scope of Article 21, took the view that if section 309 is restricted in its application to attempt to commit suicide which are cowardly and which are unworthy, then only this section would be in consonance with Article 21, because, if a person having had no duties to perform to himself or to others when he is terminally ill, decides to end his life and relieve himself from the pain of living and the others from the burden of looking after him, prosecution of such a person would be adding insult to injury and it was asked "Should a Court construe Section 309 IPC to apply to such cases?"

12. Some time afterwards appeared an article of Justice R.A. Jahagirdar of Bombay High Court in the Illustrated Weekly of India (September 29, 1985) in which the learned Judge took the view that section 309 was unconstitutional for four reasons: (1) neither academicians nor jurists are agreed on what constitutes suicide, much less attempted suicide; (2) *mens rea*, without which no offence can be sustained, is not clearly discernible in such acts; (3) temporary insanity is the ultimate reason of such acts which is a valid defence even in homicides; and (4) individuals driven to suicide require psychiatric care.

13. Apart from the aforesaid judicial and legal thinking on the subject relating to justification and permissibility of punishing a man for attempting to commit sui-

cide, there are proponents of the view that euthanasia (mercy killing) should be permitted by law. We do not propose to refer to the thinking on this subject, principally because the same is beyond the scope of the present petitions and also because in euthanasia a third person is either actively or passively involved about whom it may be said that he aids or abets the killing of another person. We propose to make a distinction between an attempt of a person to take his life and action of some others to bring to an end the life of a third person. Such a distinction can be made on principle and is conceptually permissible.

14. Though what we propose to decide in these cases would, therefore, relate to the offence of attempted suicide, it is nonetheless required to be stated that euthanasia is not much unrelated to the act of committing suicide inasmuch as wherever passive euthanasia has been held to be permissible under the law, one of the requirements insisted is consent of the patient or of his relations in case the patient be not in a position to give voluntary consent. The relationship between suicide and euthanasia has come to be highlighted in a decision of the Supreme Court of Nevada (one of the States of United States of America) in *McKay v. Bergstedt*, where a patient filed a petition to the Court for permitting disconnection of his respirator. The District Court, on the facts of the case, granted permission. The State appealed to the Supreme Court of Nevada who, after balancing the interest of the patient against the relevant State interest, affirmed the District Courts' judgment. The Court took the view that the desire of the patient for withdrawal of his respirator did not tantamount to suicide - the same was rather an exercise of his constitutional and common law right to discontinue unwanted medical

treatment. This was the view taken by the majority. One of the Judges expressed dissenting view.

15. A comment has been made on the aforesaid decision at pages 829 to 838 of Suffolk University Law Review, Volume 25 (1991) by stating that the distinction made by the majority between suicide and euthanasia because of differences in motive and mental attitude, is not tenable and the commentator referred to the dissenting opinion in which it was observed that the patient was in fact requesting the court to sanction affirmative act which was entirely consistent with the court's definition of suicide, inasmuch as the majority had defined suicide as "an act or instance of taking one's own life voluntarily and intentionally; the deliberate and intentional destruction of his own life by a person of years of discretion and of sound mind, one that commits or attempts his self-murder." (This was indeed the definition given in Webster's Third New International Dictionary, 1968).

16. We may now note the reasons given by the Bombay High Court in *Shripati's case* (supra) for striking down the section as violation of Article 21. These reasons are basically three: (1) Article 21 has conferred a positive right to live which carries with it the negative right not to live. In this connection it has been first stated that the fundamental rights are to be read together as held in *R.C. Cooper v. Union of India*, AIR 1970 SC 1318. Mention was then made of freedom of speech and expression, as to which it was observed that the same includes freedom not to speak and to remain silent. Similarly, about the freedom of business and occupation, it was stated that it includes freedom not to do business. (2) Notice was then taken of the

various causes which lead people to commit suicide. These being mental diseases and imbalances, unbearable physical ailments, affliction by socially dreaded diseases, decrepit physical condition disabling the person from taking normal care of his body and performing the normal chores, the loss of all senses or of desire for the pleasures of any of the senses, extremely cruel or unfeared conditions of life making it painful to live, a sense of shame or disgrace or a need to defend one's honour or a sheer loss of interest in life or disenchantment with it, or a sense of fulfilment of the purpose for which one was born with nothing more left to do or to be achieved and a genuine urge to quit the world at the proper moment. (3) The Bench thereafter stated that in our country different forms of suicide are known. These being Johars (mass suicides or self-immolation) of ladies from the royal houses to avoid being dishonoured by the enemies; Sati (self-immolation by the widow on the burning pyre of her deceased husband); Samadhi (termination of one's life by self-restraint on breathing); Prayopaveshan (starving unto death); and Atmarpana (self-sacrifice). It was also observed that the saints and savants, social, political and religious leaders have immolated themselves in the past and do so even today by one method or the other and society has not only not disapproved of the practice but has culogised and commemorated the practitioners. It may be pointed out that the Bench made a distinction between "suicide" and "mercy-killing"; so also, between suicide and aiding or abetting the same.

17. The Bombay High Court held section 309 as violation of Article 14 also mainly because of two reasons. First, which act or acts in series of acts will constitute

attempt to suicide, where to draw the line, is not known - some attempts may be serious while others non-serious. It was stated that in fact philosophers, moralists and sociologists were not agreed upon what constituted suicide. The want of plausible definition or even guidelines, made section 309 arbitrary as per the learned Judges. Another reason given was that section 309 treats all attempts to commit suicide by the same measure without referring to the circumstances in which attempts are made.

18. The first of the aforesaid reasons is not sound, according to us, because whatever differences there may be as to what constitutes suicide, there is no doubt that suicide is intentional taking of one's life, as stated at page 1521 of Encyclopaedia of Crime and Justice, Volume IV, 1983 Edn. Of course, there still exists difference among suicide researchers as to what constitute suicidal behaviour, for example, whether narcotic addiction, chronic alcoholism, heavy cigarette smoking, reckless driving, other risk taking behaviours are suicidal or not. It may also be that different methods are adopted in committing suicide, for example, use of fire arms, poisoning especially by drugs, over doses, hanging, inhalation of gas. Even so, suicide is capable of a broad definition, as has been given in the aforesaid Webster's Dictionary. Further, on a prosecution being launched it is always open to an accused to take the plea that his act did not constitute suicide whereupon the Court would decide this aspect also.

19. In so far as treating of different attempts to commit suicide by the same measure is concerned, the same also cannot be regarded as violative of Article 14, inasmuch as the nature, gravity and extent of attempt may be taken care of by tailor-

ing the sentence appropriately. It is worth pointing out that section 309 has only provided the maximum sentence which is upto one year. It provides for imposition of fine only as a punishment. It is this aspect which weighed with the Division Bench of Andhra Pradesh High Court in its aforesaid decision to disagree with the Bombay view by stating that in certain cases even Probation of Offenders Act can be pressed into service, whose section 12 enables the Court to ensure that no stigma or disqualification is attached to such a person. (See Para 32 of the judgment).

20. We agree with the view taken by the Andhra Pradesh High Court as regards section 309 qua Article 14. But the Bombay Bench itself was more involved with Article 21 and violation of it by section 309, the reasons whereof have been noted. Whether these are sound and tenable, would be our real consideration.

21. The Bombay High Court's decision led some thinkers to express their own views. We have noted who they were. The broad points of their objection/criticism were these: (1) suicide is an act against religion, (2) it is immoral, (3) it produces adverse sociological effects; (4) it is against public policy (this has also been the main argument of the counsel of Union of India before us), (5) it damages monopolistic power of the State, as State alone can take life; and (6) it would encourage aiding and abetting of suicide and may even lead to 'constitutional cannibalism'.

22. We shall in due course see whether the aforesaid objections raised against the Bombay judgment are valid. Concerned as we are with the broad contention that section 309 is violative of Article 21, we shall first inform ourselves as to the content and

reach of this Article and then answer in a general way as to whether a person residing in India has a right to die. Section 309 being a part of our enacted law, we would desire to know what object a law seeks to achieve. This section having made attempt to commit suicide an offence, we shall ask the question as to why is a particular act treated as crime and what acts are so treated. We shall then apply our mind to the purposeful query as to how a crime can be prevented. Being seized with the crime of 'attempted suicide', we shall apprise ourselves as to why suicides are committed and how can they be really prevented. We would also desire to know what type of persons have been committing suicides and what had been their motivations. We would then view the act of committing suicide in the background of our accepted social ethos. Having done so, we shall take up the points of criticism noted above one by one and express our views on the same.

23. Having known that the Law Commission of India had in its 42nd Report of 1971 recommended deletion of section 309, we shall put on record as to why was this recommendation made and how was the same viewed by the Central Government; and what steps, if any, were taken by it to implement the recommendation. What is the present thinking of the Union of India shall also be taken note of.

24. Finally, we shall open our mental window a little to allow breeze to come from other parts of the world, inter alia, because Gurudev (Rabindranath Tagore, the Noble laureate) wanted us to do so. Globalisation has, in any case, been accepted by us in some other fields of our activities. We have stated opening of this window "a little" because we propose to

confine ourselves to know whether attempt to commit suicide is presently a crime only in two other countries of the globe - they being United Kingdom and United States of America. The reasons of our selecting these two countries shall be indicated when we shall advert to our 'global view' query. It may only be stated here that we are opening the window only a little, as, the little air that would pass through the little aperture would be enough, in our view, to enable us to have broad knowledge of global view on the subject under consideration.

25. The aforesaid mental odyssey would take us through a long path before we would reach our destination, our conclusion. Finale would, however, come after we have answered or known the following:

- (1) Has Article 21 any positive content or is it merely negative in its reach?
- (2) Has a person residing in India a right to die?
- (3) Why is a law enacted? What object(s) it seeks to achieve?
- (4) Why is a particular act treated as crime? What acts are so treated?
- (5) How can crime be prevented?
- (6) Why is suicide committed?
- (7) Who commits suicide? Secularisation of suicide.
- (8) How suicide-prone persons should be dealt with?
- (9) Is suicide a non-religious act?
- (10) Is suicide immoral?
- (11) Does suicide produce adverse sociological effects?

(12) Is suicide against public policy?

(13) Does commission of suicide damage the monopolistic power of the State to take life?

(14) Is apprehension of 'constitutional cannibalism' justified?

(15) Recommendation of the Law Commission of India and follow up steps taken, if any.

(16) Global view: What is the legal position in other leading countries of world regarding the matter at hand?

26. The aforesaid questions, which have been framed keeping in mind the information we thought necessary to enable us to decide the important matter at hand to our satisfaction, have been listed as above keeping in view their comparative importance for our purpose - the most important being the first and so on; and we propose to answer them in the same sequence.

(1) *Has Article 21 any positive content or is it merely negative in its reach?*

27. This question is no longer res integra inasmuch as a Constitution Bench of this Court in *Unnikrishnan v. State of Andhra Pradesh*, 1993 (1) SCC 645 (in which right to receive education upto the primary stage has been held to be a call of Article 21), has virtually answered this question. This would be apparent from what was stated by Mohan, J. in paragraph 19 and by Jeevan Reddy, J. in paragraph 170. In paragraph 30, Mohan, J. has mentioned about the rights which have been held to be covered under Article 21. These being:-

(1) The right to go abroad. *Satwant Singh Sawhney v. D.Ramaratinam APO*, New Delhi.

(2) The right to privacy. *Govind v. State of MP*. In this case reliance was placed on the American decision in *Griswold v. Connecticut*.

(3) The right against solitary confinement. *Sunil Batra v. Delhi Administration*.

(4) The right against the fetters. *Charles Shobraj v. Supdt. Central Jail*.

(5) The right to legal aid. *M.H. Hoaskot v. State of Maharashtra*.

(6) The right to speedy trial. *Hussainara Khatoon v. Home Secretary, State of Bihar*.

(7) The right against handcuffing. *Prem Shankar Shukla v. Delhi Administration*.

(8) The right against delayed execution. *T.V. Vatheeswaran v. State of T.N.*

(9) The right against custodial violence. *Sheela Barse v. State of Maharashtra*.

(10) The right against public hanging. *A.G. of India v. Lachma Devi*

(11) Doctor's assistance. *Paramand Katra v. Union of India*.

(12) Shelter. *Shantistar Builders v. N.K. Tolame*.

28. The aforesaid is enough to state that Article 21 has enough of positive content in it. As to why the rights mentioned above have been held covered by Article 21 need not be gone into, except stating that the originating idea in this regard is the view expressed by Field J. in *Munn v. Illinois*, (1876) 94 US 113, in which it was held that the term 'life' (as appearing in the 5th and 14th amendments to the United States Constitution) means something more than 'mere animal existence'. This view was

accepted by a Constitution Bench of this Court in *Kharak Singh v. State of U.P.*, AIR 1978 SC 1675 (paragraphs 56 and 26), to which further leaves were added in *Board of Trustees Port of Bombay v. Dilip Kumar* AIR 1983 SC 109 (paragraph 13), *Vikram Dev Singh v. State of Bihar*, AIR 1988 SC 1782 (paragraph 5), and *Ram Saran v. Union of India*, AIR 1989 SC 549 (paragraph 13). In these decisions it was held that the word 'life' in Article 21 means right to live with human dignity and the same does not merely connote continued drudgery. It takes within its fold "some of the finer graces of human civilization, which makes life worth living", and that the expanded concept of life would mean the "tradition, culture and heritage" of the concerned person.

29. It would be relevant to note the decision in *State of Himachal Pradesh v. Umed Ram*, AIR 1986 SC 847. It was observed in paragraph 11 that the right to life embraces not only physical existence but the quality of life as understood in its richness and fullness by the ambit of the Constitution; and for residents of hilly areas access to road was held to be access to life itself, and so necessity of road communication in a reasonable condition was held to be a part of constitutional imperatives, because of which the direction given by the Himachal Pradesh High Court to build road in the hilly areas to enable its residents to earn livelihood was upheld. *What can be more positive and kicking?*

30. We may also refer to the article of Dr. M. Indira and Dr. Alka Dhal under the caption: 'Meaning of life, suffering and death' as read in the International Conference on Health Policy, Ethics and Human Values held at New Delhi in 1986. This is what the learned authors stated

about life in their article -

"Life is not mere living but living in health. Health is not the absence of illness but a glowing vitality - the feeling of wholeness with a capacity for continuous intellectual and spiritual growth. Physical, social, spiritual and psychological well being are intrinsically inter woven into the fabric of life. According to Indian Philosophy that which is born must die. Death is the only certain thing in life"

31. May it be said that *CESC Ltd. v. Subhas Chandra*, 1992 - 1 SCC 441, it has been opined by Ramaswamy, J. (who is, of course, a minority Judge) that physical and mental health have to be treated as integral part of right to life, because without good health the civil and political rights assured by our Constitution cannot be enjoyed.

(2) *Has a person residing in India right to die?*

32. If a person has a right to live, question is whether he has right not to live. The Bombay High Court stated in paragraph 10 of its judgment that as all the fundamental rights are to be read together, as held in *R.C. Cooper v. Union of India*, AIR 1970 SC 1318, what is true of one fundamental right is also true of another fundamental right. It was then stated that it is not, and cannot be, seriously disputed that fundamental rights have their positive as well as negative aspect. For example, freedom of speech and expression includes freedom not to speak. Similarly, the freedom of association and movement includes freedom not to join any association or move anywhere. So too, freedom of business includes freedom not to do business. It was therefore, stated that logically it must follow that the right to live will include



right not to live, i.e., right to die or to terminate one's life.

33. Two of the abovenamed critics of the Bombay judgment have stated that the aforesaid analogy is "misplaced", which could have arisen on account of superficial comparison between the freedoms, ignoring the inherent difference between one fundamental right and the other. It has been argued that the negative aspect of the right to live would mean the end or extinction of the positive aspect, and so, it is not the suspension as such of the right as is in the case of 'silence' or 'non-association' and 'no movement'. It has also been stated that the right to life stands on different footing from other rights as all other rights are derivable from the right to live.

34. The aforesaid criticism is only partially correct inasmuch as though the negative aspect may not be inferable on the analogy of the rights conferred by different clauses of Article 19, one may refuse to live, if his living be not according to the person concerned worthliving or if the richness and fullness of life were not to demand living further. One may rightly think that having achieved all worldly pleasure or happiness, he has something to achieve beyond this life. This desire for communion with God may very rightly lead even a very healthy mind to think that he would forego his right to live and would rather choose not to live. In any case, a person cannot be forced to enjoy right to life to his detriment, disadvantage or disliking.

35. From what has been stated above, it may not be understood that according to us the right encompassed or conferred by Article 21 can be waived. Need for this observation has been felt because it has been held by a Constitution Bench in *Olga*

*Tallis v. Bombay Municipal Corporation* AIR 1986 SC 180 that a fundamental right cannot be waived. A perusal of that judgment, however, shows that it dealt more with the question of estoppel by conduct about which it can be said that the same is a facet of waiver. In the present cases, we are, however, not on the question of estoppel but of not taking advantage of the right conferred by Article 21.

36. Keeping in view all the above, we state that right to live of which Article 21 speaks of can be said to bring in its trail the right not to live a forced life.

37. In this context, reference may be made to what Alan A Stone, while serving as Professor of Law and Psychiatry, in Harvard University stated in his 1987 "Jonas Robitscher Memorial Lecture in Law and Psychiatry, under the caption: "The Right to Die": New Problems for Law and Medicine and Psychiatry". (This lecture has been printed at pages 627 to 643 of *Emory Law Journal*, Volume 37, 1988). One of the basic theories of the lecture of Professor Stone was that right to die inevitably leads to the right to commit suicide.

(3) *Why is a law enacted? What object (s) it seeks to serve?*

38. Section 309 being a part of our enacted law, let it be known as to why a law is framed or is required to be framed. To put it differently, what objects are sought to be achieved by framing laws. For our purpose it would be enough if what has been stated by Shri M Ruthnaswamy in Chapter 5 and 6 of his book "Legislation: Principles and Practice" (First Edn., 1974) (The Chapter headings being 'Principles of Legislation in History' and 'Contempo-

rary Principles of Legislation'), is noted. The learned author has within a short compass brought home the different principles which had held sway in different parts of the world at different points of time. Ruthnaswamy starts in Chapter 5 by saying that it is from the time of the Renaissance and the Reformation when men, as a result of these great revolutionary movements broke away from rule of Custom and Tradition, that legislation began its career as an instrument of social and political, and even religious, change. The readers are then informed as to what Richard Hooker (1554-1600) thought on the question of law which, according to him, has to be influenced by experience and supported by reason.

39. The next important thinker of England after Hooker was the famous Francis Bacon (1561-1626). In his 'Essays' (the most popular of his works) we find his views on legislators and legislation. Bacon stood out for progress and utility and was of the view that it was not good to try experiments in legislation. As against Bacon there was Sir Edward Coke, who was defender of the rights of the Parliament. Mention is then made about John Locke (1632-1704) according to whom the laws made must respect the right to liberty and property; and laws must be made for the good of the people.

40. Ruthnaswamy then takes the reader to France and mentions about Montesquieu (1689-1755) who in his famous "Spirit of Laws" published in 1748, which has been regarded as a great classic of political and legal literature, rendered immemorial service to legislation and legislatures. In this monumental work, he insists that laws and legislation should be in conformity with the spirit of the people, if its traditions, its

philosophy of life, even the physical surroundings of the people, including the climate. The journey is then to Germany, where Leibnitz (1646-1717), a philosopher, mathematician and adviser of kings and princes in Germany and Europe, took the view that greatness of law is proved by the fact that great rulers were also great law givers. Names of Augustus, Constantine and Justinian are mentioned in this regard. The German philosopher further said that the law must serve morality, because what is against morals is bad law.

41. Readers then find themselves in Italy and they are acquainted with Beccaria (1739-1794), who through his pamphlet under the title 'Delict and Crimes' published in 1766 'brought a revolution in the theory and practice of punishment, because, according to him, punishment of crime must be used only for the defence of the State and the people and not for retribution and revenge which principles were holding the field then

42. As per sequence of time, the next writer to be mentioned is Edmund Burke (1727-1797), who was a parliamentarian, statesmen and political thinker. According to him the main essential of good laws and legislation is that the same should be fit and equitable, so that the legislature has a right to demand obedience. He would say there are two fundamental principles of legislation: equity and utility.

43. Blackstone is a name which is immortal in the world of legal jurisprudence. It is his "Commentaries on the Laws of England" (1765) which has made him so. He emphasised on the inviolability of common law freedom of persons and property. After Blackstone, came Bentham (1748-1832) and the Utilitarians.

44. Ruthnaswamy has also acquainted the readers about the views of Plato, Aristotle, Cicero and Thomas Aquinas: so also what Voltaire (1694-1778) had to say. We do not propose to burden this judgment about their view; but what was said by Macauley (1800-1859) has to be noted, because it is he who had drafted our Penal Code. Macauley believed in the efficacy of law in improving people and their character. He wrote: "When a good system of law and police is established, when justice is administered cheaply and firmly, when idle technicalities and unreasonable rules of evidence no longer obstruct the search for truth, a great change of the better may be expected which shall produce a great effect on the national character".

45. In Chapter 6 of the book, Runthaswamy has stated that after the principles of Benthamism and Utilitarianism, Reason, Utility and Individual Liberty had exhausted themselves, humanitarianism occupied the field and it is this principle which has seen the enactments of statutes like Workmen's Compensation Act, Factories Act and various other statutes dealing with public health, sanitation and so weaker section.

46. We do not propose to dive further and would close this discussion by referring to what was stated by Ihering (1818-1892) in his "Geist Des Romisches Rechts" (The Spirit of Roman Law), which has been accepted as a legal classic. According to Ihering, law is a means to an end. He laid down the following general principles of legislation:

1. Laws should be known to be obeyed.
2. Laws should answer expectations.

3. Laws should be consistent with one another.

4. Laws should serve the principle of Utility.

5. Laws should be methodical.

6. Laws must be certain to be obeyed, must not become a dead letter.

7. Laws are necessary to ward off the danger of the operations of egoism or self interest, the ordinary motives of human action.

8. Law and legislation must aim at justice which is that which suits all.

9. Laws are inter-connected "laws like human beings lean on one another".

47. That humanitarianism is the throbbing principle of legislation presently has also been highlighted by Kartar Singh Mann in his article "Working of Legislatures in the matter of Legislation" appearing at pages 491 to 495 of the Journal of Parliamentary Information, Volume 33, 1987. What has been stated by Mann at page 493 is relevant for purpose - the same being :

"In the historical perspective, one can easily appreciate the complexities and intricacies of legislation which the present legislatures are to face. Besides the ordinary laws which safeguard the rights and liberties of the individual, there are certain fundamental laws which ordinary legislation may not change. In countries like France, Germany and India which are having their written Constitutions their fundamental laws are embodied there itself. The fundamental principles on which the political life of the people is based are individuality, equality and justice. After securing the life and liberty of the State

and of the individual, laws and legislations take on the task of serving and promoting the good life of the State and the people. For good life, morality is necessary and to maintain morality legislation is a must. Legislation is the framework which is required to be made for good life."

48. What was opined by Ian Terry Q.C. Director of Public Prosecution in his article on "Euthanasia - Is It Murder?" as printed at pages 2 to 7 of Australian Journal of Forensic Sciences, Volume 21 (1) September 1988 is also relevant for our purpose. That article was concluded at page 7 in these words:-

".....I have necessarily spoken about the law as it is. There is nothing immutable about it. To the extent it does not meet social needs, and a strong consensus emerges to that effect, the law can and should be changed....."

49. The aforesaid show that law has many promises to keep including granting of so much of liberty as would not jeopardise the interest of another or would affect him adversely, i.e., allowing of stretching of arm upto that point where the other fellows' nose does not begin. For this purpose, law may have "miles to go". Then, law cannot be cruel, which it would be because of what is being stated later, if persons attempting suicide are treated as criminals and are prosecuted to get them punished, whereas what they need is psychiatric treatment, because suicide basically is a "call for help", as stated by Dr. (Mrs.) Dastoor, a Bombay Psychiatrist, who head an organisation called, 'Suicide Prevent'. May it be reminded that a law which is cruel violates Article 21 of the Constitution, *a la, Deena v. Union of India*, AIR 1983 SC 1155.

(4) *Why is a particular act treated as crime? What acts are so treated?*

50. Earliest reference to the word "crime" dates back to 14th century when it conveyed to the mind something reprehensible wicked or base. Any conduct which a sufficiently powerful section of any given community feels to be destructive of its own interest, as endangering its safety, stability or comfort is usually regarded as heinous and it is sought to be repressed with severity and the sovereign power is utilised to prevent the mischief or to punish anyone who is guilty of it. Very often crimes are creations of Government policies and the Government in power forbids a man to bring about results which are against its policies.

51. In a way there is no distinction between crime and tort, inasmuch as a tort harms an individual whereas a crime is supposed to harm society. But then, a society is made of individuals, harm to an individual is ultimately harm to society.

52. A crime presents these characteristics: (1) it is a harm, brought about by human conduct which the sovereign power in the State desires to prevent; (2) among the measures of prevention selected is the threat of punishment; and (3) legal proceedings of a special kind are employed to decide whether the person accused did in fact cause the harm, and is, according to law, to be held legally punishable for doing so. (See pages 1 to 5 of Kenny's Outlines of Criminal Law (19th Edn. for the above propositions).

53. Protection of society is the basic reason of treating some acts as crime. Indeed it is one of the aims of punishment. Where there is no feeling of security, there

is no true freedom. What is the effect of the same cannot be described better than what was stated by Hobbes in "Leviathan", which is:

"There is no place for industry, because the fruit thereof is uncertain, and consequently no culture of the earth; no navigation nor use of the commodities that way be imported by sea; no commodious building; no instrument of moving and removing such things as require much forces; no knowledge of the face of the earth; no account of time; no arts, no letters; no society; and which is worst of all continual fear and danger of violent death, and the life of a solitary, poor, nasty, brutish and short."

for him to do so, because it will make him happier, because, in the opinions of others to do so would be wise, or even right. These are good reasons for remonstrating with him or reasoning with him, or persuading him, or entreating him, but not for a compelling him, or visiting him with any evil in case he do otherwise. To justify that, the conduct from which it is desired to deter him must be calculated to produce evil to some one else. The only part of the conduct of any one, for which he is amenable to society is that which concerns others. *In the part which merely concerns himself, his independence is, of right, absolute. Over himself, over his own body and mind, the individual is sovereign.*"

(Emphasis supplied)

54. As constitutionality of Section 309 has been assailed as being violative of Article 21 which protects life and personal liberty, it would be in fitness of things to note what JS Mill had to say about making an act relating to personal liberty punishable. This is what Mill had said in this connection in his famous tract "On liberty":

"The object of this Essay is to assert one very simple principle, as entitled to govern absolutely the dealings of society with the individual in the way of compulsion and control, whether the means used be the physical force in the form of legal penalties or the moral coercion of public opinion. That principle is, that *the sole end for which mankind are warranted individually or collectively, in interfering with the liberty of action of any of their members, is self-protection. That the only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others.* His own good, either physical or moral, is not a sufficient warrant. He cannot rightfully be compelled to do or forbear because it will be better

55. The very definition of 'crime' depends on the values of a given society. To establish this what has been stated by Justice Krishna Iyer in his book on "Perspectives in Criminology, Law and Social Change" (1980) at pages 7 and 8 may be noted:-

"What is a sex crime in India may be sweet-heart virtue in Scandinavia. What is an offence against property in a capitalist society may be a lawful way of life in a socialist society. What is permissible in an affluent economy may be a pernicious vice in an indigent community. Thus, criminologists must have their feet all the time on terra firma".

56. Not only this, crimes can also be created or abolished with the passage of time, as stated at page 7 of R.S. Cavan's "Criminology" (2nd Edn.). This has been elucidated by the author by stating that in democracy where individual opinion can express itself freely through speaking, writing and elections, public opinion becomes the final arbiter in placing the opprobrium

of crime upon a specific type of behaviour and when a law is not accepted the police may attempt to enforce it against public opinion, but gradually the police yield to the pressure of public opinion, which they perhaps share. The law may remain on the statute books but be ignored by all. Whereas when the public opinion supports the law, many pressures of an informal nature are brought against the violators to aid and lessen the police action.

(5) *How can crimes be prevented?*

57. The aforesaid subject is too wide and cannot be discussed meaningfully within the parameters available to us in this judgment. The treatise on "Crime and its Prevention" edited by Stephen Lewin, Editor, World Week Magazine, would show how complicated the subject is. At page 217 of the 3rd printing (1973) mention has been made about seven steps for combating a crime. We may not go into the details. Sufficient to say that the steps relate to different disciplines.

58. Professor Dr. N.V. Paranjape, Professor and Head of the Department of Post Graduate and Research in Law and Dean Faculty of Law, Jabalpur University, in his book "Criminology and Penology" has something to say in Chapter VI about causes of crime, knowledge of which is necessary to combat and prevent the same. Dr. Paranjape states that in the absence of a single theory of crime causation, criminologists have offered different explanations to justify their own theory as an explanation of delinquent behaviour. There are, however, some writers who seem to be convinced that no single theory of crime can fully explain the causes of crime. They therefore prefer a multiple approach to criminal behaviour which suggests that

crime is generated not as a result of one solitary factor but as a consequence of a combination of such factors.

59. Justice Krishna Iyer also in his aforesaid book has dealt with this aspect in Chapter 2 captioned "The Pathology of Indian Criminology". In his usual inimitable style, he has painted the crime scenario on a broad canvass and has mentioned about various factors which lead to commission of crimes.

60. Reference may also be made to the White Paper presented to the Parliament by Her Majesty's Government in 1990 on the subject of "Crime, Justice and Protecting the Public", published as Cm No. 965. The White Paper has summarised main proposals as below:-

"a coherent legislative framework for sentencing with the severity of the punishment matching the seriousness of the crime and a sharper distinction in the way the courts deal with violent and non-violent crimes;

"new powers for the Crown Court to impose longer sentences for violent and sexual offences, if this is necessary to protect the public from serious harm;

"new powers for all courts to combine community service and probation and to impose curfews on offenders so that more offenders convicted of property crimes can be punished in the community;

"reducing the maximum penalties for theft and burglary, except burglaries of people's homes, which can be a very serious matter;

"requiring the courts to consider a report by the probation service before giving a custodial sentence and to give

reasons for imposing a custodial sentence, except for the most serious offences;

"encouraging more use of financial penalties, especially compensation to victims and fines which take account of offenders' means;

"making the time actually served in prison closer to the sentence ordered by the court, replacing the present system of remission and parole by new arrangements which ensure that all prisoners serve at least half their sentences in custody; prisoners serving sentences of 4 years or more would not get parole if this would put the public at risk;

"new powers for the courts to return released prisoners to custody upto the end of their sentence, if they are convicted of a further imprisonable offence;

"all prisoners serving sentences of a year or more to be supervised by the probation service on release, with new national standards for supervision;

"wider powers for the courts to make parents take more responsibility for crimes committed by their children;

"more flexible powers for the courts to deal with 16 and 17 year old offenders;

"changing the juvenile courts to youth courts, to deal with defendants under the age of 18."

61. It would be some interest in this connection to point out that as late as 1991 a need was felt by the British Government to issue a Royal Warrant for issuing a Commission to examine the effectiveness of the criminal justice in England and Wales in securing the conviction of those

guilty of criminal offences and the acquittal of those who were innocent. For this purpose, the Royal Warrant wanted the Commission to make its recommendation on various aspects of the criminal justice. The commission submitted its report in July, 1993 and it contains recommendations which number 352 and have been mentioned at pages 188 and 219 of the Report issued by Her Majesty's Stationery Office.

62. The difficult task of crime prevention would not therefore permit the solution to be put into a straight jacket; it has to be modulated and moulded as per time and clime

#### *Effect of Punishment*

63. The aforesaid is not enough for our purpose. We have also to know as to whether infliction of punishment can be said to have a direct relation with the reduction of criminal propensity. It would be enough in this context to state that it has been seriously doubted whether imposition of even death sentence has been able to reduce the number of murders. Bhagwati, J. as he then was, in his dissenting judgment in the case of *Bachan Singh v. State of Punjab*, AIR 1982 SC 1325 has brought home well this aspect of the matter.

64. While on the question of sentencing it would be rewarding to note that sentencing has been regarded as a subtle art of healing, and the legal and political people uninstructed in the humanist strategy of reformation, fail even on first principles. Justice Iyer in his aforesaid book has further stated at page 47 that it puzzles a judge or a Home Secretary to be told in

## Shavian Paradox:

"If you are to punish a man retributively, you must injure him. If you are to reform him, you must improve him. And men are not improved by injuries."

65. What was said by Victor Hugo in his 'Les Misérables' is instinctive:

"We shall look upon crime as a disease. Evil will be treated in charity instead of anger. The change will be simple and sublime. The cross shall replace the scaffold reason is on our side, feeling is on our side and experiment is on our side."

66. This is not all. It would be wrong to think that a person attempting to commit suicide does not get punished. He does. The agony undergone by him and the ignominy to be undergone is definitely a punishment, though not a corporal punishment; but then, section 309 has provided for a sentence of fine also. Agony and ignominy undergone would be far more painful and deterrent than a fine which too may not come to be realised if the person concerned were to be released on probation.

(6) *Why is suicide committed?*

67. "Suicide the intentional taking of one's life, has probably been a part of human behaviour since pre-history. Many ancient texts including the Bible, the Koran and the Rig Veda, mention suicide. Because the act of self-destruction represents an attack on some of our presumptions- that life is to be lived and death feared- responses to suicide have involved a variety of emotionally charged attitudes. These have ranged from approbation accorded to it by the ancient Greek Stoics to, more typically, the fear and supersti-

tion that led eighteenth century Europeans to drive stakes through the hearts of those who had committed suicide."

(Encyclopaedia of Crime and Justice (1983), Vol. 4 p 520).

68. The change in social thinking in this regard can be best illustrated by the view taken in the conservative English society where to start with suicide itself was regarded as a felony requiring burial in a public highway, followed by forfeiture of all the properties of the deceased to the Crown. Presently, the Suicide Act, 1961 does not even regard attempt to suicide as an offence.

69. Various social forces like the economy, religion and socio-economic status are responsible for suicides. There are various theories of suicide, to wit, sociological, psychological, bio-chemical, and environmental (Ibid, pages 1523-24).

70. The causes of suicides are many and varying inasmuch as some owe their origin to sentiments of exasperation, fury, frustration and revolution; some are the result of feeling of burden, torture, and sadness. Some are caused by loss of employment, reverse of fortune, misery due to illness, family trouble and thwarted love. Sometimes killing is in opposition to society and sometimes in opposition to particular persons. This happens when the person committing suicide nurses a feeling of unjust treatment, mal-treatment and cruelty. (See The 'Causes of Suicide' by Maurice Halbwachs (Translated by Harold Goldblatt). The Bombay judgment has mentioned many causes in paragraph 12 of its judgment which have been noted in paragraph 15 above. The same may not be repeated.



(7) *Who commits suicide? Secularisation of suicide.*

71. Suicide knows no barrier of race, religion, caste, age or sex. In a study undertaken in United States, to which reference has been made at page 14 of "Suicidology: Contemporary Developments" by E.S. Shnaidaman, (1976), it was found that both Roman Catholics and Protestants were equally susceptible to commission of suicide. It is because of this that it has been felt in the United States that there is "secularisation of suicide". In our country also Hindus, Muslims, Sikhs, Christians, Budhas, Jains and Parsis are known to have been committing or attempting suicides. Though there has been no particular study as to the religious faith of the persons committing suicide or attempting to commit suicide, it can safely be stated that there is "secularisation of suicide" in our country also.

72. While on the question "Who commits suicide?", it would be relevant to state that there has been great increase in the number of commission of suicides. In his aforementioned article, S. Faizan Mustafa pointed out that the number of suicide by the youths below 18 in 1986 was 7545. But out of about 60,000 persons who committed suicide in 1990 nearly half of them were aged between 18 to 25, which is generally considered to be the best of a person's life.

73. As per the report published in Indian Express of 31.10.84, in Ahmedabad city 5 suicide cases had occurred during 24 hours immediately preceding 30th October. In a write-up as published in India Today of October 15, 1984 under the caption "Bangalore: The Suicide City", it has been stated that Bangalore which had

earned the title of "Boom City" nearly a year ago, could more appropriately be described as "Doom City" by last month. The figures collected for the first half of the year shocked the members of the State Legislature because of incredible 664 suicidal deaths over a six-month period, which was higher than the total combined figures for Calcutta and Hyderabad in the last three years.

(8) *How suicide-prone persons should be dealt with?*

74. We now come to the question relating to the treatment to be given to the persons who attempt to commit suicide. Do they deserve prosecution because they had failed? is the all important question. The answer has to be a bold No. The reasons are not for to seek. Let us illustrate this first by referring to the case of those 20 persons who committed suicide in Tamil Nadu distressed as they felt because of prolonged illness of Chief Minister, MG Ramachandran. That this had happened was published in the Indian Express of 28.10.84. Question is whether these persons would have deserved prosecution had they failed in their attempt? The answer has to be that there can be no justification to prosecute such sacrificers of their lives. Similar approach has to be adopted towards students who jump into wells after having failed in examinations, but survive. The approach cannot be different qua those girls/boys who resent arranged marriages and prefer to die, but ultimately fail.

75. Let us come to the case of a woman who commit suicide because she had been raped. Would it not be adding insult to injury, and insult manifold, to require such a woman in case of her survival, to face

the ignominy of undergoing an open trial during the course of which the sexual violence committed on her which earlier might have been known only to a few, would become widely known, making the life of the victim still more intolerable. Is it not cruel to prosecute such a person?

76. We would go further and state that attempt to commit suicide by such a woman is not, cannot be, a crime. What is crime in such a case is to prosecute her with a view to get her punished. It is entirely a different matter that at the end of the trial, the court may impose a token fine or even release the convict on probation. That would not take care of the mental torture and torment which the woman would have undergone during the course of the trial. Such a prosecution is therefore, par excellence persecution. And why persecute the already tormented woman? Have we become soulless? We think not. What is required is to reach the soul to stir it to make it cease to be cruel. Let us humanise our laws. It is never late to do so.

77. Suicide, as has already been noted, is a psychiatric problem and not a manifestation of criminal instinct. We are in agreement with Dr. (Mrs.) Dastoor that suicide is really a "Call for help", to which we shall add that there is no "call for punishment" in it. Mention may also be made about what was observed in "The Attitudes of Society towards Suicide", a xerox copy of which is a part of written submissions filed on behalf of respondent No. 2 (State of Orissa) in WP No. (Cri.) 419/87. It has been stated in this article at page 9 that shortly after passing of the Suicide Act, 1961 (in England), the Ministry of Health issued recommendation advising all doctors and authorities that attempted suicide was to be regarded as a "medical

and social problem", as to which it was stated that the same was "more in keeping with present day knowledge and sentiment than the purely moralistic and punitive reaction expressed in the old law."

78. So, what is needed to take care of suicide-prone persons are soft words and wise counselling (of a psychiatrist), and not stony dealing by a jailor following harsh treatment meted out by a heartless prosecutor.

(9) *Is suicide a non-religious act?*

79. Every individual enjoys freedom of religion under our Constitution, vide Article 25. In a paper which Sh. G.P. Tripathi had presented at the World Congress on Law and Medicine held at New Delhi under the caption "Right to die", he stated that every man lives to accomplish four objectives of life: (1) Dharma (religion and moral virtues); (2) Artha (wealth); (3) Kama (love or desire); and (4) Moksha (spiritual enjoyment). All these objectives were said to be earthly, whereas others are to be accomplished beyond life. When the earthly objectives are complete, religion would require a person not to cling to the body. Shri Tripathi stated that a man has moral right to terminate his life, because death is simply changing the old body into a new one by the process known as Kayakalp, a therapy for rejuvenation.

80. Insofar as Christians are concerned, reference may be made of what Pope John Paul II stated when he gave his approval to the document issued by the sacred congregation stating:

"when inevitably death is imminent in spite of the means used, it is permitted in conscience to take decision to refuse forms

of treatment that would only secure precarious and burdensome prolongation of life, so long as the normal care due to sick person in similar cases is not interrupted....."

81. In the Encyclopaedia of Religion, Volume 8 (1987), mention has been made at pages 541 to 547 as to how "Life" has been understood by different religions. After discussing the subject as understood by the primitive societies, Judaism, Christianity, Hinduism and Buddhism, the discussion has been included by stating that the very act of posing the question "What is life"? produces an initial sense of bafflement and perplexity. It has been stated thereafter that a precise, distinct and universally acceptable concept does not accompany the use of the word "life", and that posing of the above query brings in its wake a sense that life is an "inexhaustible storehouse of mysteries, a realm of endlessly self-perpetuating novelties, in which the solution to any given problem gives rise to a plethora of other questions that beckon the always restless, never contented mind of Homo Sapiens to seek further for additional answers or, at least, to search out more intellectually refined, morally elevating, and spiritually salutary ways of pursuing the quest." So, life does not end in this world and the quest continues, may be after the end of this life. Therefore, one who takes life may not really be taken to have put an end to his whole life. There is thus nothing against religion in what he does.

82. Insofar as our country is concerned, mythology says Lord Rama and his brothers took Jalasamadhi in river Saryu near Ayodhya; ancient history says Budha and Mahavir achieved death by seeking it; modern history of Independence says about

various fasts unto death undertaken by no less a person than Father of the Nation, whose spiritual disciple Vinoba Bhave met his end only recently by going on fast, from which act (of suicide) even as strong as Prime Minister as Indira Gandhi could not dissuade the Acharya.

83. The aforesaid persons were our religious and spiritual leaders; they are eulogised and worshipped. Even the allegation against them that they indulged in a non-religious act, would be taken as an act sacrilege. So, where is non-religion in the act of suicide so far as our social ethos is concerned? And it is this ethos, this social mores, which our law has to reflect and respect.

10. *Is suicide immoral?*

84. Law and morals often intersect and there can be no doubt that historically at least law and morals were closely related and that in many areas the law continues to look upon its function as the enforcement of morals, the reinforcement of moral standards in society, and the punishment of moral depravity, as noted as page 19 of Burton M. Leisers' "Liberty, Justice and Morals" (1973). The Constitution of United States contain a number of provisions embodying moral judgments, one of which is prohibition against "cruel and unusual punishment". As to due process clause, it was stated by Justice Frankfurter in *Solesbee v. Balkcom*, (1949) 339 US 9 that it "embodies a system of rights based on moral principles..... which comports with the deepest notions of what is fair and right and just".

85. If, however, the law be unjust would a person not be entitled to disobey it? The civil disobedience movement

organised by leaders like Gandhiji shows that there can be clash of law and morality, which can be on the battlefield of man's conscience. It is this which agitated the mind of Socrates when he was in jail. He was advised to escape and was assured that it would be safe escape. He refused saying that having devoted his life to teach the importance of doing justice and respecting the laws, it would be rank hypocrisy for him to violate his principles when the laws had been turned against him. Being of this view, instead of breaking law, he took poison. But then, at times an individual, would be between two horns of dilemma when confronted with the question of obeying an unjust and pernicious law. The theories of Divine Law and Natural Law were evolved to take care of this dilemma and French Declaration of Rights of Men and American Declaration of Independence are based on these laws.

86. In the aforesaid work of Burton, this aspect of the matter has been concluded at page 353 by stating as below:

"It is right to be law abiding. But there may be times when it is not wrong to break the law. There are no easy rules or recipes to guide us in making our choices. Some people, who allow themselves to be governed by expediency and narrow self-interest, when they choose to disobey traffic, are indignant when their neighbors violate laws because their religious and moral convictions do not permit them to do otherwise. Anarchy is a terrible thing. It is all that Hobbes said it was. It is more likely to come from motives like those of the speeder, the drunken driver, and the one who cheats on his income tax, rather than from those of men like Gandhi, King (meaning Martin Luther King)....."

(Emphasis supplied)

87. Though the question of morality normally arises with laws relating to sex and acts evincing moral depravity like cheating, but as the question of birth and death has also moral significance, as opined by Mary Warnock, whose views in this regard has been noted at page 86 of Simon Lee's "Laws and Morals" (1986), we may briefly advert to the moral aspect as well relating to suicide. It is the sanctity of human life which is said to be defaced when one commits suicide and the question of morality, therefore, arises. We would have occasion later to refer to the enactment of Suicide Act, 1961 by the British Parliament, when the related Bill was taken up for consideration in the House of Lords, the Lord Bishop of Carlisle had raised objection on the ground of morality by saying that sanctity of human life was being destroyed. But the Bill was passed, nonetheless.

88. A reference to Simon Lee's above work shows there is no unanimity regarding the moral object which law should try to achieve. Simon Lee has mentioned at page 90 about three theories prevalent in England in this regard, one of whose propounder was Mill, according to whom, 'harm-to-others' is what ought to be prevented by law. Devlin would have liked that law should aim to establish minimum and not maximum, standards of behaviour, showing respect for tolerance and privacy. Hart's approach was that only 'the universal values' merited legal support and not those which fluctuate according to fashion, unless harm is caused to others. (See HLP Hart's "Law, Liberty and Morality" (1982) also particularly pages 30 and 31).

89. It would be opposite, while on the question of morality, to refer to the Constitution Bench decision of this Court in

### Suicide

Suicide - Does commission of suicide damage the monopolistic power of the State to take life? - Is apprehension of 'constitutional cannibalism' justified? - Distinction between 'suicide' and 'euthanasia'.

P.Rathinam/Nagbhusan Patnaik v. Union of India & Anr.  
(26-04-1994) JT 1994 (3) SC 392 [R.M. Sahai & B.L. Hansaria, JJ.]

Suicide - Does suicide produce adverse sociological effects? - Is suicide against public policy?

P.Rathinam/Nagbhusan Patnaik v. Union of India & Anr.  
(26-04-1994) JT 1994 (3) SC 392 [R.M. Sahai & B.L. Hansaria, JJ.]

Suicide - Is suicide a non-religious act? - Is suicide immoral?

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Suicide - Why is suicide committed? - Who commits suicide? -How suicide-prone persons should be dealt with?

P.Rathinam/Nagbhusan Patnaik v. Union of India & Anr.  
(26-04-1994) JT 1994 (3) SC 392 [R.M. Sahai & B.L. Hansaria, JJ.]

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#### Constitution of India, 1950:

Articles 21 and 22(1) - Personal liberty - Arrest by police - Indiscriminate arrests - Protection of persons from the oppression and abuse by police - For effective enforcement of fundamental rights to life and liberty, requirements to be followed in all cases of arrests laid down.

*Joginder Singh v. State of U.P. & Ors. (25-04-1994) JT 1994 (3) SC 423 [M.N. Venkatachaliah, C.J., S. Mohan & Dr. A.S. Anand, JJ.]*

*Ranjit D Udeshi v. State of Maharashtra*, AIR 1965 SC 881, in which the question examined was whether the novel of D.H. Lawrence "Lady Chatterley's Lover" could be regarded as "obscene" within the meaning of section 292 of the Penal Code. The Constitution Bench speaking through Hidayatullah, J., as he then was, stated in paragraph 9 that the question of obscenity depends upon the mores of the people and it is always a question of degree and where the line is to be drawn. After going through the case law and what Lawrence might have had in mind in writing the book, the Bench unanimously came to the conclusion that Lawrence was probably unfolding his philosophy of life and the urges of the unconscious, which caused no loss to the society if there was a message in the book. After examining the contents of the book from this standard it was held it contained no obscenity. The importance of this decision for our purpose is that the aforesaid book was regarded as morally objectionable at one point of time even in England, where moral standard relating to sex is on a lower key compared to ours.

90. The above shows that morality has no defined contours and it would be too hazardous to make a bold and bald statement that commission of suicide is per se an immoral act. If human beings can be treated inhumanely, as a very large segment of our population is, which in a significant measure may be due to wrong (immoral) act of others, charge of immorality cannot be, and in any case should not be, levied, if such human beings or like of them, feel and think that it would be better to live the wretched life instead of allowing further humiliation or torture. Those who demand virtue must do virtue, and should see that others too do the same.

11. *Does suicide produce adverse sociological effects?*

91. One of the points raised against suicide is that the person who has so done might have been the sole bread-earner of the family, say a husband, a father, because of whose death the entire family might have been left in lurch or doldrums, bringing its wake untold miseries to the members of his family. It is therefore stated that suicide has adverse effects on the social set up. No doubt, the effects of suicide in such cases are quite hurting; but then, it is a matter of extreme doubt whether by booking a person who had attempted to commit suicide to trial, suicide can be taken care of. Even imposition of death sentences has not been able to take care of commission of murders, as mentioned earlier.

92. Further, the aforesaid adverse sociological effects are caused by the *death* of the concerned person, and not by one who had *tried* to commit suicide. Indeed, those who fail in their attempts become available to be more or less as useful to the family as they were. So the person to be punished is one who had committed suicide; but, he is beyond the reach of law and cannot be punished. This can provide no reason to punish a person who should not be punished.

12. *Is suicide against public policy?*

93. The basic argument of Shri Sharma, learned counsel for the Union of India, was that allowing persons to commit suicide would be against public policy. Though which public policy would be so affected was not spelt out by the learned counsel, we presume that the public policy to be so jeopardised is one which requires

preservation of human life. One of the objects of punishment to be inflicted when an offence is committed is protection of society from the depredations of dangerous persons, as mentioned at page 198 of Burton M. Leiser's "Liberty, Justice and Morals". But insofar as suicide is concerned, this object does not get attracted because there is no question of protection of the society from depredation of dangerous persons, who by the very nature of things have to be those who cause harm to others, and not to themselves. Of course, we would concede that one of the interests of the State has to be preservation of human life.

94. The concept of public policy is, however, illusive, varying and uncertain. It has also been described as "untrust-worthy guide", "unruly horse" etc. The leading judgment describing the doctrine of public policy has been accepted to be that of Parke, B. in *Egerton v. Brownlow*, 1853-4 HLC 121 in which it was stated as below at page 123, as quoted in paragraph 22 of *Gherulal Parakash v. Mahadendas*, AIR 1959 SC 781 (793):

"Public Policy is a vague and unsatisfactory term and calculated to lead to uncertainty and error, when applied to the decision of legal rights; it is capable of being understood in different senses; it may, and does, in its ordinary sense, mean 'political expediency' or that which is best for the common good of the community; and in that sense there may be every variety of opinion, according to education habits, talents and dispositions of each person, who is to decide whether an act is against public policy or not. To allow this to be a ground of judicial decision, would lead to the greatest uncertainty and confusion. It is the province of the system and not the lawyer, to discuss, and of

the Legislature to determine what is best for the public good and to provide for it by proper enactments. It is the province of the Judge to expound the law only; the written from the statutes; the unwritten or common law for decisions of our predecessors and of our existing courts, from text writers of acknowledges authority, and upon the principles to be clearly deduced from them by sound reason and just inference; not to speculate upon what is the best, in his opinion, for the advantage of the community. Some of these decisions may have no doubt been founded upon the prevailing and just opinions of the public good; for instance, the illegality of covenants in restraint of marriage or trade. They have become a part of the recognised law, and we are therefore bound by them, but we are not thereby authorised to establish as law everything which we may think for the public good, and prohibit everything which we think otherwise."

95. In the aforesaid case a three-judge Bench of this Court summarised the doctrine of public policy by stating at page 795 that public policy or policy of law is an illusive concept; it has been described as "untrust-worthy guide", "variable quality", "uncertain one", "unruly horse" etc.

96. Different High Court of the country have had also occasion to express their views on this concept in their judgments in *Bhagwant v. Gangabishan*, AIR 1940 Bombay 369, *Mafizuddin, vs. Habibuddin*, AIR 1957 Calcutta 336; *Colapatri v. Colapatri*, AIR 1964 Andhra Pradesh 465; and *Ratan Chand v. Ashkar*, AIR 1976 Andhra Pradesh 112. In *Colapatri's* case, it was stated that the term public policy is not capable of a precise definition and whatever tends to injustice of operation, restraint of liberty, commerce and natural or legal rights; whatever tends to the ob-



struction of justice or to the violation of a statute and whatever is against good morals can be said to be against public policy. These decisions have also pointed out that the concept of public policy is capable of expansion and modification. In *Ratanchand's* case, a Bench of Andhra Pradesh High Court speaking through Chinappa Reddy, J. as he then was, quoted at page 117 a significant passage from Professor Winfield, "Essay on Public Policy in the English Common Law" (42 Harvard Law Review 76). The same is as below:

"Public Policy is necessarily variable. It may be variable not only from one century to another, not only from one generation to another but even in the same generation. Further it may vary not merely with respect to the particular topics which may be included in it, but also with respect to the rules relating to any one particular topic.... This variability of public policy is a stone in the edifice of the doctrine and not a missile to be flung at it. Public policy would be almost useless without it.

97. As to how the "unruly horse" of public policy influenced English law has been narrated by W. Friedmen in his "Legal Theory" : (5th Edn.) at pages 479 et. seq. in Part III, Section 2 titled as "Legal Theory, Public Policy and Legal Evaluation". As to the description of public policy as "unruly horse", it may be stated that there have been Judges not to shy away from unmanageable horses. Lord Denning is one of them. What this noble Judge stated in *Enderby Town Football Club Ltd. V. Football Association Limited* (1971) Ch. 591 at page 606 is "With a good man in the saddle, the unruly horse can be kept in control. It can take jump over obstacles." (See Paragraph 93 of

*Central Inland Water Transport Corporation Ltd. vs. Brajo Nath*, AIR 1986 SC 1571). But how many Judges can be anywhere near Lord Denning? There is sui generis.

98. The magnitude and complexity of what is or not public policy (or can be a part of public policy, would be apparent from bird's eye view of what has been stated regarding this at pages 454 to 539 of 'Words and Phrases' (Permanent Edn. Vol. 35, 1963). To bring home this a few excerpts would be enough. It has been first stated under the sub-heading "In general" as below at pages 455 and 456.

"Public Policy" imports something that is uncertain and fluctuating, varying with the changing economic needs, social customs, and moral aspirations, of the people, Barwin v. Reidy, 307 P. 2d 175, 181, 62 N.M. 183".

"Public Policy" is in its nature so uncertain and fluctuating, varying with the habits and fashions of the day, with the growth of commerce and the usages of trade, that it is difficult to determine its limits with any degree of exactness. It has never been defined by the courts, but has been let loose and free from definition in the same manner as fraud. *Pendeleton v. Greever*, j193 p. 885, 887, j80 Ok1, 35, 17 ALR 317".

"Public policy is a term that is not always easy to define and it may vary as the habits opinions, and welfare of a people who may vary, and what may be the public policy of one state of country and may not be so in another. *Franklin Fire Ins. Co. v. Moll*, 58 NE 2nd 9478, 950, 951, 115 Ind. App. 289."

99. In the aforesaid work under the sub-heading "Governed by Constitution, laws or judicial decisions", the following finds

place at page 481 under the further sub-heading "In general":-

"Public policy" is a variable quantity and is manifested by public acts, legislative and judicial, and courts will not hold a contract void. *Draughon v. Fox Pelletir Corporation*, 126 SW 2d 329, 333, 174 Tenn. 457".

"In a judicial sense, public policy does not mean simply sound policy, or good policy, but it means the policy of a state established for the public weal, either by law, by courts, or general consent. *Clough v. Gardiner*, 182 NYS 804, 806, 111 Mis. 244."

100. From the above, it can safely be said that it would be a uninformed man in law who would say with any degree of definiteness that commission of suicide is against public policy, and, as such, a person attempting to commit it acts against public policy.

13. *Does commission of suicide damage the monopolistic power of the State to take life?*

101. The aforesaid point is not required to be gone into detail, because nobody can claim to have monopoly over a human life. It is God alone who can claim such a power. If a person takes his life, he is taking his own life and not the life of anybody else; and so, the argument that State's monopolistic power of taking life is taken away by the person who attempts to commit suicide has no legs to stand.

(14) *Is apprehension of 'constitutional cannibalism' justified?*

102. This is one of the criticisms which has been advanced in one of the aforesaid

articles relating to the Bombay judgment. This contention has been advanced because if the negative aspect of life to right, i.e., to destroy it can be read in Article 21, the State can "easily embark upon a policy to encourage genocide on the plea that proper management of resources are vital and necessary for the upkeep of life with vigour and dignity in the wake of geometrical progression of population growth". The critic has stretched this argument so much to come to the conclusion of "constitutional cannibalism" that we may almost leave it answered, as there is a gulf of difference between taking of one's own life and allowing the State to go in for genocide. They are not only poles apart but miles apart.

103. The editor of *Calcutta Weekly Notes* in his comments at pages 37 to 40 of (1986-87) 91 CWN (Journal section) has observed that the distinction made by the Bombay High Court between "suicide" and "euthanasia" appears logically inconsistent. According to the editor, the rationale of the judgment would necessarily permit euthanasia as legal. This comment may not be quite incorrect, because in passive euthanasia, wherever it has been accepted as legally permissible, consent of the patient, if he be in a sound mental condition, has been regarded as one of the pre-requisites. So, if one could legally commit suicide, he could also give consent for his being allowed to die. But then, the legal and other questions relating to euthanasia are in many ways different from those raised by suicide. One would, therefore, be right in making distinction logically and in principle between suicide and euthanasia, though it may be that if suicide is held to be legal, the persons pleading for legal acceptance of passive euthanasia would have a winning

point. For the cases at hand, we would remain content by saying that the justification for allowing persons to commit suicide is not required to be played down or cut down because of any encouragement to persons pleading for legalisation of mercy killing.

104. May we hasten to observe that as regard the persons aiding and/or abetting suicide, the law can be entirely different, as indeed it is even under the Suicide Act, 1961 of England. Bombay judgment has rightly made this distinction. It is for this reason that the apprehension raised by the Andhra Pradesh High Court in its judgment in *Jagadeswar* does not seem to be justified. We do not agree with the view of the Andhra Pradesh High Court in that if section 309 were to be held bad, it is highly doubtful whether section 306 could survive, as self-killing is conceptually different from abetting others to kill themselves. They stand on different footing, because in one case a person takes his own life, and in the other a third person is abetted to take his life.

(15) *Recommendation of the Law Commission of India and follow up steps taken, if any.*

104. The Law Commission of India in its 42nd Report (1971) recommended repeal of section 309 being of the view that this penal provision is "harsh and unjustifiable", (see paragraph 16.33 of the Report). In taking this view, the Law Commission quoted the following observations made by H. Romilly Fedden in 'Suicide' (London, 1938) at page 42:-

"It seems a monstrous procedure to inflict further suffering on even a single individual who has already found life so

unbearable, his chances of happiness so slender, that he has been willing to face pain and death in order to cease living. That those for whom life is altogether bitter should be subjected to further bitterness and degradation seems perverse legislation."

106. After the aforesaid Law Commission's Report became available, the recommendation was accepted by the Government of India and the Indian Penal Code (Amendment) Bill, 1972 was introduced in the Rajya Sabha to repeal section 309. The Bill was referred to a Joint Committee of both the Houses and after receipt of its report, the Bill was passed with some changes by the Rajya Sabha in November, 1978. The Bill so passed was pending in the Sixth Lok Sabha when it was dissolved in 1979 because of which the Bill lapsed.

107. In the counter-pleaded by the Union of India in Writ Petition (Crl.) No. 409/86, it has been further stated that a proposal for re-introducing legislation in Parliament on the lines of the lapsed Bill is under consideration. It has been admitted in this affidavit that section 309 is harsh, and so, the intention of the Government is more or less to repeal that section.

(16) *Global view:- What is the legal position in other leading countries of the world regarding the matter at hand?*

108. We propose to refer to two leading countries only in this regard- they being United Kingdom and United States of America. We have selected them because the first is a conservative country and the second a radical: the first is first in point of time as regards democratic functioning and the second is being regarded as a serious human rights' protagonist:

At English Common Law suicide was taken as felony so much so that a person who had met his end after committing suicide was not allowed Christian burial, but would have to be so done in a public highway. Not only this, the property of the person concerned used to get forfeited to the Crown. (See pages 201 to 207 of Law Morality Edited by Louis Bloom Cooper and Gravin Drewry (1976), which pages also contain the speeches made by the Lord Bishop of Carlisle and Lord Denning in the House of Lords during second reading of The Suicide Bill, 1961.)

109. Times changed, notions changed and presently, even attempt to commit suicide is not a criminal offence, as would appear from Suicide Act, 1961. Though section 1 of this Act has only stated that the "rule of law whereby it is a crime for a person to commit suicide is hereby abrogated", it has been made clear in the second para of 'GENERAL NOTE' below this section, as finding place in the zerox copy of this Act enclosed with the written submissions filed on behalf of the State of Orissa, respondent No. 2 in Writ Petition (CrI) No. 419 of 1987 that attempted suicide is not a crime. This Note reads as below:

.. Attempted Suicide

An attempt to commit suicide was a common law misdemeanour. S.1 does not specifically say that attempted suicide is no longer a crime, but it must follow irresistibly from the fact that the completed act is no longer a crime....."

110. In the United States by early 1970's comparatively small number of States (9) listed suicide as a crime, although no penalties (such as mutilation of bodies or for-

feiture of estates) were exacted. In such States suicide attempts were either felonies or misdemeanours and could result in jail sentences, although such laws were selectively or indifferently enforced. Two of such States repealed such laws, stating in effect that although suicide is "a grave social wrong", there is no way to punish it. Eighteen States had no laws against either suicide or suicide attempts, but they specified that to aid, advise or encourage another person to commit suicide is a felony. In more than twenty other States, there were no penal statutes referring to suicide.

[See pages 16 and 17 of "Suicidology: Contemporary Developments" by E.S. Schencidman (1976)]

111. The latest American position has been mentioned as below at page 348 of Columbia Law Review, 1986:-

"Suicide is not a crime under the statutes of any state in the United States. Nor does any state, by statute, make attempting suicide a crime. In twenty-two states and three United States territories, however, assisting suicide is a crime. If an assistant participates affirmatively in the suicide, for instance by pulling the trigger or administering a fatal dose of drugs, courts agree that the appropriate charge is murder."

*Conclusion*

112. On the basis of what has been held and noted above, we state that section 309 of the Penal Code deserves to be effaced from the Statute book to humanise our penal laws. It is a cruel and irrational provision, and it may result in punishing a person again (doubly) who has suffered agony and would be undergoing ignominy be-

cause of his failure to commit suicide. Then an act of suicide cannot be said to be against religion, morality or public policy, and an act of attempted suicide has no baneful effect on society. Further, suicide or attempt to commit it causes no harm to others, because of which State's interference with the personal liberty of the concerned persons is not called for.

113. We, therefore, hold that section 309 violates Article 21, and so, it is void. May it be said that the view taken by us would advance not only the cause of humanisation, which is a need of the day, but of globalisation also, as by effacing section 309, we would be attuning this part of our criminal law to the global wave length.

114. The writ petitions stand allowed by declaring section 309 of the Penal Code as unconstitutional and hence void. The proceedings of GRC Case No. 177 of 1984 (State vs. Nagbhushan Patnaik) pending in the Court of Sub-Judge, Gunpur in the Court of Sub-Judge, Gunpur in the District of Koraput, Orissa stands quashed.

115. Before parting, we should like to observe that what we have sought to do through this judgment may be said to be an attempt to "search for the social dynamics of criminal law, the functional theory of sentencing and the therapeutic reach of punitive arts, to catch up with social sciences relevant to criminal justice and to link up prison jurisprudence with constitutional roots", of which Justice Krishna Iyer has mentioned in his Preface (styled Krishna Iyerishly as 'A Word in Confidence') to his aforementioned book. Whether we have succeeded or not; and, if so, to what extent is for others to judge.

116. I desire to place on record (though it would sound unusual to some and may be to many) my appreciation for the assistance I had received from Shri Satish Chandra, Joint Registrar (Library) of the Court, in supplying me promptly very useful and varied materials for preparing this judgment, as and how required by me.

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JT 1994 (3) S.C. 423

Joginder Kumar

V

State of U.P. & Ors.

Writ Petition (Criminal) No. 9 of 1994  
(Under Article 32 of the Constitution of India)

M.N. VENKATACHALIAH, C.J.,  
S. MOHAN &  
Dr. A.S. ANAND, JJ.

Dt. 25-04-1994.

**APPEARANCES**

Mr. Yunus Malik, Advocate for Mr. L.R. Singh,  
Advocate for the Petitioner.

Mr. A.S. Pundir, Advocate for the Respondents.

**CRIMINAL LAW**

**Arrests by Police**

Arrest by police - Protection of persons from the oppression and abuse by police - For effective enforcement of fundamental rights to life and liberty, requirements to be followed in all cases of arrests laid down - Constitution of India, 1950, Articles 21 and 22(1).

JT 1994 (3) S.C. 392

P.Rathinam/Nagbhusan Patnaik  
 V  
 Union of India & Anr.

Writ Petition (Crl.) Nos.409/86 & 419 of 1987  
 (Under Article 32 of the Constitution of India)

R.M. SAHAI &  
 B.L. HANSARIA, JJ.

Dt. 26-04-1994.

## APPEARANCES

Mr. R. Venkataramani, Advocate (NP) in  
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Mr. Ranjan Dwivedi, Advocate (NP) in  
 W.P.No.419/87 for Petitioner.

Mr. V.C. Mahajan, Senior Advocate, Mr. T.C.  
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 and Ms. Sushma Suri, Advocates with him for  
 the Union of India.

Mr. Raj Kumar Mehta, Advocate for the Res-  
 pondent in W.P. No.419/87.

## CRIMINAL LAW

Indian Penal Code, 1860:

Section 309 - Suicide - Attempt to suicide  
 - Section 309 held violative of Article 21  
 and declared void - A person cannot be  
 forced to enjoy right to life to his detri-  
 ment, disadvantage or disliking - Consti-  
 tution of India, Article 21.

## HELD

... (S)ection 309 of the Penal Code  
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 act of suicide cannot be said to be against rel-  
 gion, morality or public policy, and an act of  
 attempted suicide has no baneful effect on soci-  
 ety. Further, suicide or attempt to commit it  
 causes no harm to others, because of which  
 State's interference with the personal liberty of  
 the concerned persons is not called for.

We, therefore, hold that section 309 vio-  
 lates Article 21, and so, it is void. May it be said  
 that the view taken by us would advance not only  
 the cause of humanisation, which is a need of the  
 day, but of globalisation also, as by effacing  
 section 309, we would be attuning this part of  
 our criminal law to the global wave length.  
 [Paras 112]

## Suicide

Suicide - Why is suicide committed? -  
 Who commits suicide? - How suicide-prone  
 persons should be dealt with?

Various social forces like the economy,  
 religion and socio-economic status are respon-  
 sible for suicides. There are various theories of  
 suicide, to wit, sociological, psychological, bio-  
 chemical, and environmental. The causes of sui-  
 cides are many and varying inasmuch as some  
 owe their origin to sentiments of exasperation,  
 fury, frustration and revolution; some are the  
 result of feeling of burden, torture, and sadness.  
 Some are caused by loss of employment, reverse  
 of fortune, misery due to illness, family trouble and  
 thwarted love. Sometimes killing is in opposition to  
 society and sometimes in opposition to particular  
 persons. This happens when the person committing  
 suicide nurses a feeling of unjust treatment, nel-  
 treatment and cruelty. Suicide knows no barrier of  
 race, religion, caste, age or sex.

Let us come to the case of a woman who  
 commit suicide because she had been raped.  
 Would it not be adding insult to injury, and insult

manifest, to require such a woman in case of her survival, to face the ignominy of undergoing an open trial during the course of which the sexual violence committed on her which earlier might have been known only to a few, would become widely known, making the life of the victim still more intolerable. Is it not cruel to prosecute such a person?

We could go further and state that attempt to commit suicide by such a woman is not, cannot be, a crime. What is crime in such a case is to prosecute her with a view to get her punished. It is entirely a different matter that at the end of the trial, the court may impose a token fine or even release the convict on probation. That would not take care of the mental torture and torment which the woman would have undergone during the course of the trial. Such a prosecution is therefore, par excellence persecution. And why persecute the already tormented woman? Have we become soulless? We think not. What is required is to reach the soul to stir it to make it cease to be cruel. Let us humanise our laws. It is never late to do so.

Suicide, as has already been noted, is a psychiatric problem and not a manifestation of criminal instinct. We are in agreement with Dr. (Mrs.) Dastoor that suicide is really a "Call for help", to which we shall add that there is no "call for punishment" in it. Mention may also be made about what was observed in "The Attitudes of Society towards Suicide", a xerox copy of which is a part of written submissions filed on behalf of respondent No. 2 (State of Orissa) in WP No. (Cr.) 419/87. It has been stated in this article at page 9 that shortly after passing of the Suicide Act, 1961 (in England), the Ministry of Health issued recommendation advising all doctors and authorities that attempted suicide was to be regarded as a "medical and social problem", as to which it was stated that the same was "more in keeping with present day knowledge and sentiment than the purely moralistic and punitive reaction expressed in the old law."

So, what is needed to take care of suicide-prone persons are soft words and wise counselling (of a psychiatrist), and not stony dealing

by a jailor following harsh treatment meted out by a heartless prosecutor. [Paras 69, 71, 75 to 78]

#### Suicide

Suicide - Is suicide a non-religious act? - Is suicide immoral?

In the Encyclopaedia of Religion, Volume 8 (1987), mention has been made at pages 541 to 547 as to how "Life" has been understood by different religions. After discussing the subject as understood by the primitive societies, Judaism, Christianity, Hinduism and Buddhism, the discussion has been included by stating that the very act of posing the question "What is life"? produces an initial sense of bafflement and perplexity. It has been stated thereafter that a precise, distinct and universally acceptable concept does not accompany the use of the word "life"; and that posing of the above query brings in its wake a sense that life is an "inexhaustible storehouse of mysteries, a realm of endlessly self-perpetuating novelties, in which the solution to any given problem gives rise to a plethora of other questions that beckon the always restless, never contented mind of Homo Sapiens to seek further for additional answers or, at least, to search out more intellectually refined, morally elevating, and spiritually salutary ways of pursuing the quest." So, life does not end in this world and the quest continues, may be after the end of this life. Therefore, one who takes life may not really be taken to have put an end to his whole life. There is thus nothing against religion in what he does.

Insofar as our country is concerned, mythology says Lord Rama and his brothers took Jalasamadhi in river Saryu near Ayodhya; ancient history says Budha and Mahavir achieved death by seeking it; modern history of Independence says about various fasts unto death undertaken by no less a person than Father of the Nation, whose spiritual disciple Vinoba Bhave met his end only recently by going on fast, from which act (of suicide) even as strong as Prime Minister as Indira Gandhi could not dissuade the Acharya.

The aforesaid persons were our religious and spiritual leaders, they are eulogised and worshipped. Even the allegation against them that they indulged in a non-religious act, would be taken as an act sacrilege. So, where is non-religiosity in the act of suicide so far as our social ethos is concerned? And it is this ethos, this social mores, which our law has to reflect and respect.

... (M)orality has no defined contours and it would be too hazardous to make a bold and bald statement that commission of suicide is per se an immoral act. If human beings can be treated inhumanly, as a very large segment of our population is, which in a significant measure may be due to wrong (immoral) act of others, charge of immorality cannot be, and in any case should not be, levied, if such human beings or like of them, feel and think that it would be better to and the wretched life instead of allowing further humiliation or torture. Those who demand virtue must do virtue, and should see that others too do the same. [Paras 81 to 83 and 90]

#### Suicide

**Suicide - Does suicide produce adverse socio-logical effects? - Is suicide against public policy?**

One of the points raised against suicide is that the person who has so done might have been the sole bread-earner of the family, say a husband, a father, because of whose death the entire family might have been left in lurch or doldrums, bringing its wake untold miseries to the members of his family. It is therefore stated that suicide has adverse effects on the social set up. No doubt, the effects of suicide in such cases are quite hurting, but then, it is a matter of extreme doubt whether by booking a person who had attempted to commit suicide to trial, suicide can be taken care of. Even imposition of death sentences has not been able to take care of commission of murders, as mentioned earlier.

Further, the aforesaid adverse socio-logical effects are caused by the death of the

concerned person, and not by one who had tried to commit suicide. Indeed, those who fail in their attempts become available to be more or less as useful to the family as they were. So the person to be punished is one who had committed suicide; but, he is beyond the reach of law and cannot be punished. This can provide no reason to punish a person who should not be punished.

... (I)t would be a uninformed man in law who would say with any degree of definiteness that commission of suicide is against public policy; and, as such a person attempting to commit it acts against public policy. [Paras 91, 92 and 100]

#### Suicide

**Suicide - Does commission of suicide damage the monopolistic power of the State to take life? - Is apprehension of 'constitutional cannibalism' justified? - Distinction between "suicide" and "euthanasia".**

... If a person takes his life, he is taking his own life and not the life of anybody else; and so, the argument that State's monopolistic power of taking life is taken away by the person who attempts to commit suicide has no legs to stand.

The editor of Calcutta Weekly Notes in his comments at pages 37 to 40 of (1986-87) 91 CWN (Journal section) has observed that the distinction made by the Bombay High Court between "suicide" and "euthanasia" appears logically inconsistent. According to the editor, the rationale of the judgment would necessarily permit euthanasia as legal. This comment may not be quite incorrect, because in passive euthanasia, wherever it has been accepted as legally permissible, consent of the patient, if he be in a sound mental condition, has been regarded as one of the pre-requisites. So, if one could legally commit suicide, he could also give consent for his being allowed to die. But then, the legal and other questions relating to euthanasia are in many ways different from those raised by suicide.



One would, therefore, be right in making distinction logically and in principle between suicide and euthanasia, though it may be that if suicide is held to be legal, the persons pleading for legal acceptance of passive euthanasia would have a winning point. For the cases at hand, we would remain content by saying that the justification for allowing persons to commit suicide is not required to be played down or cut down because of any encouragement to persons pleading for legalisation of mercy killing.

May we hasten to observe that as regard the persons aiding and/or abetting suicide, the law can be entirely different, as indeed it is even under the Suicide Act, 1961 of England. Bombay judgment has rightly made this distinction. It is for this reason that the apprehension raised by the Andhra Pradesh High Court in its judgment in Jagadeswar does not seem to be justified. We do not agree with the view of the Andhra Pradesh High Court in that if section 309 were to be held bad, it is highly doubtful whether section 306 could survive, as self-killing is conceptually different from abetting others to kill themselves. They stand on different footing, because in one case a person takes his own life, and in the other a third person is abetted to take his life. [Paras 101 and 103]

#### Constitution of India, 1950:

**Article 21 - Right to life** - Has a person residing in India right to die? - A person cannot be forced to enjoy right to life to his detriment, disadvantage or disliking.

... (O)ne may refuse to live, if his living be not according to the person concerned worth living or if the richness and fullness of life were not to demand living further. One may rightly think that having achieved all worldly pleasure or happiness, he has something to achieve beyond this life. This desire for communion with God may very rightly lead even a very healthy mind to think that he would forego his right to live and would rather choose not to live. In any case, a person cannot be forced to enjoy right to life to his detriment, disadvantage or disliking.

From what has been stated above, it may not be understood that according to us the right encompassed or conferred by Article 21 can be waived. Need for this observation has been felt because it has been held by a Constitution Bench in *Olga Tallis v. Bombay Municipal Corporation* AIR 1986 SC 180 that a fundamental right cannot be waived. A perusal of that judgment, however, shows that it dealt more with the question of estoppel by conduct about which it can be said that the same is a facet of waiver. In the present cases, we are, however, not on the question of estoppel but of not taking advantage of the right conferred by Article 21.

Keeping in view all the above, we state that right to live of which Article 21 speaks of can be said to bring in its trail the right not to live a forced life. [Paras 34 to 36]

#### Legislation

**Legislation - Enactment of - Why is a law enacted? - What object (s) it seeks to serve? - IPC, section 309.**

... (L)aw has many promises to keep including granting of so much of liberty as would not jeopardise the interest of another or would affect him adversely, i.e., allowing of stretching of arm upto that point where the other fellows' nose does not begin. For this purpose, law may have "miles to go". Then, law cannot be cruel, which it would be because of what is being stated later, if persons attempting suicide are treated as criminals and are prosecuted to get them punished, whereas what they need is psychiatric treatment, because suicide basically is a "call for help", as stated by Dr. (Mrs.) Dasgupta, a Bombay Psychiatrist, who head an organisation called, "Suicide Prevent". May it be reminded that a law which is cruel violates Article 21 of the Constitution. [Para 49]

#### Criminology

**Crime - Why is a particular act treated as crime? - What acts are so treated? - Tort and crime distinguished.**

Mental Retardation

not mental illness

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1 of 19

TI: [Enforced psychiatric hospitalization for dementia by the district psychiatrist]

AU: Heinek-J; Levy-A

AD: Margoletz Psychogeriatric Institute, Ichilov Hospital, Tel Aviv.

SO: Harefuah. 1996 Feb 1; 130(3): 173-7; 223

LA: HEBREW; NON-ENGLISH

AB: Dementia syndromes in the elderly are characterized by progressive deterioration and clinical and functional heterogeneity. At times a psychiatric picture prevails, and at other times, somatic as well as cognitive aspects. Accordingly, management is conducted in separate facilities, psychiatric or geriatric, which are not closely connected. The Israel Mental Health Act practically permits psychiatric commitment of every case of dementia at a certain stage of the illness. We describe a 75-year-old woman with dementia who was committed to a psychiatric hospital by order of the district psychiatrist. After attenuation of psychiatric symptoms, she remained in hospital unnecessarily. Further deterioration in physical, as well as cognitive condition, required transfer to a nonpsychiatric facility. However, due to difficulties in transfer from psychiatric to geriatric facilities, this was not accomplished. We therefor suggest broadening the authority of the district psychiatrist to include transfer of patients with dementia to appropriate, nonpsychiatric, long-term treatment facilities on termination of psychiatric treatment.

2 of 19

TI: The Mental Health Act 1992 [letter]

AU: Lee-JW

SO: N-Z-Med-J. 1996 May 10; 109(1021): 173

LA: ENGLISH

3 of 19

TI: Localization of interleukin-1 beta converting enzyme mRNA in rat brain vasculature: evidence that the genes encoding the interleukin-1 system are constitutively expressed in brain blood vessels. Pathophysiological implications.

AU: Wong-ML; Bongiorno-PB; Gold-PW; Licinio-J

AD: Clinical Neuroendocrinology Branch, National Institute of Mental Health, NIH, Bethesda, Mo 20892-1284, USA.

SO: Neuroimmunomodulation. 1995 May-Jun; 2(3): 141-8

LA: ENGLISH

AB: Interleukin (IL)-1 beta-converting enzyme (ICE) cleaves the biologically inactive precursor form of IL-1 beta into mature, bioactive IL-1 beta. Because of the potent effects of IL-1 in blood vessels, we conducted an in situ hybridization study to determine whether ICE mRNA is constitutively expressed in adult rat brain vasculature. Using in situ hybridization histochemistry, we were able to demonstrate that mRNA in blood vessels scattered throughout the brain. In a second set experiments, we found that the genes encoding not only ICE, but also IL-1 alpha, IL-1 beta, IL-1 receptor antagonist (IL-1ra), and the IL-1 type I receptor are expressed in brain vasculature. To our knowledge this is the first report documenting the expression of the genes encoding all of the functional elements of the IL-1 system in the same tissue. Our findings have three pathophysiological implications. First, they indicate a possible site where peripheral IL-1 may act in the brain. The vascular IL-1 system stimulates

the production of nitric oxide and prostanoids, which could act as mediators of the effects of peripheral IL-1 in the central nervous system. Additionally, vascular IL-1 is known to activate adhesion molecules; our data that the genes encoding the IL-1 system are expressed in brain vasculature further support the concept that IL-1 is implicated in the pathophysiology of atherosclerosis and stroke. Finally, in the context of previous studies documenting that IL-1ra inhibits the effects of IL-1 on endothelial cells, our findings of endogenous IL-1ra mRNA in brain vasculature indicate that IL-1ra might be an endogenous vascular protective agent.

4 of 19

TI: Psychopathological syndromes in the functional psychoses: associations with course and outcome.

AU: van-Os-J; Fahy-TA; Jones-P; Harvey-I; Sham-P; Lewis-S; Bebbington-P; Toone-B; Williams-M; Murray-R

AD: Department of Psychological Medicine, Institute of Psychiatry, London.

SD: Psychol-Med. 1996 Jan; 26(1): 161-76

LA: ENGLISH

AB: The aim of this study was to identify underlying dimensions of psychopathology in a cohort of patients with functional psychosis of recent onset, and to examine their prognostic value. Factor analysis of the psychopathological features of 166 consecutively admitted patients with functional psychosis of recent onset revealed seven psychopathological dimensions, which explained 63% of the variance. Five of these seven syndromes bore differential associations with subsequent treatment and illness course, independent of: (i) associations with DSM-III-R diagnosis; (ii) associations with other prognostic factors; and (iii) associations with the baseline values of outcome variables. The most striking associations were shown for an early and insidious onset syndrome with affective flattening, which predicted a more disabled course of illness on three of four outcome dimensions, and which was more common in males and unmarried individuals. A second syndrome, characterized by bizarre behaviour, inappropriate affect, catatonia, and poor rapport showed similar, slightly less striking, associations with illness course, as well as with poor pre-morbid social functioning. A third syndrome, characterized by positive psychotic symptoms was to a lesser degree associated with poorer outcome, whereas a fourth syndrome distinguished by manic symptomatology predicted a more benign illness course. A fifth syndrome identified by lack of insight predicted more time in hospital and admission under a section of the Mental Health Act during the follow-up period. A further finding was that dimensional representations of psychopathological features were considerably more useful than categorical representations (DSM-III-R and ICD-10) as predictors of illness course and treatment decisions.

5 of 19

TI: Recurrent self-injurious behavior in forensic patients.

AU: Hillbrand-M; Young-JL; Krystal-JH

AD: Intermediate Treatment Unit, Whiting Forensic Institute, Middletown, CT 06457, USA.

SD: Psychiatr-Q. 1996 Spring; 67(1): 33-45

LA: ENGLISH

AB: A high prevalence of self-injurious behavior has been reported in the forensic psychiatric population and the correctional psychiatric population. Severely and recurrently self-destructive patients pose great therapeutic challenges. The present study examined forensic patients who engaged in multiple acts of self-injury while hospitalized and compared them to forensic patients who engaged in a single act of self-injury. The groups did not differ on demographic or diagnostic measures, but the recurrently self-injurious patients were more frequently and more severely aggressive against others (verbally as well as physically), and required longer hospitalization. The results are interpreted to suggest that the high cost of recurring self-injury in human and financial terms may be reduced by a strategy of early and vigorous

the production of nitric oxide and prostanooids, which could act as mediators of the effects of peripheral IL-1 in the central nervous system. Additionally, vascular IL-1 is known to activate adhesion molecules; our data that the genes encoding the IL-1 system are expressed in brain vasculature further support the concept that IL-1 is implicated in the pathophysiology of atherosclerosis and stroke. Finally, in the context of previous studies documenting that IL-1ra inhibits the effects of IL-1 on endothelial cells, our findings of endogenous IL-1ra mRNA in brain vasculature indicate that IL-1ra might be an endogenous vascular protective agent.

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intervention.

6 of 19

TI: Forensic psychiatry in Britain.

AU: Beck-JC

AD: Harvard Medical School, Cambridge, MA, USA.

SO: Bull-Am-Acad-Psychiatry-Law. 1995; 23(2): 249-60

LA: ENGLISH

AB: This report provides an overview of the criminal forensic mental health system in Great Britain, that is England and Wales. The report is based on the author's participant observation as a visiting consultant psychiatrist at a regional forensic facility in Manchester, England during early 1994. British law casts a net over a wider population of forensic patients than does U.S. law. There is a forensic care system in the British National Health Service that is parallel to and independent of the general psychiatric care system. The forensic system provides continuity of care from prison through maximum security hospitals to regional medium secure facilities, and finally, into the community. Community care is provided by psychiatrists and social workers and, if necessary, by psychiatric nurses. This system appears to provide effective treatment for persons with major mental disorders and histories of violence. Differences between Britain and the United States in philosophy of government, in law, and in forensic training and practice are discussed. The fundamental difference is a greater British belief in the capacity of government to act in the best interests of the individual. Current problems in the British health care system and plans to privatize some services are also discussed.

7 of 19

TI: Ethnic differences in risk of compulsory psychiatric admission among representative cases of psychosis in London.

AU: Davies-S; Thornicroft-G; Leese-M; Higgingsbotham-A; Phelan-M

AD: PRISM (Psychiatric Research in Service Measurement), Institute of Psychiatry, London.

SO: BMJ. 1996 Mar 2; 312(7030): 533-7

LA: ENGLISH

AB: OBJECTIVE--To compare the risk of detention under the Mental Health Act 1983 in a representative group of people with psychotic disorders from different ethnic groups. SETTING--Two defined geographical areas in south London. DESIGN--Annual period prevalent cases of psychosis were identified in 1993 in the study areas from hospital and community data. Standardised criteria were applied to case notes to establish diagnosis and detention under the act. SUBJECTS--535 patients were identified, of whom 439 fulfilled ICD-10 criteria for psychosis. MAIN OUTCOME MEASURES--Risk of ever having been detained under the Mental Health Act 1983, risk of detention under specific sections of the act during the study year, and risk of contact with forensic services for the different ethnic groups. RESULTS--439 patients with a psychotic illness were identified. Nearly half of the white patients had been detained under the act compared with 70% and 69% of black Caribbean and black African patients, respectively. Black Caribbean and black African patients were more likely than white patients to have been involuntarily detained (adjusted odds ratio 3.67; 95% confidence interval 2.07 to 6.50 and 2.88; 1.04 to 7.95, respectively). Rates of use of sections 2, 3 and 136 in the study year were higher for black than for white patients, and black patients were more likely than white patients to have been admitted to a psychiatric intensive care facility or prison. CONCLUSION--Independent of psychiatric diagnosis and sociodemographic differences, black African and black Caribbean patients with psychosis in south London were more likely than white patients to have ever been detained under the Mental Health Act 1983.

8 of 19

TI: Improvements in VA health services for women veterans.

AU: Weiss-TW

AD: Houston Center for Quality of Care and Utilization Studies (a VA HSR&D Field Program), Houston VAMC (152), TX 77030, USA.

SD: Women-Health, 1995; 23(2): 1-12

LA: ENGLISH

AB: Since the early 1980s, health care for women veterans in the Department of Veterans Affairs (VA) has improved considerably, although problems still remain. The lack of privacy for women at many VA facilities and the provision of incomplete physical examinations for women continue to be problematic issues. A 1992 congressional appropriation of \$7.5 million has substantially increased the awareness of women veterans health care in the VA. This appropriation, from Public Law 102-585, Veterans Health Care Act of 1992, Title I-Women Veterans Health Programs, has allowed VA to expand services for women veterans. Using these funds, VA has established eight comprehensive women veterans health centers, 23 full-time women veterans coordinators, and four regional stress disorder teams. This paper describes these and other important new initiatives and discusses how they will serve as the foundation on which VA expands care for women within the context of a changing health care system.

9 of 19

TI: Addiction and temporary certification. A proposed change to legislation and it's possible implication for clinical practice.

AU: Burke-G; Walshe-DG

AD: Dept. of Psychiatry UCD, St. Brendan's Hospital, Dublin.

SD: J-Add-J. 1995 Nov-Dec; 68(6): 219-20

LA: ENGLISH

AB: The Mental Treatment Act (1945) is currently undergoing review to enable Ireland to meet it's international obligations. The Green Paper on Mental Health (1992) makes a number of suggestions regarding this. One such is the deletion of Addiction as sufficient grounds for involuntary admission to a psychiatric hospital or unit. This study looked at the possible impact such a proposal might have on the doctor's clinical choice in the management of addiction. The casenotes and temporary certificates of 191 involuntary admissions to St. Brendan's Hospital were examined. 9 cases (4.7%) were admitted for the direct effect of addiction, i.e., intoxication or uncomplicated withdrawal. The conclusion of this study is that the deletion of the addiction criterion from future mental health legislation would, in itself, have little impact on the number of committals. This is because the majority of those with evidence of Substance Abuse have a concurrent disorder that would be covered by the remaining criteria.

10 of 19

TI: The Camberwell Assessment of Need: the validity and reliability of an instrument to assess the needs of people with severe mental illness.

AU: Phelan-M; Siade-M; Thornicroft-G; Dunn-G; Holloway-F; Wykes-T; Strathdes-G;

Loftus-L; McCrone-P; Hayward-P

AD: Institute of Psychiatry, London.

SD: Br-J-Psychiatry. 1995 Nov; 167(5): 589-95

LA: ENGLISH

AB: BACKGROUND. People with severe mental illness often have a complex mixture of clinical and social needs. The Camberwell Assessment of Need (CAN) is a new instrument which has been designed to provide a comprehensive assessment of these needs. There are two versions of the instrument: the clinical version has been designed to be used by staff to plan patients' care; whereas the research version is primarily a mental health service evaluation tool. The CAN has been designed to assist local authorities to fulfil their statutory obligations under the National Health Service and Community Care Act 1990 to assess needs for community services. METHOD. A draft version of the instrument was designed by the authors. Modifications were made following comments from mental health experts and a patient survey. Patients (n = 49) and staff (n = 60) were then interviewed, using the amended version, to assess the inter-rater and test-retest reliability of the instrument. RESULTS. The mean number of needs

identified per patient ranged from 7.55 to 8.64. Correlations of the inter-rater and test-retest reliability of the total number of needs identified by staff were 0.99 and 0.78 respectively. The percentage of complete agreement on individual items ranged from 100-81.6% (inter-rater) and 100-58.1% (test-retest). CONCLUSIONS: The study suggests that the CAN is a valid and reliable instrument for assessing the needs of people with severe mental illness. It is easily learnt by staff from a range of professional backgrounds, and a complete assessment took, on average, around 25 minutes.

11 of 19

TI: Treating mentally disordered prisoners. Mental Health Act Commission should visit prisons [letter]

AU: Reeves-RW

SD: BMJ. 1995 Dec 16; 311(7020): 1641

LA: ENGLISH

12 of 19

TI: Schizophrenia: a new frontier in developmental neurobiology.

AU: Wolf-SS; Weinberger-DR

AD: Clinical Brain Disorders Branch, National Institute of Mental Health, NIH, NIMH Neuroscience Center at St. Elizabeths, Washington, D.C., 20032, USA.

SO: Isr-J-Med-Sci. 1996 Jan; 32(1): S1-5

LA: ENGLISH

AB: Evidence from diverse sources, including postmortem investigations, in vivo imaging studies and animal models, suggests that schizophrenia has its origins in early cortical maldevelopment, which in turn may lead to dysfunctional connectivity during brain maturation and clinical symptomatology in early adulthood. Antipsychotic drugs, including the atypical agent clozapine, appear to act at key sites involved in higher cortical-limbic connectivity, possibly mediated by a variety of neurotransmitters. Studies of gene expression may provide a better understanding of how antipsychotic drug effects are integrated at the postsynaptic level. The data from schizophrenia research are discussed within a neurodevelopmental framework.

13 of 19

TI: 1,1'-Ethylidenebis[L-tryptophan], a contaminant implicated in L-tryptophan eosinophilia myalgia syndrome, suppresses mRNA expression of hypothalamic corticotropin-releasing hormone in Lewis (LEW/N) rat brain.

AU: Brady-LS; Page-SW; Thomas-FS; Rader-JL; Lynn-AB; Misiewicz-Poltorak-B; Zelazowski-E; Crofford-LJ; Zelazowski-F; Smith-C; et al

AD: Clinical Neuroendocrinology Branch, National Institute of Mental Health, Bethesda, MD 20892, USA.

SD: Neuroimmunomodulation. 1994 Jan; 1(1): 59-65

LA: ENGLISH

AB: The L-tryptophan eosinophilia myalgia syndrome (L-Trp-EMS), related to ingestion of impure L-Trp, occurred in epidemic proportions in the United States in 1989. Epidemiologic studies implicated 1,1'-ethylidenebis[L-tryptophan] (EBT) as the impurity most highly associated with development of human L-Trp-EMS. We have previously shown that Lewis (LEW/N) rats fed L-Trp implicated in the L-Trp-EMS epidemic (case-associated L-Trp) develop fasciitis and perimyositis which is associated with a reduction in corticotropin-releasing hormone (CRH) mRNA expression in the hypothalamic paraventricular nucleus (PVN). In this study, we report the effects of EBT- and case-associated L-Trp on CRH mRNA expression in the hypothalamic PVN and secretion of adrenocorticotrophic hormone (ACTH) and corticosterone (CORT) into the plasma over a time course of 1-6 weeks in the same rats in which we have found fascial thickening and immune cell activation induced by these compounds. Both control L-Trp and EBT stimulated the secretion of ACTH and CORT at 1-2 weeks, whereas case-associated L-Trp did not. EBT and case-associated L-Trp decreased CRH mRNA expression in the PVN at 2-6 weeks, while control L-Trp had no effect. The striking contrast in the effects of case-associated L-Trp and

EBT on the HFA axis suggests that the reduction in CRH mRNA levels in the PVN seen in each case may be related to different mechanisms. It is possible that EBT suppresses CRH mRNA expression directly, in the absence of inflammation, while case-associated L-Trp may act through multiple mechanisms, including that associated with inflammation. (ABSTRACT TRUNCATED AT 250 WORDS)

14 of 19

TI: New subordinate psychiatric legislation in Israel.

AU: Levy-A

AD: Institute of Forensic Psychiatry, Shalvata Mental Health Center, Hod-Hasharon, Israel.

SO: Med-Law. 1975; 14(3-4): 307-12

LA: ENGLISH

AB: The 1991 Mental Health Act left considerable scope for the promulgation of regulations, which were indeed enacted a year later, in 1992. The 1992 regulations are analysed here. The innovations and improvements introduced, as well as the problems and difficulties created by the regulations are discussed. It is vital to review and revise psychiatric legislation constantly.

15 of 19

TI: Male Afro-Caribbean patients admitted to Rampton Hospital between 1977 and 1986--a control study.

AU: Shubsachs-AP; Huws-RW; Close-AA; Larkin-EP; Falvey-J

AD: Rampton Hospital, Retford, Notts.

SO: Med-Sci-Law. 1995 Oct; 35(4): 336-46

LA: ENGLISH

AB: All Afro-Caribbean patients admitted to the Mental Illness Division of Rampton Hospital (a Special Hospital) between 1977 and 1986 and a randomly selected control cohort of Non Afro-Caribbean patients admitted in the same period, were compared on a variety of sociodemographic, psychiatric, criminological, treatment and outcome variables. Significantly, fewer of the Afro-Caribbean patients attracted the legal classification of Psychopathic Disorder. Detailed analysis was thus restricted to mentally ill patients in the two ethnic groupings. Similarities outweighed differences. There was no difference between the groups in terms of index offence, previous custodial sentence, in-patient psychiatric admission (including previous Special Hospital admission), admission source, Mental Health Act section, length of admission (including readmission) to Special Hospitals, likelihood of discharge or place to which discharged. Medication history in Special Hospitals was similar at one year and three years after admission. Afro-Caribbean patients had a lower incidence of childhood institutional care, a decreased likelihood of a previous supervision order, an increased likelihood of a previous Court appearance and received higher doses of antipsychotic medication four weeks after admission to Special Hospital.

16 of 19

TI: Male rape: the impact of a legal definition on the clinical area.

AU: Rogers-P

AD: South Wales Forensic Psychiatric Service, Caswell Clinic, Glanrhyd Hospital, Bridgend, Mid Glamorgan.

SO: Med-Sci-Law. 1995 Oct; 35(4): 303-6

LA: ENGLISH

AB: Recently the awareness of the issues surrounding male rape has received increased attention by both mental health workers and the general public following the introduction of the Sexual Offences Act 1994, and the recent case at the Old Bailey where a historical breakthrough was made in June 1995 following the first conviction for male rape under the new law. However, most of this attention has not resulted in many clinical breakthroughs in helping male rape survivors overcome the post-assault impact. Little is known about the prevalence, types of assault, consequences facing survivors and therapeutic options. Some evidence is being reported that male rape survivors develop Post



Traumatic Stress Disorder following the assault. It has long been recognized that this is the case with female rape survivors, but to date there have been no significant UK prevalence studies which have examined this relationship. This paper discusses some of the issues surrounding male rape by focusing on the possible effects of the recent legal change on the clinical area.

17 of 19

TI: Acute psychiatric beds: distribution and staffing in NSW and ACT.

AU: Rosenman-S

AD: Mental Health Services, ACT Department of Health, Canberra.

SO: Aust-N-Z-J-Psychiatry. 1995 Jun; 29(2): 238-47

LA: ENGLISH

AB: This study examined the availability and staffing of acute psychiatry beds in NSW and ACT. "Gazetted" acute psychiatry hospitals (which take compulsory admissions under mental health law) were polled directly for bed numbers, occupancy and staffing for the year 1990-1991. The NSW Department of Health provided beds numbers for non-gazetted and private hospitals. Four analyses sequentially reallocated beds according to the origin of patients to estimate acute bed availability and use by regional populations. Socio-demographic determinants of acute admission rates were measured. Acute "gazetted" beds averaged 13.2 per 100,000 population but ranged from 6.9 to 49.1 per 100,000 when cross-regional flows were considered. "Non-gazetted" beds raised the provision to 15.5 per 100,000 and private beds raised provision further to 24.5 per 100,000. Inner metropolitan provision was higher than rural or provincial provision. The only determinant of the admission rate to gazetted beds was the number of available beds. Bed availability did not affect either bed occupancy or referral of patients to remote hospitals. Nursing staffing of gazetted units was reasonably uniform, although smaller units had significantly more nurses per bed. Medical staffing was highly variable and appears determined by staff availability. The average provision of acute psychiatric beds approximates lowest levels seen in international models for psychiatric services. Average occupancy rates suggest that there is not an overall shortfall of acute psychiatric beds, but uneven bed distribution creates barriers to access. Referral of patients to remote hospitals is not related to actual bed provision in the regions, but appears to reflect attitudes to ensuring local care. Recommendations about current de facto standards are made. Current average nursing and medical staffing standards are reported.

18 of 19

TI: Cost of relapse in schizophrenia.

AU: Weiden-PJ; Olsson-M

AD: Dept. of Psychiatry, St. Luke's-Roosevelt Hospital Center, New York, NY 10025, USA.

SO: Schizophr-Bull. 1995; 21(3): 419-29

LA: ENGLISH

AB: To estimate the national annual cost of rehospitalization for multiple-episode schizophrenia outpatients, and to determine the relative cost burden from loss of medication efficacy and from medication noncompliance, the yearly number of neuroleptic-responsive multiple-episode schizophrenia inpatients in the United States who are discharged back to outpatient treatment was estimated. The cohort at risk for future relapse and rehospitalization was determined. The research literature on the expected rates of relapse for schizophrenia patients on maintenance antipsychotic medication was reviewed; in particular, monthly relapse rates under the optimal medication conditions of compliant patients taking optimal doses of a depot neuroleptic (optimal neuroleptic dose) and under the less optimal conditions of patients stopping medication (medication noncompliant) was estimated. Using established noncompliance rates from the literature, it became possible to estimate a "real world" rehospitalization rate for this cohort, as well as the relative burden accruing from loss of medication efficacy and from medication noncompliance. Finally, cost estimates for index hospitalizations and rehospitalizations were

derived from data on national expenditures for inpatient mental health care. The monthly relapse rates are estimated to be 3.5 percent per month for patients on maintenance neuroleptics and 11.0 percent per month for patients who have discontinued their medication. Postdischarge noncompliance rates in community settings are estimated to be 7.6 percent per month. These estimates were entered into a survival analysis model to determine the real world relapse rate of this cohort. An estimated 257,446 multiple-episode (> or = two hospitalizations) schizophrenia patients were discharged from short-stay (< or = 90 days) inpatient units in the United States during 1986. The estimated aggregate baseline inpatient cost for the index hospitalizations of this cohort was \$2.3 billion (1993 dollars). Within 2 years after discharge, the aggregate cost of readmission approached \$2 billion. Loss of neuroleptic efficacy accounted for roughly 60 percent of the rehospitalization costs and neuroleptic noncompliance for roughly 40 percent. The economic burden due to loss of efficacy is relatively higher during the first postdischarge year, whereas the burden from noncompliance is higher in the second year. Because loss of medication efficacy and medication noncompliance act synergistically on relapse, substantial inpatient cost savings can be realized by linking better pharmacologic treatments of schizophrenia with more effective strategies to manage medication noncompliance.

19 of 19

TI: Combined homicide-suicides: a review.

AU: Felthous-AR; Hempel-A

AD: Forensic Service Department of Psychiatry and Behavioral Sciences,  
University of Texas Medical Branch, Galveston, USA.

SO: J-Forensic-Sci. 1993 Sep; 40(5): 845-57

LA: ENGLISH

AB: Although the rate of combined homicide-suicides is low compared with that for suicide alone or homicide, homicide-suicides generate much public concern. In some cases, the homicide-suicide involves annihilation of an entire family or multiple non-family members. A difficult phenomenon to study--in part because the perpetrator is dead--it is, nonetheless, crucial to attempt to advance our understanding of this tragic phenomenon from a psychiatric view. This literature review then addresses demographic variables; proposes two classifications, one based on psychopathology, the other on the relationship between offender and victim; and suggests a three dimensional analytical approach to understanding homicide-suicide: 1) psychopathology and ego deficits of the perpetrator, 2) cumulative and precipitating stressors, and 3) motivation and vector of destructive urges against self and the other victim(s). Finally, some implications for mental health clinicians and forensic experts are offered. In attempting to understand acts of homicide-suicide, inquiry into the following dimensions should be useful: Ego Weakness. What type of mental disorder(s), psychopathology, or personality traits may have contributed to the homicidal-suicidal behavior? Stressors. What type of acute and chronic stressors did the individual experience leading up to this act? Vectors. Whom did the individual select to kill and why? Were some victims more clearly primary and others secondary or incidental?

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1 of 3

Marked in Search: #60

TI: Suicide and attempted suicide--a doctor's legal liability.  
 AU: Korgaonkar-B; Tribe-D  
 AD: Centre for Legal Studies, University of Hertfordshire.  
 SO: Br-J-Hosp-Med. 1993 Dec 15-1994 Jan 18; 50(11): 680-1  
 ISSN: 0007-1064  
 PY: 1993  
 LA: ENGLISH  
 CP: ENGLAND  
 MESH: Great-Britain: Suicide.-Attempted-legislation-and-jurisprudence  
 MESH: #Liability,-Legal; #Malpractice-legislation-and-jurisprudence;  
 #Physicians-legislation-and-jurisprudence;  
 #Suicide-legislation-and-jurisprudence  
 TG: Human  
 PT: JOURNAL-ARTICLE  
 AN: 94170192  
 UD: 9406

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1 of 4

TI: Suicide in depressed patients: medico-legal issues.  
 AU: Dalv-RJ  
 AD: Department of Psychiatry, Regional Hospital, Cork, Republic of Ireland.  
 SO: Br-J-Psychiatry-Suppl. 1993 Jul(20): 29-32  
 ISSN: 0007-1250  
 PY: 1993  
 LA: ENGLISH  
 CP: ENGLAND  
 MESH: Depressive-Disorder-economics; Depressive-Disorder-psychology;  
 Hospital-mortality; Risk-Factors; Suicide-psychology;  
 Suicide.-Attempted-legislation-and-jurisprudence; Suicide.-Attempted-psychology  
 MESH: #Depressive-Disorder-mortality; #Liability,-Legal;  
 #Suicide-legislation-and-jurisprudence  
 TG: Human  
 PT: JOURNAL-ARTICLE  
 AN: 93356954  
 UD: 9311

2 of 4

TI: [Suicide after craniocerebral trauma]  
 TO: Selbstmord nach Schadelhirntrauma.  
 AU: Griebnitz-E; Mitterauer-B; Kofler-B  
 AD: Institut fur Forensische Psychiatrie, Universitat Salzburg.  
 SO: Versicherungsmedizin. 1993 Jun 1; 45(3): 74-9  
 ISSN: 0933-4548  
 PY: 1993  
 LA: GERMAN; NON-ENGLISH  
 CP: GERMANY  
 AB: In the legal judgment of suicidal cases following brain trauma the emphasis is put on the causality between trauma and suicide on the one hand, and on the question of free determination of intent, on the other hand. These problems are

investigated empirically in the present study and an explanatory model based on act theory is proposed. At first, an annual sample of suicides in the region of Salzburg is put through a multidimensional diagnosis (suicidal axis syndrome-Mitterauer 1991). The suicidal axis syndrome consists of the following three components: 1. Suicide attempts in the history 2. Diagnosis of exogenous or (and) endogenous brain dysfunction 3. Suicide-positive history. Of a total of 130 exactly interpretable suicide cases there were 16 cases with a brain trauma followed by an organic brain syndrome in the history. Of these, 11 had announced their suicidal attempts previously and 4 presented with a suicide-positive family history. Although the assessment of suicide in the family history is difficult due to insufficient information, the suicidal axis syndrome was definitely confirmed in 4 suicide cases. We attempt to show that at least in those cases with a suicidal axis syndrome, the free determination of intent is to be negated at the moment of suicide, and that due to the existing chronic brain syndrome a causality between trauma and suicide seems to be given in a neuropsychiatric sense.

MESH: Brain-Injuries-psychology; Diagnosis,-Differential; English-Abstract; Middle-Age; Organic-Mental-Disorders,-Psychotic-psychology; Suicide-psychology; Suicide,-Attempted-psychology

MESH: #Brain-Injuries-complications; #Organic-Mental-Disorders,-Psychotic-

diagnosis; #Suicide-legislation-and-jurisprudence;  
#Suicide,-Attempted-legislation-and-jurisprudence

TG: Female; Human; Male

PT: JOURNAL-ARTICLE

AN: 93325170

UD: 9310

3 of 4

Ti: Suicide pacts.

AU: Vijayakumar-L; Thilothanmal-N

AD: VHS in Kotturpuram, Madras, India.

SO: Crisis. 1993; 14(1): 43-6

ISSN: 0227-5910

PY: 1993

LA: ENGLISH

CP: CANADA

AB: Suicide pacts in an Indian population were studied through police records of the state of Tamil Nadu. A total of 148 suicide pacts, involving 324 persons, were identified. More women died in them than might be expected from general population figures. Social stressors like financial problems and marriage-related issues were the principal causes. The results and their implications are discussed and compared with those obtained in Western and other Eastern countries.

MESH: Adolescence-; Adult-; Child-; Cross-Sectional-Studies; Incidence-; India-epidemiology; Middle-Age; Suicide-legislation-and-jurisprudence;  
Suicide,-Attempted-legislation-and-jurisprudence; Suicide,-Attempted-psychology

MESH: #Developing-Countries; #Interpersonal-Relations; #Suicide-psychology

TG: Female; Human; Male

PT: JOURNAL-ARTICLE

AN: 93279051

UD: 9309

4 of 4

Ti: Assessing psychiatric patients' competency to agree to treatment plans.

AU: Galen-KD

AD: Massachusetts Mental Health Center, Harvard Medical School, Boston 02115.

SO: Hosp-Community-Psychiatry. 1993 Apr; 44(4): 361-4

ISSN: 0022-1597

PY: 1993

LA: ENGLISH  
CP: UNITED-STATES

AB: The issue of therapists' liability for patients who commit suicide may depend on whether courts view the suicidal patient as competent to decide to follow or not follow an agreed-upon treatment plan. Therapists have not been found liable for malpractice when courts have viewed a patient's decision not to seek help when feeling suicidal as being voluntary rather than reflecting global incompetence due to mental illness. The author offers practical suggestions, including sets of specific questions, for assessing and documenting a psychiatric patient's competency to agree to a treatment plan. An important element of the procedure is direct assessment of the patient's understanding of the risks of withholding information from caretakers and the benefits of providing it. Such competency assessments can facilitate clinical management of patients and can also help reduce the risk of malpractice liability resulting from patients' suicide.

MESH: Adult-; Patient-Discharge-legislation-and-jurisprudence;  
Personality-Assessment; Risk-Factors; Self-Disclosure;  
Suicide-prevention-and-control; Suicide-psychology;  
Suicide,-Attempted-prevention-and-control; Suicide,-Attempted-psychology;  
United-States  
MESH: #Informed-Consent-legislation-and-jurisprudence; #Liability,-Legal;

\*Mental-Competency-legislation-and-jurisprudence;  
\*Psychiatry-legislation-and-jurisprudence;  
\*Suicide-legislation-and-jurisprudence; \*Suicide,-Attempted-legislation-and-jurisprudence  
TG: Case-Report; Female; Human  
PT: JOURNAL-ARTICLE; REVIEW; REVIEW,-TUTORIAL  
AN: 93216242  
UD: 9307

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1 of 2

Marked in Search: #2

TI: Forensic examinations in two cases of alleged dowry deaths.  
AU: Gaur-JR  
AD: State Forensic Science Laboratory, Himachal Pradesh, Shimla, India.  
SO: Med-Sci-Law. 1993 Jul; 33(3): 269-72  
ISSN: 0025-8024  
PY: 1993  
LA: ENGLISH  
CP: ENGLAND

AB: Two cases of alleged dowry deaths are presented from Haryana State, India. In each case a young lady died after receiving burn injuries. Forensic examination unveiled the mysteries of both deaths and helped in apprehending and prosecuting the culprits. Case 1, allegedly a dowry death, proved to be an accidental burning and Case 2, stated to be a suicidal death, was proved to be homicidal.

MESH: Adult-; Blood-Group-Incompatibility-pathology; Blood-Stains;  
Malpractice-legislation-and-jurisprudence;  
Suicide-legislation-and-jurisprudence  
MESH: #Burns-pathology; #Cause-of-Death; #Developing-Countries;

#Postmortem-Changes  
TG: Case-Report; Female; Human  
PT: JOURNAL-ARTICLE  
AN: 93375838  
UD: 9312

2 of 2  
Marked in Search: #2

TI: A review and new look at ethical suicide in advanced age.  
AU: Carpenter-BD  
AD: Department of Psychology, Case Western Reserve University, Cleveland, OH 44106.  
SO: Gerontologist. 1993 Jun; 33(3): 359-65  
ISSN: 0016-9013  
PY: 1993  
LA: ENGLISH  
CP: UNITED-STATES  
AB: Suicide is common in old age, but public opinion remains negative. Following a review of theories of suicide and a summary of arguments against suicide, this essay constructs an argument for why the elderly have a unique claim to an ethical, unobstructed suicide. That claim rests on their "developmental autonomy," based on the experience and wisdom of the elderly.  
MESH: Attitude-to-Health; Human-Development; Internal-External-Control; Models.-Psychological; Personal-Satisfaction; Philosophy-; Sociology,-Medical; Suicide-legislation-and-jurisprudence; Suicide-prevention-and-control; Suicide-statistics-and-numerical-data  
MESH: \$Aged-psychology; \$Ethics-; \$Patient-Advocacy; \$Suicide-psychology  
TG: Human  
PT: JOURNAL-ARTICLE; REVIEW; REVIEW-LITERATURE  
AN: 93314994  
UD: 9310

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MEDLINE (R) 1989

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1 of 4  
Marked in Search: #10

TI: Right to die--a corollary to the right to live and the right to leave.  
AU: Hadding-CF  
SO: Med-Law. 1989; 7(5): 511-5  
ISSN: 0723-1393  
PY: 1989  
LA: ENGLISH  
CP: GERMANY,-WEST  
AB: I am going to talk to you on a sinister subject: the question as to whether there is--or should be--a human right to die, which can be regarded as the corollary of the most essential human right: the right to life. Pain and suffering are most useful faculties. They help us to avoid dangers and to treat injuries. But you could get too much of it. There can be pain without cure and suffering without limit. If for good reasons people are finding life unbearable, are they not entitled to put an end to it? I am thinking here of individuals and their personal problems. I will not deal with suicidal missions in warfare or terror raids. The prime goal for society is--as I see it--the benefit of the individual. In other words, the fundamental aim of public affairs is the wellbeing of each individual person. There must of course be a balancing of conflicting interests, but we must never lose sight of the prime goal.  
MESH: Euthanasia-; Human-Rights-legislation-and-jurisprudence; Patient-Advocacy-legislation-and-jurisprudence; Right-to-Die-legislation-and-jurisprudence; Suicide-legislation-and-jurisprudence  
MESH: \$Human-Rights; \$Right-to-Die  
TG: Human  
PT: JOURNAL-ARTICLE  
AN: 89158630  
UD: 8906

TI: The impact of litigation and court decisions on clinical practice.

AU: Menninger-WW

SO: Bull-Menninger-Clin. 1987 May; 53(3): 203-14

ISSN: 0025-9284

PY: 1987

LA: ENGLISH

CP: UNITED-STATES

AB: Malpractice litigation has dramatically increased in recent years, posing a major challenge to psychiatrists and other clinicians. The author reviews the current legal situation and major court decisions, and then addresses five categories of litigation specifically affecting psychiatry: (1) patients' acts of violence; (2) patient suicides; (3) patient injuries that result from negligent treatment; (4) faulty initiation, process, or termination of treatment; and (5) liability arising from employer, supervisory, or consultative relationships. He concludes that a sensitive and effective relationship between treaters and patients remains the best safeguard against malpractice litigation.

MESH: United-States

MESH: \*Malpractice-legislation-and-jurisprudence;

\*Psychiatry-legislation-and-jurisprudence;

\*~~Suicide-legislation-and-jurisprudence~~; \*Violence-

TG: Human

PT: JOURNAL-ARTICLE; REVIEW; REVIEW,-TUTORIAL

AN: 89248174

UD: 8909

3 of 4

Marked in Search: #10

TI: Medico-legal aspects of accidental and non-accidental hanging.

AU: Davison-AM

SO: J-R-Nav-Med-Serv. 1989 Spring; 75(1): 33-6

ISSN: 0035-9033

PY: 1989

LA: ENGLISH

CP: ENGLAND

MESH: Accidents-statistics-and-numerical-data; Adult-;

Constriction,-Pathologic; Methods-; Northern-Ireland;

~~Suicide-legislation-and-jurisprudence~~

MESH: \*Suicide-statistics-and-numerical-data

TG: Female; Human; Male

PT: JOURNAL-ARTICLE

AN: 90096006

UD: 9004

4 of 4

Marked in Search: #10

TI: Silent suicide in the elderly.

AU: Simon-RI

AD: Georgetown University School of Medicine, Bethesda, MD 20814.

SO: Bull-Am-Acad-Psychiatry-Law. 1989; 17(1): 83-95

ISSN: 0091-634X

PY: 1989

LA: ENGLISH

CP: UNITED-STATES

AB: The suicide rate in the United States rises consistently with age. Silent suicide is defined as the intention, often masked, to kill oneself by nonviolent means through self-starvation or noncompliance with essential

medical treatment. Silent suicide frequently goes unrecognized because of undiagnosed depression and the interjection of the personal belief systems of health-care providers and family members. Elderly individuals committing silent suicide are often thought to be making rational end of life decisions. However, the elderly committing silent suicide must be distinguished from terminally ill patients who refuse further treatment in order not to prolong the act of dying. The clinical/legal issues surrounding silent suicide will be discussed.

MESH: Aged-80-and-over; Depressive-Disorder-diagnosis;  
Depressive-Disorder-therapy; Forensic-Psychiatry;  
Life-Support-Care-legislation-and-jurisprudence; Suicide-psychology;  
United-States

MESH: #Aged-psychology; #Patient-Compliance;  
#Suicide-legislation-and-jurisprudence

TG: Case-Report; Female; Human; Male

PT: JOURNAL-ARTICLE

AN: 89207761

UD: 8908

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1 of 3

Marked in Search: #14

TI: Suicide cases in civil law: do the legal tests make sense?

AU: McClung-M

SO: Bull-Am-Acad-Psychiatry-Law. 1990; 18(4): 365-72

ISSN: 0091-634X

FY: 1990

LA: ENGLISH

CP: UNITED-STATES

AB: The legal 'tests' for suicide liability in negligence and workmen's compensation law have developed along parallel, but not identical, lines to the tests for criminal responsibility. Current legal precedent has shifted the focus from cognitive awareness and irresistible impulse theories to the ability of a negligent act or injury to cause an abnormal mental state. The courts, in their variable interpretation of these mental state tests, leave no clear guidelines for the psychiatric expert asked to address suicidal behavior from the standpoint of responsibility.

MESH: Expert-Testimony-legislation-and-jurisprudence; Liability,-Legal;

Workers'-Compensation-legislation-and-jurisprudence

MESH: #Civil-Rights-legislation-and-jurisprudence; #Insanity-Defense;

#Suicide-legislation-and-jurisprudence

TG: Human

PT: JOURNAL-ARTICLE; REVIEW; REVIEW,-TUTORIAL

AN: 91145549

UD: 9106

2 of 3

Marked in Search: #14

TI: Jail suicide and legal redress.

AU: Olivero-JM; Roberts-JB

AD: University of Texas.

SO: Suicide-Life-Threat-Behav. 1990 Summer; 20(2): 138-47

ISSN: 0363-0234

FY: 1990

LA: ENGLISH

CP: UNITED-STATES

AB: Suicide is the leading cause of death in jails. Especially at risk are pretrial detainees. This paper provides clinicians who serve as consultants to jails with an overview of legal precedent concerning liability for jail suicide on the federal appellate, federal district, and state levels. Liability on the federal level is based upon actions involving deliberate indifference or gross



negligence. A bible is provided granting a summary view of appellate-level decisions on liability for jail suicide. Liability on the state level involves lesser standards of negligence. The paper concludes with several liability-generating scenarios.  
MESH: Civil-Rights-legislation-and-jurisprudence; Risk-Factors; United-States  
MESH: \*Prisons-legislation-and-jurisprudence;  
\*Suicide-legislation-and-jurisprudence  
TG: Human  
PT: JOURNAL-ARTICLE; REVIEW; REVIEW,-TUTORIAL  
AN: 90350158  
UD: 9011

3 of 3  
Marked in Search: #14

TI: Homicidal parents.  
AU: Bourget-D; Bradford-JM  
AD: University of Ottawa, Ontario.  
SO: Can-J-Psychiatry. 1990 Apr; 35(3): 233-8  
ISSN: 0706-7437  
PY: 1990  
LA: ENGLISH  
CP: CANADA

AB: This paper describes a series of 13 cases of parents who have killed their children. A review of the literature suggests that child murder is infrequent and committed in most instances by the parents. Most attention has been directed to the universal phenomenon of child abuse. The killing of a child in our culture is viewed much more seriously than the killing of a newborn infant, legally defined as infanticide. Only a few authors have reported on the former, and their studies tend to demonstrate that a higher proportion of these crimes are perpetrated by mothers. Homicidal behaviour in parents may also be associated with common forms of psychiatric disorders and may manifest as the extended suicide phenomenon (homicide reported with major depressive illness). Attributes of both parents and the children are also significant factors to be considered. In a retrospective study the relevant demographic and clinical data of a series of 13 cases are reviewed. The diagnostic classification using DSM-III-R is discussed in detail. A higher incidence of maternal perpetrators was found and is consistent with previous studies. Exposure to a variety of psychosocial stresses appears to have been a major factor. Similarly the suicidal history and behaviour of the subjects is significant. Affective disorder appears to be an important diagnostic category. Finally, the role of psychiatric and other social agencies is considered in relation to the murder of children. A better understanding of this phenomenon is indicated in order to help us deal with families at risk.

MESH: Adolescence-; Adult-; Aged-; Antisocial-Personality-Disorder-psychology;  
Battered-Child-Syndrome; Child-; Child,-Preschool; Infant-; Infant,-Newborn;  
Insanity-Defense; Mental-Disorders-psychology; Middle-Age; Risk-Factors;  
Suicide-legislation-and-jurisprudence  
MESH: \*Antisocial-Personality-Disorder-diagnosis;  
\*Infanticide-legislation-and-jurisprudence; \*Mental-Disorders-diagnosis;  
\*Parents-psychology; \*Referral-and-Consultation-legislation-and-jurisprudence  
TG: Female; Human; Male  
PT: JOURNAL-ARTICLE  
AN: 90254520  
UD: 9008

\*Suicide-  
TG: Human  
PT: COMMENT; LETTER  
AN: 92133713  
UD: 9205  
SB: AIM

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1 of 1  
Marked in Search: #56

TI: Suicide precautions for psychiatric inpatients: a review.

AU: Cheung-F

AD: University of Otago, New Zealand.

SO: Aust-N-Z-J-Psychiatry. 1992 Dec; 26(4): 592-8

ISSN: 0004-8674

PY: 1992

LA: ENGLISH

CP: AUSTRALIA

AB: This paper reviews the literature on the assessment and management of suicide risk of psychiatric inpatients. Even though a large number of scales have been developed to assist the prediction of suicide for patients admitted for suicide ideas and attempts, none of them were designed to predict suicide in the short term. However the Modified Suicide Intent Scale and the Hopelessness Scale appear to have the potential to predict immediate suicide risk. Risk factors associated with specific psychiatric conditions were all derived retrospectively and their predictive validities have not been established by prospective studies. Important issues relating to the management of suicidal inpatients, such as staff-patient relationships, use of constant observation and medical-legal aspects are reviewed.

MESH: Hospitalization-legislation-and-jurisprudence; Liability,-Legal;

Personality-Assessment; Recurrence-; Risk-Factors;

Security-Measures-legislation-and-jurisprudence;

Suicide-legislation-and-jurisprudence; Suicide-psychology;

Suicide,-Attempted-legislation-and-jurisprudence;

Suicide,-Attempted-prevention-and-control; Suicide,-Attempted-psychology

MESH: #Hospitalization-; #Security-Measures; #Suicide-prevention-and-control

TG: Human

PT: JOURNAL-ARTICLE; REVIEW; REVIEW,-TUTORIAL

AN: 93119348

UD: 9304

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1 of 2

Marked in Search: #43

TI: 'Aid-in-dying' and the taking of human life.

AU: Campbell-CS

AD: Department of Religious Studies, Oregon State University, Corvallis.

SO: J-Med-Ethics. 1992 Sep; 18(3): 128-34

ISSN: 0306-6800

PY: 1992

LA: ENGLISH

CP: ENGLAND

AB: In several US states, the legalisation of euthanasia has become a question for voters to decide in public referenda. This democratic approach in politics is consistent with notions of personal autonomy in medicine, but the right of choice does not mean all choices are morally equal. A presumption against the taking of human life is embedded in the formative moral traditions of society; human life does not have absolute value, but we do and should impose a strict burden of justification for exceptions to the presumption, as exemplified by the moral criteria invoked to justify self-defence, capital punishment, or just war. These criteria can illuminate whether another exception should be carved out for doctor-assisted suicide or active euthanasia. It does not seem, in the United States at any rate, that all possible alternatives to affirm the control and dignity of the dying patient and to relieve pain and suffering, short of taking life, have been exhausted. Moreover, the procedural safeguards built into many proposals for legalised euthanasia would likely be undone by the sorry state of the US health care system, with its lack of universal access to care, chronic cost-containment ills, a litigious climate, and socioeconomic barriers to care. There remains, however, common ground in the quest for humane care of the dying.

MESH: Advance-Directives; Hippocratic-Oath; Morals-;

Physician-Patient-Relations; Social-Support; Social-Values; United-States

MESH: #Attitude-to-Death; #Ethics,-Medical;

#Euthanasia-legislation-and-jurisprudence; #Suicide,-Assisted-legislation-and-jurisprudence

TG: Human

FT: JOURNAL-ARTICLE

AN: 93020967

UD: 9301

2 of 2

Marked in Search: #43

TI: When a patient commits suicide [letter; comment]

CM: Comment on: Am J Psychiatry 1991 Jun;148(6):739-43

AU: Pearlman-T

SO: Am-J-Psychiatry. 1992 Feb; 149(2): 282-3

ISSN: 0002-953X

PY: 1992

LA: ENGLISH

CP: UNITED-STATES

MESH: Confidentiality-; Family-Therapy; Forensic-Psychiatry;

Mental-Disorders-psychology; Physician-Patient-Relations;

Suicide-legislation-and-jurisprudence

MESH: #Mental-Disorders-therapy; #Professional-Family-Relations; #Psychiatry-;

"Typus-melancholicus"-personality structure [Tellenbach] seem to become more often depressive than other people). This hypothesis should be examined in further research.

MESH: English-Abstract; Expert-Testimony-legislation-and-jurisprudence; Germany-; Insurance,-Life-legislation-and-jurisprudence; Suicide-legislation-and-jurisprudence; Suicide,-Attempted-legislation-and-jurisprudence

MESH: %Suicide-psychology; %Suicide,-Attempted-psychology

TG: Human

PT: JOURNAL-ARTICLE; REVIEW; REVIEW,-TUTORIAL

AN: 91220568

UD: 9108

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1 of 1

Marked in Search: #29

TI: Right to die, freedom of choice, and assisted death: implications for nurses.

AU: Allen-A

SO: J-Post-Anesth-Nurs. 1991 Apr; 6(2): 150-1

ISSN: 0883-7433

PY: 1991

LA: ENGLISH

CP: UNITED-STATES

AB: Nurses face many moral, ethical, and legal issues in an environment where biologic life can be maintained long after cognitive function has ceased. Highly publicized cases involving the right to die and assisted suicide have brought attention to the right of self-determination regarding medical treatment. A brief discussion of these issues is offered and some questions posed.

MESH: United-States

MESH: %Ethics,-Nursing; %Euthanasia-legislation-and-jurisprudence;

%Right-to-Die-legislation-and-jurisprudence;

%Suicide-legislation-and-jurisprudence

TG: Human

PT: JOURNAL-ARTICLE

AN: 91178743

UD: 7107

SB: NURSING

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1 of 1

Marked in Search: #16

TI: Suicide and attempted suicide--a doctor's legal liability.  
AU: Korgaonkar-G; Tribe-D  
AD: Centre for Legal Studies, University of Hertfordshire.  
SO: Br-J-Hosp-Med. 1993 Dec 15-1994 Jan 18; 50(11): 680-1  
ISSN: 0067-1064  
PY: 1993  
LA: ENGLISH  
CP: ENGLAND  
MESH: ~~Great-Britain; Suicide--Attempted-legislation-and-jurisprudence~~  
MESH: ~~Liability,-Legal; Malpractice-legislation-and-jurisprudence;~~  
~~Physicians-legislation-and-jurisprudence;~~  
~~Suicide-legislation-and-jurisprudence~~  
TG: Human  
PT: JOURNAL-ARTICLE  
AN: 94170192  
UD: 9406

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1 of 2

Marked in Search: #24

TI: [Suicidal behavior and "individual freedom"]  
TD: Suizidalität und "freie Willensbestimmung".  
AU: Blankenburg-W  
AD: Klinik für Psychiatrie, Universität Marburg.  
SO: Versicherungsmedizin. 1991 Feb 1; 43(1): 9-13  
ISSN: 0933-4548  
PY: 1991  
LA: GERMAN; NON-ENGLISH  
CP: GERMAN  
AB: There are two conceptions of suicides: suicide as completion of a pathological development and suicide as a voluntary, well premeditated rational act. Between these poles we see a spectrum of various modes in the genesis of suicidal acts. In its conceptual framework this spectrum is placed on two different levels which are incommensurable to each other. Suicide as a pathological event and suicide as a free act (voluntary death) are two aspects, related to each other in a relationship of mutual concealment. Against the background of this ambiguity we discuss a discrepancy of two different aspects: The aspect of the suicide-statistics of private life-insurance-companies and the conception of suicide in psychiatry. There is stated a higher suicide-rate among insureds, which we attempt to interpret. Following reasons are to be discussed: 1. different areas of experience; 2. correlations between traits of the personality of insureds and traits of the personality of men or women who later on will commit suicide; 3. a preference of suicides by temptation to commit suicide in order to get money for the surviving family (we leave undecided whether primarily planned or secondarily promoted). There might be a

✓ MESH: English-Abstract; Expert-Testimony-legislation-and-jurisprudence;  
Germany-; Insurance,-Life-Legislation-and-Jurisprudence;

✓  
Suicide-legislation-and-jurisprudence; Suicide,-Attempted-legislation-and-jurisprudence

MESH: %Suicide-psychology; %Suicide,-Attempted-psychology

TG: Human

PT: JOURNAL-ARTICLE; REVIEW; REVIEW,-TUTORIAL

AN: 91220568

UD: 9108

What we need is

Suicide / attempted suicide and legislation -

We can get give about 10 days to get the information -

Ch. Franke  
27/9/94

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1 of 2

Marked in Search: #30

TI: Department of Public Welfare v. Kallinger.

AU: Bourke-LH

SO: Issues-Law-Med. 1991 Summer; 7(1): 103-4

ISSN: 8756-8160

PY: 1991

LA: ENGLISH

CP: UNITED-STATES

MESH: Confidentiality-legislation-and-jurisprudence; Pennsylvania-

MESH: #Prisoners-legislation-and-jurisprudence; #Right-to-Die-legislation-and-

Jurisprudence; #Suicide,-Attempted-legislation-and-jurisprudence;

#Treatment-Refusal/

TG: Case-Report; Human; Male

PT: LEGAL-BRIEF

AN: 91310422

UD: 9110

SB: NURSING

2 of 2

Marked in Search: #30

TI: [Suicidal behavior and "individual freedom"];

TO: Suizidalität und "freie Willensbestimmung".

AU: Blankenburg-W

AD: Klinik für Psychiatrie, Universität Marburg.

SO: Versicherungsmedizin. 1991 Feb 1; 43(1): 9-13

ISSN: 0933-4548

PY: 1991

LA: GERMAN; NON-ENGLISH

CP: GERMANY

AB: There are two conceptions of suicides: suicide as completion of a pathological development and suicide as a voluntary, well premeditated rational act. Between these poles we see a spectrum of various modes in the genesis of suicidal acts. In its conceptual framework this spectrum is placed on two different levels which are incommensurable to each other. Suicide as a pathological event and suicide as a free act (voluntary death) are two aspects, related to each other in a relationship of mutual concealment. Against the background of this ambiguity we discuss a discrepancy of two different aspects: The aspect of the suicide-statistics of private life-insurance-companies and the conception of suicide in psychiatry. There is stated a higher suicide-rate among insurants, which we attempt to interpret. Following reasons are to be discussed: 1. different areas of experience; 2. correlations between traits of the personality of insurants and traits of the personality of men or women who later on will commit suicide; 3. a preference of suicides by temptation to commit suicide in order to get money for the surviving family (we leave undecided whether primarily planned or secondarily promoted). There might be a broader interest in the second hypothesis (= people with a "Typus-melancholicus"-personality structure [Fellenbach] seem to become more often depressive than other people). This hypothesis should be examined in further research.

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1 of 1

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AD: University of Otago, New Zealand.

SO: Aust-N-Z-J-Psychiatry. 1992 Dec; 26(4): 592-8

ISSN: 0004-8674

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LA: ENGLISH

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AB: This paper reviews the literature on the assessment and management of suicide risk of psychiatric inpatients. Even though a large number of scales have been developed to assist the prediction of suicide for patients admitted for suicide ideas and attempts, none of them were designed to predict suicide in the short term. However the Modified Suicide Intent Scale and the Hopelessness Scale appear to have the potential to predict immediate suicide risk. Risk factors associated with specific psychiatric conditions were all derived retrospectively and their predictive validities have not been established by prospective studies. Important issues relating to the management of suicidal inpatients, such as staff-patient relationships, use of constant observation and medical-legal aspects are reviewed.

MESH: Hospitalization-legislation-and-jurisprudence; Liability,-Legal;

Personality-Assessment; Recurrence-; Risk-Factors;

Security-Measures-legislation-and-jurisprudence;

Suicide-legislation-and-jurisprudence; Suicide-psychology;Suicide,-Attempted-legislation-and-jurisprudence;Suicide,-Attempted-prevention-and-control; Suicide,-Attempted-psychologyMESH: #Hospitalization-; #Security-Measures; #Suicide-prevention-and-control

IG: Human

PT: JOURNAL-ARTICLE; REVIEW; REVIEW,-TUTORIAL

AN: 93119348

UD: 9304