



A REVIEW ON DUTIES AND LAWS RELATED TO MEDICAL PRACTITIONERS IN MEDICOLEGAL ASPECTS OF POISONING

Rashmi Choudhary*¹, Dr. S. R. Inchulkar², Dr. Prafulla³ and Kirti Sharma

¹M. D. Scholar, ²Professor, ³Reader, ⁴M. D. Scholar

Post Graduate Department of Agad Tantra Evam Vidhi Vaidyak, Govt. Ayurved College, Raipur, Chhattisgarh.

***Corresponding Author: Rashmi Choudhary**

M. D. Scholar, Post Graduate Department of Agad Tantra Evam Vidhi Vaidyak, Govt. Ayurved College, Raipur, Chhattisgarh.

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ABSTRACT

Every poisoning case, whether acute or chronic, has medicolegal overtones. Basically there are three categories of medicolegal cases: accidental, suicidal, and homicidal. The majority constitutes either accidental or suicidal poisoning, while homicidal cases are quite rare. Whatever the nature, every physician of hospital (Government or private) are under a legal obligation to treat them to the best possible extent, and no case can be turned away on the pretext that the hospital concerned is not "authorized" to handle medicolegal cases. If adequate facilities do not exist for proper treatment, the patient should be administered first-aid and such other medical or surgical help that is possible under the circumstances before referring him to the nearest hospital where required facilities exist. This paper deals with the duties of registered medical practitioner (RMP) which will help them to be efficient, empirical as well as legal towards their profession.

KEYWORDS: Poison, suspected poisoning, medicolegal, autopsy.

INTRODUCTION

Poisoning both accidental and intentional are a significant contributor to mortality and morbidity throughout the world. According to WHO, 3 million acute poisoning cases with 220,000 deaths occur annually. Of these 90% of fatal poisoning occur in developing countries particularly among agricultural workers. A spectrum of autopsy study on fatal poisoning Manipal, presents the Indian profile which shows a definite preponderance toward suicidal (70%) tendencies among low socioeconomic group of study population, followed by accidental (24%) deaths. Acute poisoning forms one of the commonest causes of emergency hospital admissions. Pattern of poisoning in a region depends upon variety of factors such as, availability of poisons, socio economic status of population, religious and cultural influences and availability of drugs. It has been estimated that more than 50,000 people die due to toxic exposure every year in India. All these cases of poisoning are brought to the nearest available hospital, so its the doctors duty that he should provide proper management to that patients for saving their lives.^[1,2]

MATERIAL AND METHODS

This depends on whether physician (clinician) who has treated a victim of poisoning when alive or performed medicolegal autopsy on victim of poisoning after death.

Accordingly there are two aspects medicolegally, which a doctor has to be aware of:

- I. Duties of a doctor towards suspected/actual case of poisoning.
- II. Preparation of document from medical witness for an autopsy surgeon.

Duties of a Doctor To wards Suspected/Actual Case of Poisoning

This constitutes medical duties and medicolegal duties

Medical Duties^[3,4]

1. The first and foremost duty of a Medical Officer is to admit the patient and save his/her life efficiently and not to let him die because of poisoning. The general line of treatment should be given in case of unknown poisoning while specific if the poison is known.
2. Every practitioner has right to choose his/her patient but in case of poisoning its unethical to refuse a patient in emergency. Atleast its duty of doctor to provide the first aid and refer to higher centre where proper treatment can be provided.
3. All the preliminary particulars regarding the patient should be recorded like name, age, sex, occupation, address, date and time, brought by whom, identification marks, and history.

4. Identify the poison consumed, assess the approximate time of poisoning, dose taken, ascertain the route of poisoning.
5. Rule out any head injury, appraise the psychiatric status, elicit any history of suicide attempt earlier, confirm history of drug abuse.
6. Exclude allergic/hypersensitivity reactions to drugs in the past, verify for any other coexisting diseases.
7. General examination of patient's temperature, B.P., respiration, pupil are taken and detailed systemic examination is performed.

Medicolegal Duties^[5,6,7,8,9,10]

1. In case of suspected homicidal poisoning, the doctor must confirm his suspicion before expressing an opinion. For this he must collect vomitus and urine and submit it for analysis.
2. Carefully observe and record the symptoms in relation to food, any change in color, taste or smell of food/drink, and other persons affected at the same time.
3. If a particular person is suspected, attempts should be made to outwit him by changes of diet and the alteration of meal times.
4. Suspicion may arise when a person insists on preparing all the food and serving the patient personally, and also throwing away all the food left by patient.
5. The doctor should keep detailed records of the number of his visits, the symptoms and signs observed and the treatment given time to time.
6. It is advisable to consult another practitioner, preferable a senior. A doctor should take every precaution in suspected poisoning to prevent the possibility of further administration of poison to the patient directly or indirectly by eatables brought by friends/attendant's and no one can obtain access to his medicines except the nursing staff.
7. Two well trained nurses may be employed with instructions that nothing should be given to him by anyone except by either of the nurses.
8. Doctors working in government hospitals are required to report every case of poisoning regardless of the nature, to the police.
9. If a private practitioner is convinced that the patient is suffering from homicidal poisoning, he is bound under Sec. 39 CrPC to inform the police or Magistrate. Non-compliance is punishable under Sec. 176 IPC (simple imprisonment of 1 month or fine of ` 500/- or both). Giving false information on such matters is punishable under Sec. 177 IPC (simple imprisonment for 6 months or fine of ` 1000 or both).
10. Cases of suicidal poisoning or attempted suicidal poisoning, a doctor need not inform about it to the police (Section 309 IPC), however, if an investigating officer (IO) inquires about it, he must divulge in detail (Section 175 Cr PC) or else the doctor is liable to be prosecuted and punished for not giving information (Section 202 IPC). So also, the doctor is punishable if he gives any false information to police (Section 193 IPC).
11. He is not liable for giving notice if case has already been registered with police officer by village head or watchman u/s 40 Cr. PC.
12. If death occurs while giving treatment, a medical practitioner must remember that "he is protected against any harm done in good faith to a patient without consent of a person in an emergency situation ethically as well as legally as per Section IPC 92."
13. Every effort must be made by the attending doctor to collect and preserve evidence suggestive of poisoning. Deliberate omission to do so can attract punishment under section 201 IPC.
14. Collect vomitus, faeces, stomach washings, contaminated food, incriminating substance, etc., and dispatch the same for chemical analysis to the nearest Forensic Science Laboratory.
15. If a poisoned patient is conscious but on the verge of death, record a dying declaration relating to the circumstances. It is preferable to call a magistrate for this purpose, but if death appears imminent, or if there is likelihood of delay in the arrival of the magistrate, the attending doctor must himself record the declaration as per section 32, clause 1, of the Indian Evidence Act (IEA). Even when a declaration is taken down by a magistrate, the presence of a doctor is desirable to certify that the dying victim was in possession of his senses, and there was no clouding of judgement or coherence which is sometimes encountered in the final moments before death.
16. Doctor must notify the health authority in case he comes across cases of food poisoning involving several people at same time from same source of a public eating places like hotel, cafeteria, hostel canteen, restaurant, etc. or at a mass eating place such as at a wedding party dinner or any such other group/festival occasions eating in common place
17. If a patient dies before the exact diagnosis could be made out, or he was brought dead to the hospital, the duty doctor must notify the police who will in all probability order an autopsy to be done. Death certificate must not be issued.
18. Detailed written records should be made for a time bound of 3 years with respect to every case of poisoning and kept in safe custody.

Preparation of Document From Medical Witness For An Autopsy Surgeon^[11]

This document should include three aspects—details on symptoms suggestive/suspicious of poisoning, autopsy findings/ details and analytical details

Details on Symptoms Suggestive/Suspicious of Poisoning

Nature of symptoms (history from relatives/friends/hospital records, if any)

- Date of onset

- Order of occurrence: sudden/slow onset, whether intermittent/continuous/severe poisoning led to death.
- Past history of any diseases
- History of head Injury
- Whether family physician was called, or not, or called on delay (given reasons for any such delay).
- Statements about symptoms by victim (if alive) or by any other with the victim.
- Any other person suffering with similar symptoms
- Past history of consuming the alleged substance without any ill effects.
- Possibilities of suicide, homicide or accident.
- Interval between taking the poison and death.
- Probable source of poison.
- Probable time since death.
- Preserve all suspected articles.

Autopsy Findings/Details

External Findings

- Position or attitude of the body
- Findings on the clothing
- Colour of postmortem lividity (hypostasis)
- Corrosion of lips, mouth, etc.
- Any distinct odour
- Evidence of violence
- Evidence of injection marks
- Rectal temperature
- State of rigor mortis
- Things around the victim.

Internal Findings

- All organs must be examined and contents must be preserved for chemical examination to identify the poison.
- Detailed information as observed must be entered in the report, giving importance to all the organs examined thoroughly.

Analytical Details

In every case of poisoning deaths, this is a must to confirm the diagnosis of poisoning proposed on autopsy examination. To have this in the record, doctor should take proper measures at the level of conducting the postmortem examination himself, by taking proper steps to arrange for dispatching the viscera collected from the deceased for chemical examination. Chemical examination of viscera is usually done at Forensic Science Laboratory (FSL) or Regional Forensic Science Laboratory (RFSL) situated in the capital of each State or district head quarters, respectively.

Cause of Death

Cause of death can be usually deduced on FSL Report. At times even if a FSL report is negative stating 'no poison is detected in the materials sent' one must not be uncertain to write cause of death based on the autopsy examination findings, history provided and findings in the clinical case sheet whenever possible. Conversely, it

is also relevant to mention here that in every case it may not be possible to conclude on cause of death and under such circumstances doctor must not to hesitate to write the fact.

DISCUSSION

In India suicidal and homicidal cases of poisoning are common as poisons can be easily obtained because India is land of agricultural based economy, covered with dense forest area, availability of end numbers of poisonous plants grow wild here. India being a developing country poverty, illiteracy, unsafe practices, weak laws, ignorance and depressed mental conditions, add to the cases of poisoning in India. As most of the cases of poisoning are acute, immediate emergency management should be taken by Registered Medical Practitioner with intention to save the life of the patient and follow the legal ethics while performing his duty so that he shouldn't liable to fall under misconduct and are punishable by law.

CONCLUSION

The doctor in cases of poisoning should firstly manage the patient efficiently and then proceed to the other legal duties like reporting the matter to police officer or magistrate, removal of the patient from the source of poisoning, proper collection of the evidences for analysis, recording of dying declaration if needed, if the person dies or bought dead then handling the body to police for further investigation without issuing death certificate, maintaining proper records of the case. By performing this duties both clinically and legal way, the doctor not only helps the patient but also helps himself in each and every aspects.

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