

Original Article

REVIEW OF UN-NATURAL DEATHS IN PUNJAB PRISONS A DILEMMA OF POOR PSYCHIATRIC SERVICES

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Objective: The increasing trend of unnatural deaths in custody is a concern globally. So this study was conducted to examine the causes of unnatural deaths in Punjab prisons.

Methods: A retrospective review of all available files of unnatural deaths from 2006 to 2009 was carried out in June-July 2010. The death certificates, inquest reports, postmortem reports and fact finding enquiry reports were examined in detail. Facts of each unnatural death were discussed with medical officer and superintendent of concerned jail. Causes of unnatural death were categorized as accidental, homicide, and overdose with substance of abuse or medication and suicide

Results: Crude mortality rate for un-natural deaths was 53/100,000 per year. These account for 11% (111/1007) of the total deaths. All unnatural deaths were among males with mean age of 35 years (Range; 16-90). Mostly 85% (n=94) were under trial and 15% (n=17) convicted prisoners. Of the 111 unnatural deaths 49% (n=55) were from overdose, suicide 21% (n=23), homicide 16% (n=18) and accidental deaths 14% (n=15). Majority of the suicidal deaths was by hanging (20/23). 50% of all un-natural deaths occur within 1st week of their entry in to jail. Majority (91%) of those committed suicide have a history of psychiatric illness. Suicidal, homicidal and accidental deaths accounts for 43% of potential years of life lost of these persons. Postmortem of only 35% of cases conducted on the stress of prisoner heirsch.

Conclusion: Among unnatural deaths suicide by hanging and deaths due to substance over dose are dominant. No psychological assessment being done at jail entry. Most of these premature deaths are preventable. Mental health services should be the integral part of primary health care in prisons. Inquest files have incomplete data which limits our study.

Keywords: Unnatural deaths, potential years of life lost, Punjab Prisons

Introduction

Prisons are conventional institutions, which form part of the criminal justice system of a country; such that imprisonment or incarceration is a legal penalty that may be imposed by the state for the commission of a crime. Prison is a term used for any place of detention. It includes centers for pre-trial and convicted prisoners as well as centers for juvenile offenders and illegal immigrants.¹ The term, "prisoner", is used for adult and juvenile males and females detained in criminal justice and correctional facilities during the investigation of a crime or awaiting trial and before or after conviction.² As of December 2008, more than 9.8 million people were incarcerated worldwide. Turnover in correctional facilities is rapid. Each year, about 30 million people enter and leave prison establishments. Average prison population rate is 145 per 100,000 in the world.³ In Punjab prisons the prison population rate is 55 per 100,000 of the national population. The high percentage of pre-trial detainees as compared

to the total prison population is considered failure of the criminal justice system of the country. In Asia (Bangladesh, India, Pakistan and the Philippines), pre-trial detainees comprise more than 60% of the total prison population.³ In Punjab prisons the pre-trial detainees are 70% of the total prison population. Total prisons in Pakistan including Northern Areas and Azad Kashmir, are 97. These are housing about 94 thousand prisoners against authorized accommodation of 42023.⁴ There are 32 prisons in the Province of Punjab nine are Central Jails, 20 District Jails, one Women Jail and two Juvenile Jails. Under trial, convict and condemned prisoners are confined therein. Static population in all prisons of Punjab is about 50,000 against the authorized accommodation of 21500. All prisons on average are three times overcrowded. Annual turnover is 250,000 prisoners.⁵ When the state takes away a person's liberty, it assumes full responsibility for protecting

Each year, however, many people die in custody.⁶ The prisoners die prematurely, especially due to unnatural causes of deaths as compared to the general population. Some of these deaths may be preventable.⁷ In recent years a few reports have looked at the causes of death among people in custody. Mostly studies concentrated on the high rates of suicide, especially around the time of arrest and sentencing. Although other causes of death, such as Non Communicable Diseases (NCDs), made an increasing contribution to overall mortality among prisoners.^{8,12}

Previous studies have shown that violent and criminal offenders have increased mortality^{13,16} People with psychiatric disorders evince an excess mortality of both natural and unnatural causes.¹⁷ Understanding the link between psychiatric disorders and violent offending requires consideration of its association with history of violence, substance abuse and stressful life events.¹⁸ In Punjab inquest by a Magistrate/Civil Judge is mandatory for any death of a person in custody, to ensure a public examination of the circumstances leading to the death. Beyond the inquest, however, there is no formal public scrutiny of in-prison deaths and no publicly reported examination of the causes.

So this study was conducted to examine the causes of unnatural deaths in Punjab prisons and other relevant factors, such as history of psychiatric illness and substance abuse, in order to determine whether any of the deaths associated with these factors could have been prevented.

Methods

A retrospective review of all available files of unnatural deaths from 2006 to 2009 was carried out in June-July 2010. Deaths occurring inside the institution and after transfer to a medical facility were included. The Magistrate/Civil Judge presiding at the inquest is assigned by the Office of the District & Sessions Judge of the respective district and is independent of the institution where the death occurred. All factors related to the death, including the institutional medical files, psychiatric file and, if relevant, medical records generated outside of the institution, are examined. The Magistrate/Civil Judge conducting the inquest also records statements of Medical Officer Prison, paramedical staff, prison watch & ward staff at duty and four to five colleague prisoners. The medical officer jail prepares death certificate in case of death in prison

and if death occurs outside health facility than death certificate is generated there. Postmortem of each death in custody is mandatory. However it depends on the magistrate/Civil Judge conducting inquest. Most of the time he orders for postmortem to Police Inspector of concerned police station but they hand over the dead body to the legal heirs of deceased on their request without postmortem. As per PPR superintendent of Jail also conducts a fact finding enquiry and submits report to Inspectorate of prisons. The death certificates, inquest reports, postmortem reports and fact finding enquiry reports were examined in detail. Data abstraction from used to compile data from unnatural death files. Information collected included age, sex, date and time of death, type of institution and place of death (institution v. medical facility). If present, we extracted other relevant information such as history of psychiatric illness or history of substance abuse as well as suicide evaluation. Causes of death were categorized as accidental, suicide, overdose and homicide. The categorization was based on the inquest conclusion and review of the inquest file. Drug overdose was assumed to be accidental unless clear evidence of suicidal intent was available. Facts of each unnatural death were discussed with medical officer and superintendent of concerned jail. Data was analyzed by using Epi-Info version 3.7.

Results

Crude mortality rate for all causes was 484/100,000 per year and for un-natural deaths 53/100,000 / per year in Punjab prisons during the study period. These account for 11% (111/1007) of the total deaths. All unnatural deaths were among males with mean age of 35 years at the time of death (16-90). Of the 111 unnatural deaths 49% (n=55) were from overdose, suicide 21% (n=23), homicide 16% (n=18) and accidental deaths 14% (n=15). **Table 1**

Table-1: Frequency of unnatural deaths.

Type of Unnatural Death	Frequency	Percentage	95% Conf Limits
Accident	15	13.5%	7.8% 21.3%
Homicide	18	16.2%	9.9% 24.4%
Over Dose	55	49.5%	39.9% 59.2%
Suicide	23	20.7%	13.6% 29.5%

85% (n=94) were under trial prisoners and 15% (n=17) convicted prisoners. 88% (n=98) deaths were among the prisoners those confined in barracks and

In Britain in the early 1800s the death rate among inmates was about 5 times higher than that in the general population.^{28,29} At the end of the 20th century we have shown an elevated death rate that is twice that of the general population.²⁸ Coroners' inquests, conducted for all deaths of people in custody, are the only external and independent means of scrutiny available and the only way of obtaining the information needed to bring about change. Clearly we can do better to reduce the rate of deaths in inmate populations, but it will require more focused effort by custodial authorities and ongoing public scrutiny and concern. In Pakistan system of inquests by magistrate/civil judge is prevailing instead of coroners' inquest. This system can bring better change to reduce the unnatural death rate in the people under custody if a jury of three magistrate/civil judges be constituted for inquest. They should submit report to district & session's

judge and all concerned stake holders for action. Postmortem is mandatory for all deaths in custody. It should be practiced in letter and spirit for each custodial death.

Conclusion

Among unnatural deaths suicide by hanging and deaths due to substance over dose are dominant. Unnatural deaths are not taken serious. Even postmortem is avoided. No psychological assessment being done at jail entry. Most of these premature deaths are preventable. Mental health services should be the integral part of primary health care in prisons. Inquest files have incomplete data which limits our study.

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Answer Picture Quiz

The apple core sign, also known as a napkin ring sign (bowel), is most frequently associated with constriction of the lumen of the colon by a stenosing annular colorectal carcinoma.

The appearance of the apple-core lesion of the colon also can be caused by other diseases, e.g.

lymphoma with colonic involvement - appears more diffuse

- Crohn's disease
- Chronic ulcerative colitis
- Ischaemic colitis
- Chlamydia infection
- Colonic tuberculosis
- Helminthoma
- Colonic amoebiasis
- Colonic cytomegalovirus
- Villous adenoma
- Radiosurgery such as high doses of CyberKnife used for treating unresectable abdominal malignancies