

“ Do the consultant judicial medical officers in Sri Lanka hide behind the euphemous statement, “ the cause of death is under investigation, but the body may be released for burial “

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The Oxford English dictionary defines the word responsibility, as the person responsible shall do what has to be done without guidance or any authority as the circumstances demands. The society entrusts such responsibility only to those who are capable and experienced. The consultant judicial medical officers, after being given free education by the state, have the responsibility of doing autopsies for the judiciary and deciding whether the wounds present on a dead body have been caused by some body else, an accident or by the deceased himself. His findings are submitted to the judiciary and the magistrate or to the inquirer into sudden deaths. After taking all available evidence in public, the inquirer or the magistrate declares a verdict of homicide, accident, suicide or death by a natural disease or in some circumstances delivers an open verdict and orders, the police to continue investigations and submit the report to courts. In all homicide cases it is the responsibility of the police to find the offender and submit the findings to the Attorney General's Department who will advice on further action. This is the system in all Western countries and it is the same in Sri Lanka.

I have to say regrettably though, that most consultant judicial medical officers in Sri Lanka avoid taking this responsibility and hide behind the euphemous statement such as **“ the cause of death is under investigation, but the body may be released for burial “**. These medical officers resort to this type of defensive action specially in instances where a deceased has been found dead in suspicious circumstances and where the public agitates around the mortuary in thousands giving fear to many including the pathologist. In such instances, the magistrate or the inquirer has to postpone the inquest for several weeks, months or years, on the report of the consultant judicial medical officer, sometimes causing embarrassment to some people who may be actually innocent.

It is sad that there has been no audit of the work done by the judicial medical officers in Sri Lanka. I have tried on many occasions to bring this to the notice of the authorities and the response has been negative and a deafening silence. I must confess that I have failed in this endeavor. It is the purpose of this article to make the public, legal and the scientific community of Sri Lanka of such instances and press upon them to seek relief from the magistrate and even petition against such medical officers to the Sri Lanka Medical Council for incompetence.

There are many fundamental differences of understanding among medical officers themselves, lawyers, magistrates and judges, regarding the responsibilities of the Sri Lankan Judicial Medical officers conducting autopsies for the police and judiciary. The state counsels of the Attorney General's Department insist that the only responsibility of the Judicial Medical officer is ascertaining the cause of death and not give opinion as to whether the cause of death has been due to an accident, self, by another person (culpable homicide) or by a natural event. These lawyers argue that according to the Criminal Procedure Code number 15 of 1979 section 304 stipulates that the responsibility of the inquiring into sudden deaths, homicide, accidents and natural events is that of the inquirer into sudden deaths or the Magistrates.

According to them, the magistrates or the inquirer has to declare whether a person has died naturally, accidentally or by act of suicide or by act of homicide. This is contrary to the investigation of death in United Kingdom (UK) and United States of America (USA). The Medical Examiner System

(MES) in U.S.A. relies to a great extent on the findings and opinions of the medical officer performing the autopsies.

The training of medical officers to be specialist in forensic medicine in Sri Lanka is rather insufficient. Unlike in the situation in U.K and States, investigations of sudden death in Sri Lanka, even junior grade medical officers without any Postgraduate training in forensic pathology carry out autopsies. In USA a medical officer must follow a continuous training process in General pathology, Histo-pathology and finally in Forensic pathology under consultant pathologist and consultant medical examiner for a continues period of seven years and should be certified by the Board of Forensic pathologists in USA. In the UK the medical officer has to obtain the Membership of the Royal College of Physicians (MRCP) Forensic pathology and has to undergo training in General pathology and Forensic pathology for a total period of seven years.

In Sri Lanka the responsibilities of conducting autopsies for the Judiciary has been taken over by the Department of Health Services. There was a time when drunken medical officers in the provinces were appointed and designated Judicial medical officers authorizing autopsy examinations. For example in a major city in the South of Sri Lanka it was entrusted to a senior medical officer who was a drunkard with out any post MBBS training. Fortunately the situation is changing because of the establishment of a Board of Study in Forensic Medicine at the Post Graduate Institute of Medicine (PGIM), Colombo, which is responsible for Postgraduate training in Forensic medicine leading to a diploma in legal medicine (DLM) and a doctorate (MD) in Forensic medicine. The total period of training however is just over six years leading to consultant status. The present Sri Lankan training system has been severely criticized for lack of training in general pathology including histo - pathology. I believe that this criticism is valid and the training period in Forensic pathology should have an additional period of one year in general pathology, making a total period of training of seven years as in UK and USA.

Let me now discuss a few cases supervised by me where the circumstances were suspicious, but the consultant judicial medical officer indicating that there were no injuries, but the cause of death was under investigation and submitted tissue for histology quite unnecessarily. It is a right of the public in a democratic state to have suspicion regarding any investigative process. This statement is true, subject to the provision that the autopsy has been done by a properly trained senior Medico Legal Consultant.

Case 1. - Twenty year old Tamil servant boy was found dead after two days in a water filled base hole pit recently dug for the construction of concrete pillars for building a two storied house. The relations and the public insisted to the inquiring magistrate that they were suspicious that the master of the house had killed this boy and put his body in this water hole, which the master vehemently denied. Pre autopsy x-rays of the hyoid, thyroid mass could not be done as the radiographers refused to x-ray the highly decomposed body. Therefore the pathologist had to carefully remove the neck structures and dissect them separately to see whether hyoid bone and the thyroid cartilage were fractured or whether there were contusions. Ideally the putrefied body should have been x-rayed to exclude skeletal injuries. These two bones can only be damaged by strangulation of the neck, by hands, by a rope or by applying pressure with a foot or club.

Furthermore, complete dissection of the entire skeleton and muscles did not reveal any fracture or peri-mortem contusions and neither did the brain. The junior medico legal consultant pathologist was able to declare that deceased had fallen into the water hole and got drowned because he would have detected sand particles in the terminal bronchi holes. Foreign bodies cannot enter the terminal bronchioles unless the lungs expand during drowning. A junior medico legal consultant did not realize that it is impossible to kill a young healthy adult without leaving external and internal injuries.

The magistrate had to postpone the inquest and the master of the house was accused of killing the boy by the relations and public. This shows that the view of the pathologist / medical officer plays a great role in the magistrates giving a verdict.

The junior consultant who did the autopsy of this case was advised by the Professor to take pre autopsy x-ray of the neck and exclude any soft tissue injury and musculo - skeletal injuries in the body and take smears from the terminal bronchioles and examine under the microscope. A person drowning in a muddy pool of water is not likely to have diatoms in the lungs or bone marrow but it's certain to have sand and foreign particles in the terminal bronchioles.

Contrary to the Professor's advice the junior consultant decided to submit samples of internal organs for diatom tests and delayed giving the cause of death as drowning. This is the most unjust thing that the Forensic pathology can do, because delay in arriving at the cause of death on flimsy reasons is hallmark of an inexperienced Forensic pathologist even though they have post graduate qualification. This is the situation in Sri Lanka in most suspicious investigations and Forensic pathologists are too scared to take the bold steps and tell the truth even though it is unpalatable to the public and relations. They hide behind the term "keeping a cause of death under further investigations". The magistrate is forced to delay the completion of the inquiry.

Case 2 - The next case is one of 22 years old girl from a Higher Education Institute whose body was found in the beach close to her boarding place. The fellow students of the deceased insisted that she was taken from a boarding in the night raped in a coir mill and her body had been taken in a boat and dumped into the mid seas. The autopsy was performed by the Professor. He found that the deceased brassieres and underwear were intact, and he did not find any injuries in the neck or anywhere in the body. He declared cause of death was suicidal drowning. The students of the High Education Institute did not accept did and insisted that the case should be handed over to the Criminal Investigation Department (CID) by the local police who investigated the death.

After investigations by the CID they were unable to find evidence of taking the deceased from her boarding place. She was staying in a boarding place in a single room with two other girls students and it would have been impossible to take the deceased girl from her room who went to sleep at night with another two. One of the students who agitated during this period met the consultant Forensic pathologist several years later and told that the students who agitated belonged to a Marxist party and went to a soothsayer in Elpitiya who told them that she was raped in a sawmill and the knickers was to be found there, but no such thing was found by the police in the sawmill.

This shows that interested parties can whip up emotions of the public. The aim of the students was for the police take into custody some fishermen in the town close to her boarding room. There would have been mass demonstration by the fisher folk if the police took any innocent fishermen into custody embarrassing the government that crime is going up in Sri Lanka.

Case 3 - This is the case of the well-known Buddhist priest who died abroad. The people in the "Dayaka Sabawa" insisted that he was given a poison while in foreign country by another religious group. The autopsy was conducted by four senior most consultant Judicial medical officers and observed by a cardiologist in the presence of 20-30 doctors in Colombo. The pathologists were able to demonstrate classical narrowing of the left anterior descending artery occluded totally by a perimortem thrombus and a recent myocardial infarction.

Furthermore there was hypertrophy of the left ventricle scarring and thinning out of both verticals in the apical regions. The pathologists were confident in declaring that the priest died and this priest died of

myocardial infarction following total obstruction of the left ventricle of natural origin. This conclusion increased the wrath of the priests and some even accused the professor taking a bribe and was hiding that it was a case of poisoning.

There were two inquests held in two courts and both Judges delivered a verdict of natural death.

There were about the 5000 people around the mortuary when the autopsy was conducted and some even had clubs to attack the accused people in case the cause of death was in some way related to violence or poisoning. Some priests were quite unhappy about the verdict and said that a drug has been given causing the occlusion of a coronary artery by a thrombus.

I am yet to read about such a selective drug. A shaky cause of death would have caused another black July in Sri Lanka.

Case -4 - This is the case of a robust adult who was found hanging from the police cell in Southern Province after he was taken to custody in the night for a robbery. There were about a thousand people agitating and shouting slogans against the police accusing them that the deceased has been assaulted, killed and suspended with his own long trouser inside the police cell. I conducted the autopsy and found no injuries except those of self-suspension. The matter died gradually when the pathologist reported to the magistrate that there were no injuries in the deceased and it was a case of classical self-suspension. Later the police had found out that the deceased not only took part in a major robbery but in addition had killed his wife and buried her body in back garden of his house.

These cases show the gravity of the responsibility cast upon the judicial medical officer and I suggest the following procedures.

01. To hand over the responsibility of training and employing consultant judicial medical officers from the health Department to the Judicial Service Commission.
02. To discontinue the practice of allowing untrained MBBS grade medical officers conducting autopsies for the Judiciary
03. To withdraw the present regulations in the criminal procedure code and substitute it with a system similar to the medical examiner system in States and Canada, where the investigating police as greater alliance with the consultant forensic pathologist.
04. A proper audit of the work done by the Forensic pathologist.
05. To improve the presently available dilapidated mortuaries.
06. A police Department to pay a better allowance to the Forensic pathologist for performing autopsy for the police.

I may be accused of man eating man and going against my own colleagues. It may be true, but to me truth is divine and bitter and I would have failed in my responsibility if I kept silent about these matters.