



# Complex suicide versus complicated suicide

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Dedicated to Prof. Dr. med. Dr. h. c. Péter Sótónyi, member of the Hungarian Academy of Sciences, on the occasion of his 70th birthday.

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## ABSTRACT

In complex suicides, two or more methods are applied either simultaneously or one after the other. The purpose of the present study was to distinguish such complex suicides in the proper sense from “complicated suicides”, which are characterized by an unintentional secondary traumatization following the original suicide method. The study material comprises 1217 suicides investigated at the Budapest Institute of Forensic Medicine in the period from 2004 to 2006. Among these, 4.43% ( $n = 54$ ) accounted for planned or unplanned complex suicides, whereas 0.49% ( $n = 6$ ) were categorized as “complicated suicides”. The latter group included four fatalities due to unintended falls from a height (for instance after breaking of the hanging noose), one death from electrocution and one case of drowning. The succession of a failed suicidal act and a secondary (“unforeseen” and therefore “accidental”) trauma with fatal outcome may cause problems in determining the manner and cause of death.

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## 1. Introduction

Complex suicides are committed by using more than one method. Usually a distinction is made between planned and unplanned complex suicides [26]. In the first group, two or more methods are applied simultaneously in order to make sure that death will occur even if one method fails. In unplanned complex suicides, the mode of performance is changed after the first method failed or was too slow or proved to be painful. According to statistical evaluations, up to 5% of all suicides can be classified as complex ones (planned or unplanned combinations).

In rare cases, the chosen suicide method does not work as intended, but is followed by another kind of traumatization. The resulting injuries therefore represent a secondary complication of the suicidal act. Though this phenomenon has been known for a long time, its characteristics have not yet been described, and a definition is still missing. Complicated suicides may raise the question whether the manner of death has to be considered as being suicidal or accidental.

The purpose of the presented study was to analyse a large number of autopsy cases in order to differentiate between complex and complicated suicides.

## 2. Materials and methods

All autopsies performed at the Department of Forensic Medicine of the Budapest Semmelweis University in a 3-year period (2004–2006) were evaluated as to completed suicides and suicide attempts with fatal outcome. The relevant cases ( $n = 1217$ ) comprised 775 males and 442 females. The police investigated the scene in every case. Medico-legal autopsies included histological examinations, toxicological analyses and measurement of blood alcohol concentration.

The study material was subdivided into three main groups: (1) completed suicides committed with only one method, (2) planned and unplanned complex suicides and (3) suicidal acts in which the chosen method failed and death occurred due to a secondary (“accidental”) traumatization.

## 3. Results

The total of 1217 fatalities included 1157 single-method suicides. The complex suicide group comprised 54 cases (4.43%), which are listed in Table 1. Among them, the male to female ratio was about 1.8:1 ( $m = 35, f = 19$ ). The mean age of the male victims was 46.7 years and that of the female victims 48.1 years. 15 cases were classified as planned complex suicides and 39 as unplanned combinations. Among the latter group there were three suicides who applied three methods one after the other (nos. 23, 36 and 44). According to the police investigations, a history of at least one previous suicide attempt was known in 18 cases (33%). Suicide notes were present in 11 cases (20%). 22 victims were under the influence of alcohol ( $BAC > 0.05$  g/100 ml). The different kinds of

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**Table 1**  
Complex suicides.

No.	Age (years)	Sex	Planned (P), unplanned (UP)	Previous attempts	Final notes	Suicide methods		
						1st method	2nd method	3rd method
1	50	F	P	–	–	Medicinal poisoning	Jumping from a height	–
2	56	M	P	–	–	Gunshot to the head	Hanging	–
3	57	F	UP	–	+	Wrist cuts	Jumping from a height	–
4	47	F	UP	–	–	Cuts to the neck	Electrocution	–
5	16	F	UP	+	–	Wrist cuts	Hanging	–
6	55	M	UP	–	+	Stab wounds to the chest	Drowning in river	–
7	28	M	UP	–	–	Corrosive poisoning	Cuts to the neck	–
8	50	F	UP	–	–	Wrist cuts	Hanging	–
9	42	M	UP	+	–	Incised wounds on face	Hanging	–
10	73	M	UP	–	–	Wrist cuts	Corrosive poisoning	–
11	52	M	UP	–	–	Wrist cuts	Electrocution	–
12	52	M	UP	+	–	Wrist cuts	Hanging	–
13	71	F	P	+	+	Thinner poisoning	Self-immolation	–
14	56	M	UP	–	–	Cuts to the neck	Hanging	–
15	40	M	P	+	+	Alcohol intoxication	Hanging	–
16	56	M	UP	–	–	Wrist cuts	Electrocution	–
17	29	M	UP	–	–	Wrist cuts	Hanging	–
18	45	M	UP	–	–	Stab wounds	Jumping from a height	–
19	39	M	UP	–	–	Wrist cuts	Hanging	–
20	39	M	UP	–	–	Cuts to the neck	Corrosive poisoning	–
21	75	M	UP	+	–	Wrist cuts	Electrocution	–
22	36	M	P	+	+	Gunshot to the chest	Self-immolation	–
23	94	M	UP	–	–	Wrist cuts	Stab wounds of the abdomen	Hanging
24	23	M	UP	–	–	Wrist cuts	Jumping from a height	–
25	48	M	UP	–	–	Cuts to the neck and face	Jumping from a height	–
26	19	M	UP	–	–	Wrist cuts	Jumping from a height	–
27	46	M	UP	–	–	Attempted hanging (the rope broke)	Jumping from a height	–
28	38	M	P	–	–	MDMA intoxication	Cuts to the neck	–
29	65	M	UP	–	–	Wrist cuts	Hanging	–
30	79	F	P	+	–	Medicinal poisoning	Cuts to the neck	–
31	39	F	UP	–	–	Wrist cut	Jumping from a height	–
32	91	F	UP	–	–	Wrist cut	Hanging	–
33	31	M	UP	+	–	Wrist cut	Hanging	–
34	63	M	P	+	–	Medicinal poisoning	Carbon monoxide intoxication	–
35	43	M	UP	+	+	Wrist cuts	Jumping from a height	–
36	62	M	UP	+	+	Wrist cuts	Stabs to the abdomen	Hanging
37	58	M	UP	–	–	Stabs to the chest	Causing a gas explosion	–
38	49	F	UP	–	–	Self-immolation	Jumping into well with consecutive drowning	–
39	53	F	P	–	–	Gunshot to the head	Falling from a height	–
40	31	M	UP	+	–	Wrist cuts	Hanging	–
41	30	M	P	–	+	Alcohol intoxication	Jumping from a height	–
42	36	F	UP	–	–	Wrist cuts	Jumping from a height	–
43	34	M	P	–	–	Medicinal poisoning	Hanging	–
44	49	M	UP	–	–	Attempted hanging (the rope broke)	Cuts to the neck	Hanging
45	28	M	P	–	–	Insulin poisoning	Jumping from a height	–
46	65	F	UP	+	+	Electrocution	Medicinal poisoning	–
47	57	F	P	+	–	Medicinal poisoning	Ligature strangulation	–
48	61	F	UP	–	+	Wrist cuts	Medicinal poisoning	–
49	49	M	UP	–	–	Wrist cuts	Ethylene-glycol poisoning	–
50	29	F	P	+	–	Alcohol intoxication	Inhalation of lidocaine	–
51	57	F	UP	+	–	Incisions of the chest	Medicinal poisoning	–
52	51	M	UP	–	–	Wrist cuts	Medicinal poisoning	–
53	29	F	UP	–	+	Wrist cuts	Medicinal poisoning	–
54	57	F	P	+	–	Medicinal poisoning	Drowning in bath tub	–

Male (M); female (F).

**Table 2**  
Complicated suicides.

No.	Age (years)	Sex	Previous attempt	Final notes	Suicide method	Secondary trauma
1	18	M	–	–	Hanging on a balcony	Balcony collapsed—fall from a height
2	34	M	+	–	Hanging on a pylon	High-voltage electrocution
3	35	M	–	+	Jumping into elevator shaft	Drowning in water
4	31	M	–	–	Electrocution on an electric pylon	Fall from a height
5	42	M	–	+	Medicinal poisoning	Fall to the ground
6	38	M	–	–	Hanging on a tree	Rope broke—fall from a height

Male (M); female (F).

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