



Medicolegal Case Profiles & Its Association with Alcohol Influence in A Tertiary Care Centre – Kanyakumari, India

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Abstract

Background: Assaults and Road traffic accidents are the common medicolegal cases. Alcohol consumption has a pivotal role, leading to most of the road traffic accidents and crimes. Analysis of National Crime Records Bureau data 2013, reveals that 15 people die every day – ie., one person every 96 minutes – from the effects of drinking alcohol¹. In 2015, Tamil Nadu has the highest cognizable crime rate of 723.2 (per 100,000 persons), while Nagaland recorded lowest rates of 55.1 (per 100,000 persons). According to a survey in 2013, one serious road traffic accident occurs in our country every minute and 16 die on Indian roads every hour. 1214 road traffic accidents occur every day in India. Two wheelers account for 25% of total road traffic accident deaths¹.

Methods and Materials: This study was conducted in the accident & emergency ward by Department of General Surgery, Kanyakumari Government Medical College Hospital during the period of Jan 2016 – Jan 2017

Observation & Results: More than 40% of the Greviously injured RTA victims were under the influence of alcohol. HIGH INCIDENCE OF RTA is found among the age group of 15-40years. In this, 35.23% were under the influence of alcohol. 26.33% of the greviously injured assault victims were under the influence of alcohol. HIGH INCIDENCE OF ASSAULT is found among the age group of 41-60years. In this, 30.73% were under the influence of alcohol.

Conclusion: Alcohol addiction is a health problem, not a moral one, and there are many proven strategies which can reduce its burden. Prohibition is rejected by most public health scientists who know this field; even the World Health Organisation does not recommend it.

INTRODUCTION

Alcohol abuse is a major public health problem globally. In India, Nearly 25% of the road accidents are under the influence of alcohol and it is also a significant risk factor for increased

domestic violence. About 4% of all deaths worldwide were attributable to alcohol. The harmful use of alcohol is especially fatal for younger age groups and alcohol is the world's leading risk factor for death among males aged

15–59⁵. Approximately 4.5% of the global burden of disease and injury is attributable to alcohol⁴. Alcohol consumption contributes to traumatic outcomes that kill or disable people at a relatively young age, resulting in the loss of many years of life to death and disability. Two people die every hour in Uttar Pradesh – the state with maximum road traffic accident deaths. Tamil Nadu is the state with the maximum number of road traffic accident injuries. Chennai city is in the 2nd place with the highest number of Road traffic accident Deaths after Delhi¹.

OBSERVATION AND RESULTS

Total RTA Cases Reported In The Tertiary Care Centre During Jan 2016 – Jan 2017

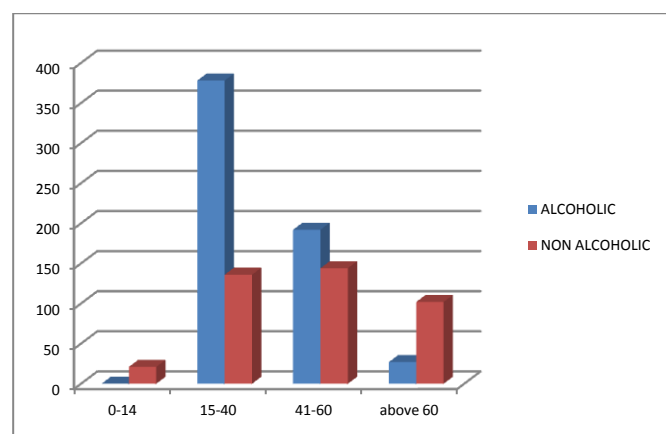
Month 2016-17	No Of RTA Reported	No Of Death In RTA
January 16	196	3
February	214	12
March	214	14
April	185	5
May	221	13
June	172	6
July	147	6
August	204	10
September	188	9
October	196	16
November	163	9
December	201	8
Jan 17	174	8
Total	2475	120

Total No Of Assault Cases Reported In The Tertiary Care Centre During Jan 2016 – Jan 2017

Months 2016-17	No Of Assault Cases Reportd	No Of Death In Assault Cases
January 16	292	0
February	288	0
March	307	0
April	298	1
May	308	0
June	265	1
July	273	1
August	247	0
September	279	0
October	329	1
November	217	0
December	289	1
January 17	284	0
Total	3676	5

Death Rate In RTA: 4.84%

RTA With Simple Injury

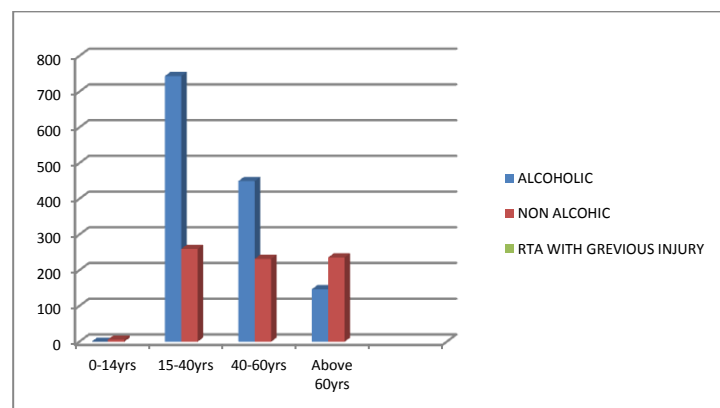


RTA With Simple Injury

Age Group	Alcoholic	Non Alcoholic
0 - 14	0	21
15 - 40	328	186
41 - 60	192	144
Above 60	27	102

RTA With Greivous Injury

Age Group	Alcoholic	Non Alcoholic
0 – 14	0	6
15 -40	544	160
41 - 60	350	132
Above 60	97	186



More than 40% of the Greivously injured RTA victims were under the influence of alcohol.

High Incidence Of RTA is found among the age group of 15-40years. In this, 35.23% were under the influence of alcohol.

Assault With Simple Injury

Age Group	Alcoholic	Non Alcoholic
0 - 14	0	0
15 - 40	492	358
41 - 60	604	302
Above 60	86	110

Assault With Greivous Injury

Age Group	Alcoholic	Non Alcoholic
0 – 14	0	0
15 – 40	442	292
40 – 60	526	262
Above 60	80	122

26.33% of the greivously injured assault victims were under the influence of alcohol.

High Incidence Of Assault is found among the age group of 41-60years. In this, 30.73% were under the influence of alcohol.

DISCUSSION

Alcohol is a known CNS stimulant, but it is also a selective depressant, especially of the higher nervous centres. The commercial available form of alcohol is ETHYL ALCOHOL, which is produced by fermentation of sugars by the yeast organisms. Popular alcoholic beverages available in India include beer, wine, whisky, gin, brandy, rum, vodka etc., Adverse effects may be classified into short term and long term effects.

SHORT TERM EFFECTS

1. Increased reaction time
2. Decreased visual acuity
3. Impaired judgement
4. Creating false self confidence
5. Road traffic accidents / industrial accidents
6. They may commit crime, suicide or murder etc.,
7. Sexual: STD, HIV.

LONG TERM EFFECTS

1. Medical problems (cirrhosis)
2. Financial problems.
3. Family problems (divorce, sexual abuse, physical abuse)
4. Mental health problems (alcohol hallucination, delirium tremens)

Alcohol plays a large role in criminal activities and violence. Excessive drinking has the ability to lower inhibitions, impair a person's judgement and increase the risk of aggressive behaviours. Because of this, alcohol-related violence and crime rates are on the rise throughout the country. Data suggests that engaging in prolonged drinking

or binge drinking significantly increases your risk of committing violent offenses. On average, roughly 40% of inmates who are incarcerated for violent offenses were under the influence of alcohol during the time of their crime.

MEDICOLEGAL ASPECTS OF ALCOHOL:**Road traffic accidents:**

Driving a vehicle under influence of alcohol is an offence punishable under the section 185 Motor vehicle act. The Government recently amended the act according to blood alcohol level in drunk & driven cases. If Blood Alcohol Concentration is 60mg /dl, penalty under the section 185 of Motor vehicle act is 6 months of imprisonment or fine of Rs 2000/-. If BAC - 60 to 150mg/dl, imprisonment for 1 year with fine of Rs 4,000/-. If the offence is repeated within 3 years, imprisonment for 3yrs & fine Rs 8,000/-. If BAC is more than 150mg/dl imprisonment for 2yrs with fine of Rs 5,000/-. If the offence is repeated imprisonment is for 4yrs & fine of Rs 10,000/- besides cancellation of licence.

WILL: An intoxicated person cannot make a will, as per Indian succession act, sec 59.

WITNESS: As per IEA Sec 118, insanity due to alcoholism, the person is not competent to give evidence.

Misconduct in public places by drunken person is punishable under IPC sec 510.

According to the World Health Organization (WHO), road traffic injuries are the sixth leading cause of death in India with a greater share of hospitalization, deaths, disabilities and socio-economic losses in the young and middle-aged population³. Road traffic injuries also place a huge burden on the health sector in terms of hospital & trauma care and rehabilitation.

LIMITATIONS

One of the main drawbacks of establishing this kind of data's, is UNDER-REPORTING of cases all over the country⁶. This data is only from the reported cases in the tertiary care centre, Kanyakumari.

CONCLUSION

Initiatives through public awareness programs, public education, advertisements through media's can be taken up by officials. To be effective, policies on injury prevention and safety must be based on local evidence & research and designed to suit the social, political, and economic circumstances found in the developing countries. As a result, strategies to increase research itself must develop alongside the steps to stimulate policymakers and practitioners to demand and use research evidence. Health professionals and their professional bodies across wide disciplines need to take an initiative for the same with active commitment.

REFERENCE

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