

Suicide: Medical Aspect

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ABSTRACT

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Opinion

Suicide as a social phenomenon is quite convincingly and widely represented all over the world. In some countries, in particular, in modern Russia, its level (more than 20 suicidal cases per 100 thousand people per year) seems even extremely dangerous due to its specific “contribution” to the depopulation observed since its formation (1991), characterized by a high degree of “infectiousness”, and a greater “belonging” to the male sex, and of working age, as well as certain socially significant groups of the population. Suicide constantly reminds of itself with its deaths, and these voluntary “deaths” are known to continue in human society from the moment of its inception. The stable presence of suicidal cases in our life unambiguously testifies to a certain genetic conditionality of the phenomenon of auto-aggression and, as a consequence, insufficient effectiveness of the suicide-preventive measures taken in society. It would seem that there should be no “suicidal” deaths at all. After all, a person is born for life, for its continuation, and not in order to realize his desire to leave it. Life is the most valuable thing that can be obtained from nature. With this understanding of the meaning of life, no one would ever dare to commit suicide. But the understanding of the meaning of life can also be distorted, which often characterizes people with mental disorders.

This article is an attempt to explore the possibilities of medical science and practice in suicide cases and law enforcement investigations. Defining suicide as an individual behavioral act and establishing the fact of suicide. Suicide is a deliberate (deliberate) deprivation of life by a person. This is a purely human phenomenon. The onset of death necessarily corresponds to it. If the actions to kill oneself for some reason did not lead to death, then this case is

regarded as an attempt at suicide. From the presented definition it follows at the time of committing his act of auto-aggression, the suicide has the ability to realize the actual nature of the actions that are life-threatening and the ability to control them. Of course, a suicidal person may well have a variety of mental health problems, including an officially diagnosed mental disorder, but these problems should in no way determine the loss of the above abilities in full. If the ability to understand the nature of the life-threatening actions and exercise leadership over them are completely violated, suicide is excluded.

If not fully (partially), suicide is possible. Unfortunately, it is impossible to determine this fine line - in full / incomplete measure - in practice (the person is dead). Hence, each case of a committed suicide remains, by and large, conjectural, it is possible to establish suicide only with a certain degree of probability. This gives rise to serious legal problems, since the criminal legislation, for example, in Russia, contains a number of rules related to “criminal” suicide: on responsibility for driving to suicide (Article 110), inducement to commit suicide or assistance in committing suicide (110¹), organization of activities aimed at encouraging suicide (110²). If we agree with the above arguments of the author, then how to prove that there was a crime, which in fact did not exist? Today, the practice has developed that all those cases of deprivation of oneself in which there are no signs indicating the participation of other persons in this deprivation are considered suicide. Hence, the statistics of suicide cases in fact are not. Most likely this is the statistics of cases of “pseudo-suicides”. Cases similar to suicide, and due to the influence of a pronounced mental disorder, should be

attributed to acts of auto-aggression of a mentally unhealthy person. Considering the above, the medical possibilities in connection with the alleged act of suicide can be summarized as follows.

- a) Data obtained by a forensic physician when examining a corpse at the place of its discovery (ascertaining the fact of death; the alleged cause of death, the time of its occurrence; the presence of bodily injuries, their relationship with the cause of death; circumstances that contributed to the onset of death, and others).
- b) Data obtained by a forensic physician when examining a corpse in a forensic medical institution, on the basis of a request from a law enforcement officer (cause of death, bodily injuries, their connection with the cause of death, prescription of death, presence of alcohol in the blood, and others).

To establish suicide, all medical data obtained by the above examination and research, although very significant, are insufficient. Suicide is a kind of violent death (a prerogative in terms of establishing lawyers) and in order to establish it, it is necessary to determine intent at the time of the act of auto-aggression. Medical facilities do not allow this. In any "suicidal" case, the competence of medicine and, accordingly, its specific ("suicidal") section - forensic medicine is limited only to the presentation of medical information - based on knowledge from medicine. The "suicidal" topic in medicine, therefore, is related mainly to forensic medicine, to such an object as a corpse. The data obtained in the study of the latter can then be used by law enforcement agencies to decide in favor of suicide.

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