

The Role of the Doctor in Cases of Poisoning

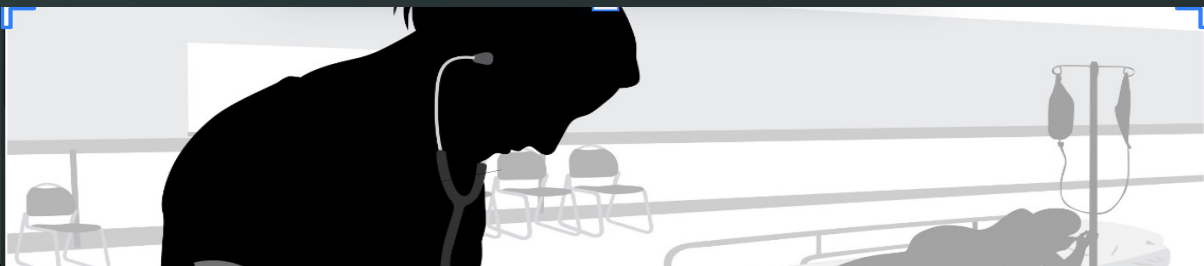
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WHAT IS APOISON?

any substance (solid, liquid, gas) which if assimilated in the living body or brought into contact with any part thereof, will lead to deterioration of health or may eventually lead to death by its constitutional or local effects.

Any agent could be or become a poison when a sufficient dose is reached. E.g. alcohol, water, oxygen , and certain drugs etc.



INTENTIONAL

A person taking or giving a substance with the intention of causing harm

UNINTENTIONAL

If the person taking or giving a substance did not mean to cause harm

UNDERMINED

When the distinction between intentional and unintentional is unclear



DOCTOR'S DUTIES IN SUSPECTED POISONING



CLINICAL

In all cases of poisoning, the doctor must record the preliminary particulars full name with address, age, gender, occupation, date and time, brought by whom, history, etc.

- Many patients are brought to hospital in an unconscious/semiconscious condition & if he/she was conscious and alert, he/she is usually uncooperative and even hostile, since the majority of hospital admissions are cases of attempted suicide.



CLINICAL

Doctor should treat the patient after finding out the nature of the poison so that appropriate and timely treatment is instituted.

➤ If the nature of the poison is unknown, treatment is instituted on general guidelines (removal of poison, supportive care ,use of antidotes, treat general sign symptoms)



LEGAL

In every case of suspected poisoning, the doctor must keep and maintain detailed records of the case.

➤ Doctor must collect and preserve all the evidence such as the vomited matter or stomach wash and samples of urine and feces and suspected food, drink or medicine in separate wide glass bottles or jars with tightly fitting glass stoppers .

LEGAL

- In case of death the doctor must determine the mode, manner, cause of death to arrange and record the dying declaration.
- DYING DECLARATION An oral or written statement by a person on the point of death concerning the cause of his death.
- Recording of dying declaration is necessitated when the patient is serious

In accidental poisoning, if there is any indication of danger to the general public, e.g. food poisoning or contamination of public drinking water, Physician must notify the public health authorities immediately.

A medical practitioner must be very cautious in giving his opinion about poisoning ; doctor should never give a verbal or a written .opinion until be sure about the case

Autopsy



Autopsy means examination of a body after death.

- types of autopsy:
- Pathological autopsy
- Medicolegal autopsy

Pathological Autopsy

Done by the Department of Pathology and request comes from the relatives, who are the consenting part. In these cases, the doctor conducts a partial or complete autopsy of the organ or cavities where the pathology is suspected to find out the cause of death.

Medico-legal Autopsy

Conducted in the Department of forensic medicine. The request comes either from the authorities. The consent of the relatives is not required. The doctor conducts a full and complete postmortem to find out the cause of death and other relevant questions asked by the Investigating Officer.

The forensic autopsy differs from the pathological autopsy in its objectives

The forensic pathologist conducts the autopsy to determine:

- The forensic autopsy involves not only the actual examination of the body at the autopsy table, but consideration of other aspects such as the crime scene.
- The history of the case should be obtained from the investigating police officer or the Sub-divisional magistrate
- Identity the deceased if unknown
- the time of death and/or injury
- Identity the cause, mode & manner of death
- The forensic pathologist should know the circumstances leading up to and surrounding the death prior to the autopsy
- Collect trace evidence

The pathological autopsy also known as “clinical autopsy” is done to:

- Diagnose the disease that has caused the death
- These autopsies, are indicated when foul play is not suspected
- Further advance scientific knowledge of the condition, even if the disease is known prior to death

How to behave at the scene?

- The body should be handled a very little at the scene.
- In all gunshot mortalities and severely burned bodies, X-rays or preferably a CT should be undertaken. This is especially important in gunshot wounds in which the bullet appears to have exited. This is because the bullet may not have exited but rather only a piece of bullet or bone may have exited.
- In cases of violent deaths, paper bags should be secured around the hands so that no trace evidence will be lost. Plastic bags should not be used to cover the hands, as it can collect humidity and ruin the evidence.
- The body should be wrapped in a clean, white sheet or plastic bag
- When fingerprints are to be taken for identification purposes, it should be done only after the examination of the hands

STEPS OF AUTOPSY



Permission for Autopsy

A written request must come from the authorities

Preparation for Autopsy

The Investigating Officer should fill the perform

'Request for Postmortem' and should submit the body in the mortuary.

- Autopsy should be done without delay.
- The I.O. and relatives should identify the body.
- Autopsy is conducted in the mortuary of a governmental hospital.
- The mortuary should have good lightening, equipments, facility of cold storage and proper drainage system along with the manpower.

The Forensic Pathologist should take the history from I.O. and should carefully go through the inquest papers.

- The autopsy is done during the daytime.
- No unauthorized persons should be present in the autopsy room.

The I.O.

may be allowed if required.

- The autopsy is also carried out in a decomposed, mutilated, fragmented and skeletonized bodies as certain important information still may be found after examination.

External examination and internal examination

Start external examination by the following:

- **Gender, race, physique, height, weight and nourishment.**
- **Congenital malformations.**
- **clothing.**
- **The presence of vomitus in the nostrils and mouth.**
- **Any significant scars, tattoos, moles (identification).**
- **If there is any evidence of disease, it should be recorded.**
- **Evidence of injuries.**

Continue external examination:

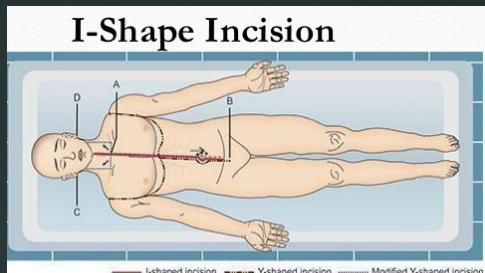
- Note the presence of teeth and or presence of any dental plates.
- Describe the degree and distribution of rigor mortis and postmortem staining.
- The color of the eye, the hair and the appearance of the eyes should be noted.
- Any unusual appearance of the ears, nose, or face , petechial hemorrhages.
- The presence of trace evidence such as powder, soot, grease or car paint etc.
- Evidence of recent medical and/ or surgical intervention should also be recorded.

Internal Examination

1. Incise the body

I-Shape Incision

Extends from the chin straight down to the symphysis pubis passing either on the left or right side of the umbilicus



Y- SHAPE INCISION

Goes from the tips of the shoulder on each side obliquely down, joining at the middle of the chest, or progresses downwards towards the xiphoid process, roughly between the nipples, and the incision is then continued down vertically along the midline of the front of the body, stopping at the pubis.

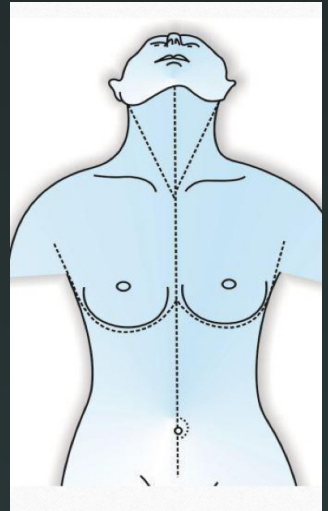
Y- SHAPE INCISION



MODIFIED Y- SHAPE INCISION

From each side behind the Ears, join in the

Suprasternal notch, Extends to symphesis pubis



2. Inspect the Organs

THORACIC : Heart and Lungs

ABDOMEN: Stomach, Intestine, Liver, Spleen,
Pancreas, Gallbladder, Kidney, Bladder, Prostate, or Uterus.

Skull and Brain

3.Examination of the cavities

4.Weighing and measuring of the organs.

5. Checking for any pathology.

6.Putting the organs back in and padding.

7. Suturing.

8. Body is washed with water, dried, covered with clothes and
handed over to police officials

Body cavities should be cleaned and made free of blood, fluids etc.

- Organs are placed back in
- Excess space is packed with cotton/cloth etc.

(Neck/Pelvis).

- Dissection flaps are closed and sutured.
- Skull is filled with cotton and absorbent material ➤ The skull cap is placed back in; and
- The scalp is stitched.