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A Husband Cut His Ailing Wife's Throat in 'Act of Love': First Reported Case in Sri Lanka

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ABSTRACT

Introduction: Infliction of painless death in a patient suffering from severe pain or distress due to incurable terminal illness by another person called as mercy killing or euthanasia. If this happened in a hospital with the consent in a country, where euthanasia is legalized there is nothing to be discussed. Absence of deceased account related to the incident and the so-called history of "mercy killing" opens up much discussion.

Case Report: A 63-year-old married woman was found dead with a cut injury from which bled a lot onto her bed in an early morning with a sharp knife at the scene. History revealed that she had sustained cervical spinal cord injury upon accidental fall around 5 months ago confining her to bed with quadriplegia and much pain. The pain and the hardships that she was facing were too distressing and were unbearable to the husband who loved the wife very much. The husband had planned himself to get suicide after killing his wife with the pure intention of ending of her suffering. As a result, husband slashed her neck with a sharp knife. There after he tried to commit suicide with cut throat and hanging but both methods were failed. At the autopsy, the clothes showed flashed blood on the upper part of the blouse. A deep, horizontally placed, incised neck injury was found on the front and right side of middle third of the neck. Death was opined as due to exsanguinous bleeding resulting from deep cut of the neck produced by a sharp weapon. Upon the medico-legal examination of the alleged husband with superficial cut injuries at the neck and head and a ligature mark, confessed that he killed her wife solely because of the incurable suffering.

Conclusion: The important fact here to be considered is the intention of the alleged assailant i.e. actual case of mercy killing, or a malicious act or he was insane, depressed, etc. It needs psychological assessment of assailant by Forensic Psychiatrist. Among many other facts this case highlights the consideration of the law related to euthanasia in Sri Lanka along with insurance schemes and counseling schemes.

Keywords- Euthanasia, merci killing, cut throat, painless death, law of Sri Lanka

I. INTRODUCTION

Infliction of painless death in a patient suffering from severe pain or distress due to incurable terminal

illness by another person called as mercy killing or euthanasia [01]. Euthanasia by third person is common among western developed countries. It is very rare in countries like Sri Lanka due to cultural, religious and sentimental background. This is the first reported case of so-called mercy killing of wife with cut throat by husband in Sri Lankan Forensic literature and raises the debate for necessity of pro euthanasia campaign within Sri Lanka. Here we report a case of merci killing with cut throat by husband in Forensic literature in contrast to killing with other methods causing less pain such as smothering, suffocation, and strangulation, fire arm injuries to head, intentional poisoning and administration lethal dose of therapeutic drugs.

II. CASE REPORT

A 63-year-old married woman was found dead within her bedroom in an early morning. A sharp weapon had been recovered at the scene. On examination, there was lot of blood pooled near the neck of the deceased.

History revealed that she was married and lived happily with her husband for long time. Unfortunately, she got damage her cervical spinal cord due to accidental trauma and happened to be prolonged bedridden for several months. Her husband suffered mentally lot due to her prolonged incurable illness. Previous day of her death, after long discussion with wife both went to sleep within the same bedroom. Next day, early morning husband brought the knife and flunked her neck with moderate force. There after he first tried to commit suicide by hanging but it was failed due to the interruption of his daughter. Again, he tried to cut his neck with a somewhat blunt manna knife but again failed due to interruption by others.

At the autopsy, the clothe showed flashed blood on upper part of the blouse [Fig-1]. Generalized wasting noted in both upper limbs and lower limbs. A deep, horizontally placed, long incised neck injury was found on the front and right side of middle third of neck. The left end of the injury started at midline of middle third of neck and deepened gradually with severance of the right carotid artery. The right sided end of the injury was at

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lateral border of the mid third of the right side of the neck [Fig-2]. Cut divided all structures of right lateral neck and ended in bony cage of spinal column between c_4 and c_5 posteriorly and spared trachea anteriorly. There were no other injuries including hesitant cuts or defense injuries. All internal organs were pallor. There was no evidence such as frothy blood or air emboli in right ventricle to suggest air embolism. Postmortem X-ray of the chest for the detection of air in the venous system and heart was not done due to technical constraints. Death was opined as due to exsanguinous bleeding

resulting from deep cut of neck produced by sharp heavy weapon. The manner was concluded as homicidal in nature.

Later, the suspect was under gone for the medico legal examination in the ward revealed superficial cut injuries and ligature mark on the neck [Figure 03 & 04]. He was distressed and depressed generally and referred to a forensic psychiatrist for further opinion and management to prevent further suicidal attempts.



Figure 01 and Figure 02: Deep, horizontally placed, long incised neck injury was found on the front and right side of middle third of neck of the deceased



Figure 03 and Figure 04: Revealed superficial cut injuries and ligature mark on the neck of the assailant who was rescued from attempt of suicide

Forensic psychiatrist concluded that intention of the killing was most likely to end the long standing suffering of his ailing wife after the detail psychological assessment of the assailant which was conducted with available circumstantial evidences from police, relatives, neighbours, medical records of deceased and pathological findings of the autopsy.

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III. DISSCUSSION

Cut throats can be homicidal, suicidal or accidental [2]. Homicidal cut throats are a wellrecognized method of killing while suicidal cut throats are less commonly reported and accidental cut throats are rare [3]. But attempt of mercy killing by cut throat injuries is very rarely reported in literatures in contrast to other methods of killing with less pain such as smothering, suffocation, strangulation, intentional poisoning and administration lethal dose of therapeutic drugs.

Position of the cut and depth of the cut injury in this case are compatible with an act of homicide [4]. Absence of defense or other associated injuries can be explained by bed the state of quadriplegia of this victim. Presence of the alleged weapon is contrast to the act of homicide, but the state of quadriplegia gives a direct explanation.

Pooling of large amount of blood at the scene, and severed right sided carotid and jugular vessels were in favour of quick death. The length of time it takes to die following an incised wound of the neck depends on several factors. They include whether the venous or arterial systems are severed and whether there is air embolism [5]. In some instances, victims with single carotid artery cut have moved for about 10 minutes [6].

Usual pattern of hesitant superficial cut, which may be placed parallel to fatal cut, was present in most of the honored and mercy killing by close relatives. [7] This pattern is absent in this case.

The defendant can be charged for murder in future trial in the high court. Before that, intention of killing should be proved to fulfill the Mensrea [8]. Histories of distressing incurable illness of his beloved wifemight have disturbed the balance of mind of the defendant. After killing the wife, he also attempted suicidal destruction of his life twice and it clearly indicated that he was in the state of diseased mind (Depression) which was confirmed by psychiatrist.

Much of legal and ethical aspects are there to be analyzed in this case. Legally the defendant could be considered as it is a clear act of homicide with clear intention to kill. In contrary to that if the person performed this act out of insanity or with a state that can be included into diminished responsibility. Accordingly, the accused may be fully convicted, or even can be acquitted or may be penalized for culpable homicide not amounting to murder.

According to the history, it was clear that he had no malicious intention to kill the wife at the time of infliction. Only he wanted to end her prolonged suffering by anyhow. Then it is open for debate legally, ethically and morally to charge him for murder or otherwise. On the other hand, it is a sin if we are considering religious, cultural and social background of Sri Lanka even they are belonging to different ethnic group [1]. But any way he can be charged for manslaughter [8]. Because all type https://doi.org/10.31033/ijrasb.8.3.6

of euthanasia is illegal within the legislature of Sri Lanka. Countries like Netherlands, Belgium, Swiss, Uruguay and Columbia are having separate legislature to handle the merci killing [1]. Passive euthanasia is accepted at the Supreme Court level in our neighbor country of India. [9]

According to the literature review, recently, a 100-year-old man who killed his ailing wife as a final, despairing "Act of Love" was allowed to return home to his family in Great Britain [10]. Heginbotham, the oldest man in Britain to be charged with murder, killed his wife with cut throat, Ida, 87 after celebrating 67 years joyous marriage life, because he could not bear the prospect of her ending her days in the dementia ward of a nursing home. Since he regarded the killing as "An Act of Love" judge ordered him to complete a 12-month community rehabilitation order. Same similarities are found in this case also. But sentence of verdict might be different in near future. Because so called mercikilling or euthenesia in whatever form is strictly prohibited in Sri Lanka by its legislature.

Interestingly this case would be an avenue for a debate regarding he applicability of the concept of euthanasia. But we can firmly believe that there won't be any change of the existing law in favor of act of mercy killing in Sri Lanka. Because most of the South and middle east Asian countries including Sri Lanka are very sensitive to religious, cultural, social and political values rather than ethical, legal and moral values.

IV. CONCLUSIONS

Opinion regarding manner and intention of killing can be analyzed by Forensic Pathologist by examining the cut injury of diseased in this case. At the same time opinion regarding Mensrea in the so called act of mercy killing should be given by the Forensic psychiatrist by examining the defendant and other circumstantial evidences. There would be a huge lacunar of direct evidence of the victim to know that she was agreed to get killed by her husband or not. Anyhow, if it is a case of mercy killing, it has to be grouped under the categories of voluntary, involuntary or non-voluntary types. This case also highly emphasizes the need of separate legislature in Sri Lanka to manage similar incidents, which mimics as mercy killing. Not only that health insurance programmes and counseling programmes are equally warranted too.

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