

Progressive Rise in Wound Fabrication at Sialkot

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ABSTRACT

Objective: to find out the rising patterns and trend of fabrication injuries in respect of demography, site and nature of injuries.

Study Design: Observational / Descriptive study

Place and Duration of Study: This study was conducted at the Department of Surgery, Allama Iqbal Memorial Teaching Hospital from Jan 2015 to Dec 2017.

Materials and Methods: The reports of its examining officer compared with reports of District Standing Board from 2015 to 2017 along with all relevant records

Results: Total number of cases from 2015 to 2017 are 797, only 304 cases were reexamined by the District Standing Board, The most common weapon used was blunt, head was the most frequently involved site followed by hand, nose, forearm, teeth injury.

Conclusion: There is rising trend of fabricated injuries in society because of enmosity, superiority, implicate falsely for internal motives, medical professionals should declare all cases ethically, morally and honestly.

Key Words: Scarce, Invented, Standing Medical Board, Blunt

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INTRODUCTION

Pakistan is one of the populous country of South Asia with an inherited medico-legal system based on police investigation and authorized medical examination.¹

From initial times the egoist nature of human beings under the influence of power compel them for violence and torture to impose their ideas and in order to get their superiority they cause infliction of fabricated injuries which is becoming a major problem for the forensic experts. These injuries may be fictitious, invented and forged and hence grouped as self inflicted or self suffered. These injuries are produced to connect someone with the crime, torturing for compensation claims. Very scarce literature is available regarding fabricated injuries globally and locally in various districts of this province and this country^{2,3}. No authenticated principles have been laid down to declare such injuries as fabricated as there are lots of wound or cross version for alleged actual injuries on the opposite party.

The infliction of such injuries may produce publicity and their pattern is just like as seen in process of self destruction.

controversies which exist at the time of examination and investigation to implicate the enemy falsely to change the dimensions and manipulate the evidence by distorting, deforming, reshaping the exact nature of the. These fabrication injuries are now becoming one of the political abuses of medicine and thereby destroying all ethical, religious norms, human rights violations and torturing the innocents^{4,5}. All of this ultimately puts the medical professionals, legal experts and victims of such incidences in the embracing position which is very much disturbing, upsetting the cognition process of all three people.

Sialkot is the district of more than four million population with urban and rural population connected to border areas where a large number of incidences of fabricated injuries occur. The objective of the study was to find out the current rising trends and pattern of wound fabrication in particularly the demographic aspects, most involved body area, most commonly used weapons and alleged fabrication at first MLR or re-examination.

MATERIALS AND METHODS

This observational study has been conducted at Allama Iqbal Memorial Teaching Hospital, Sialkot and the study period extends from January 2015 to December 2017. All the data was collected from the challenged medico-legal cases from whole of the district Sialkot comprising four Tehsils i.e. Pasrur, Sambiryal, Daska and Kotli Loharan. District standing medical board (DSMB) consist of medical superintendent, district health officer, surgeon, district medico-legal officer as a second tier of examination after first medico-legal

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examination conducted by medico-legal officer in all DHQ's, THQ's and RHC's. This study reviewed all the medical record of the injuries mentioned in the first medico-legal report either been challenged by the accused or by the injured, FIR of the cases, police inquest reports, available circumstantial evidence like clothes worn at the time of injuries signed or not signed by the first examining officer, shoes etc, radiological evidence like X-rays, CT scan, MRI, Punjab Forensic Science Agency reports and the presence of first medico-legal officer along with original record, investigating officer with all required documents to probe the actual facts. All cases included even demography of all those cases which were not examined by DSMB, All cases with incomplete record and cases not examined by the DSMB regarding fabrication injuries were excluded from study.

RESULTS

Total number of medico-legal cases in calendar year January 2015-2017 was 797. Out of these every year number of cases which were challenged before the DSMB on the instructions of area magistrate were 193 (in 2015), 287 (in 2016) and 317 (in 2017). Out of which 137 cases in 2015, 173 cases in 2016 and 183 cases in 2017 re-examination was not done either because of the non-appearance of injured or absence of police/police record or because of the non compliance of the investigations advised by DSMB. The cases which were re-examined by the DSMB were 56 in 2015, 114 in 2016 and 134 in 2017. Whole data was processed and analyzed in SPSS-20. Demographic analysis showed the occurrence of more medico-legal cases in the month of June & July i.e. 35 in 2015, 63 in 2016, 69 in 2017 and lesser number of cases were reported in November & December i.e. 10 in 2015, 14 in 2016 and 11 in 2017. (Table 1)

Table No.1: Time of infliction of injuries

Year	Time		p-value
	AM	PM	
2015	11	45	0.003*
2016	37	77	
2017	20	114	
TOTAL	68	236	

Table No.2: Kind of weapon used

Kind of weapon	2015	2016	2017	p-value
Blunt	42	80	79	0.0012*
Sharp	5	13	8	
Blunt & Sharp	5	9	11	
Firearm	4	6	8	
Not mentioned	-	6	28	
Total	56	114	134	

Most of the cases came in evening/night 236/304 (77.6%) and 68/304 (22.3%) came in morning. Most

common age group involved was between 21-30 (20/34 in 2015, 34/114 in 2016, 43/134 in 2017) and 31-40 (20/56 in 2015, 34/114 in 2016, 43/134 in 2017) respectively. Area of involvement was in order from head, left hand, right hand, nose, and forearm to teeth. (Table 2)

The most common weapon used was blunt (66%), sharp (8.5%), blunt & sharp (8.2%), firearm (5.9%) and in 34/304 (11%) weapon was not mentioned. Most common site was head (31%) in the form of bone exposed injuries then left hand (13%) in the form of injuries to little finger, index finger, 5th metacarpal while right hand (11%) showed fracture of middle finger, index finger and thumb followed by nasal bone fractures (9%), forearm injuries in the form of fracture of ulna (8%) mostly of left side as compared to right side, teeth injuries (5%) were seen in the form of incisors and canines followed by injuries on other parts of the body like legs, thigh, back and abdomen in the form of lacerations, incised wounds, abrasions and contusions. Only 31/304 (10.1%) injuries were declared by first medicolegal officer as fabrication, while 132/304 (43.3%) were declared as non fabrication, 35/304 (11.5%) referred on circumstantial evidence and in 103/304 (33.8%) nothing has been mentioned by first examining officer. (Table 3)

Table No.3: Fabrication injuries

Year	Total No of Cases	Fabrication		p-value
		1st MLO	By DSMB	
2015	56	11	42	0.026*
2016	114	12	89	
2017	134	8	112	
Total	304	31	243	

All cases have been presented before the DSMB where fabrication was proved in 243/304 (79.9%) while in very few cases 33/304 (10.1%) fabrication was not proved and traumatic nature came up in 28/304 (9.2%) cases.

Table No.4: Non Fabrication/Circumstantial evidence

Non Fabrication		p-value	Circumstantial Evidence		p-value	Not Mentioned
1st MLO	DS MB		1st MLO	DS MB		1st MLO
25	8	0.117	6	6	0.894	14
33	13		15	12		54
74	12		14	10		38
132	33		35	28		106

The percentage of agreement with the first examining officer regarding presence of fabrication was 31/273 (11.3%) while in 235/273 (86%) were declared as fabricated, included non fabrication injuries and non mentioned cases while no difference found in cases of traumatic injuries in the opinion of first MO 35/304 (11.5%) and DSMB 28/304 (9.2%) where court

of law was requested to decide the matter on the basis of circumstantial evidence. (Table 4)

DISCUSSION

Since the first examining officers are not the experts in the forensic medicine while preparing MLR's. So majority of the cases are embedded with discrepancies all over the world. These alleged injuries are involved in triple crime of harming self or implicate others in false charges against innocent or alleged accused or to enhance the gravity of the crime. And since doctor is not a witness of crime so these matters of self suffered are usually discussed before the experts of standing medical board in order to define the particular nature of injuries as fabricated. There are various forms of such injuries ranging from wounds, fractures and mostly involving the accessible parts of the body like head, face, nose and forearm. These fabricated injuries are not just practiced in Pakistan but also globally.²

Most authors have commented that the fabricated injuries are superficial in nature but these findings are not consistent with our study as both superficial and deep parts of the body have been involved in our study. The predominance of male involvement in fabricated injuries as compared to female is consistent with the results of other studies at national level⁶. As the males work in the society and may disrupt and develop conflicts which may lead to injuries as study conducted in Jinnah hospital, Lahore showed 85.44 % male as compared to 14.6 % female. Male predominance was also expected and a ratio 5.2:1 as predicted by various studies⁷ which is also in line with worldwide trends. Male predominance was also reported by Haridas et al., Garg et al., Malik et al and Husani et al.^{8,9,10,11}

The incidence of males were 5 times more in female, these were also consistent with other studies carried out in this country and in neighboring countries. Our study is also consistent with the study carried out by Bhullar et al., where males 84.6% were 21-24 (57.7%) of age and upper limbs was involved in 80 % of cases.

The most common age group involved was between 31-40 year followed by 21-30 year because of the reasons mentioned in other studies as they are economically productive and busy in outdoor activities. Our results are consistent with the studies carried out globally^{12,13} and in studies carried out locally^{14,15}, maximum number cases were reported in younger age group¹⁶ (21-40yrs) disturbing individually or to whole family physically and mentally for disability, followed by middle aged group and very less incidences were found above 60 year of age in particularly make us its traditional and religious factor of favoring and respecting old ones(7.2%).

The most commonly affected sites for fabricated injuries were head and face as most involved exposed area in interpersonal violence¹⁷, upper limbs and lower

limbs followed by other areas of the body and this is consistent with many studies but not consistent with the some studies where upper limb (47%), head (17%) and mixed type (14%) were found.

The fabricated injuries are most commonly incised wounds and sometimes contusions while lacerations are rarely self inflicted injuries as predicted by study carried out in Mumbai, India¹⁸ 2016 while in our study commonly used weapons were hands and blunt followed by sharp edged weapons which is consistent with the study of Haridas et al.

In our study the most common weapon used was blunt as compared to the study which was carried out in India^{19,20} where most common were the sharp weapon injuries. The findings of our study are also consistent with a study conducted at Jinnah hospital, Lahore and 72.5 % of blunt weapons presented in the medico-legal cases in a study carried out at DHQ Hospital Abbottabad²¹.

Gorea et al., studied 757 cases of medico-legal injuries and out of which 62 cases were fabricated injuries in the form of cut fractures^{22,23,24}, majority of the fractures were on upper limbs as compared to lower limbs. Areas of body prone to fracture were more on the bones of left hand as compared to the bones of the right hand followed by the fracture of ulna (5%) mostly of left forearm as compared to right ulna fractures. Our study results are not consistent with the study carried out in neighbor countries where tibia(41%), olecranon process of ulna/elbow(17%) outer table of parietal and frontal bone(2%) proximal phalanx of thumb(1%), nasal bone at bridge of nose(1%) were involved, no data available locally for comparison.

Maximum number of cases was reported in the evening and early night hours 236/304 as compared to early morning/ day time 68/304 The results of our study are consistent with the other studies carried out in Indian Punjab.

Higher incidents were found in month of June & July (167/304, 54.9%) due to increase in crop harvesting in this season. Our study is consistent with the studies in other centers where rural population was involved 1.6 times more in fabricated injuries as compared to urban areas as described in other studies where rural (61.5%) and urban(38.5%).

Our study showed more fabricated injuries not primarily declared by first examining officer while only 10.5% non fabricated injuries found to be correct. This study is more informative as compared to the study done in Larkana division where 60 % cases were found to be correct and 20 % cases were found to be incorrect by DSMB. Our study is consistent with the study of Zubair Hussain et al., carried out in Rawalpindi²⁵.

Geographic area of distribution of fabricated cases were variable among all tehsils in order of majority Skt, Pasrur, Daska, Sambrial. Lack of education, jealousy, enmity and family rivalry were the major motivational

forces to counterfeit the fabricated cases against others. Our study is also consistent with studies done at Rahim Yar Khan and Larkana.

CONCLUSION

There is a rising trend of fabricated, forged, invented injuries in the society because of enmity, superiority and to implicate others falsely for internal motives. Medical professionals should declare the medico-legal cases honestly on ethically, morally and technically on sound grounds in order to meet the ends of the justice not being influenced by any pressure. Lapses and deficiencies found by DSMB should be conveyed to the first examining officers in order to project the positive image of medical jurisprudence.

Author's Contribution:

Concept & Design of Study: Sajid Hussain
 Drafting: Sajid Hussain
 Data Analysis: Sajid Hussain
 Revisiting Critically: Sajid Hussain
 Final Approval of version: Sajid Hussain

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