

Medical and social implications of suicide in youth. Holistic study of cases in Bihor county 2007 - 2009

Gabriel Mihalache^{1*}, Camelia Buhaş², Daniela Rahotă²

Abstract: Some authors say that, suicide is always the final result of a very long chain of motives and causes. That is why it differs from epoch to epoch, from one society to another and from one individual to another. With children and young people things are also different. Suicide attempts are very rare under the age of 10, more frequent between 10 and 15, and it reaches the highest point between the ages of 15 and 18. Suicide under the age of 10 is frequently noticed with schizophrenics or people with schizophrenic reactions, but other times it is an impulsive or short circuit act or the result of a long mental preparation (playing with the idea). At the older child and the teenager, the psychic factors are the most important ones (for example: strong psycho-traumatizing situations, absence of affective support, elements of vengeance, etc). In this paper we will broadly analyze these factors and also the way in which forensic medicine contributes to the stopping of this phenomenon among young people.

Keywords: suicide, young people, causes, forensic medicine contributes.

It is thought that suicide is the final result of a long chain of reasons and causes. That's why; suicide differs according to the century, society and individual.

In children and teenagers these arguments are different. So, suicide attempts are very rare at the age less than 10, because children do not have the feeling of death, their knowledge and conceptions about the death phenomena are partial and confuse. Specialty studies found suicide cases at age of 3 to 4, cases considered to be involuntary and irrational or realized by imitation or identification act of emotional close person, who died or caused suicide. Only at age of nine, the child realizes the fact of death, until then the suicide is not irrelevant, it just has the element of accidental as determinant concept. Suicide earlier than ten years old is found in schizophrenics (or in those with schizoforme reaction), or less found in an impulsive act or sometimes is a result of a long mental exposure.

In teenagers things are more different, suicide is more frequent (at 15 to 18 years old is 6-7 times more often than in childhood age), determining factors are those of psychogenic type (e.g.: strong psycho traumatic events, no affective feelings, revenge elements and so on). It is believed that real cause of teenage suicide it is their real condition of teenagers, age characterized by wish of death and of the search of itself.

The present work represents a statistic study over suicide at the childhood and teenage ages in Bihor County during 2007-2009.

Material and method

There were analyzed 65 reports of the medico-legal examination performed at Medico-Legal

1) MD, PhD - Assoc. Professor, Faculty of Medicine and Pharmacy, University of Oradea, Calea Clujului, nr.50, Oradea, Bihor

2) MD, PhD - Lecturer, Faculty of Medicine and Pharmacy, University of Oradea

Service of Bihor County – Oradea during 2007 - 2009 as a result of the autopsies of children and teenagers who done suicide through different ways during this time period. For the studied cases we considered next parameters:

1. Number of suicide cases registered during 2007 – 2009 at Medico-Legal Service Oradea, in persons younger than 18;
2. Case repartition according to the mechanism of the suicide;
3. Case repartition of suicide according to the age group;
4. Case repartition according to the sex group;
5. Case repartition according to the place of origin.

Results and discussions

1. According to the necropsy reports done in the Medico-Legal Service of Bihor County – Oradea, during the 3 years of study were found a considerable decrease of the suicide number in children and teenagers, the minimum being reached in the 2009 year.

Total number of the 64 suicide cases in children and teenagers it is considered to be really high, explained by psychic instability characteristic to the teenage age, jealousy, love deceptions and social problems.

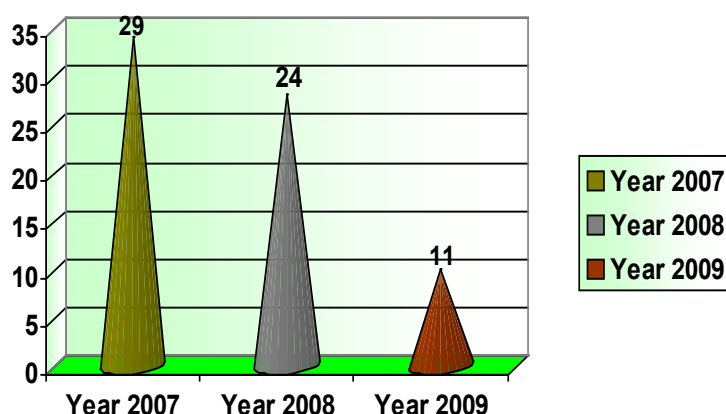


Figure 1. Number of suicide cases in children before age of 18

2. The most frequent method used in suicide it was hanging, about 54%. This was found mostly in the male sex. Another registered mechanism was intoxication with medicines or a toxic substance, found mostly in the female sex.

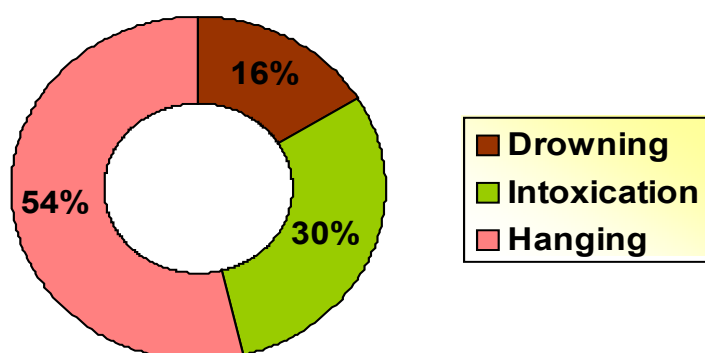


Figure 2. Suicide case repartition according to the mechanism of suicide

3. Most frequent suicide cases were found in the age group of 13 – 18 and then in the one of 7 – 12, having as favoring factors interfamilial arguments/fights, failure in love or jealousy, based on alcohol consumption or psychic instability.

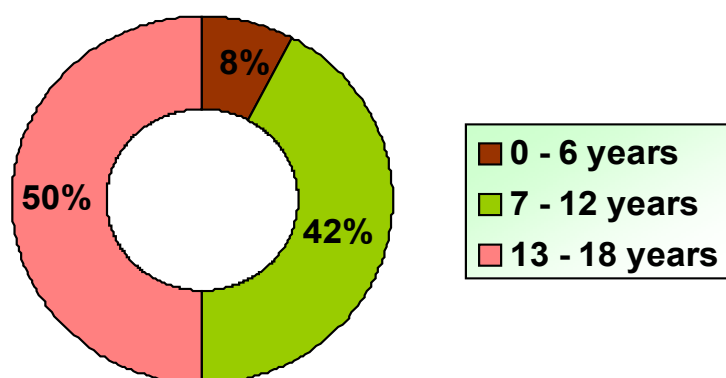


Figure 3. Case repartition according to the age group

4. We found out that the highest frequency of suicide cases is in male sex, produced by drowning or hanging and less by medicines or toxic substances intoxication, which is found to be more frequent in female sex.

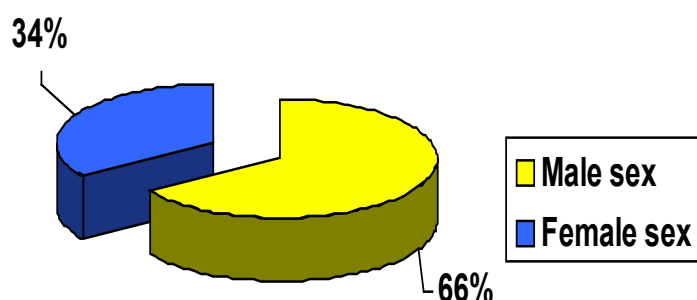


Figure 4. Sex ratio in suicides

5. Most frequent suicide cases were found in the rural area, due to decreased level of culture and information.

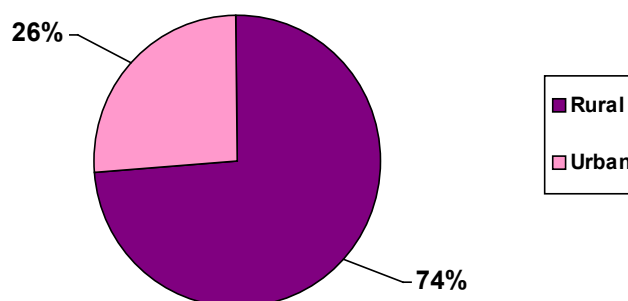


Figure 5. Suicide case repartition according to the place of origin

Conclusions

1. Suicide in children and teenagers is a frequent phenomenon in the past years (according to the 64 case study in the Bihor County during the past 3 years), this could be explained by social and educational media, psychic instability so characteristic to the teenagers, jealousy, love deceptions and negative school results.
2. Frequently used method of suicide, used by children and teenagers, was found to be hanging (found more in males, which case number is higher) as well as medicine ingestion or toxic substances (found more in females).
3. The most involved age group is 13 – 18 years, favoring factors being love failure, jealousy, psychic instability, alcohol consumption.
4. Place of origin of the victims was particularly high for those from rural media being as high as 74%, due to low access to the education and information.
5. Psychic stress acts together with physical pain, being a triggering factor in suicide, found in minors as well as in teenagers, being their critical period of development which brings an emotional instability so specific for suicide.

6. Medico-Legal Examination has an important role in order to prevent these suicide acts in the children and teenagers by taking special care measures (hospitalization, informing investigation organs). During the Medico-Legal Examination performed in the preventive way, an important role plays psychiatric medico-legal examination.
7. There is presently a large treatment by mass media of the suicide cases, having a negative impact on the persons predisposed to suicide.

References

1. Astărăstoae V. și colab. – Ghid practic de Medicină Legală pentru juriști, Ed. Contact internațional, Iași 1993.
2. Beliș V. L. - Tratat de Medicină Legală, Ed. Medicală, București 1995.
3. Beliș V. L. - Îndreptar de practică medico-legală, Ed. Medicală, București 1990.
4. Cocora L. – Curs de Medicină Legală, Ed. Mira Design, Sibiu 2003.
5. Cocora L. – Medicină Legală – Ghid practic, Ed. Alma Mater, Sibiu 2003.
6. Dermengiu D. – Medicină Legală – note de curs, Ed. Tehnoplast, București, 2001
7. Dermengiu D. – Patologie medico-legală, Ed. Viața medicală românească, București 2002.
8. Florian Șt., Mihalache G. – Medicina legală - curs, Ed. Treira, Oradea 1999.
9. Mihalache G., Buhaș C. – „Compendiu de medicină legală pentru medici generaliști și stomatologi” – Editura Univ. Oradea, 2007