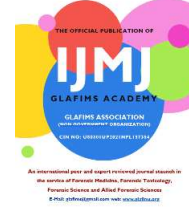


Imran Sabri [2024]. International Journal of Medical Justice, IJMJ,
Volume 2, Issue 2: July-December 2024 [E-ISSN: 2583-7958]
International ISSN [CIEPS]: 3006-208X[Print] 3006-2098[Online]
Content list Available at ijmj.net



International Journal of Medical Justice



Journal Homepage: <https://www.ijmj.net>

Case Report:

Living man after post-mortem examination: An interesting case discussion

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Article History:

Date of Submission: Saturday November 23, 2024.

Date of Start of Review Process: Saturday November 23, 2024.

Date of Receipt of Reviewers Report: Monday November 25, 2024

Date of Revision: Thursday November 28, 2024.

Date of Acceptance: Thursday November 28, 2024

Date of Publication: Tuesday December 10, 2024.

Digital Object Identifier [DOI]: 10.5281/zenodo.14254128

Available Online: Tuesday December 24, 2024

Website Archive: <https://www.ijmj.net/archive/2024/2/IJMJ-2024-226.pdf>

Citation: 1. Imran S. Case Report: Living man after post-mortem examination: An interesting case discussion. International Journal of Medical Justice. 2024Dec10;2(2):75-82

Indexing:  OpenAIRE,  INTERNATIONAL Scientific Indexing,  LetPub,  INDEX COPERNICUS INTERNATIONAL, 

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IJMJ-V2-N2-2024-P- 75

Abstract: A post-mortem examination, also known as an autopsy, is the examination of a body after death. The aim of a post-mortem is to determine the cause of death [1]. One of the fundamental documentation prerequisites for the execution of a post-mortem examination is the formal issuance of a death certificate pertaining to the deceased individual. Throughout this procedure, the possibility of human error may arise because of negligence exhibited by the attending physicians. Such errors may have also propagated to other personnel involved in the process. In this case report, we present an atypical instance of error that can be unequivocally categorized as a "Medicolegal Error." A 25-year-old male was declared deceased by the hospital, and subsequently, a post-mortem examination was performed. Remarkably, the individual was found to be alive following this intervention. It is deduced that this incident represents a definitive case of Medical Error. In this manuscript, we endeavor to identify the various levels and underlying factors that contributed to this occurrence. Furthermore, we assert that a collective responsibility involving multiple stakeholders is apparent in this context.

Finally, we proffer several recommendations aimed at developing future strategies to mitigate or curtail such occurrences of "Medico-legal Errors."

Key words: Medical Error, Autopsy, Death

The Media report Case in

Discussion: Friday, November 22, 2024: A 25-year-old male individual, Mohit Kuber [Name Changed], who had been pronounced deceased by medical professionals at the government-operated Jugnu district hospital [Name Changed], exhibited signs of vitality just prior to his scheduled cremation. His family promptly transported him to the medical facility, where he ultimately succumbed at 5 am on Friday. This occurrence has engendered skepticism regarding the diagnostic accuracy at Jugnu hospital.

Preliminary inquiries indicate that medical personnel declared him deceased and, without conducting an autopsy, proceeded to generate the death certificate. The autopsy report delineates that "the cause of death is attributed to respiratory failure secondary to pulmonary conditions such as COPD (chronic obstructive pulmonary disease) and TB (tuberculosis), as per historical treatment records." The time of death is documented

as 1:50 pm in the autopsy report. Reports have emerged suggesting that the autopsy was inadequately conducted, with procedural protocols not adhered to, leading to the issuance of the report. The physicians responsible for the autopsy have been suspended due to allegations of negligence.

The situation gained public attention when an individual, who had been erroneously declared deceased and subsequently underwent an autopsy, exhibited signs of revival on the cremation pyre four hours thereafter. At approximately 5 pm, he was urgently transported back to the medical facility, where he was placed in the ICU; however, his condition did not ameliorate. He was subsequently referred to another hospital, where he was pronounced dead upon arrival in the early hours of Friday, November 22.

According to the preliminary investigation conducted by the district administration, Mohit had been residing in a care facility for individuals with mental disabilities since September 2024. He was 25 years of age. He was admitted to the hospital at 1:30 pm, where medical personnel administered CPR, and upon observing a flatline on the ECG, he was

declared deceased by the attending physicians.

Following the autopsy, his remains were released for the funeral proceedings. He was transported to the crematorium, where he manifested signs of life and was subsequently hurried back to the hospital during the evening of Thursday, November 21, 2024.

Forensic Eyes Summary:

Scene 1: A 25-year-old male diagnosed with mental incapacitation was admitted to the medical facility, where he was pronounced deceased subsequent to the unsuccessful administration of cardiopulmonary resuscitation and the documentation of a flat electrocardiogram.

Subsequently, the cadaver was conveyed to the hospital's mortuary for the purpose of conducting a post-mortem examination.

Scene 2: The post-mortem examination was performed, revealing that the etiology of death was attributed to respiratory failure consequent to pulmonary pathologies such as chronic obstructive pulmonary disease (COPD) and tuberculosis (TB), as indicated in the prior medical documentation. A death certificate has been duly issued, and the remains have been returned to the bereaved family of the decedent.

Scene 3: Prior to the cremation, the relatives of the decedent observed signs of movement and, consequently, he was promptly transported back to the medical facility where he was subsequently admitted to the Intensive Care Unit (ICU). Nevertheless, his medical condition did not exhibit any signs of improvement. He was later referred to an alternative hospital, where he was officially pronounced deceased during the early hours of Friday, November 22.

Case Discussion: Scene 1: It is evident that the patient was erroneously declared deceased during the initial assessment [first interaction with the patient]. The basis for this diagnosis lies in the observation of a flat ECG. Although cardiopulmonary resuscitation was administered, it yielded no beneficial results. At this juncture, it is the attending physician who issued the death certificate, which subsequently served as a requisite document for the post-mortem request at the mortuary. This contention presents a challenge to the attending physician who determined the death.

Conversely, the defense for the attending physician asserts that he failed to make an accurate diagnosis due to the

unrecordable vital signs and subsequent misinterpretation. The flat ECG may be attributed to either mechanical malfunction or human error. It is unequivocal that the involvement of attending physicians in the mishandling of this case cannot be overlooked.

Scene 2: In accordance with standard protocol, the body designated for post-mortem examination must be accompanied by a formal death certificate, which serves as written documentary evidence of the individual's death. The physicians conducting the post-mortem are not obligated to ascertain the living status of the body presented for examination, as it is legally regarded as deceased based on available evidence.

Once the post-mortem is undertaken, it is virtually impossible for the body to be alive following this procedure, given that the body is incised and the viscera, including the heart, are subjected to examination during this process.

Scene 3: The fact that the patient remained alive during both encounters clearly indicates that a medicolegal error has transpired at least in two instances. Firstly, at the medical facility where he was inaccurately diagnosed as deceased. Secondly, at the

mortuary, where a physical examination was not conducted.

Several inquiries warrant consideration.

1. Is an autopsy obligatory in cases where the attending physicians are confident regarding a natural cause of death?
2. Is it the onus of the post-mortem physician to inspect all bodies presented for post-mortem analysis?
3. Is it conceivable that the patient was presumed dead at scene 1 due to a flat ECG, only to later exhibit cardiac activity, potentially as a delayed consequence of CPR?
4. Is it legal or ethical to perform a post-mortem examination on a living individual, given that in this instance the individual was alive despite possessing a death certificate?
5. Does the immediate action against the post-mortem physician represent an endeavor to obscure the accountability of the attending physician who issued the death certificate for a living individual?

Media Trial: The case in question garnered extensive and widespread attention from various media outlets, as it was characterized as a sensational incident that seemed to be meticulously curated for the

purpose of capturing public interest and enhancing its popularity among a broad audience. Simultaneously, the identities of the stakeholders involved in this particular case were disclosed and brought to light, despite the absence of any formal judicial order or mandate that would typically govern such revelations in a legal context. This premature exposure not only raised ethical concerns regarding the right to privacy but also fueled public speculation and debate, potentially influencing perceptions of guilt or innocence before the legal proceedings could unfold. This phenomenon of media sensationalism not only undermines the integrity of judicial proceedings but also raises critical questions about the responsibility of journalists in their pursuit of captivating stories. As non-traditional media platforms proliferate, the lines between reporting and commentary blur, leading to a landscape where speculation often masquerades as fact. This shift challenges traditional notions of journalistic ethics, particularly when considering the potential for misinformation to shape public opinion before a trial even begins [4]. Moreover, the eagerness to broadcast every

detail can create a narrative that favors one side over another, further complicating the quest for impartiality within the legal system. Ultimately, this calls for a reevaluation of existing frameworks governing media coverage, ensuring they align with both the rights of individuals involved and the foundational principles of fair trial standards. As the media landscape continues to evolve, it becomes imperative for journalists and news organizations to adopt more stringent guidelines that prioritize accuracy and responsible reporting to uphold the integrity of the justice system.

The media trial results in irreversible harm to the professional integrity of the three physicians who have been suspended. The repercussions significantly exceed the appropriate disciplinary measures corresponding to the actual instances of negligence observed.

Opposing View: Media Attention and Ethics

While the media's extensive coverage of the case may appear to be sensational, it is essential to recognize the role of the press in informing the public about significant legal matters. Media outlets serve as

a check on the judicial system, ensuring transparency and accountability. The attention given to the case can be viewed as a necessary public service, as it raises awareness of issues that may affect society at large. Furthermore, the disclosure of the identities of stakeholders, even without a formal judicial order, can be justified in the interest of public knowledge and discourse. In a democratic country like India, the public has a right to know about cases that may influence their lives, and the media acts as a conduit for this information. Thus, rather than seeing the media's actions as an infringement, one could argue that they are fulfilling their duty to keep the public informed and engaged in important legal proceedings.

Conclusion: It can be conclusively stated that the occurrence of a patient remaining alive after post-mortem examination unequivocally constitutes medicolegal negligence as per the principle of *Res Ipsa Loquitur*. Nonetheless, the doctrine of shared responsibility is equally pertinent in this context, indicating that the culpability does not rest solely with the post-mortem physicians. A collective responsibility involving multiple stakeholders

is evident in this situation. Additionally, our findings indicate that the cause of death, as delineated in the report, is attributable to respiratory failure resulting from chronic obstructive pulmonary disease (COPD) and tuberculosis, characterizing it as a natural death rather than one of suspicious nature. In this instance, the attending physician does not perceive any indication of foul play; thus, a post-mortem examination is deemed unnecessary, particularly given its socially and culturally traumatic implications. In reference to the complex and multifaceted issue surrounding the media trial, the author expresses a nuanced perspective that does not inherently oppose the concept of a media trial; however, it is imperative that there exist a set of standardized protocols that are rigorously implemented and followed prior to the public disclosure of the identities of both the victim and the accused individuals involved in such cases.

Recommendations

1. The establishment of formalized training programs for attending physicians within the forensic medicine department, with a particular emphasis on the diagnosis of death and the

management of emergency medical situations.

2. Medical practitioners employed in relevant emergency departments should be empowered to determine the necessity of a post-mortem examination based on the clinical history of the patient and the surrounding contextual factors.
3. The development of a systematic approach for the immediate preliminary examination of all bodies presented for post-mortem evaluation within the hospital mortuary.
4. Enhancing the awareness of death diagnosis among law enforcement personnel and family members.
5. Augmenting the facilities and equipment within hospitals and their associated mortuaries to improve overall standards of care.
6. Mass Media should observe its ethical responsibilities in such kind of cases.

Conflicts of interest: The author has no conflict of interest

Funding Statement: The author self-funded the case report.

Ethical Approval: Not Applicable

Acknowledgment: We acknowledge Times of India and India Today for the news coverage

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