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Review Article

# FORENSIC MEDICINE AND INDIAN CRIMINAL LAWS: A STUDY OF RELEVANCY WITH LEGAL PROVISIONS

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**ABSTRACT**

Forensic medicine is one of the largest and most important areas of forensic science and also called legal medicine or medical jurisprudence, it applies medical knowledge to criminal and civil law. Areas of medicine that are commonly involved in forensic medicine are anatomy, pathology, and psychiatry. Medical jurisprudence or forensic medicine is the application of medical science to legal problems. It is typically involved in cases concerning blood relationship, mental illness, injury, or death resulting from violence. An autopsy is often used to determine the cause of death, particularly in cases where foul play is suspected. Post-mortem examination can determine not only the immediate agent of death but may also yield important contextual information, such as how long the person has been dead, which can help trace the killing. In medico-legal cases, treatment gets priority. Thereafter, the procedural criminal law will operate to avoid negligent death. A doctor, who is aware of the commission of crimes such as murder, dacoity, waging war against the lawful government, and helping the escape of prisoners, is legally bound to report them to the nearest magistrate or police officer. The doctor having or reason to believe that an offence has been committed by a patient whom he is treating intentionally omits to inform the police shall be punished. However, if he treats a person who has attempted to commit suicide, he is not bound to report.

**Keywords:** Forensic medicine, Police inquest, Medical negligence, Indian Penal Code, Code of Criminal Procedure, Medicine and Law.

## INTRODUCTION

Forensic or legal medicine (forensic=forums of or used in Courts of Law) deals with the application of medical and paramedical knowledge to aid in the administration of justice. It is used by the legal authorities for the solution of legal problems. Some examples are: Applying the medical knowledge in deciding cases of injuries, murder, suicide, accidents, sexual offences, poisoning, etc. In short, it deals with medical aspects of the law. Medical jurisprudence or legal medicine is the branch of science and medicine involving the study and application of scientific and medical knowledge to legal problems, such as inquests, and in the field of law [1]. As modern medicine is a legal creation, regulated by the state, and medico-legal cases involving death, rape, paternity, etc., require a medical practitioner to produce evidence and appear as an expert witness, these two fields have traditionally been interdependent. So, we get that forensic medicine is that science which teaches the application of every branch of medical knowledge to the purposes of the law; hence, its limits are, on the one hand, the requirements of the law, and on the other, the whole range of medicine. Anatomy, physiology, medicine, surgery, chemistry, physics, and botany lend their aid as necessity arises; and in some cases, all these branches of science are required to enable a Court of law to arrive at a proper conclusion on a contested question affecting life or property.

The primary tool of forensic medicine has always been the autopsy. Frequently used for identification of the dead, autopsies may also be conducted to determine the cause of death. In cases of death caused by a weapon, for example, the forensic pathologist – by examining the wound – can often provide detailed information about the type of weapon used as well as important contextual information. (In death by gunshot, for example, he can determine with reasonable accuracy the range and angle of fire). Forensic medicine is a major factor in the identification of victims of disaster such as landslide or plane crash. In cause-of-death determinations, forensic pathologists can also significantly affect the outcome of trials dealing with insurance and inheritance. Medical jurisprudence or forensic medicine is the application of medical science to legal problems. It is typically involved in cases concerning blood relationship, mental illness, injury, or death resulting from violence. Forensic medicine has also become increasingly important in cases involving rape. Modern techniques use such specimens as semen, blood, and hair samples of the criminal found in the victim's bodies, which can be compared to the defendant's genetic makeup through a technique known as DNA fingerprinting; this technique may also be used to identify the body of a victim. The establishment of serious mental illness by a licensed psychologist can be used in demonstrating incompetency to stand trial, a technique which may be used in the insanity defense, albeit infrequently. The synonym of forensic medicine is a forensic pathology. In brief, we can understand that medical jurisprudence or legal medicine is the branch of science and medicine involving the study and application of scientific and medical knowledge to legal problems, such as inquests, and in the field of law [1]. As modern medicine is a legal creation, regulated by the state, and medico-legal cases involving death, rape, paternity, etc., require a medical practitioner to produce evidence and appear as an expert witness, these two fields have traditionally been interdependent [2]. Forensic medicine, which includes forensic pathology, is a narrower field that involves collection and analysis of medical evidence (samples) to produce objective information for use in the legal system [3].

## HISTORY

Medicine and law have been related from the earliest times and the bonds which united them were religion, superstition, and magic. The Charaka Samhita (about seventh century B.C.) lays down on elaborate code regarding training, duties, privileges, and social status of physicians. It gives a detailed description of various poisons and their treatment. In the fourth century, B.C., Manu (King and law – giver) in his treatise, Manusmriti, laid down various laws including punishment for various sexual and other offences and recognized mental incapacity due to intoxication, illness, and age. Between the fourth and third century B.C. Arthashastra of Kautilya defined penal laws and regulated medical practice. Physicians were punished for negligence. Medical knowledge was utilized for the purpose of law. It mentions about the examination of dead bodies in unnatural deaths. Abortion, sexual offences, kidnapping, etc., were punishable offences. Law – medicine problems are found in the written records in Egypt, Sumer, Babylon, India, and China dating back 4000-3000 B.C. A Chinese materia medica of about 3000 B.C. gives information on poisons. Imhotep (27$^{th}$ century B.C.),

Grand Vizir, Chief Justice, and chief physician of King Zoser of Egypt, enacted rules for medical practice, which was brought under the law. The Code of Hammurabi, King of Babylon (about 2200 B.C.), is the oldest known medico-legal Code. Rig Veda and other Vedas (3000 to 1000 B.C.) mention about crimes such as incest, adultery, abduction, killing an embryo, murder, drunkenness, etc., and their punishments. Physicians were identified as professional people. Atharva Veda gives details about remedies for various conditions. The first medico-legal autopsy was done in Bologna (Italy) in 1302, by Bartolomeo De Varignana. In the 13th century, a manual was prepared to aid in the investigation of death in China. George, Bishop of Bamberg, proclaimed a penal code in 1507, where medical evidence was a necessity in certain cases. Caroline Code was proclaimed, in 1553, in Germany by Emperor Charles V. with this expert, medical testimony became a requirement rather than an option to give opinions in cases of murder, wounding, poisoning, hanging, drowning, infanticide, and abortion, etc. It recognized that there were several types of homicide which were not punishable under certain conditions, one of which was an offender who was "deprived of his understanding." The greatest of all works was the "Questions Medicolegales" (medico-legal questions), written by Paulus Zacchias, who was principal physician to Pope Innocent X, and Alexander VII, and an expert before the Rota Romana, the Court of Appeal. This was published in seven volumes from 1621 to 1635 and two additional volumes, in 1666, at Amsterdam. This work remained an authority in medico-legal matters until the beginning of the 19th century. Paulus Zacchias is considered the Father of Legal Medicine as well as Father of Forensic Psychiatry. In Questions Medicolegales, he declared that physicians should have exclusive competence in the field of pathological mental states, amentias. He provided a classification of mental disorders keeping in mind the legal issues at that time. Around the end of the 16th century, autopsies in medico-legal cases began to be generally practiced. In 1843, the law regarding the criminal responsibility of insane persons was established in England in McNaughten's case. M'Naghten fired a pistol at the back of Peel's secretary, Edward Drummond, who died 5 days later. The House of Lords asked a panel of judges, presided over by Sir Nicolas Conyngham Tindal, Chief Justice of the Common Pleas, a series of hypothetical questions about the defense of insanity. The principles expounded by this panel have come to be known as the M'Naghten Rules though they have gained any status only by usage in the common law, and M'Naghten himself would have been found guilty if they had been applied at his trial [4]. The rules so formulated as M'Naghten's Case [5] have been a standard test for criminal liability in relation to mentally disordered defendants in common law jurisdictions ever since, with some minor adjustments. When the tests set out by the Rules are satisfied, the accused may be adjudged "not guilty by reason of insanity" or "guilty but insane" and the sentence may be a mandatory or discretionary (but usually indeterminate) period of treatment in a secure hospital facility, or otherwise at the discretion of the court (depending on the country and the offence charged) instead of a punitive disposal.

## RELEVANCY OF MEDICAL WITH OTHER LAWS

### Indian Penal Code, 1860

Sanity is a rebuttable presumption, and the burden of proof is on the party denying it; the standard of proof is on a balance of probabilities, that is, to say that mental incapacity is more likely than not. If this burden is successfully discharged, the party relying on it is entitled to succeed. In Lord Denning's judgment in Bratty v Attorney-General for Northern Ireland [6], whenever the defendant makes an issue of his state of mind, the prosecution can adduce evidence of insanity. However, this will normally only arise to negate the defense case when automatism or diminished responsibility is in issue. In practical terms, the defense will be more likely to raise the issue of mental incapacity to negate or minimise criminal liability. In R v Clarke [7], a defendant charged with a shoplifting claimed she had no mens rea because she had absent-mindedly walked out of the shop without paying because she suffered from depression. When the prosecution attempted to adduce evidence that this constituted insanity within the Rules, she changed her plea to guilty, but on appeal the Court ruled that she had been merely denying mens rea rather than raising a defense under the Rules, and her conviction was quashed. The general rule was stated that the Rules apply only to cases in which the defect of reason is substantial. R v Kemp [8]: Arteriosclerosis or a hardening of the arteries caused loss of control during which the defendant attacked his wife with a hammer. This was an internal condition and a disease of the mind. R v Sullivan [9] during an epileptic episode, the defendant caused grievous bodily harm: Epilepsy was an internal condition and a disease of the mind, and the fact that the state was transitory was irrelevant.

### Code of Criminal Procedure, 1973

#### *Police inquest*

The officer-in-charge (usually sub-inspector) of a police station conducts the inquest (S. 174, Cr. P.C.). The police officer making the inquest is known as Investigation Officer (I.O.). When the officer-in-charge of a police station receives information that a person has committed suicide, or has been killed by another or by an animal or by machinery or by accident, or has died under circumstances raising a reasonable suspicion that some other person has committed an offence, he immediately gives intimation about it, to the nearest Executive Magistrate empowered to hold inquests, and proceeds to the place where the body of such deceased person is. There, in the presence of two or more respectable persons (panchas) make an investigation (S. 175, Cr.P.C). He prepares a report of the apparent cause of death, describing wounds, fractures, bruises, and other marks of injury found on the body, and stating in what manner, or by what weapon or instrument, such injuries appear to have been inflicted. The inquest report (panchanama) is then signed by the investigating police officer and by the panchas. If no foul play is suspected, the dead body is handed over to the relatives for disposal. In cases of suspected foul play or doubt, the body is sent for post-mortem examination to the nearest authorized Government doctor together with a requisition and a copy of the inquest. The report is forwarded to the Magistrate. Private medical institutions can undertake medico-legal examination and treatment of the living, but autopsies can be conducted only with the permission of the State Government.

#### *Magistrate's inquest*

This is conducted by a District Magistrate, Sub – divisional Magistrate, Tahsildar or any other Executive Magistrate (S.20 to 23 Cr. PC), especially empowered by the State Government (Executive Magistrates). It is done in case of (1) death in police custody, and while under police interrogation, (2) death due to police firing, (3) death in prison, reformatories, Borstal school, (4) death in a psychiatric hospital, (5) dowry deaths, (6) exhumation (7) Any person dies or disappears or rape is alleged to have been committed on any woman, while such person or woman is in the custody of the police or any other custody authorized by the Court (S.174(4), S.176 and 176, 1 – A, Cr.P.C.). In any case of death, a Magistrate may conduct an inquest, instead of or in addition to the police inquest (S.176, Cr.P.C).

### Indian Evidence Act, 1872

Evidence means and includes: (1) All documents produced for the inspection of the Court (S.3, I.E.A.) (2) All statements which the Court permits or requires to be made before it by witnesses, in relation to matters of fact under inquiry. For the evidence to be accepted by the Courts, it must be properly identified as to what it is, and where it was found. The evidence of eyewitnesses is positive. The evidence of doctor or an expert is only an opinion which is corroborative.

1. Documentary evidence: It includes all documents produced for the inspection of the Court. It is of three types:
    a. Medical certificates: They refer to ill-health, insanity, age, death, etc. They are accepted in a Court of law, only when they are issued by a qualified registered medical practitioner. The certificate of ill-health should contain exact nature of the illness and probable period of expected absence. The signature or left

thumb impression of the patient should be taken at the bottom or top of the certificate. Two identification marks should be noted. The doctor should retain a duplicate of the certificate issued for 2 years. A medical practitioner is legally bound to give a death certificate, stating the cause of death without charging fee, if a person whom he has been attending during his last illness dies (Registration of Births and Deaths Act, 1970). The death certificate should not be issued by a doctor without inspecting the body and satisfying himself that person is really dead. The certificate should not be delayed, even if the doctor's fees is not paid. Issuing or signing a false certificate is punishable under S. 197, I.P.C.

b. Medico-legal reports: They are reports prepared by a doctor on the request of the investigating officer, usually in criminal cases, e.g. assault, rape, murder, etc. The examination of an injured person or a dead body is made when there is a requisition from a police officer or Magistrate. These repots consist of two parts: (1) The facts observed on examination (all relevant, objective descriptions including important negative finding), (2) the opinion drawn from the facts. These reports will be attached to the file relating to the case, and the file is produced in the Court. The report will be open to the scrutiny of the defense lawyer. It will not be admitted as evidence unless the doctor attends the Court and testifies to the fact under oath. Great care should be taken in writing the reports to avoid any loose wording or careless statement. This gives a chance to the defense lawyer to use them to his own advantage. The report should give the date, time, and place of examination and the name of individual who identified the person or dead body. Exaggerated terms, superlatives, etc., should not be used. The opinion should be based on the facts observed by himself and not on information obtained from other sources. In an injury case, if it is not possible to give an opinion immediately, the person should be kept under observation, and necessary investigations should be done before giving the report. The report should show competence, lack of bias, and offer concrete professional advice. The report should be made soon after the examination. It should be clear, concise, complete, legible, and it should avoid technical terms as far as possible.

c. Exhibits: Clothing, weapons, etc., sent for medical examination should be described in detail, sealed, and returned to the police after obtaining a receipt. An outline of the weapon may be drawn on paper, and the measurement noted or a photograph taken.

2. Oral evidence: It includes all statements which the Court permit or which are required to be made before it by the witnesses, in relation to the matter of facts under enquiry. Section 3 of Indian Evidence Act defines the fact as:
    1. Anything, state of things, or relation of things, capable of being perceived by the sense;
    2. Any mental condition of which any person is conscious.

Illustrations

a. That there are certain objects arranged in a certain order in a certain place, is a fact
b. That a man heard or saw something is a fact
c. That a man said certain words is a fact.

Further, Section 59 says that all facts except the contents of documents may be proved by oral evidence. Section 60 states that in all cases the Oral evidence must be direct.

### *Dying declaration*

It is a written or oral statement of a person, who is dying as a result of some unlawful act, relating to the material facts of the cause of his death or bearing on the circumstances (S.32, I.E.A.). If there is time, the Executive Magistrate should be called to record the declaration. Before recording the statement, the doctor should certify that the person is conscious, and his mental faculties are normal (compos mentis). If the condition of the victim is serious, and there is no time call a Magistrate, the doctor should take the declaration in the presence of two witnesses. The statement should be recorded in the man's own words, without any alteration of terms or phrases. Leading questions should not be put. The declarant should be permitted to give his statement without any undue influence, outside prompting or assistance.

## STUDY OF SECTIONS OF IPC, CR.PC AND IEA RELATED TO FORENSIC MEDICINE

### Indian Penal Code, 1860

Section 44 of IPC: Definition of Injury.

Any harm whatever illegally caused to any person in body, mind, reputation, or property.

Section 319 IPC: Hurt.

Hurt means bodily pain, disease, or infirmity caused to any person.

Section 320 IPC Grievous Injury.

Any of the following injuries is grievous:

1. Emasculation (Depriving a male of masculine vigor)
2. Permanent privation of sight of either eye
3. Permanent privation of the hearing of either ear
4. Privation of any member or joint (member means an organ or a limb being part of man capable of performing a distinct function)
5. Destruction or permanent impairing of powers of any member or joint
6. Permanent disfiguration of the head or face
7. Fracture or dislocation of bone or tooth
8. Any hurt which endangers life, or which causes the victim to be in severe bodily pain, or unable to follow his ordinary pursuits for a period of 20-day.

321 IPC: Defines "Voluntarily Causing Hurt".

322 IPC: Defines "Voluntarily Causing Grievous Hurt".

323 IPC: Describes Punishment for Voluntarily Causing Hurt. Shall be imprisonment which may extend for 1 year with or without fine which may be Rs. 1000.

324 IPC: Describes Punishment for Voluntarily Causing Hurt by dangerous weapon shall be imprisonment for up to 3 years with or without fine.

325 IPC: Describes Punishment for Voluntarily Causing Grievous Hurt. Shall be imprisonment which may extend for 7 years with or without fine.

326 IPC: Describes Punishment for Voluntarily Causing Grievous Hurt by dangerous weapon or means. Shall be imprisonment for life or for 10 years with or without fine.

327 IPC Punishment for causing hurt to extort property shall be 10 years with or without fine.

328 IPC Punishment of causing hurt using poison, etc., shall be imprisonment up to 10 years with or without fine.

351 IPC: Defines Assault: Threat/attempt to apply force.

Whoever makes any gesture or preparation intending or knowing, it to be likely that such gesture or preparation will cause any person present to apprehend that he who makes the gesture or preparation is about to use criminal force to that person, is said to commit an assault.

353 IPC: Punishment for causing assault shall be imprisonment up to 2 years with or without fine.

354 IPC: Punishment for causing assault to women with intend to outrage her modesty shall be imprisonment up to 2 years with or without fine.

498A IPC: Punishment for husband or relative of husband of a woman subjecting her to cruelty, shall be imprisonment for up to 3 years with or without fine.

82 IPC: Act of a child under 7 years of age nothing is an offence which is done by a child under 7 years of age.

83 IPC: Act of child between 7 and 12 years. Nothing is an offence which is done by a child above 7 years and under 12 years, who has not attained maturity of understanding to judge the nature and consequences of his conduct on that occasion.

84 IPC: McNaughten's Rule or legal test.

Nothing is an offence which done by a person who at the time of doing it, is because of unsoundness of mind, is incapable of knowing the nature of the act, or that what is doing is wrong or contrary to the law of the land.

Section 85 IPC: Act under intoxication.

Nothing is an offence which is done by a person, who at the time of doing it, is by reason of intoxication, incapable of knowing the nature of the act or that he is doing what is either wrong or contrary to law; provided the thing which intoxicated him was administered to him without his knowledge or against his will.

Section 86 IPC: In cases where an act done is not an offence unless done with a particular knowledge or intent, a person, who does the act in a state of intoxication shall be liable to be dealt with as if he had the some knowledge as he would have if he had not been intoxicated, unless the thing which intoxicated him was administered to him without his knowledge or against his will. Thus, drunkenness caused by voluntary use of alcohol or some other intoxicating drug is no excuse for the commission of a crime but insanity produced by drunkenness, voluntary, or otherwise, absolves one from criminal responsibility if it can stand the usual legal tests applied in other forms of insanity.

87 IPC: Consent above 18 years to suffer harm a person below 18 years of age cannot give a valid consent, whether express or implied to suffer any harm which may result from an act not intended or not known to cause death or grievous hurt.

88 IPC: Consent above 18 years.

A person can give valid consent to suffer any harm which may result from an act, not intended or not known to cause death, done in good faith and for its benefit.

89 IPC: Consent below 12 years.

A child below 12 years of age and an insane person cannot give valid consent to suffer any harm which may result from an act done in good faith and for its benefit.

90 IPC: Consent under fear.

Consent given by a person under fear of injury, or due to misunderstanding of a fact is not valid.

There are many cases of IPC where the Forensic Science is attracted to find the correct legal opinion. The cases include Poisoning, Sexual Offences, Criminal Abortion, Murder, Culpable Homicide, Forensic Psychiatry, Consent and Alcohol, etc.

**Code of Criminal Procedure, 1973**
Section 53 (i) CrPC

An accused may be examined by a medical practitioner at the request of a police officer using reasonably necessary force.

Section 53 (ii) CrPC

Whenever the person of a female accused is to be examined, the examination shall be made only by or under the supervision of a female registered medical practitioner.

Section 54 CrPC

An arrested person may be examined at his request by a medical practitioner to detect evidence in his favor.

**Indian Evidence Act**
Section 114A: In a prosecution for rape, where the question is whether sexual intercourse was without the consent of the woman, and she states in her evidence that she did not consent, the court shall presume that she did not consent.

**MEDICAL PROFESSIONALS AND CRIMINAL LAW – A RELEVANCY IN NEGLIGENCE CASES**

The criminal law has invariably placed the medical professionals on a pedestal different from ordinary mortals. The Indian Penal Code, 1860 sets out a few vocal examples. Section 88, in the Chapter on General Exceptions, provides an exemption for acts not intended to cause death, done by consent in good faith for person's benefit. Section 92 provides for the exemption for acts done in good faith for the benefit of a person without his consent though the acts cause harm to a person and that person has not consented to suffer such harm. Section 93 saves them from the criminal liability if the communications are made in good faith [10]. The rationale behind these provisions is that no man can so conduct himself as to make it absolutely certain that he shall not be so unfortunate as to cause the death of a fellow-creature. A study of few cases will be helpful in understanding the relevancy between the two:

In John Oni Akerele versus The King [11], a duly qualified medical practitioner gave to his patient the injection of Sobita which consisted of sodium bismuth tartrate as given in the British Pharmacopoeia. However, what was administered was an overdose of Sobita. The patient died. The doctor was accused of manslaughter and negligent act. He was convicted. The matter reached in appeal before the House of Lords. Their Lordships quashed the conviction and stated that "doctor is not criminally responsible for a patient's death unless his negligence or incompetence went beyond a mere matter of compensation between subjects and showed such disregard for life and safety of others as to amount to a crime against the State; the degree of negligence required is that it should be gross and that neither a jury nor a court can transform negligence of a lesser degree into gross negligence merely by giving it that appellation. There is a difference in kind between the negligence which gives a right to compensation and the negligence which is a crime."

The decision approved by various Indian authorities. Let's have a look.

In Kurban Hussein Mohamedalli Rangawalla versus State of Maharashtra [12] while dealing with Section 304A of IPC, the following statement of law by Sir Lawrence Jenkins in Emperor versus Omkar Rampratap [13] was cited with approval:

"To impose criminal liability under Section 304-A, it is necessary that the death should have been the direct result of a rash and negligent act of the accused and that act must be the proximate and efficient cause without the intervention of another's negligence. It must be the causa causans; it is not enough that it may have been the causa sine qua non." The same view has been reiterated in Kishan Chand and Anr. versus The

State of Haryana [14]. In Dr. Suresh Gupta versus Govt. of NCT of Delhi and Anr. [15], the legal decision is almost firmly established that where a patient dies due to negligent medical treatment of the doctor, the doctor can be made liable in civil law for paying compensation and damages in tort and the same time, if the degree of negligence so gross and his act was reckless as to endanger the life of the patient, he would also be made criminally liable to offence under Section 304-A IPC. In the case of Jacob Mathew versus State of Punjab [16], three Judge Bench of Supreme Court by order quashed prosecution of a medical professional under Section 304-A/34 IPC and disposed of all the interlocutory applications that doctors should not be held criminally responsible unless there is a prima-facie evidence before the Court in the form of a credible opinion from another competent doctor, preferably a Government doctor in the same field of medicine supporting the charges of rash and negligent act.

## CONCLUSION

Forensic science contributes to solving crimes through investigative activities such as determining the cause of death, identifying suspects, finding missing persons, and profiling criminals. Forensic pathologists determine someone's cause of death by performing autopsies. During these procedures, they examine fluids and tissues from a body to find out the cause of death and the manner of death (for example, natural causes or homicide). Forensic scientists can identify suspects by analyzing evidence found at the scene of a crime – such as fibers, hairs, blood, and fingerprints. These methods are also used to exonerate the innocent. They can help find people who have been missing for long periods of time through the process of image modification. In this technique, a photograph is aged to illustrate what someone may look like years after last being seen. This is also a tool that is used to find criminals who have eluded justice. By analyzing a crime scene, they are able to determine a criminal's patterns and personality in an effort to narrow the suspect pool. So, clearly the study of medical jurisprudence is required to the legal practitioners and knowledge of the law is necessary for the medical practitioners to unveil the true things and put before lawyers and judges. The study of legal provisions also protects them from being negligent. An indiscriminate prosecution of medical professionals for criminal negligence is counter-productive and does no service or good to the society. There must be a link between fault, blame, and justice requirements. The learned authors of Errors, Medicine, and the Law highlight the link between moral fault, blame, and justice in reference to the medical profession and negligence [17]. Conviction for any substantial criminal offence requires that the accused person should have acted with a morally blameworthy state of mind. Recklessness and deliberate wrongdoing are morally blameworthy, but any conduct falling short of that should not be the subject of criminal liability. Common law systems have traditionally only made negligence the subject of criminal sanction when the level of negligence has been high a standard traditionally described as gross negligence. In fact, negligence at that level is likely to be indistinguishable from recklessness [18]. Finally, it comes out that Forensic science is the marriage of natural science principles and the law. In this union, forensic professionals use their scientific backgrounds to help law enforcement personnel solve crimes.

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