



E7 A Case of Propoxyphene Overdose: Accident, Suicide, or Homicide

Douglas H. Posey, Jr., MD, Georgia Bureau of Investigation, 3121 Panthersville Road, Division of Forensic Science, Decatur, GA 30027*

After attending this presentation, attendees will become familiar with some of the pitfalls of postmortem drug level interpretations and some of the ethical hurdles encountered in determining cause of death.

This presentation will impact the forensic community and/or humanity by providing a chance to revisit the issues of living wills and the ethics involved in “pulling the plug” on the respirator.

The decedent was a 39-year-old man who was working as a manager for a private corporation when he suffered a severe back injury as the result of a workplace accident. He was rendered a paraplegic as a result of the accident, though he was able to ambulate through the use of leg braces and canes. He was married to a registered nurse at the time of his death.

The decedent became totally paralyzed after undergoing a fifth surgery to correct chronic back pain and at the time of his death the post-surgical medications included Percocet, flurazepam, diazepam, and Propoxyphene. A female nursing assistant was hired from a local healthcare agency to provide in-home nursing care for approximately one hour per day. She was discharged following an alleged romantic encounter and seduction. The therapeutic regime soon led to opiate dependency, and the wife reported that prior to his demise the decedent was taking 5 to 8 of the propoxyphene pills per dose on an every 4 hour schedule. He had become opiate dependent, reportedly suffered remorse following the seduction and marital discord developed. There was a suspicion of alcohol use the night prior to his demise (hospital lab reports alcohol at 17mg/dl). According to reports from the scene, multiple empty medication containers were present when he was eventually found unresponsive by his wife twelve months after his last surgery. He was unresponsive when evaluated by the emergency medical services and was subsequently transported to the local hospital along with the empty pill containers. According to the medical record, as he was taken to the emergency room his wife went to the admissions office to complete the necessary paperwork to have him admitted to the hospital. In the emergency room, he was treated by a board certified emergency medical physician, was intubated and admitted to the Intensive Care Unit. A neurological follow up was recommended as part of his continuing care. When his wife arrived in the Intensive Care Unit she insisted her husband did not want to be intubated in compliance with his living will.

After a brief discussion detailing the consequences of extubation and her husband's imminent demise following extubation, the nurse received a telephone order from the physician of record to extubate the patient. She extubated him and pronounced him dead a few minutes later. The medical record list the principal diagnosis as Respiratory failure with a secondary diagnosis of multidrug overdose. The decedent had a toxicological autopsy performed at the medical examiner's office and “subclavian” blood revealed a “large” amount of propoxyphene and norpropoxyphene, as well as several other drugs in lesser amounts. The cause of death listed by the coroner was multiple drug overdose and the manner of death was accidental.

Several questions surrounding the death of the decedent remain unanswered. His blood contained no flurazepam, yet an empty flurazepam bottle was found at the scene. His blood contained alcohol, but the source of that alcohol was never explained. His arms contained needle marks, yet his medications were all taken orally. Most importantly, the number of propoxyphene tablets remaining in his prescription bottle would suggest that he was taking impressive 40-45 pills per day, a number confirmed by the decedent's wife with no other validation.

This presentation will look at a number of interesting aspects of this case, including discrepancies in the toxicological findings, the overinterpretation of those findings by qualified experts, questions about the sequence of events given by the wife, unexplained findings from the postmortem examination, and ethical questions about the removal of life support.

Propoxyphene, Suicide, Homicide