



E44 Death During Restraint: Excited Delirium vs. Positional Asphyxia

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After attending this presentation, attendees will understand the mechanism of death during restraint.

This presentation will impact the forensic science community by discussing how to evaluate, certify, and testify in cases of deaths during restraint.

Rarely in the history of medicine has there been so much controversy regarding the mechanism of sudden collapse and death during restraint. Then, many years of speculation came to a sudden halt when Dr. Theodore Chan, an Emergency Room (ER) physician in San Diego who headed a number of studies on this topic, laid to rest previously held opinions that compression during restraint is unrelated to asphyxia, but due instead to Excited Delirium (ED).

On March 5, 2010, in Federal Court in Laramie, WY, Dr. Chan testified that his experiments with volunteers in the prone position, with up to 225 lbs. on their backs, were not meant to replicate conditions in the street. Indeed, Judge Johnson in his ruling states that Dr. Chan, in his testimony and in his published research, explicitly acknowledges that the two situations are not comparable (i.e., testing in the laboratory and restraint in the street).

Considering these recent developments, it is clear that ED is simply a long-known reaction to catecholamines. If ED were a cause of death, why then does it occur exclusively during restraint in prone position with compression causing immobilization of the chest and abdomen, when the abdominal organs are pushed against the diaphragm? Ronald O'Halloran, MD, past medical examiner of Ventura County, CA, asked why is it that the police are always present when someone dies of ED.

Consider the case of an autistic teenager who was in a state of acute psychosis. His parents called 911 to transport their son to the hospital. Police accompanied an ambulance to the scene.

A scuffle developed with several of the officers, during which the boy was placed in prone position and forcibly held to the ground. He suddenly calmed down and stopped fighting and screaming. His mother thought he was dead. When fire rescue personnel arrived, he was still face down, handcuffed, hobbled, unresponsive, and in cardiorespiratory arrest. Cardiopulmonary Resuscitation (CPR) was performed en route to the hospital. On arrival at the ER, he was diagnosed with anoxic encephalopathy and put on life support. Three weeks later, life support was withdrawn and death was pronounced.

The medical examiner handling the case had the event re-enacted using the two original officers to perform the restraint on one of their own officers in the same way as they had previously restrained the boy.

Within <1 minute, the officer being restrained indicated he could not breathe. The restraining officers did not believe him and continued the restraint. The restrained officer became panicked and violent because he was experiencing air hunger. When the officers finally realized he was in trouble, they released him.

Dr. Vincent DiMaio testified in this case. He opined that the cause of death was ED syndrome. Further, he stated that 225 lbs. doesn't impair the ability to breathe and it would probably take approximately 800-900 lbs. to arrive at that point.

One can only look forward to a time when compression of an individual in an acute psychotic state is replaced by treatment in a medical facility.

Positional Asphyxia, Excited Delirium, Restraint