



H6 Examining the Distribution of Manner and Cause of Deaths at Hotels and Motels

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The goals of this presentation are to compare deaths occurring in hotels/motels to deaths occurring in the decedent's residence with specific attention to: (1) the manner of death; (2) the cause of death; and, (3) the variation in the method of suicides.

This presentation will impact the forensic science community by illustrating the significantly higher incidence of unnatural deaths of people who die in a hotel/motel by comparison to a decedent's residence.

This retrospective analysis is important in order to raise awareness of: (1) the proportion of deaths that occur in a hotel/motel due to unnatural causes; and, (2) the need for a high index of suspicion of unnatural deaths.

Within our counties, 82 deaths occurred at a hotel/motel from January 1, 2011 to June 30, 2017. Twenty-five of the decedents were females from 23 to 85 years old and 57 were male from 21 to 80 years old. Of these 82 deaths, 35 (42%) were classified as natural, 31 (38%) accidents, 12 (15%) suicides, and 4 (5%) undetermined. When compared to deaths that occurred at the decedent's residence in the same period, a far greater percentage of those are due to natural causes. Of 4,970 deaths reported that occurred at the decedent's residence, the manner of death was 3,919 naturals (79%), 567 accidents (11%), 341 suicides (7%), 47 homicides (1%), and 96 undetermined (2%).

Of the 47 unnatural deaths (accident, suicide, indeterminate), 38 (81%) were drug-related. An opioid was present in 27 of the 38 drug-related deaths and the most common opioid present was heroin.

Of the 12 hotel/motel suicides, five drug related fatalities (42%), four hangings (33%), two gunshot wounds (17%), and one plastic bag suffocation (8%) were observed. The modality used in suicides within the hotel/motel deaths differed from suicides at the decedent's residence where a majority of the suicides were due to gunshot wounds. By comparison, at the decedent's residence, suicide modalities were 168 firearms (49%), 93 (27%) hangings, 53 drug-related (16%), 8 (2%) sharp force injuries, 8 (2%) carbon monoxide poisonings, 8 (2%) asphyxiations/suffocations by plastic bag, and 3 (<1%) drownings.

Wasserman and Stack also found a higher number of suicides due to hanging in motels.¹ A study that looked at place compared to method of suicide found hotel or motel suicides were 4.9 times more likely to use drugs in comparison to suicides committed outdoors or on railways.² A study from Germany confirmed the increased number of unnatural deaths in hotels: 12 of 22 hotel deaths were natural, 9 unnatural, and 1 undetermined.³ In Canada, researchers followed 15,100 homeless and marginally housed people from 1991 through 2001 and found mortality rates for those living in shelters, rooming houses, and hotel/motels were higher for drug-related deaths, alcohol-related deaths, and suicides.⁴

A recent study analyzed guest perceptions of hotel/motel rooms where a death had occurred.⁵ The researchers found if a participant knew a previous guest had died in a room, they were more likely to see the room as less valuable, opt to stay in a different room, and feel uneasy when imagining an overnight stay. Perception of that room eventually returns to baseline, but many years after the death event.

In conclusion, the number of unnatural deaths exceed natural deaths, and drug-related fatalities were the most common. Investigators should have a high index of suspicion for unnatural deaths, especially drug-related deaths, when investigating deaths occurring in hotels and motels.

Reference(s):

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