



H40 Difficult Suicide Cases: A Case-Based Approach

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Learning Overview: The goal of this presentation is to review cases of suicide with conflicting manner-of-death indicators from scene, history, and autopsy, as well as compare case-based methods of differentiating difficult suicides from homicides or accidents.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by: (1) providing a case-based approach to the analysis of difficult suicides; (2) analyzing conflicting manner-of-death indicators by scene, history, and autopsy findings; and (3) suggesting alternate testing and extended scene investigation for difficult suicides.

Differentiating cases of suicide from homicides or accidents is not always straightforward. Factors that may complicate determination of a suicidal manner include unclear history, scene investigation findings that do not point clearly to suicidal intent, and autopsy findings, including unusual or atypical drugs or injuries.¹ Deliberate self-harm can be difficult to determine in drowning and overdose deaths, which may result in assignment of an undetermined manner; this may contribute to undercounting of suicides in vital data.² Unclear history, scene indications, and autopsy findings may contribute to medical examiner/coroner difficulties with families who do not accept the manner of suicide.

Difficult suicide cases are likely to lack a clear history of suicidal ideation, medical records of psychiatric illness/depression, or reported motive for committing suicide. Hanging suicides may create family suspicion depending on their understanding of the degree of suspension required to result in death. A problematic history may include involvement of another person. If this person is a romantic partner whose behavior is deemed suspicious by the family, additional investigation and autopsy maneuvers may be indicated to indict or clear the alleged assailant. Difficulties may be encountered when death occurs during a struggle between two people over a weapon.

This review of difficult suicide cases from the Tidewater, VA, Office of the Chief Medical Examiner (OCME) experience includes cases with unclear histories, complicated scene investigations, and atypical injuries. Difficult history findings in this series include lack of a note or a texted warning, atypical drug abuse in overdose deaths, and behavior before death atypical for suicide, such as celebrating at a bar, going to the beauty parlor, or caring for small children without other arrangements to provide for them. Additional history/scene investigation factors include romantic partners who fled the scene or insisted on hospitalization for emotional distress prior to a police interview.

Difficulties in scene investigation may include decomposition artifacts, premises that are not secure, a body under water, unclear suicide notes or suicide notes that appear to have been written after death, and scenes that have been altered prior to investigation; these may require extended investigation. Complicated scenes reported in this case series include struggle over a gun, allegedly running from the home prior to being found unresponsive in a ditch, discovery of a decomposed missing person in a marshy area, and intraoral gunshot wound while in handcuffs during the process of arrest.

Atypical injuries may present difficulties in determining manner. These include gunshot wounds that are not hard contact, gunshot wounds or sharp force injuries in unusual locations, multiple gunshot wounds or sharp force injuries, and poisoning with unusual drugs. Atypical injuries reported in this case series include a tangential gunshot wound with stippling, sharp force injury to the wrists without tendon or vascular involvement, and drowning with unexplained internal neck injuries.

Ancillary studies that may be useful to clarify cases like these include gunshot residue testing for the decedent and the alleged assailant, blood spatter analysis at the scene, extended toxicologic analysis, and extension of the scene investigation to correlate it with autopsy findings. This series of cases from the Tidewater, VA, experience illustrates an approach to difficult suicides that may be useful to the medical examiner/coroner.

Reference(s):

1. Darok M., Gattermig R. (2005). Suspected Suicide and Suicide Attempt With Mysterious Concomitant Circumstances. *Forensic Science International*, 147(Suppl): S17-S19. doi.org/10.1016/j.forsciint.2004.09.087
2. Ohberg A., Lonnqvist J. (2017). Suicides Hidden Among Undetermined Deaths. *Acta Psychiatrica Scandinavica*, 98 (3): 214-218. doi.org/10.1111/j.1600-0447.1998.tb10069.

Suicide, Atypical Gunshot Wounds, Case-Based Analysis