



I4 A Rare Case of Psychotic Serial Killing by Poisoning

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Learning Overview: After attending this presentation, attendees will know the atypical case of an Italian serial poisoner and how the case has been analyzed in a forensic context.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by increasing awareness of the rare possibility that cases of intoxication can result from criminal behavior and of the complexity of a forensic psychiatric assessment.

There is no recent international literature on serial poisoners and, historically, this criminal behavior has been described more commonly in females than in males.^{1,2} This is the atypical case of a 27-year-old Italian man who killed three members of his family (grandfather, grandmother, and uncle) and poisoned four other members of his family by the hidden administration of thallium. The thallium was ordered from an Italian pharmaceutical company, bought directly and paid for in cash. In recent months, the man developed his plan to kill seven members of his family, not including his parents. The man was arrested by the police after a brief investigation. Upon detainment in jail, he talked to the psychiatrist about the reasons for his crimes: he had to punish them by death for their “idolatry,” which in his mind was their poor sense of decency. This consisted of behaviors such as wearing more comfortable clothing at home. He said that he tried to convince his family to change and adapt their behavior to “conform to the will of God,” but they did not listen to him, so he was forced to kill them. He also mentioned having heard voices that ordered him to punish his family members for their indecent behavior. He was finally voluntarily admitted to a psychiatric acute ward, treated with antipsychotic drugs, and discharged to prison after several days with a diagnosis of “Delusional Disorder.” He underwent to a brain Computed Tomography (CT) scan to exclude a significant organic disorder.

For the previous three years, he had been showing significant social withdrawal, loss of external contacts, and initiated a concentrated study of religious texts without any basis in real life or recognized religious authority. Based on these observations, the judge requested a psychiatric evaluation to assess, as allowed by the Italian criminal law, his capacity to stand trial, his mental state at the time of the murders, and the presence or absence of social dangerous. He was evaluated by four psychiatrists and tested by a psychologist. Two psychiatrists were requested by the prosecutor, one by the defendant’s advisor, plus there was the judge’s advisor. Thus three different forensic psychiatric assessments were produced: two assessments supported Not Guilty by Reason of Insanity (NGRI) and one identified only a diminished responsibility. During the evaluation, the defendant told his story again and remained inflexible with respect to his murderous intents, showing lack of empathy toward his victims and his parents. In this regard, he showed no remorse and said that he did not poison his father and mother only because he did not want to draw attention to him. The presence of a delusional disorder with a mystical-religious theme was clear and part of a complex psychotic disorder that brought him to consider himself a type of “avenger” of the will of God. The patient is currently hospitalized in a secure forensic unit.

Conclusions: This rare case of a serial poisoner provides an opportunity to examine how an offender’s ability to plan and execute an antisocial act with some apparent “lucidity” during the action should not exclude a possible diagnosis of schizophrenia. In such cases, the motive for murder is often revenge, triggered by persecutory delusions.

Reference(s):

1. Embry J.H., Walls H.C. Serial arsenic poisoning: Two Alabama cases. *Ala Med.* 1990 Apr; 59(10):24-8.
2. Maeda H., Fujita M.Q., Zhu B.L., Ishidam K., Oritani S., Tsuchihashi H., Nishikawa M., Izumi M., Matsumoto F. A case of serial homicide by injection of succinylcholine. *Med Sci Law.* 2000 Apr; 40(2):169-74.

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