

## Letter to the Editor

### Sudden Cardiac Death

Sir:

Relevant to the article by J. H. Davis, "Can Sudden Cardiac Death Be Murder?" (*Journal of Forensic Sciences*, Vol. 23, No. 2, April 1978, pp. 384-387), we recently investigated a case involving a 61-year old man who collapsed and died immediately after he apprehended at gunpoint one of several suspects who were allegedly attempting to steal the battery from his car. The decedent was in his house when he saw the suspects attempting to remove the battery. He then picked up a handgun and rushed into the yard, ordering the suspects to halt and firing at least one shot into the air. One suspect was apprehended by the decedent and held at gunpoint, while another was later caught by the police. No physical contact occurred between the decedent and the would-be thieves, who were apparently unarmed. Shortly after a police officer arrived on the scene to take custody of the suspect, the decedent collapsed and was dead on arrival at a nearby hospital.

The decedent had a history of coronary heart disease with at least one previous myocardial infarction. Having undergone coronary angiography the previous year, he was known to have severe three vessel disease and was not considered a candidate for coronary bypass surgery.

Autopsy confirmed the presence of severe occlusive atherosclerosis of all three main coronary arteries and revealed no acute thrombus, hemorrhage, or rupture of a plaque. There was scarring of the anterior left ventricular wall from previous myocardial infarctions but no fresh infarct.

One of the suspects apprehended was charged with juvenile delinquency and placed on probation. The other, an adult, was charged with second-degree murder under the Oklahoma statute which allows that charge when death is caused during the commission of a felony. In Oklahoma, the theft of an article or articles having an aggregate value of greater than \$20.00 is considered to be a felony. The trial jury acquitted the suspect of the charge. We propose the following possible reasons for the not guilty verdict.

1. There was no evidence that physical contact between the decedent and suspects had occurred.
2. No threat or intent to do harm to the decedent was alleged.
3. The pathologist's testimony might have been misunderstood. Testimony was given that the cause of death was coronary atherosclerotic heart disease and that the physical and emotional stress of the confrontation with the suspects was a precipitating factor in the decedent's "heart attack" and was therefore a contributory cause of death. It was brought out on cross-examination that the degree of the decedent's coronary disease was such that he could have suffered a fatal heart attack at any time, even without obvious precipitating physical or emotional stress.

We and the prosecuting attorney believe the most probable reason for the not guilty verdict in this case was its failure to satisfy the first two of the five criteria proposed by Dr. Davis as necessary to establish proof beyond a reasonable doubt. The criminal act was not of sufficient severity nor did it have sufficient elements of intent to kill or maim so as to lead logically to a charge of homicide in the event that physical injury had ensued. No primary action of the accused threatened the personal safety of the decedent. We believe Dr. Davis has provided us with extremely useful criteria to apply in future cases.

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