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Homicide or Suicide: The Killing of Suicidal Persons by Law Enforcement Officers

REFERENCE: Wilson EF, Davis JH, Bloom JD, Batten PJ, Kamara SG. Homicide or suicide: the killing of suicidal persons by law enforcement officers. *J Forensic Sci* 1998;43(1):46–52.

ABSTRACT: This paper presents 15 deaths of suicidal persons in Oregon and Florida who, by their behavior, sufficiently provoked law enforcement officers into killing them. Four deaths were certified as suicide, one as undetermined and ten as homicide. All of the deaths are individually described in detail and their case characteristics are presented in a table.

The method of study is a descriptive analysis of the case characteristics, including 21 variables which are determined to be relevant to the classification of death. The variables were grouped into six categories: (a) personal information; (b) criminal behavior during the fatal incident; (c) dangerous behavior during the fatal incident; (d) toxicological data; (e) mental illness information; and (f) certification data. From the analysis, reasons for the opinions on manner of death classification are presented.

All incidents were perceived as life-threatening to law officers, family members, or hostages. All victims were male except one, and all were Caucasian except two. All victims resisted arrest and verbally threatened homicide during the fatal incident. Two-thirds of the victims took hostages. All victims possessed an apparent handgun or other weapon (knife, iron bar). All victims posed their weapon and threatened others during the incident. 60% of victims actually used the weapon with apparent intent to inflict damage to others. 40% of victims were intoxicated with alcohol but other drug-involvement was uncommon. Seven of 15 had previous suicide attempts, 40% had medically documented psychiatric diagnoses and 60% had reasonable historical evidence of psychiatric diagnoses, most commonly depression or substance abuse.

One of the co-authors presents the case for some of the deaths to be certified as suicides, whereas two present the case for all to be certified as homicide. A brief discussion of psychiatric issues is also presented concerning individuals who use others to commit suicide and who may engage in dangerous and/or criminal behavior to do so.

A major conclusion is that there is lack of a unified opinion on death certification procedures for individuals who have provoked law enforcement officers to kill them. For such cases, it is recommended that professional organizations of medical examiners/coroners develop guidelines to promote consistency in death certification practices including manner of death classification and selection of death certificate wording so that "police-assisted suicide" may be appropriately reported and studied.

KEYWORDS: forensic science, forensic pathology, manner of death, death certification, legal intervention, suicide, homicide, forensic psychiatry, police-assisted suicide

The killing of persons by law enforcement officers in pursuit of their duty and under the authority of the law has always been a subject of animated discussion by governmental authorities, law enforcement officers, and the public-at-large. In recent decades, various health professionals have also become involved in different aspects of this type of death. Medical examiners and coroners have always had an official role in the investigation of law officer shooting deaths and have contributed to the growing forensic literature on the subject (1–3). One of the co-authors (JHD) has been involved in over 250 such deaths in Dade County (Miami), Florida, in a 39-year career, whereas another (PJB) has experienced 16 in a 32-year career in Marion County (Salem), Oregon.

This study looks at deaths of 15 allegedly suicidal persons who, based on investigation of circumstances, provoked law enforcement officers to kill them. Eight of the deaths occurred in four counties in Oregon and the remaining seven in Dade County, Florida. The deaths generated interest for several reasons: (a) In a cluster of such deaths in the Portland, Oregon Metropolitan area in the early 1990s, the 3 forensic pathologists assigned different manners of death; (b) there is little medical literature on suicide by provocation of police, thus more information is needed for better diagnosis and certification; and (c) there is a need for psychiatrists and other mental health professionals to learn more about such suicidal persons in order to diagnose and treat them, and to prevent such deaths.

Methods

To be included in this study, case investigation must have identified, with reasonable probability, that the victim provoked a police officer to shoot at the victim and that the victim had suicidal ideation or intent. Victims were excluded if acute cocaine intoxication was a precipitating factor because the possibility of cocaine psychosis or excited delirium may confound the ability to evaluate suicidal intent. Amphetamine-related incidents were not excluded because psychosis and delirium are not typically associated with amphetamine use. Toxicologic testing was performed on all victims.

Dade County cases were discovered by a computer search of medical examiner death investigations related to shootings of people by law enforcement officers during 1969–1993. The Dade County Medical Examiner has had a policy in effect for 40 years

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Received 13 Sept. 1996; and in revised form 20 Nov. 1996, 26 Feb., 12 May 1997; accepted 19 May 1997.

that apparent suicides by provocation of police are classified as homicide for death registration purposes.

The Marion County, Oregon case was discovered through a manual case file review of police officer shootings during 1963–1995. The other seven Oregon cases were identified by the State Medical Examiner and the two Deputy State Medical Examiners, and were verified by case file review. There is no policy in Oregon for certification of apparent suicides resulting from provocation of police.

The deaths were analyzed using data from: (a) death scene circumstances, (b) the victims' verbal and written statements, (c) documentation of mental status and psychiatric diagnosis, (d) toxicological analysis and autopsy report, and (e) law officer reports of the subject's activity before the events resulting in death, including interrogations of families, friends, and witnesses. Newspaper accounts were also reviewed, when available.

Twenty-one variables were analyzed (Table 1) and grouped into six categories: (a) personal data, (b) criminal behavior, (c) dangerous behavior during the fatal incident, (d) toxicological data, (e) mental illness information, and (f) death certification data. All 15 cases are individually described in detail.

For the purpose of this study, suicidal behavior was defined as a threat by the victim to kill the self, a request by the victim to be killed, an expressed desire to die, or the finding of some evidence of suicidal ideation or intent (such as a note or recent statement) that was temporally related to the fatal incident. A psychiatric diagnosis was determined on the basis of documentation in the victim's medical history records or on the basis of accounts by family members or witnesses which contained reasonably compelling evidence of a psychiatric disorder (such as "he was an alcoholic").

Results

The ages of the subjects ranged from 17 to 59 years with a mean of 32 years (Table 1). There were 14 males and one female. There were 13 Caucasians, one Black, and one Hispanic.

All 15 victims resisted arrest, threatened homicide, and were perceived as life-threatening to others because of display of an apparent weapon at the scene. Eleven had a handgun (in Case 13, a rifle as well), three (Cases 8, 12 and 14) had knives, and one (Case 2) had an iron bar. Three weapons were later found to be deceptive: a pellet-pistol in case 9; authentic-appearing replicas in Case 13; and an inactivated weapon in Case 15.

Eleven fired a gun or inflicted damage, ten took hostages, and five were in the process of robbery or theft. Ten had threatened suicide in relationship to the fatal incident, eight had written suicide notes in the recent past, and seven had attempted suicide previously. Six had blood alcohol levels of 0.08% or higher and two had methamphetamine/amphetamine in their blood.

According to police reports, law officers believed that due to the escalation of the victims' dangerous behavior, enforcement standards required the victim to be shot and killed. Thorough death investigations convinced the various certifying medical examiners (4 medical examiners in Oregon and 6 in Florida) that each victim intended to die. According to police reports and witness statements family members and/or friends believed that all 15 victims intended to provoke law enforcement officers.

Excellent documentation of severe mental illness was available in five cases: Case 6 (Major Depression and chronic alcohol abuse), Case 8 (Atypical Psychosis), Cases 9, 13 and 14 (Bipolar Disorder, formerly termed Manic-Depressive Illness). The remaining cases showed reasonably compelling evidence of psychiatric disturbance

TABLE 1—Case characteristics of the 15 deaths.

Category	Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Personal Information	Age	33	30	45	17	25	21	41	30	29	19	59	20	35	43	37
	Gender	M	M	M	M	M	M	M	M	F	M	M	M	M	M	M
	Race	C	C	C	C	C	C	C	H	C	C	C	C	C	B	C
Criminal Behavior	Resisted Arrest	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Verbally Threatened Others	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Took Hostage(s)		Y	Y			Y	Y	Y		Y	Y	Y	Y	Y	
	Robbery-Theft				Y	Y	Y				Y		Y			
Dangerous Behavior	In Possession of Weapon	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Threatened with Weapon	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Attacked with Weapon	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y		Y	
Toxicological Data	Blood Alcohol (Grams %)		.10	.17			.22			.15		.11	.18			
	Other Drugs						Y									Y
Mental Illness Information	Suicidal Behavior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Verbal Threat of Suicide	Y	Y		Y		Y		Y	Y		Y	Y	Y		Y
	Verbal Threat of Homicide	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Written Threat of Suicide				Y	Y		Y	Y			Y	Y			Y
	Previous Suicide Attempt				Y		Y		Y	Y	Y		Y	Y		
	Psychiatric Diagnosis*	7	5,7	5,7	7	5,7	1,5	3,7	4	2	7	5	5,6	2	2	5,7
Certification Data	Year of Death	'69	'69	'75	'77	'82	'86	'87	'90	'90	'91	'91	'92	'92	'93	'94
	Manner of Death	H	H	H	H	H	H	S	H	S	S	H	U	H	H	S
	State	F	F	F	F	O	O	O	F	O	O	F	O	O	F	O

*1 = Major depression; 2 = Bipolar disorder; 3 = Paranoia; 4 = Atypical psychosis; 5 = Substance abuse; 6 = Mental retardation; 7 = Chronic depression.

based on investigation, witness statements, or victim proclamations: Cases 5 and 11 (Substance abuse); Case 7 (Paranoia and Chronic Depression); Case 10 (Chronic Depression with prior suicide attempt); Case 15 (Chronic Depression and Multiple Substance Abuse); Case 12 (Mental Retardation with suicidal ideation); Cases 2 and 3 (Alcohol Abuse and Chronic Depression); and Cases 1 and 4 (Chronic Depression).

Case Summaries

Case 1 (Dade County, Florida)

This 33-year old Caucasian male was shot by police on April 12, 1969 during a domestic dispute. When police arrived, he went into the bedroom pointing the barrel of his rifle to his chest. He refused to come out, cocking and uncocking the gun, and begging to be killed. The officers talked with him for an hour and asked his Jewish Rabbi to come and talk with him, but the Rabbi refused. The officers called his psychiatrist who declined to come.

Having battered his wife in the past, the victim stood six-and-a-half feet tall and weighed over 200 pounds. During the negotiations he kept saying, "You are going to have to do your duty; you're going to have to protect the public from me . . ." Police cleared the room and shot teargas into it. Donning a gas mask, one officer entered the room. The victim suddenly accosted him, snatched the gas mask from him, and shouted "I'll kill you!" At this point the officer could not see, believed his life was in danger, and shot him several times.

The victim's wife had filed for a divorce and the final hearing had been scheduled for three days after this incident. Toxicological examinations were negative. His death was certified as homicide.

Case 2 (Dade County, Florida)

This victim was a 30-year old Caucasian male who was killed by police officers on May 16, 1969. His wife called police after an intense dispute during which he said he would "make police kill me." When police arrived, he attacked them with a four-foot iron bar. Police attempted negotiation to no avail and he was shot during the ensuing struggle. His blood alcohol level was 0.10%.

He suffered from chronic alcoholism and was in frequent arguments when intoxicated. The precipitating event was the fight with his estranged and separated wife. He was depressed and bellicose when intoxicated. The manner of death was certified as homicide.

Case 3 (Dade County, Florida)

This 45-year old Caucasian male was killed by police on January 25, 1975 during a domestic dispute. He was an ex-police officer with pistol marksmanship trophies. He had a violent argument with his wife who left to call the police at a neighbor's house. She returned as police arrived and they entered the house. They were met by the victim pointing a cocked and loaded revolver at her saying he was going to kill her. One officer ordered him to drop the gun. He refused and took aim at the officer who then fired four rounds killing him instantly. During the previous week, he was depressed and cried a lot. The wife and neighbors reported that he was drinking heavily. Toxicological examinations revealed a blood alcohol level of 0.17%. His death was certified as homicide.

Case 4 (Dade County, Florida)

This 17-year old Caucasian male was shot by police on January 7, 1977. He was walking on a street with a webbed cartridge belt

around his waist. While being questioned by police, he pulled a recently stolen gun and fired once at the officer and missed. The officer returned fire, killing him. He had been involved with juvenile authorities for the previous 11 years, and had depression and a sense of impending disaster. He had previously attempted suicide by aspirin overdose. There was a trace of salicylate in his blood, but no other drug was present. Just prior to the fatal incident, he told his mother that he intended to kill himself and was crying when he left home. He left a note which read "Dear Mother, I do love you so much." This death was certified as homicide.

Case 5 (Washington County, Oregon)

This 25-year old Caucasian male was shot by police on September 20, 1982 after a restaurant armed robbery. Police came to his whereabouts in a parking lot where he threatened two people with a gun. As he ran across the lot, police shouted at him to stop. He dodged behind a parked vehicle, suddenly rose partially and fired at one officer and missed. The other officer then fired three rounds, killing him.

The contents of a will/suicide note dated July 27, 1982 found at his apartment read: "If and whether anybody hears this, it means . . . (I) either got shot, smoked, run over by a car . . . I am dead. . . . I am basically suicidal . . . from the word go. . . . If I'm killed robbing a bank, ripping off a store . . . Mom . . . I apologize. I tried to get back into the Armed Forces . . . because it's the only thing I actually really know . . . and actually enjoy; and I couldn't, so if I do snap one of these days and go out and play Joe Com-mando, please forgive me. It's what I was trained to do . . . I am a drug addict . . . If I had the answers, I wouldn't be so suicidal." Toxicological examinations were entirely negative. His death was certified as homicide.

Case 6 (Crook County, Oregon)

This 21-year old Caucasian male was killed by police on October 24, 1986 after entering the Prineville Police Department with a loaded .357 Magnum pistol. He alternately pointed it at his head and at the solitary police officer, threatening to kill himself and the officer. He fired two rounds in the office and warned officers outside not to enter. He then opened the office door and fired at one officer outside but missed. Two other officers simultaneously shot and killed him.

His blood alcohol level was 0.22% and his urine was positive for methamphetamine and amphetamine. He had stolen the pistol from a friend. He was diagnosed a year prior with Recurrent Major Depression with previous suicide attempts, as well as Multiple Substance Abuse (alcohol and amphetamine). His family and friends believed that the substance abuse worsened his chronic depression. They also thought that he provoked police into killing him. His death was certified as homicide.

Case 7 (Multnomah County, Oregon)

This 41-year old Caucasian male was killed by FBI agents on May 15, 1987 at the Portland FBI office. He entered the office, drew a 9-mm pistol and held several FBI agents and civilians hostage. He released the civilians and they left. Later, two other FBI agents entered the room, fired at, and killed him.

His parents reported that he practiced with his gun on the previous day but would not discuss anything. He also met and wrote a will with an attorney, leaving land deeds and money to his parents and sister, and to "a special fund to help educate students from

Third World countries to be administered by the Nobel Prize Committee.” The parents described him as being unhappy, angry, and paranoid for years. They were afraid to notify the authorities (for possible mental commitment), believing he would kill them. He was not taking any medicines or drugs. His death was certified as suicide.

Case 8 (Dade County, Florida)

This 30-year old Hispanic male called the police regarding his mother. When Fire Department personnel arrived, he would not open the door. He suddenly opened it and pushed his mother outside, saying she was suicidal. The mother said he was suicidal and had attempted suicide before. Police entered the home and found him barricaded inside a room. A SWAT team negotiated for four hours. He suddenly burst out with a large kitchen knife and stabbed one negotiator in the chest (which was protected by a bullet-proof vest). The other police officers then shot and killed him. He left a note which read: “My dear Mother. . .” He had Atypical Psychosis and was hospitalized many times before. The precipitating event was the charge of abducting his ex-wife with an imminent trial date. This death was certified as homicide.

Case 9 (Multnomah County, Oregon)

This 29-year old Caucasian woman was shot by police on December 4, 1990 in Portland. She had called the police threatening suicide, and also threatened to shoot any “cops” who might interfere. Police arrived and tried to talk with her. As she aimed her pistol at them, they shot and killed her. Her handgun was later determined to be a pellet pistol. She had lived in a city 35 miles away, and had numerous encounters with police for mental problems and for carrying handguns. She had a long history of bipolar disorder.

On the previous day she drank in a tavern in her hometown armed with a revolver. She voluntarily gave a live .45 caliber cartridge to a friend to refrain from shooting someone. In a suicide note to a friend she had described the events which took place the next day. Her blood alcohol level was 0.15%, and blood lithium level 0.34 mmol/L (near the minimum of the therapeutic range). Her death was certified as suicide.

Case 10 (Multnomah County, Oregon)

This 19-year old Caucasian male was killed by police on April 13, 1991. He entered a variety store and went to the savings and loan section. He jumped over the counter and held two female tellers hostage at gun point in a small office. During a two-hour standoff a gunshot was heard inside. He then released one hostage. Police stormed the office and he was killed by multiple gunshots. Two police officers received minor gunshot wounds fired by him.

According to his family, he led a troubled life, was depressed, and attempted suicide previously. His family believed he initiated the incident as another suicide attempt, hoping that police would kill him. There was no known professional contact by him for his multiple problems. The death was certified as suicide.

Case 11 (Dade County, Florida)

This 59-year old Caucasian male was shot by police on September 26, 1991. During a domestic dispute, he fired several rounds at his estranged wife and missed. She escaped and called police. He then barricaded himself. Police attempted negotiations for an

hour, and then suddenly he walked out with a handgun. Despite warnings he would not drop it, and he slowly walked towards the officers who then shot him. Inside the home police found a note stating: “To Whom It Might Concern: I . . . upon my death bequeath anything I own to my wife . . . this being a living will. Goodbye, I love you. . . Go ahead and kill me. I know you want to.” According to survivors, he had a history of alcohol abuse. His blood alcohol level was 0.11%. His death was certified as homicide.

Case 12 (Multnomah County, Oregon)

This 20-year old Caucasian male was shot by police on January 16, 1992 during a hostage situation. He entered a residence at night through a basement window and seized a butcher knife from the first floor kitchen. He proceeded upstairs to a bedroom and took a sleeping 12-year old boy hostage. Police surrounded the home and several officers entered. He brought the boy downstairs at knife point and was met by two officers. He dragged him back upstairs again and police rushed after him and killed him. The boy was gravely wounded and died later.

The victim was reported to be an alcoholic and was also mentally retarded with no known professional contact. He was involved in many petty criminal activities in the past six years. His bizarre behavior was thought to be caused by his alcoholism. He wrote suicidal notes to his mother in the past, and one of several later found in his bedroom read: “I hope to die tonight, Mom . . .” Toxicological examinations showed only the presence of alcohol at the level of 0.18%. His death was certified as undetermined.

Case 13 (Marion County, Oregon)

This 35-year old Caucasian male was killed by police at his home on May 29, 1992 while police were trying to serve him a court mental detainer for emergency hospitalization because of alleged suicidal and homicidal thinking and behavior. He refused to open the door or be taken into custody, but suddenly ran out with a pistol and rifle. He was chased by officers who ordered him to stop and fall to the ground. Suddenly he turned around, drew his pistol from the holster, and aimed at them. The three pursuing officers fired their guns, fatally wounding him. His two weapons were then determined to be authentic-appearing replicas.

He was mentally ill and had two treatments in the preceding months. Estranged from his wife, psychiatrist, and counselors, he stopped taking a prescribed anti-depressant, and threatened to kill himself, his employer, counselors, and police officers who might try to stop him. His wife initiated the legal commitment process due to his dangerousness to self/others. His records revealed: (a) Bipolar Disorder (mixed phases); (b) depression, suicidal ideation, and homicidal behavior; and (c) manic behavior with high potential for painful consequences. He was uncooperative about treatment and had adverse interpersonal relationships. During the last few days, he was progressively agitated and threatened anyone who tried to talk with him. Toxicological examinations were all negative. His death was certified as legal intervention (a variant of homicide) and his Part 2 was Bipolar Disorder, Mixed Phases.

Case 14 (Dade County, Florida)

This 43-year old Black male was shot by police on May 3, 1993 following a violent dispute in his home. Early that morning his daughter reported to the neighbor that he had stabbed her mother to death. Upon the arrival of police, he exited with a bloody knife and lunged at an officer. A female officer shot him in the abdomen

and he fell to the ground. He then rose, and as the officer backed away, she tripped and fell backward. He moved toward her again when she shot him again at the same time another responding officer fired.

The victim was severely mentally ill with Bipolar Disorder (mixed phases). He often thought police and neighbors harassed him because of his race. Because of damage to his home during Hurricane Andrew in 1992, he and his family were forced to move. This led to severe depression and he became involved again in the harassment of police and neighbors in his new setting. He filed law suits against police and neighbors, and had three police emergency commitments in the previous six months because of violent behavior. Toxicological examinations were negative. His death was certified as homicide.

Case 15 (Washington County, Oregon)

This 37-year old Caucasian male was killed by police on June 28, 1994. Earlier that day police received reports of his assault on his girlfriend whom he left lying unconscious. He drove home, wrote a suicide note, and told his brother its contents: that he would die before returning to jail. He then drove to his parents' home and took his handgun. Police came to the scene but were unaware of his intentions or whereabouts. He was driving when police ordered him to stop and show both hands. He came out of the car with his gun pointed at the lone officer who believed his life was in danger. He had not discharged his weapon when the officer shot and killed him. The officer later discovered that the victim's gun could not have been fired by simply pulling the trigger, because there was no bullet in it and it was on half-cock.

The victim had a long criminal and alcohol/drug abuse history. He was rebellious and had an explosive temper, with a history of beating up girlfriends. Toxicological examination was qualitatively positive for methamphetamine. His death was certified as suicide.

Discussion

Overall, the aggregate data show the following characteristics of the victims and incidents: (a) All incidents were perceived as life-threatening to law officers, family members, or hostages. (b) All victims were male except one, and all were Caucasian except two. (c) All victims resisted arrest and verbally threatened homicide during the fatal incident. (d) Two-thirds of the victims took hostages. (e) All victims possessed an apparent handgun or other weapon (knife, iron bar). (f) All victims posed their weapon and threatened others during the incident. (g) 60% of victims actually used the weapon with apparent intent to inflict damage to others. (h) 40% of victims were intoxicated with alcohol but other drug-involvement was uncommon. (i) 47% had previous suicide attempts. (j) 40% had medically documented psychiatric diagnoses and 60% had reasonable historical evidence of psychiatric diagnoses. (k) The most common psychiatric conditions were depression and substance abuse.

Deaths by law officer provocation account for a small fraction of justifiable homicides, and there is little medical or forensic literature addressing it. In an epidemiological analysis in Dade County, Florida, Copeland showed that law officer shooting deaths during 1956–1982 accounted for 3% (194) of 6,185 homicides (1). Rushford et al.'s study of homicide patterns during 1958–1974 in Cuyahoga County (Cleveland), Ohio, found that justifiable homicides comprised 13% of all the homicides, with law officer involvement in about 25% of the cases (2). In another study involving 642

homicides in the same county during 1958–1982, 25% (160 deaths) were law officer shootings of victims' involved in crime or resisting arrest (3).

Two articles concluded that the two criteria for the certification of suicide were: (a) death was self-inflicted, and (b) the victim intended to die (4,5). Without defining the criterion of 'self-inflicted', the types of direct and circumstantial evidence of suicidal intent were presented.

In a study of 'equivocal suicides,' Litman et al. emphasized that some "... individuals may make a considerable contribution toward their own deaths under circumstances not ordinarily considered suicide" and which are often classified as undetermined (6). A follow-up study argued for the potential use of six degrees of suicide in death certification, in the same fashion as for homicide in the legal process (7): (a) *First-Degree Suicide*: Deliberate, planned, pre-mediated self-murder. (b) *Second-Degree Suicide*: Impulsive and unplanned self-murder, but under great provocation or mitigating circumstances. (c) *Third-Degree Suicide*: Sometimes called 'accidental', with the victim not really intending to die, as inferred from the relatively harmless method of self-injury and the making of provisions for rescue. (d) *Fourth-Degree Suicide*: Self-murder with a lack of capacity for intention, as when psychotic or highly intoxicated. (e) *Fifth-Degree Suicide*: Self-murder due to self-negligence, such as self-destructive behavior by ignoring medical instructions, reckless driving, chronic alcoholism and cigarette smoking. (f) *Sixth-Degree Suicide*: This "justifiable suicide is more of philosophical, theological, and sociological interest than of pragmatic importance to coroners." We believe that all the 15 cases presented in this paper represent samples of first degree suicide, as described by Litman (7).

Wolfgang completed a psychiatric analysis of 150 persons who sought to die by having others kill them (8). With cases from 588 consecutive homicides handled by Philadelphia Police during 1948–1952, he described the deaths as victim-precipitated homicides, with "... the victim as the first to resort to physical aggression ..." Further, the victim "... must present himself as an aggressor so that the agent of his death cannot fail to attack him. ... Physical punishment from outside self rather than direct self-punishment is the conditioned orientation of the victim-precipitated homicide victim. Hence, he commits suicide indirectly by provoking another person to kill him." There was no mention of police officer shootings as examples.

Hanzlick and Goodin presented 23 different case scenarios to solicit medical examiner opinions regarding manner of death (9). One of their cases was similar to the cases reported in our study and involved a police officer confronted by an armed subject who had previous suicidal ideations and who charged police in a daring or provoking fashion and was shot and killed by police. Regarding the manner of this death, of the 198 medical examiners responding, 82.2% selected homicide, 11.2% suicide, 1.5% accidental, and 4.6% undetermined. Thus, in law officer shootings where a victim's intent to die is documented or reasonably apparent, two certifiers may make independent judgments about manner of death that differ from one another as was the case in our series of cases. One might favor suicide (judging from the victims' intent), while the other might favor homicide (judging from the law officers' intent) for each of the 15 cases presented in this study. Hanzlick (10), and Reay (11) have expressed the need for further study to develop standards for death certification particularly for the manner of death, and variations among coroners and medical examiners in criteria used for manner of death have been known for some time (6).

Below, we briefly present the arguments which favor suicide or homicide as the manner of death when certifying deaths of persons who appear to have committed suicide by provoking the police, and also include a brief discussion of the psychiatric elements of such cases:

Argument/View Favoring Certification as Homicide

Florida Statutes (Chapter 782) define the killing of one human being by another as homicide and designate four main categories: (a) excusable, (b) manslaughter, (c) justifiable, and (d) murder. Into excusable fall the accidents with or without simple negligence. Manslaughter requires wanton and culpable negligence. Justifiable or murder imply intent to kill. Justifiable is reserved for cases where the perpetrator acts in self defense or to prevent death or grievous injury, as when a police officer is forced to shoot lawfully. Oregon law is similar.

Death certification exists for the development of health statistics, and is an executive, not judicial, function. A certifier should adhere to peer conventions. The most common practice is to classify intentional killing as homicide regardless of the victim's state of mind. Should there be reasonable proof that the victim intended to be killed, this may be mentioned in the explanatory space on the death certificate. A mental illness diagnosis of the victim, if any, may be entered in Part II as a contributory cause.

Argument/View Favoring Certification as Suicide

When a person shoots and kills another, the manner of death is not necessarily homicide. Depending on circumstances, some of these deaths are certified as accidents or suicides. On the death certificate the medical examiner expresses medical opinions, not legal decisions, about cause and manner of death. Given identical circumstances, the manner of death certified by the medical examiner may differ from that determined by a court of law. For example, the death certificate of a pedestrian killed by a motor vehicle will usually be certified as accidental death by the medical examiner (who is guided by tradition or convention); but in court the same driver, if intoxicated at the time of death (as defined by law), may be convicted of manslaughter (a legal class of homicide).

The two criteria for certifying a suicide noted previously were: (a) the person intended to die, and (b) the death was self-inflicted. The first criterion is the 'sine qua non' and its interpretation is reasonably clear. The second criterion is not essential and its misinterpretation results in the under-reporting of suicides.

There is a broad range of acts done to commit suicide. Some self-inflicted acts (gunshot to the head) will result in immediate, certain death. Others (overdose of antidepressant) probably will result in death, if given sufficient dosage and time. Some acts can be completed by the person intending to commit suicide (gunshot to the head); while others (jumping in front of a car or pointing a gun at a police officer) depend on the actions (inadvertent or deliberate) of another person for completion of the suicidal act.

A person who points a gun at a law enforcement officer usually knows with reasonable certainty that the officer will shoot to kill. Investigation into the death may reveal a suicidal victim who wrote a note expressing intent to die by provoking an officer to shoot and kill (and this is the situation for Case 9, and perhaps Case 5). The manner of death should be suicide, because the victim intended to die and was responsible for setting into motion the chain of events that led to death.

Psychiatric Analysis of Individuals Who Provoke Law Enforcement Officers into Killing Them

Psychiatrists have always believed that there is often a thin line between homicide and suicide. Certainly the cases presented here affirm that position. It is not unusual for people to look to others to help them commit suicide (12). Physicians are often recruited, with or without their conscious knowledge (13). Many physicians have known patients who have obtained a lethal amount of medication with, in retrospect, the sole purpose of using it for suicide. Society now recruits physicians more openly, as the concept of physician-assisted suicide becomes more popular (14). Just as some individuals look to the authority and power of physicians to assist them in ending their lives, it should not be unexpected that some would look to law enforcement with the same motivation. A common denominator is that physicians and police have the power to end life in their legally sanctioned roles.

Several years ago the mental health and law enforcement agencies in Portland, Oregon organized the Psychiatric Emergency Operations Team to coordinate emergency care in the metropolitan area. One of the functions of the group was to be aware of mentally ill individuals frequently involved in emergency situations. Consider the following entry in the minutes of this group from 1994: "(the patient). . . is no longer in treatment. He has a history of wanting to have a police officer kill him and has even decided who that officer will be. Police are aware of him."

Why individuals would choose to provoke police into taking their lives deserves further investigation. The predominant diagnoses of individuals described in this report are various types of depression, many associated with histories of substance abuse. Both are important diagnostic groups associated with suicide, regardless of method of suicide (15). The primary psychiatric diagnosis (Axis-1) (16) alone obviously will not explain the actions of these individuals in utilizing police officers to end their lives.

Thus, from a psychiatric viewpoint, we urge forensic pathologists to agree on their nomenclature in situations such as those described in this paper. Such individuals need to be consistently identified so that they can be studied more rigorously. We are currently faced with more mentally ill in the community than ever before, as well as fewer institutional beds and community services than in the past. Given this situation, it is not unexpected that many mentally ill persons will come in contact with the police and the criminal justice system (17) and more will confront police officers with a view to end their lives.

Conclusion

Since this paper appears to be one of the first publications on death resulting from individuals provoking law enforcement officers to shoot and kill them, the authors have purposefully not, as a group, offered unified recommendations regarding the manner of death for the certification of these deaths. Rather, arguments in favor of the two most common options (suicide versus homicide) in such cases have been presented. The intent is to present the dilemma to, and increase its awareness among, the forensic and psychiatric communities. We recommend that professional organizations of medical examiners and coroners collectively establish: (a) criteria for a diagnosis of "police-assisted suicide"; (b) an agreed upon approach to classification of manner of death; and (c) an approach to clearly state the circumstances of the fatal incident on the death certificate.

Acknowledgments

The authors gratefully acknowledge the help provided by, and dedicate this research to, the law enforcement officers and medical examiners involved in the 15 cases studied in this paper. Also, the assistance provided by Ann Louise Regimbal in the preparation of the manuscript is greatly appreciated. We extend special appreciation to the anonymous reviewer for providing valuable recommendations.

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