The Role of Psychological Autopsy in Forensic Medicine

Essay

Submitted for partial fulfillment of Master Degree in Forensic medicine and Toxicology

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2013

دور التشريـــــح النفســـي فى الطـــب الشرعـــى

رسالة

توطئة للحصول على درجة الماجستير فى الطب الشرعى والسموم

مقدمة من

الطبيبة / ولاء طلعـــت محمـــد توفيـــق

بكالوريوس الطب والجراحة

معيد بقسم الطب الشرعى والسموم الاكلينيكية

كلية الطب – جامعة عين شمس

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٢٠١٣

Acknowledgement

First and foremost, thanks to ***Allah the Almighty*** *to whom I relate any success in achieving any work in my life.*

No Words can express my gratitude to ***Prof. Dr. Suzan Mostafa Mahmoud*** *Professor of Forensic Medicine & Clinical Toxicology, Faculty of Medicine, Ain Shams University for her expert supervision, great help, valuable advice throughout the performance of this work, continuous encouragement and without her support it was impossible for this study to be achieved in this form.*

I would also like to express my cordial feelings and thanks to ***Assistant Prof. Dr. Rasha El-hussaini Abou Anza,*** *Assistant Professor of Forensic Medicine & Clinical Toxicology, Faculty of Medicine, Ain Shams University, for her precious instructions and valuable comments during the course of this work and also for her everlasting support offered to me and guidance step by step till this essay finished.*

Lastly and definitely not the least, I want to thank my family especially ***Mom*** *and* ***Dad****, for supporting me throughout my life there are no words to describe how I feel, however, I dedicate any success in my life to yours unconditional love, struggle and undying belief in me.*

Walaa Talaat Mohamed

سورة البقرة الآية: ٣٢

Contents

List of Abbreviations

AEA	**:**	Autoerotic asphyxia
BPD	**:**	Borderline personality disorder
CDC	**:**	Centers for Disease Control
DPD	**:**	Dependent personality disorder
DSM	**:**	Diagnostic and Statistical Manual of Mental Disorders
DUD	**:**	Drug use disorders
ECDS	**:**	Empirical criteria for the determination of suicide
EDPA	**:**	Equivocal death psychological autopsy
GPs	**:**	General practitioners
LASPC	**:**	Los Angeles Suicide Prevention Center
MDE	**:**	Major depressive episode
NASH	**:**	Natural, Accidental, Suicidal, Homicidal
OCDS	**:**	Operational criteria for the determination of suicide
PA	**:**	Psychological autopsy
PTSD	**:**	Post traumatic stress disorder
Ref	**:**	Reference
SBC	**:**	Suicide by cop
SPA	**:**	Suicidal psychological autopsy
UK	**:**	United Kingdom
USA	**:**	United States of America
WHO	**:**	World health organization

List of Tables

List of figures

Introduction

From time to time, physical evidence and evidence found in an autopsy don't reveal the mode of death. When incidents of suspicious death occur the mental state of the deceased person needs to be assessed. Evaluation of the persons, their personalities, and thought processes may assist the investigation. For further investigation into the determination of the mode of death 'psychological autopsy' was developed as a helpful tool ***(Siegel, 2000).***

The "psychological autopsy" is a procedure for investigating a person's death by reconstructing what the person thought, felt and did preceding his or her death. This reconstruction is based upon information gathered from personal documents, police reports, medical and coroner's records and face to face interview with families, friends and others who had contact with the person before his death ***(Vij, 2005).***

The nature of the information collected would usually include the following:

- Biographical information (age, marital status, occupation).

- Personal information (relationships, lifestyle, alcohol/drug use, sources of stress).
- Secondary information (family history, police records, diaries) ***(Payne-James et al., 2003).***

There is certainly evidence to support the validity of psychological autopsies as it is clear that opinions from psychologists and other mental health professionals about the mental state of the deceased have influenced many judgments in the courts ***(Cooper, 1999).***

Application in suicide:

Suicide is a serious problem all over the world. Approximately 1 million people are estimated to commit suicide per year. Several epidemiologic studies have mentioned risk factors for suicide such as: Depression, severe anxiety, substance abuse, poor interpersonal relationships including social isolation, inability to maintain a job, somatic diseases, financial problems, and personal or family history of suicide ***(Yoshimasu et al., 2008).***

Despite its use for other modes of death certification other than suicide, it is in suicide that the psychological autopsy has its most important application.

The method permits the study of the overall factors that contribute as precipitators in the individual's life and its cessation. It helps to understand the suicidal process as a multi-factor phenomenon and can be a valuable tool in future research activities.

When studying the suicidal phenomena, statistical data are very important to understand the evolution of the efforts in suicide prevention. The accuracy of the death certificates is extremely important so that the statistical analysis of suicidality may be reliable and not flawed by the equivocal death certificates. One of the contemporary problems with data on suicide rates is due to some inaccuracy of the death certification process worldwide ***(Proenca and Mario, 2000).***

Understanding suicides requires a sensitive under taking. Thus careful conduction of psychological autopsy may help to understand suicides and its causes in order to develop effective services, thus reducing the rate of suicides ***(Murthy, 2010).***

Aim of the work

This essay will be done:

- To throw light on the procedure of psychological autopsy and its importance as a helpful tool in the determination of the manner of death and reconstructing the deceased's state of mind at the time of death.

- To illustrate the risk factors which may lead to suicide commitment and to collect information that will be helpful in treating future patients and identifying behavioral patterns that seem to accompany suicidal intent.

Historical background of psychological autopsy

Some researchers of self-destructive behaviour had investigated suicides in 1920s in Paris and 1930s in New York by collecting information about a victim from available sources ***(Isometsa, 2001).***

During the late 1950s, the Los Angeles County Coroner's office was faced with an increasing number of drug-related fatalities in which it was difficult to determine whether the death was accidental or suicidal ***(Shneidman, 1981).*** In an attempt to solve these mysteries, a collaboration emerged between the Los Angeles County Coroner's office and the Los Angeles Suicide Prevention Center ***(Ebert, 1987).***

The first modern psychological autopsy study of suicides was conducted by Eli Robins and his colleagues in the Washington University in Saint Louis, USA, in 1956–1957 They carefully investigated 134 consecutive suicides during a period of 1 year ***(Robins et al., 1959).***

Robert Litman, Norman Farberow and Edwin Schneidman at Los Angeles Suicide Prevention Center (LASPC) had developed a method to help the medical examiner's office to

decide whether a deceased had completed suicide or died accidentally ***(Clark and Horton-Deutsch., 1992)***.

As a result of their joint efforts, this team developed a more focused evaluation of the deceased's life and emotional state before their death ***(Scott et al., 2006).***

The term 'Psychological autopsy' was coined in 1958 by Edwin Shneidman to describe this post-death evaluation process ***(Murthy, 2010)***. It was defined as ''nothing less than a thorough retrospective investigation of the intention of the decedent'' ***(Scott et al., 2006).***

However, the focus of the LASPC group was largely on classifying causes of death. The work by Robins and coworkers was an important model, as it deliberately investigated suicides, involved standardized interviews of the next of kin and examined all consecutive suicides in a defined catchment area ***(Robins et al., 1959).***

The first European psychological autopsy study was conducted by Barraclough and coworkers in West Sussex and Portsmouth in England in 1966–1969. They carefully examined 100 consecutive suicides ***(Barraclough et al., 1974).***

Ebert in 1987 made a step towards formulising the conditions under which a behavioral scientist should carry out a 'Psychological autopsy' ***(Payne-James et al., 2003).***

Since then, several psychological autopsy studies have been conducted in different countries in Europe, North America, Australia, New Zealand, Israel, Taiwan and India. Studies published by the end of year 2000 have been listed in table (1). Overall, the findings from these studies provide an accumulating base of information concerning the factors related to suicide**.** The first generation of these studies was uncontrolled, descriptive studies of suicidal cases. So, they provided valuable first insights into the nature of fatal suicidal behaviour, but also had some methodological limitations. During the last decade a second generation of psychological autopsies had emerged which applied a case-control design. They had their living control subjects drawn from a representative general population sample and used standardised interviews to ascertain mental disorders and their co-morbidity among both their cases and their controls ***(Isometsa, 2001).***