

“Excited Delirium” and deaths in police custody

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“Excited Delirium” and Deaths in Police Custody

The Deadly Impact of a Baseless Diagnosis

March 2022

Medical literature review

- ❖ 226 articles found
- ❖ 172 excluded (did not meet criteria)
- ❖ **54 reviewed**

Archival review (legal and media)

- ❖ News archives
- ❖ Deposition transcripts
- ❖ Court documents
- ❖ **100s of pages**

Interviews (multiple stakeholders)

- ❖ 13 forensic pathologists
- ❖ 6 lawyers
- ❖ 7 crisis response experts
- ❖ 2 families
- ❖ **31 people**

Research team: Brianna da Silva Bhatia, MD; Michele Heisler, MD, MPA; Joanna Naples-Mitchell, JD; Altaf Saadi, MD, MSc; Julia Sherwin, JD; Gerson Smoger, JD

Origins and History

The Miami Herald

APRIL 26, 1990

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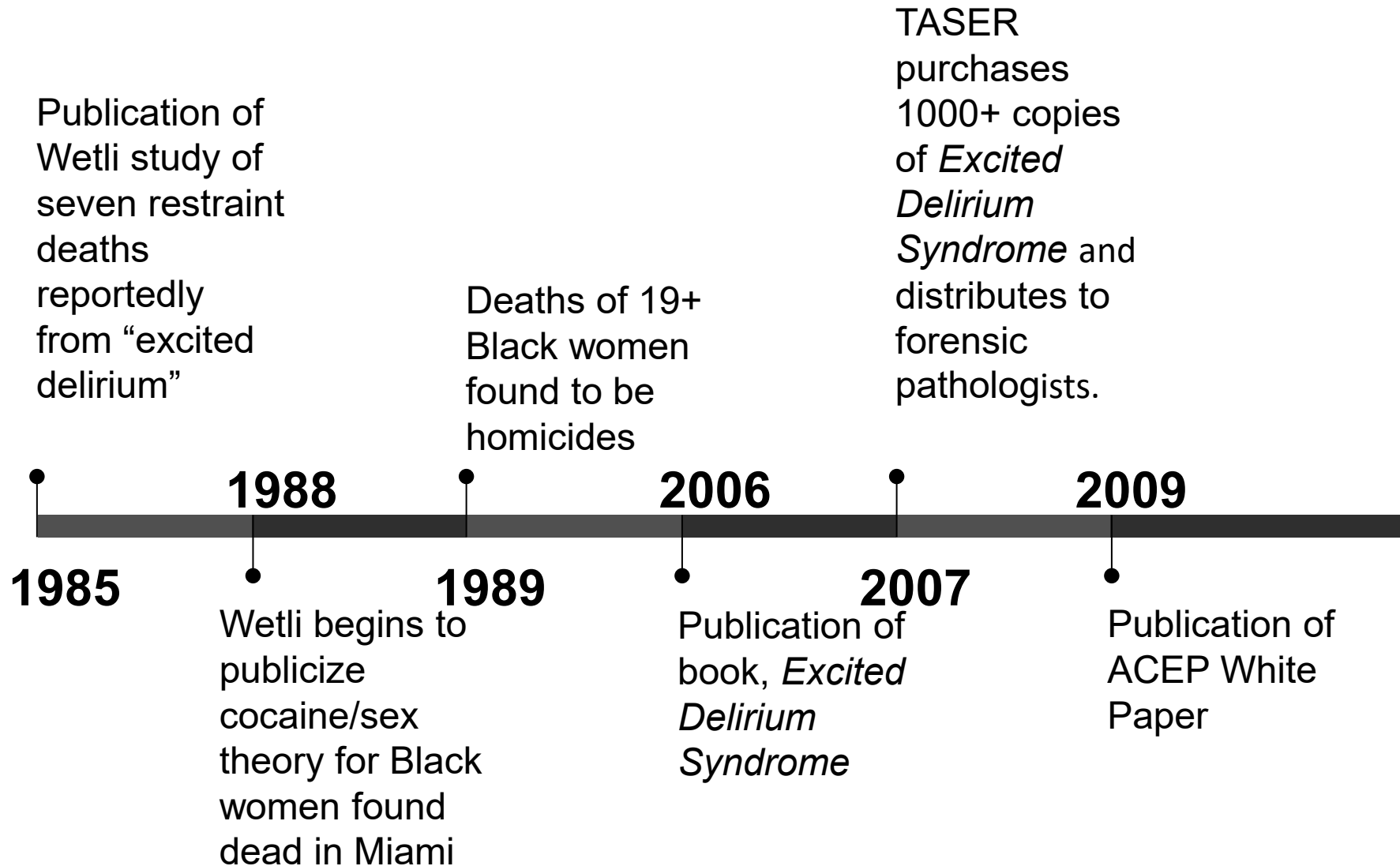
"For some reason, the male of the species becomes psychotic and the female of the species dies in relation to sex," while using cocaine, Wetli said.

While he acknowledged that "at first glance" each victim "looks like she's been raped and murdered," he said autopsies "have conclusively showed that these women were not murdered."

IN HEALTH MAY/JUNE 1990

And its fickleness. "Seventy percent of people dying of coke-induced delirium are black males, even though most users are white," says deputy chief medical examiner Charles Wetli. "Why? It may be genetic, but there's a lot we don't know about how cocaine affects different individuals." Wetli, the department's drug

Timeline: Origins of “Excited Delirium”



Excited Delirium Features

- Agitation
- Aggression
- Acute distress
- Bizarre behavior
- Confusion and disorientation
- Hallucinations
- Hyperthermia
- Paranoia
- Removal of clothing
- Sweating profusely
- Immunity to pain
- Superhuman strength
- Sudden death

Cocaine Use

Methamphetamine Use

LSD Use

Alcohol intoxication
or withdrawal

Bipolar disorder

Schizoaffective
disorder

Mental Illness

Infections

Autism

Dementia(s)

Other neurological
illness



White Paper Report on Excited Delirium Syndrome

ACEP Excited Delirium Task Force

September 10, 2009

The typical course of a published ExDS patient involves acute drug intoxication, often a history of mental illness (especially those conditions involving paranoia), a struggle with law enforcement, physical or noxious chemical control measures or electrical control device (ECD) application, sudden and unexpected death, and an autopsy which fails to reveal a definite cause of death from trauma or natural disease.

Table 2: ExDS Features by Literature Review (n=18)

Not responding to authorities/verbal commands

Significant resistance to physical restraint
--

Continued struggle despite restraint



• 1851 •

Drapetomania

A Psychiatric Diagnosis:
“Runaway Slave Syndrome”

Excited Delirium and Racist Tropes

“Superhuman Strength”

“The only way I can describe it is I felt like a five-year-old holding onto Hulk Hogan. That’s just how big he felt and how small I felt from grasping his arm... [Brown] had the most intensive aggressive face. That’s the only way I can describe it, it looks like a demon, that’s how angry he looked.” –Officer Wilson about Michael Brown

“Impervious to pain”

[Proc Natl Acad Sci U S A](#). 2016 Apr 19; 113(16): 4296–4301.

PMCID: PMC4843483

Published online 2016 Apr 4. doi: [10.1073/pnas.1516047113](#)

PMID: [27044069](#)

Psychological and Cognitive Sciences

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

[Kelly M. Hoffman](#)^{a,1} [Sophie Trawalter](#)^a [Jordan R. Axt](#)^a and [M. Norman Oliver](#)^{b,c}

Blacks age more slowly than whites

Blacks' nerve endings are less sensitive than whites'

Black people's blood coagulates more quickly than whites'

Whites have larger brains than blacks

Whites are less susceptible to heart disease than blacks^{*}

Blacks are less likely to contract spinal cord diseases^{*}

Whites have a better sense of hearing compared with blacks

Blacks' skin is thicker than whites'

Blacks have denser, stronger bones than whites^{*}

Blacks have a more sensitive sense of smell than whites

Whites have a more efficient respiratory system than blacks

Black couples are significantly more fertile than white couples

Whites are less likely to have a stroke than blacks^{*}

Blacks are better at detecting movement than whites

Blacks have stronger immune systems than whites

Death due to Excited Delirium or Aggressive Tactics by police?

Review

> [Forensic Sci Med Pathol](#). 2020 Dec;16(4):680-692. doi: 10.1007/s12024-020-00291-8.

Epub 2020 Aug 22.

The role of restraint in fatal excited delirium: a research synthesis and pooled analysis

Ellen M F Strömmer¹, Wendy Leith², Maurice P Zeegers², Michael D Freeman²

Affiliations + expand

PMID: 32827300 PMCID: [PMC7669776](#) DOI: [10.1007/s12024-020-00291-8](#)

[Free PMC article](#)

Abstract

The purpose of the present study was to perform a comprehensive scientific literature review and pooled data risk factor analysis of excited delirium syndrome (ExDS) and agitated delirium (AgDS). All cases of ExDS or AgDS described individually in the literature published before April 23, 2020 were used to create a database of cases, including demographics, use of force, drug intoxication, mental illness, and survival outcome. Odds ratios were used to quantify the association between death and diagnosis (ExDS vs. AgDS) across the covariates. There were 61 articles describing 168 cases of ExDS or AgDS, of which 104 (62%) were fatal. ExDS was diagnosed in 120 (71%) cases, and AgDS in 48 (29%). Fatalities were more likely to be diagnosed as ExDS (OR: 9.9, $p < 0.0001$). Aggressive restraint (i.e. manhandling, handcuffs, and hobble ties) was more common in ExDS (ORs: 4.7, 14, 29.2, respectively, $p < 0.0001$) and fatal cases (ORs: 7.4, 10.7, 50, respectively, $p < 0.0001$). Sedation was more common in AgDS and survived cases (OR:11, 25, respectively, $p < 0.0001$). The results of the study indicate that a diagnosis of ExDS is far more likely to be associated with both aggressive restraint and death, in comparison with AgDS. There is no evidence to support ExDS as a cause of death in the absence of restraint. These findings are at odds with previously published theories indicating that ExDS-related death is due to an occult pathophysiologic process. When death has occurred in an aggressively restrained individual who fits the profile of either ExDS or AgDS, restraint-related asphyxia must be considered a likely cause of the death.



Findings

PHR finds: the term "excited delirium" cannot be disentangled from its racist and unscientific history.

- ❖ **Medical literature of poor quality**
- ❖ **Conflicts of interest (TASER, defense)**
- ❖ **No consensus on definition**
- ❖ **Disproportionately applied to Black men and relies on racist tropes**



Conclusion and Recommendations

PHR concludes: “excited delirium” is not a valid, independent medical or psychiatric diagnosis and should not be used as a cause of death.

- ❖ **Disavowal of “excited delirium” by holdout medical professional associations**
- ❖ **End to police trainings on “excited delirium”**
- ❖ **Medical-led crisis response**
- ❖ **Ban on lethal police tactics**
- ❖ **Independent oversight of death investigations**

ACEP Reaffirms Positions on Hyperactive Delirium

Octo

Excited Delirium Statement 3/2023

California Becomes First State to Ban

**‘Excited delirium’ no longer
allowed in Minnesota police
training**

“Excited delirium”

Issues concerning hyperactive delirium (HED) have warranted the approval of this paper. The

term excited delirium should not be used among the wider medical and public health community,
law enforcement organizations, and ACEP members acting as expert witnesses testifying in
relevant civil or criminal litigation.

ion.”

law

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