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Existence of 'Excited Delirium' Debated in Nevada

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A man snaps and starts stripping. He's delusional and seems to have superhuman strength. He's paranoid and sweating profusely. He's insensitive to pain. He's incoherent and agitated. He has a history of drug abuse and he's ready to square off with the cops, who have been dispatched to deal with the unfolding drama.

Some will say the man is suffering from "excited delirium," a medical crisis that's often fatal.

Others say the term is bogus, a made-up condition that gives police a too-easy explanation for using excessive force.

The debate over excited delirium is contentious in Clark County and across Nevada and the nation. Medical professionals, law enforcement officials and civil liberties advocates disagree on not only whether excited delirium exists, but also what it is in the first place and how to define it.

The answer depends on whom you ask.

Neither the American Medical Association nor the American Psychiatric Association recognize excited delirium as a disorder. Nonetheless, Metro Police and Clark County emergency medical technicians are trained to identify and respond to excited delirium in the field.

Excited delirium - "E.D." to those who believe - started appearing in medical journals in the 1980s, when it was initially dubbed "in-custody death syndrome." Over time, excited delirium has been cited by police in the deaths of suspects who have been hogtied, pepper-sprayed or shocked with a Taser. Violent struggle has always been a hallmark of deaths attributed to excited delirium. The sufferer typically fights police, emergency medical personnel or jail guards who, in turn, often resort to restraint tactics .

Whether the deaths are because of excited delirium, or the violent struggle, or some combination of both, is uncertain.

"It's a person who is manifesting very bizarre, violent behavior, who struggles and then dies suddenly for no apparent explainable reason," said John Peters, president of the Institute for the Prevention of In-Custody Deaths, a Henderson, Nev. consulting firm that trains law enforcement to recognize and respond to excited delirium.

"They exhaust themselves to death, that's basically what happens."

Police say they must often physically confront people displaying signs of excited delirium because of the nature of the phenomenon.

People in the throes of excited delirium are said to display any of a number of characteristics, including: combative behavior, aggression toward objects, paranoid thoughts, incoherent speech, extreme agitation, disorientation, insensitivity to pain, a tendency to remove clothing, profuse sweating, foaming at the mouth, respiratory issues, superhuman strength and self-injuring behavior.

This list isn't comprehensive, and the sheer number of characteristics that are understood to indicate excited delirium is one of the reasons critics scoff at the term.

"It's a catch-all, cobbled together so that people can pick and choose. An empty vessel of a term they fill up with whatever they want to justify these deaths," said Gary Peck, executive director of the American Civil Liberties Union of Nevada.

Victims of excited delirium are often said to have enlarged hearts, extremely high body temperatures and a history of drug abuse.

Episodes are said to come over a person without warning. A victim's compromised physical condition and extreme aggression exacerbate the chance of dying, Peters said. As the victim fights or rages, metabolic acidosis sets in and may cause cardiac arrest. "Whatever defensive tactics the officers use," he said, "these people will probably die anyway."

This relationship between physical confrontation and fatal excited delirium has tainted the phrase for critics, who suggest police use it as a blanket term to deny fault.

It's a sore subject for police, as indicated in a 15-minute Metro training video used to teach officers how to manage people experiencing E.D.

In the video, former Sheriff Bill Young tells the viewer, "When someone is acting in a violent, erratic or bizarre manner, the police are usually called. Many times a struggle ensues, and after being restrained, often by force, the individual may collapse and die ... These deaths are often a result of a condition known as excited delirium. When these sudden deaths occur, we are often blamed for death we did not cause."

Metro redeveloped internal policy addressing excited delirium in 2005, a year following two high-profile cases involving men reportedly experiencing excited delirium died after struggling with police and being shocked with Tasers.

The department now considers excited delirium a medical emergency and not a law enforcement issue, said Sen. Joe Heck, R-Henderson, a doctor and Metro's medical director.

Officers who arrive at the scene of an excited delirium situation are instructed to summon medical attention and an officer from the department's Crisis Intervention Team. If the person presents a threat, officers are schooled in a "very organized approach to bring the individual down," Heck said.

Heck calls excited delirium a legitimate syndrome and says, "It's in no way a term used to shirk anybody's responsibility."

Critics have condemned the use of Tasers to quell excited delirium and link the device to in-custody deaths.

Peters has testified in court on behalf of Taser International, saying excited delirium, not Tasers, kills people. He has also taught courses on excited delirium at Taser training seminars.

Peters says he is impartial. Peck is skeptical.

"Those people who say it's a credible medical term typically have ties to the law enforcement community and or Taser International itself, and those facts undermine any claim of objectivity."

In the Clark County coroner's office, the term excited delirium is not used as a cause of death. The characteristics of E.D., however, can be listed as contributing factors.

"These are terms that are bandied about and used to describe a certain sequence of events. That does not necessarily make it a medical term," Coroner Michael Murphy said. "We are more careful to say it was 'cardiac arrest during a restraining procedure.' "

Unless the medical establishment adopts excited delirium, Murphy says , he will not use it on a death certificate.

"This is an evolving term," he said, "and we have to watch it very closely."

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PLZ RECALL:

John Peters’ company (the Institute for the Prevention of In-Custody Deaths) makes money training law enforcement officers how to avoid being held responsible for causing restraint asphyxia death, rather than training them how to avoid *causing* restraint asphyxia deaths. IPICD is also “in bed with” Taser International. (They have TASER’s attorney, Michael Brave, providing presentations about “important legal theories and cases about sudden and in-custody deaths.” Additionally, Brave is the President of LAAW International, Inc – one of IPICD’s two “sponsors”!!!) Still, the “bottom line” hasn’t changed.

Until an “excited delirium death” occurring in the *absence* of an asphyxial form of restraint is documented, excited delirium cannot legitimately be blamed for a restraint-related death.