An Eye for an Eye: The Disturbing Relationship between Psychiatric Illness and the American Death Penalty

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THE CASE
In 2004, 21-year-old Andre Thomas killed his wife, son, and daughter. Soon after, he was sentenced to death by a jury of his peers. The case made national headlines for three reasons.

First, Andre used three different knives to commit the crime as not to “cross-contaminate” the blood from each body; he believed that doing so would be the only way to ensure that the “demons” inside each of his victims would die. Afterwards, he pocketed the organs of his victims.

Second, even at the point of the murders, Andre had an extensive history of alcoholism, psychosis, and inter-generational trauma.

Third, about six days after the killings, Andre Thomas gouged his right eye out with his fingers. Four years later, he ripped out his left eye. And he ate it.

THE TIMELINE
1973: Andre Thomas’ uncle is fatally shot by his grandfather
1983: Thomas is born in a home with no running water, heat, or electricity
1986: Thomas’ mother is admitted into a psychiatric facility for suicide
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1993: Thomas begins “hearing angels and demons” in his head; he is 10-years-old
1994: Thomas starts smoking marijuana to “quiet the voices”
1996: Thomas has two unsuccessful suicide attempts
1998: Thomas is arrested for grand theft and is hospitalized for another suicide attempt; there are no records of him receiving psychiatric care
1999: Thomas and girlfriend Laura Boren give birth to their first child—a son
2001: Boren and Thomas get married; Boren is 17-years-old
2003: Thomas begins having documented delusions; his became increasingly violent and detached from reality
February 2004: After another suicide attempt, Thomas is ordered by a judge to be involuntarily committed to a mental health center; Thomas does not report to the center
March 25, 2004: Thomas stabs himself in the chest to “cross over into heaven”; ER staff arrange for him to be involuntarily committed, but Thomas leaves the hospital; the police are notified but do not follow-up with him
March 27, 2004: Thomas kills Boren and his two children; he then stabs himself and turns himself in, stating he thought “God wanted him” to kill the victims
April 3, 2004: Andre Thomas gouges out his right eye, quoting Mark 9:47 (“And if your eye causes you to sin, pluck it out. It is better to enter the kingdom of God with one eye than to have two eyes and be thrown into hell.”)
June 2004: Thomas is diagnosed with schizophrenia and medicated for the first time; he is deemed unfit to stand trial, although doctors later disagree on both of these determinations
2005: Thomas is convicted of capital murder and given the death penalty
2008: Thomas self-enucleates his left eye and eats it
2015: The UN Commission for Human Rights addresses Thomas’ case: “…through no fault of (his) own, (he) is a tormented soul suffering from devastating afflictions that leave (him) unable to think and reason like people who are not so afflicted … that is greater punishment that any court can impose…”
2021: Thomas, now 38-years-old, remains on death row

THE QUESTION
It is estimated that over half of those on death row in the United States have at least one psychiatric diagnosis. This, coupled with Thomas’ case, beg the question: how ill is too ill to be put to death?

WHAT IS THE LEGAL PRECEDENT?
Per the McNaughten Rule, a defendant can be deemed legally “insane” if they cannot understand the consequences of their criminal acts. It is generally understood that a variation of the rule also applies to the death penalty—that an individual put to death must understand why. This, by default, requires some degree of insight and capacity.

POSSIBLE GUIDELINES MOVING FORWARD
- A version of the McNaughten Rule should apply to the death penalty. That is, if a defendant is deemed to be “insane” at the time of a crime, they should not be executed or sentenced to death.
- The death penalty should be off the table for defendants with mental illnesses or intellectual disabilities, regardless of whether the defendant is able to show the causation required by the insanity defense. This is especially notable if the purpose of punishment is rehabilitation, deterrence, and retribution.
- Defendants should not be “medically induced” to become competent either to stand trial or to be put to death. This places a large burden on the healthcare provider and does not take into account the rights, free will, and autonomy of the defendant.
- Racial disparities in the use of the death penalty must be addressed: black Americans are more likely to receive the death penalty and less likely to receive mental health services than their white counterparts.
- Police systems, mental health systems, and criminal justice systems should be more integrated, as circumstances force the same individuals to circulate through all of them; Andre’s case may have ended differently if doctors (or police) had identified him as troubled (and needing help) earlier.

ADDITIONAL NEUROETHICAL CONSIDERATIONS
To date, no American court has ruled that severe psychiatric illness deems a person ineligible for the death penalty.

Andre Thomas’ case is a microcosm of this issue, and his place on death row brings to question the purpose of criminal punishment.

If Thomas has to be heavily medicated to not be floridly psychotic, does he truly have insight or capacity? Is retribution truly retribution if the defendant does not (at his unmedicated baseline) comprehend the crime for which he is being put to death? What does the justice system truly have to gain by putting this man (whose psychiatric state has continued to decline during his imprisonment) to death?

CONCLUSIONS
Criminal punishment in the United States is often justified by retribution, deterrence, and incapacitation. With the psychiatrically ill, these rationalizations lack validity and do not take into account the effects of severe mental illness on an individual’s personhood, insight, and capacity.

REFERENCES