

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 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 **M'Naghten 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 being put to death must understand why**. This, by default, requires some degree of insight and capacity.

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 suicidality
- 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 not 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

POSSIBLE GUIDELINES MOVING FORWARD

- A version of the **M'Naghten 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**.

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