Editorial

Self-Crash Murder–Suicide

Psychological Autopsy Essay and Questions About the Germanwings Crash

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Facts

On March 25, 2015, a 27-year-old copilot crashed his Airbus in the southern French Alps, murdering 144 passengers and five crew members.

This was a premeditated act. Having flown gliders in the region before, he knew the area. The technical report shows that on the same day, during the first flight from Dusseldorf to Barcelona, he had already tested how to block the autopilot system for descent. He had locked himself in the cockpit after the chief pilot went to the toilet.

In April 2008, he was given his first medical leave because he was suffering from apparent depression. In August 2008, his condition worsened with suicidal ideation and he was admitted to hospital for a short time. He was permitted to fly again in July 2009 with the condition that if there were any signs of relapse, he would lose his pilot's license (as well as his insurance). Psychiatric consultations began in August 2009 and continued until he relapsed in December 2014. Hospitalization was suggested with the suspicion of psychotic symptoms. From November 2014, he consulted five different general practitioners, one psychiatrist, and one psychotherapist. He complained of problems with his vision but there was no formulation of a clear diagnosis. During that long period, several different mild psychotropic drugs were prescribed. Medical leave was given and submitted to the Aero-Medical Examiner of Lufthansa many times, but neglected. On March 10, 2015, he was admitted to a psychiatric department for a possible psychotic episode. There is no clear information on this, but he was probably hospitalized for around 2 days. Medical leave was recommended, but this time the certificate was not sent by the pilot to Lufthansa's Aero-Medical Examiner, meaning that on the day of the crash he was on medical leave but the airline was not informed by him or the doctors.

No suicide note was found.

Factors

The potential protective factors are unknown. For example, the pilot did not seek the help of the support group of Lufthansa that is available to employees with psychological difficulties, alcoholism, or drug dependence. Additionally, his family survivors refused to cooperate with the investigators. A past girlfriend left him because of his erratic behavior.

However, there is knowledge of some risk factors:

- The evolution of his major depressive condition, which progressively developed into a confirmed psychotic disorder, without sufficient drug treatment and follow-up.
- No alert of the risk of suicide or homicide was issued by his doctors. They did not provide confidential medical information to the company. German rules are strict on medical confidentiality. The doctors were afraid they would be sentenced if they provided that information.
- He was in a critical financial situation; he borrowed money to get his pilot's license. It is important to recall the exemption from July 2009, which stated if there were to be any relapse he would lose his pension from the medical insurance, leaving him without any revenue. Pilots can apply for complementary insurance in the case of inability to work, but the pilot did not take it when he was employed and then afterward could not do so because of the existing medical certificate of depression delivered initially with his first episode in 2008.
- He probably knew he would not be able to fly again as a licensed pilot.

BEA Safety Recommendations

The following are the recommendations made by investigators of the BEA (Bureau d'Enquêtes et d'Analyses pour la

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sécurité de l'aviation civile, 2016) transmitted to the German Medical Association (Bundesärztekammer) and the Federal Ministry of Transport, the International Air Transport Association, and the World Health Organization:

1. Improve education of aero-medical examiners;
2. Implement regular follow-ups with re-evaluation of pilots with psychological disorders;
3. Improve support programs for pilots;
4. Promote awareness of the financial consequences of the cancellation of pilots' licenses;
5. Provide definitions and rules for the use of psychotropic drugs for pilots; and
6. Authorize doctors to inform companies of patients who have suicidal tendencies that present a risk to the public without fear of being sentenced for the violation of medical confidentiality

Discussion

Analysis of this drama raises many questions but a few fundamental remarks can be made:

A pilot died by suicide and at the same time murdered 149 people in a probable melancholic act. Murder–suicide is usually discussed as murder followed by suicide or suicide after a homicide act, as is well illustrated by West (1966).

The pilot identified himself with airplanes, an object choice of his ideal according to Freud theories (1933): "If one has lost a love-object or has had to give it up, one often compensates oneself by identifying oneself with it..." (p. 79). Tanay (1969) proposed the term of *dissociative murder*, cited by Nancy Allen in her book *Homicide* (1980, p. 43), "when the murderer dissociates himself or herself from the consequences of the crime." The pilot killed innocents, having nothing to live for. Joiner, in his book *The Perversion of Virtue: Understanding Murder-Suicide* (2014), would probably define it as a perversion of fate or justice.

Many questions are raised from the analysis of this tentative psychological autopsy (Soubrier, 1982) concerning the limitations of suicide prevention and prediction issues. For example, what is the necessary follow-up of depressive patients with or without suicidal ideation who have a profession in the field of public security?

What are the limitations of suicide prevention regarding rules for confidential medical information, "when ethics are a corset" for physicians in suicide prevention (Soubrier, 1986)? For instance, a Polish professor of law, Elwira Marszalkowska-Krzes, in a paper published after the Germanwings crash (2015), discusses the distinction made between physicians and psychiatrists concerning violation of medical confidentiality when there is a threat to the life of the person or others. Mental health professionals can make reports; however, they cannot be questioned about the reports.

In cases of imminent risk of suicide, how should decisions for involuntary commitments be made (Motto, 1983)?

Police investigators found home several medical certificates torn up at the pilot's. How should notifications of medical leave change?

How could collaboration between physicians, psychiatrists, and corporate medical departments improve suicide prevention in the workplace (Soubrier, 2016)?

Was it mimetism? The pilot may have known of three past intentional crashes by commercial pilots: Royal Air Maroc, Morocco, 1994; Egypt Air, US East Coast, 1999; and Air Mozambique, Namibia, 2013 (and, possibly, Silk Air Indonesia, Jakarta–Singapore, 1997, although this was not confirmed as intentional).

Was it glory? A former flight attendant heard him say: "One day, I will do something that will change the system and everybody will learn my name and so will remember it." His credo was "to live to fly, to fly to die."

Conclusion

This particular murder–suicide was premeditated with greatly neglected precipitating factors and high predictability. In fact, this confirms the remark by Maltsberger et al. (2015, p. 643) that: "Risk factors research does not have high predictive value."

It is a major ethical issue to discuss the limitations of suicide prevention.

References

Allen, N. H. (1980). *Homicide: Perspectives on prevention*. New York, NY: Human Sciences Press.

Bureau d'Enquête et d'Analyses pour la sécurité de l'aviation civile. (2016). *Rapport final de l'enquête sur l'accident d'un Airbus A320-211 immatriculé D-AIPX exploité par Germanwings survenu le 24/03/15 à Prads-Haute-Bléone* [Final report of the investigation into the accident of an Airbus A320-211 registered D- AIPX, operated by Germanwings on March 24, 2015 in Prads-Haute-Bléone]. Paris, France: Ministère de l'Écologie, du Développement durable et de l'Énergie.

Freud, S. (1933). *New introductory lectures on psycho-analysis*. New York, NY: The Standard Edition.

Joiner, T. (2014). *The perversion of virtue: Understanding murder-suicide*. New York, NY: Oxford University Press.

Maltsberger, J. T., Schechter, M., Herbstman, B., Ronningstam, E., & Goldblatt, M. J. (2015). Suicide studies today: Where do we come from? Who are we? Where are we going? *Crisis, 36*(6), 387–389.

Marszalkowska-Krzes, E. (2015). Professional confidentiality applicable to psychiatrists. *Psychiatria Polska, 49*(3), 641–648.

Motto, J. A. (1983). Clinical implications of moral theory regarding suicide. *Suicide and Life-Threatening Behavior, 13*(4), 304[88]–312[96].
Soubrier, J. P. (1982). Étude psychiatrique légale du suicide [Forensic psychiatry study of suicide]. *Annales Médico-psychologiques, 140*(2), 177–192.
Soubrier, J. P. (1986). Éthique et Suicide, introduction à la 17ème Réunion du GEPS [Ethics and suicide, introduction to the 17th meeting of the GEPS]. *Psychologie Médicale, 18*(6), 835.
Soubrier, J. P. (2016). Collaboration between psychiatrists and other physicians. In D. Wasserman (Ed.), *Suicide: An unnecessary death.* (2nd ed., pp. 317–324*).* New York, NY: Oxford University Press.
Tanay, E. (1969). Psychiatric study of homicide. *American Journal of Psychiatry, 125*(9), 1252–1258.
West, D. J. (1966). *Murder followed by suicide*. Cambridge, MA: Harvard University Press.

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