Handcuffs and Unexpected Deaths — "I Can't Breathe" as a Medical Emergency

Matt Bivens, M.D., Eric Jaeger, J.D., N.R.P., and Victor Weedn, M.D., J.D.

This spring, Colorado paramedic Peter Cichuniec was sentenced to 5 years in prison, and his partner Jeremy Cooper received probation and community service, over the unexpected death of their patient. The two paramedics had been summoned by police to a Denver suburb, late one night in August 2019, to evaluate a young Black man in distress. Elijah McClain, 23, had committed no crime and taken no drugs. But as he walked home from a store wearing a ski mask (in August) and listening to music through earbuds, someone called 911 to report that he looked "sketchy." Police stopped McClain, who reacted with alarm, and the encounter escalated.

McClain was wrestled to the ground, choked briefly unconscious, and handcuffed. Paramedics arrived to find him moaning as police held him down. Video shot on the scene reveals that the paramedics neither interviewed nor really examined their patient. They took a medical history from the police and then gave McClain a large dose of ketamine. Minutes later, McClain went into a pulseless electrical activity cardiac arrest.

We have reviewed videos, autopsies, and toxicology reports of dozens of cases in which someone in apparently good health was physically restrained and had a cardiac arrest. We see these events as a failure of the medical profession — not just of law enforcement.

Such events have become more visible since the 2014 death of Eric Garner, a 43-year-old Black man who was choked, handcuffed, and held prone by police on a New York City street.[1] Garner's repeated last words — "I can't breathe" — would be echoed by McClain in 2019 and, more famously, a year later by George Floyd, a 46-year-old Black man who died in Minneapolis after being handcuffed and held prone.

These deaths are widely seen as having resulted from racism in policing. But people of many races have unexpectedly died in police restraints after urgently reporting that they couldn't breathe. Two months after McClain's death, for example, James Britt, a 50-year-old White man, died in the same manner. After South Carolina police had wrestled him to the ground, handcuffed him, and held him prone, videos show him crying out, "Roll me over. I can't breathe." An officer replies, "If you're talking, you're breathing." Britt was held prone and injected with ketamine; he died minutes later.

And 2 months before Floyd's death, Edward Bronstein, a 38-year-old White man, died while being held handcuffed, face-down, by California police officers, after crying out, "I can't breathe." Police suspected Bronstein had been driving intoxicated, and while they held him down, nurse Arbi Baghalian drew his blood for court-ordered toxicology testing. Baghalian and seven police officers face charges of involuntary manslaughter and, if convicted, prison sentences of up to 4 years.

More than a thousand such deaths over the past decade have recently been documented. Only 94 involved prehospital sedation,[2] but all involved a prolonged struggle, which usually ended with the restrained person handcuffed and prone.

Reviewing videos of the events, we were struck by how often people saying they couldn't breathe nevertheless continued to be held down. Equally striking was how often sedation was administered to people who were already clearly exhausted, subdued — and tachypneic.

People who have engaged in prolonged physical struggle with first responders are often profoundly acidotic on blood gas testing.[3] Those who are held prone, especially if they are obese or have weight applied to their back, cannot fully expand their chest. Their respirations may be rapid — but not deep. A person thus restrained — George Floyd, for example, under the knee of Officer Derek Chauvin and the weight of other Minneapolis police officers — can't engage in what, in a different context, we might call Kussmaul breathing. When they report, "I can't breathe," the officers restraining them often reply that any person who can talk can breathe. But that is a dangerous myth.[4] In such interactions, the restrained person and the first responder are talking past each other: the former is describing a need to breathe *out*, to expel carbon dioxide; the latter is describing oxygenation, which depends on the ability to breathe *in*.

Physicians recognize the danger of interfering with the deep, rapid breathing of a person struggling to compensate for acidosis caused by an aspirin overdose or diabetic ketosis. Yet in these law-enforcement cases, videos show police and paramedics repeatedly hindering the frantic, deep, rapid breathing of a restrained person — who is

almost certainly acidotic from the increased metabolic demand of the physical struggle, to say nothing of any intoxicants that may also be on board.

Once this compensatory tachypnea is recognized, it can't be unseen. It applies in every case. In photos shown at Chauvin's trial, Floyd, despite having his hands cuffed behind him and officers atop him, digs his finger into the tire of a car parked next to him and tries to lever his chest up off of the ground — he is trying to expand his chest, to breathe. The video of McClain shows him struggling to raise his torso, and one of the officers marvels, "He almost did a push up with all three of us on his back." He, too, was trying to breathe.

In sedating McClain, the paramedics said they were treating him for "excited delirium." The American College of Emergency Physicians (ACEP) endorsed this diagnostic concept in a 2009 white paper, which argued that aggressive people in an altered state of consciousness can represent not just law-enforcement challenges but medical emergencies. Warning that a prolonged physical struggle can produce severe metabolic acidosis, ACEP recommended early sedation to prevent that outcome. Many paramedics have thus been taught an oversimplification: that sedation keeps a restrained patient safe.

But timing is everything in emergency medicine: providing sedation late, to someone who is already dangerously acidotic, will only slow their compensatory respiratory drive. When such a patient is also handcuffed and facedown, with people sitting atop him, cardiac arrest looms.

When a person has died in such circumstances, police have often cited ACEP's "excited delirium syndrome" to avoid liability, shifting blame for the death onto the person's drug use or mental health crisis.[5] For this reason, the American Medical Association, the American Psychiatric Association, and the American Academy of Emergency Medicine, among others, have all recently disavowed "excited delirium" as a diagnosis. ACEP, too, has renounced the term, although it still "recognizes the existence of hyperactive delirium syndrome with severe agitation, a potentially life-threatening clinical condition."

We agree that some patients are aggressive, mentally altered, and already critically ill when first responders encounter them. But the far more common problem is that an otherwise healthy person has been made critically ill by the restraint process itself.

Police and paramedics need help in recognizing and managing these cases. They need to understand that metabolic acidosis can develop within minutes after a physical struggle begins and, when severe, can cause the heart to suddenly stop contracting. Anything that impairs deep, rapid breathing — from prone restraint to sedation — is potentially dangerous in this setting.

Specifically, we suggest that first responders adhere to several key practices. They should establish a "safety officer" at the scene of any physical takedown, to advocate for early efforts to relieve a restrained person's reported distress. They should avoid prolonged prone positioning, which impairs deep breathing (especially in obese people). They should approach sedation (if it is provided) as a formal procedure: paramedics should perform a protocolized assessment beforehand and have equipment and skilled personnel ready in case the patient decompensates. They should never sedate an obviously exhausted, subdued patient or someone who is being held prone. They should never assume that speaking implies breathing.

No police officer wants to be the next Officer Chauvin, who is serving a 23-year prison term for his role in Floyd's death. No paramedic wants to fail a critically ill patient. And no parent wants to be the next Sheneen McClain, whose son — a young man who'd committed no crime (then or ever), used no drugs, and carried no weapons — stepped out to buy himself an iced tea and ended up killed in a police interaction gone wrong. Physicians who provide medical oversight of prehospital care need to facilitate a long-overdue dialogue between paramedics and police about how to manage a restrained person who reports, "I can't breathe."

Disclosure forms provided by the authors are available at NEJM.org.

From the Department of Emergency Medicine, Beth Israel Deaconess Medical Center, Boston (M.B.); the True North Group, Lee, NH (E.J.); and the Forensic Medicine Program, University of Maryland, Baltimore (V.W.).

This article was published on November 30, 2024, at NEJM.org.

1. Taibbi M. I can't breathe: a killing on Bay Street. New York: Spiegel and Grau, 2017.
2. Dunklin R, Foley RJ, Martin J, McDermott J, Mohr H, Seewer J. Why did more than 1,000 people die after police subdued them with force that isn't meant to kill? Associated Press, March 28, 2024 (https://apnews.com/article/associated-press-investigation-deaths-police-encounters-02881a2bd3fbeb1fc31af9208bb0e310).
3. Weedn V, Steinberg A, Speth P. Prone restraint cardiac arrest in in-custody and arrest-related deaths. J Forensic Sci 2022;67:1899-914.
4. Law AC, Weissman GE, Iwashyna TJ. A dangerous myth: does speaking imply breathing? Ann Intern Med 2020;173:754-5.
5. Da Silva Bhatia B, Heisler M, Naples-Mitchell J, Saadi A, Sherwin J. "Excited delirium" and deaths in police custody: the deadly impact of a baseless diagnosis. Physicians for Human Rights, March 2, 2022 (https://phr.org/our-work/resources/excited-delirium/).

DOI: 10.1056/NEJMp2407162