

Plus Interview

Samuel S. shot dead by police: 'What was the actual danger?'

In the shooting incident that took the life of Samuel S. (23) on Thursday, the police did not act de-escalating. They possibly could have, says Elnathan Prinsen, president of the Dutch Association for Psychiatry.

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[What do you see in the images that appeared on social media of the incident?](#)

"I see a mostly undressed man, he appears to be touching his genitals with one hand and a knife at his throat with the other. He seems to be moving calmly. I see no acute danger, especially to others. There appears to be no specific aggression. Possibly I would have seen the situation differently if I had been on the scene, but this is what the images tell me."

[The police see a man with confused behavior. How do you interpret the behavior?](#)

"There seems to me, following from the images, a considerable chance that the man is under the influence of drugs. A tourist, I would assume. The officers may think so too; they address him in several languages."

"He seems to be very hot. He seems unresponsive and does not follow directions from the police. He has characteristics of arousal delirium which can go along with undirected aggression. People in this state feel no pain and are much stronger than they normally are. If I were on the scene, I would think: watch out. The officers are also very on alert. It could be something else but as a crisis psychiatrist, this is what I think of first although I haven't examined him."

What course of action does this condition of the man require of police and emergency responders?

"A calming course of action to create a non-threatening environment to gain time and gather additional information. Only one contact person should communicate with the man. Fights should be avoided. And if you do overpower someone, it should be done with a major force, so that it lasts a very short moment. This is stated in the protocol of the Amsterdam Public Health Service of 2013, co-written by the police and crisis psychiatry. The protocol was created because such an agitation delirium occurred dozens of times a year."

Did the police act in accordance with that protocol?

"The police seem to be doing rather the opposite. There are many officers shouting instructions to each other, in aggressive tones. The situation with all the firearms pointed at Samuel is escalating. Then one officer unexpectedly attacks the man from the back. Most people without an agitation delirium would start beating around and defending themselves in this situation. Next, shots are fired out of emergency defense."

"Defusing such a threatening situation is difficult. You have to do the opposite of what the fear is telling you to do. Psychiatrists and psychiatric nurses are trained for it, cops barely. The police did not use crisis psychiatry. Perhaps cooperation would have prevented this incident. That would have been more satisfying for the police as well."

Chief of police Frank Paauw said Saturday in Het Parool that an electric shock weapon would have been the solution.

"That's better than firearm violence, but with that he crushes the discussion. What was the acute danger? The victim could have encountered playing children, or people sitting in their garden, Paauw said. But there doesn't seem to be any targeted aggression from the victim, and why can't the police temporarily direct those people to another place? That way you save time for bringing in additional expertise. From psychiatry, or from the police negotiation team, which was already on its way away, Paauw said."

Can you assess better than the police when the danger is acute and how to intervene?

"No, I don't dare say that, but we look at it from a different role and with different knowledge. The combination of each other's expertise can, I am convinced, lead to a better assessment. Risk assessment and especially risk management - how do you deal with the assessed risk? - is particularly important in my field as well."

"I worked in a tbs clinic, where the advice was to overpower people with a knife with a blanket, so that you enclose the arms and ward off stabbing danger. And in a clinic, the police overpower a patient with a handful of MEs with shields and batons. There are also specifically trained arrest teams. Those would have been options as well."

Is there anything to learn from this sad incident?

"Better cooperation can really help. There is hardly any at the national level now. In England, the police deploy together with a psychiatric nurse in situations like this. It's a question of political choice."

