

# Abstracts of Outstanding Presentations of the 76th Annual Meeting of the Medical Association of Nippon Medical School

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## Abstracts of Outstanding Presentation (3)

### Care of the Victims of the Akihabara Massacre

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#### Introduction

The number of violent crimes has been increasing all over the world, and the victims of such crimes are often the focus of media attention. The victims require both psychological and physical treatment. Furthermore, they sometimes need to be protected from the media. Recently, an indiscriminate mass murder occurred in the Akihabara district of Tokyo. A young man drove through a crowd in a rental truck, and then stabbed people with a knife. Seven people were killed and 10 were injured, 2 of whom were transported to our hospital. One of these was focused on by the media. The following is a reassessment of our psychological care and dealings with the media.

#### Case Report

A 54-year-old man involved in the Akihabara massacre had been stabbed in the right side of his chest. He presented with severe hypotension and was immediately taken to an operating room to stop the bleeding from the chest. After treatment for lung, diaphragm, and liver injuries, he was hemodynamically stable, and he subsequently recovered from his physical injuries. However, psychological symptoms appeared, including delirium, mania, insomnia, and avoidance behavior. We sought to treat these symptoms with the cooperation of a psychiatrist. Since this case was the focus of great mass-media attention, it was necessary to control media access while providing them with the opportunity for private interviews. Our hospital gave an official interview after the patients were admitted to our hospital and strictly limited media access. Unfortunately, a reporter gained access to the ward by impersonating a family member. In addition, after the patient was discharged from the hospital but was still being treated as an outpatient, he was interviewed on television without the permission of his psychiatrist.

## Discussion

The victims of violent crimes frequently display psychological symptoms, such as delirium, insomnia, and avoidance behavior, as acute phase reactions. Our patients displayed such symptoms. With one in particular, avoidance behavior occurred when he saw a young man sitting in a hallway: he was afraid of being stabbed again and tried to avoid the young man. But after being discharged from the hospital, he was interviewed on television. At that time he was in a manic mood and was thus not responsible for his statements. We needed to pay more attention to his behavior in this situation, because members of the media were constantly seeking interviews.

There are four important guidelines to follow when dealing with the media: 1) to deny them access inside the ward; 2) to limit the number of hospital representatives who address the media; 3) to decide in advance what the hospital spokesperson should say to the media; 4) to maintain good relationships with the media while preventing any interviews from taking place without permission<sup>1,2</sup>.

During our patients' hospitalization, we generally maintained a good relationship with the media, except for one incident. Although we strictly prohibited the media from entering the ward when the patient was in the intensive care unit, one reporter was still able to gain access to the high-care unit by impersonating a family member. This occurred because the patient had been moved from the intensive care unit to an area where there was lighter security. Tighter security is needed for such patients. It is necessary that we design a manual based on the lessons learned, in hopes of better coping with similar situations when they arise in the future.

## Conclusion

We cared for a patient who was a victim of the Akihabara massacre, which was the focus of extreme media attention. Treatment of psychological symptoms in cooperation with psychiatrists is essential, and closer attention must be paid to patients' behavior once they have been discharged from the hospital. A good relationship with the media is essential, and a manual should be made as a reference guide for similar situations when they arise.

## References

1. Marukawa S: Disaster medicine based on experiences, 2005; pp286–290, Nagai Shoten, Tokyo.
2. Yukioka T, Fujikawa T, Ohta S: Correspondence for the police and the media. *Journal of emergency medicine* 2006; 79: 28–33.