NANB

Fact Sheet: Health Care Serial Killers

Health care serial killing is a phenomenon that has occurred in many countries, including Canada. *Awareness* of this phenomenon is a critical step because we cannot be vigilant for something, unless we are aware of what it is and what signs to look for. In this fact sheet, information on what is currently known about the commonalities of Health Care Serial Killers (HCSKs), including their work environments, their victims, and possible cues for detection is shared.

HCSKs are trained healthcare professionals who have taken it upon themselves to kill clients in separate incidents, with the psychological capacity for more killing (Yardley & Wilson, 2014). There is no specific psychological profile, nor predictive traits that are guaranteed to identify would-be serial killers. Some of the common circumstances in which health care serial killing has occurred, includes the following:

- most HCSKs are nursing professionals who work alone in their endeavours to kill clients and who display some warning signs in behaviour;
- most of the deaths by HCSKs occur in hospitals, some have occurred in long-term care facilities and home care settings;
- HCSKs commit their murders in similar patterns and in similar practice settings;
- the deadly acts usually occur during evening and night shifts or during shift changes, when fewer people are present, or staff are distracted;
- HCSKs usually work or are just finishing a shift when the questionable deaths occur;
- the target population includes vulnerable clients - the very young, the very old and/or the very sick;
- the method of killing is most often an injectable medication such as potassium or insulin (historically, other injectables used were heparin, bleach, muscle relaxants, opioids and large quantities of air); and
- some of the HCSKs were caught due to patients and family members who observed an injection right before an adverse incident such cardiac arrest or seizuring (Guy, 2018; Lisa Feldstein Law Office, 2019; Tilley et al., 2019; Yardley & Wilson, 2016).

Motives for purposeful killing in healthcare are not consistent. Review of known healthcare killings have revealed character traits and behaviors which may be warning signs. A potential HCSK may:

- harm clients as a means of punishment, expressing feelings of the client being a burden to them or an annoyance;
- thrive on the thrill of saving a life (some convicted HCSKs have reported feeling a thrill in trying to revive a patient near death or relish the attention associated with the event);
- seek to work in locations or at timeframes in which less staff and supervisors are on duty;
- have a history of professional conduct issues, including a history of being terminated from previous employment;
- frequently change employment, moving from one workplace to another;
- have few personal relationships and/or difficulty fitting in;
- have a history of mental instability and/or a diagnosed mental health disorder;
- have a tendency towards addictive personality/behaviour; and
- be in possession of medications on themselves, in their workplace locker or at home (Guy, 2018; Lisa Feldstein Law Office, 2019; Tilley et al., 2019; Yardley & Wilson, 2016).

Barriers in identifying healthcare killings may be from the misconception that such a phenomenon "could not possibly happen in our workplace"; lack of knowledge regarding healthcare serial killing; and the stage of life of the victims (being old or very sick – living in a stage of life when death is not surprising). Initially, some colleagues reported feeling badly for the HCSK and considered the deaths as a string of bad luck. However, many colleagues voiced serious concerns and harbored suspicions such as:

- the HCSK had an unusual need for control and authority;
- overt excitement by the HCSK in saving a client from imminent death (hero complex);
- practice concerns (for example, the HCSK repeatedly not documenting medication administrations or falsifying documents); and
- suspected mental health disorders, specifically, personality disorder, extreme depression, or signs of addiction (Tilley et al., 2019; Yorker, 2020).

Research highlights the importance in looking at the data as a whole and not using one single trait or characteristic on its own to report suspicions of healthcare killing. Review of HCSKs has shown that over 70% were captured because of information provided by direct witnesses such as colleagues, victims' family members and even surviving victims (Tilley et al., 2019). Nurses[1] need to be educated about client abuse and healthcare serial killing as well as their duty to report. Employers need to encourage a safe culture in which reporting of any actual or potential risk to clients is supported. It is also recommended that healthcare administrators have processes to review death and cardiac/respiratory arrest statistics on a monthly basis by unit and by shift and think more critically when they notice a spike in deaths in a particular workplace setting. This review should be done in consideration with other types of evidence such as monitoring of medication systems, staff reports of unusual behaviour, review of any available video surveillance and background checks of staff with their respective regulatory body and previous employer (Yardley & Wilson, 2016; Yorker, 2020).

If you have questions regarding healthcare serial killing, client abuse or your duty to report, please contact NANB by e-mail at practiceconsultation@nanb.nb.ca or by phone at 506-458-8731 / Toll-free (NB): 1-800-442-4417. Additional resources for nursing practice, including standards of practice, practice guidelines, and informative fact sheets may be found at www.nanb.nb.ca.

[1]"Nurses" refers to all NANB members, including graduate nurses, nurse practitioners, and registered nurses.

References

Guy, F. (2018, July 7). Addicted to killing: Serial killers and the addiction cycle. *Crime Traveller.* https://www.crimetraveller.org/2018/06/addicted-to-killing-serial-killers-addiction-cycle

Lisa Feldstein Law Office. (2019, August 1). *Healthcare serial killers and the long-term care homes public inquiry final report.* https://www.familyhealthlaw.ca/blog/healthcare-serial-killers-and-the-long-term-care-homes-public-inquiry-final-report

Tilley, E., Devion, C., Coghlan, A. & McCarthy, K. (2019). A regulatory response to healthcare serial killing. *Journal of Nursing Regulation, 10*(1), 4-14.

Yardley, E. & Wilson, D. (2016). In search of the 'Angels of Death': Conceptualising the contemporary nurse healthcare serial killer. *Journal of Investigative Psychology and Offender Profiling*, 13, 39-55. https://doi 10.1002/jip.1434

Yorker, B. (2020, March 3-5). *What the data tell us about healthcare serial killers* [Conference session]. National Council of State Boards of Nursing Midyear Meeting, Boston, MA, United States.