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Healthcare serial killers book

In 2004, Charles Cullen was arrested and charged with the deaths of more than 30 patients in his care. Crossing several jurisdictions in seven counties in New Jersey and Pennsylvania, he was stopped after a fifteen-year spree at ten institutions. While many people don't think of health professionals as serial killers, their profession is disproportionately represented among the serial killer population, and they tend to be more productive than other serial killers who have more options, better coverage, and easy alibis. Health workers who kill have learned to harness the atmosphere of trust in health care and to accelerate deaths that can go unnoticed in an already vulnerable arena. This book delves into the world of health care serial killer, looking at the specific characteristics of the different groups of murderers, motives, the methods, and the results. Crime specialists have long suspected that many health care serial killers have gone undetected. Because it is easier to cover up their crimes, it is harder to uncover that a crime has even been committed. Here, Ramsland identifies some of the warning signs that a serial killer might be on the loose in a health-services community. Further, she offers proposals for reform in the health care and criminal justice communities that would help identify potential killers before they have a chance to strike, or strike again. Using many real cases in each chapter, she gives a fuller picture of this most deadly type of serial killer and helps readers understand how they work and how they can be stopped. Katherine Ramsland (Author) In 2004, Charles Cullen was arrested and charged with the deaths of more than 30 patients in his care. Crossing several jurisdictions in seven counties in New Jersey and Pennsylvania, he was stopped after a fifteen-year spree at ten institutions. While many people don't think of health professionals as serial killers, their profession is disproportionately represented among the serial killer population, and they tend to be more productive than other serial killers who have more options, better coverage, and easy alibis. Health workers who kill have learned to harness the atmosphere of trust in health care and to accelerate deaths that can go unnoticed in an already vulnerable arena. This book delves into the world of health care serial killer, looking at the specific characteristics of the different groups of murderers, motives, the methods, and the results. Crime specialists have long suspected that many health care serial killers have gone undetected. Because it is easier to cover up their crimes, it is harder to uncover that a crime has even been committed. Here, Ramsland identifies some of the warning signs that a serial killer might be on the loose in a health-services community. In addition, she brings to reform in health and criminal justice communities that would help identify potential killers before they have a chance to strike or strike again. Using many real cases in each chapter, she gives a fuller picture of this most deadly type of serial killer and helps readers understand how they work and how they can be stopped. Price \$76.80 Publisher Praeger Release Date August 30, 2007 Pages 154 Dimensions 6.47 X 9.31 X 0.78 inches | 0.94 pounds Language English type hardcover EAN / UPC 978027594228 Katherine Ramsland is the author of more than 20 books, including Inside the Minds of Mass Murderers (Praeger), Inside the Minds of Serial Killers (Praeger), The Criminal Mind, The Forensic Science of CSI, and others. She is currently teaching forensic psychology at DeSales University in Pennsylvania. She is a regular feature writer for Court TV's Crime Library and has written more than three hundred articles on serial killers, forensic psychology, and forensics. Inside the Minds of Healthcare Serial Killers is a timely and engaging book. Ramsland's detailed descriptions of personalities and backgrounds of health professionals allow the reader to see common traits and behaviors. Ramsland distinguishes between euthanasia and murder, and she also distinguishes serial killers who chose random victims from those who killed with motives against certain people, such as a family member or sexual partner. Finally, she has compiled helpful recommendations that will allow health administrators and law enforcement agencies to successfully prevent and prosecute health care professionals, as well as a list of red flags that should indicate reasonable grounds for suspicion. -Beatrice Yorker, JD, RN, MS, FAAN Dean, College of Health and Human Services California State University, Los Angeles In 2004, Charles Cullen was arrested and charged with the deaths of more than 30 patients in his care. He was stopped only after a fifteen-year spree at 10 institutions in New Jersey and Pennsylvania. In Britain, Dr Harold Shipman was convicted in 2000 of murdering 15 of his patients. While many people don't think of health professionals as serial killers, their profession is disproportionately represented among the serial killer population, and they tend to be more productive than other serial killers who have more options, better coverage, and easy alibis. Health workers who kill have learned to harness the atmosphere of trust in health care and to accelerate deaths that can go unnoticed in an already vulnerable arena. This book delves into the world of health care serial killer, looking at the specific characteristics of the different groups of murderers, motives, the methods, and the results. Crime specialists have long suspected that many health care serial killers have gone undetected. As it is easier to cover up crimes, it is the to identify that a crime has been committed at all. Here, the author identifies some of the warning signs that a serial killer may be at large in a health setting. Further, she offers proposals for reform in the health care and criminal justice communities that would help identify potential killers before they have a chance to strike, or strike again. Using many real cases in each chapter, she gives a fuller picture of this most deadly type of serial killer and helps readers understand how they work and how they can be stopped. Katherine Ramsland is the author of more than 20 books, including Inside the Minds of Mass Murderers (Praeger), Inside the Minds of Serial Killers (Praeger), The Criminal Mind, The Forensic Science of CSI, and others. She is currently teaching forensic psychology at DeSales University in Pennsylvania. She is a regular feature writer for Court TV's Crime Library and has written more than three hundred articles on serial killers, forensic psychology, and forensics. © 1996-2015, Amazon.com, Inc. or its subsidiaries In 2004, Charles Cullen was arrested and charged with the deaths of more than 30 patients in his care. Crossing several jurisdictions in seven counties in New Jersey and Pennsylvania, he was stopped after a fifteen-year spree at ten institutions. While many people don't think of health professionals as serial killers, their profession is disproportionately represented among the serial killer population, and they tend to be more productive than other serial killers who have more options, better coverage, and easy alibis. Health workers who kill have learned to harness the atmosphere of trust in health care and to accelerate deaths that can go unnoticed in an already vulnerable arena. 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Medical serial killers are trained health professionals who have taken on to kill their patients. Cases of doctors, nurses and assistants have been documented throughout history on how trusted positions and access to vulnerable patients can be abused in the worst possible way. The medical professionals we all rely on in our most helpless and unguarded moments train for many years to treat and support patients within their care. They have a level of responsibility towards their patients and a level of trust that is seen in few other relationships between individuals. In the early years, such cases were often referred to as the angel-killing of mercy. This comes from the notion that some of those responsible carry out their crimes in order to relieve the patient of their suffering in their eyes. But not all cases fit this form, and it is not uncommon what may have started as an act of perceived mercy, to become something else over time when a perpetrator begins to expand their victim pool out with this criterion of the suffering patient. Nurses who KillThere have been many cases of Medical or Healthcare Serial Killers (HSKs), as they are mainly known, around the world. Charles Cullen of New Jersey, who may have killed over 400 patients across 16 years as a nurse in nine hospitals. Kimberly Saenz also in America, who murdered five patients in Texas by injecting them with bleach. Italian nurse Daniela Poggiali, who murdered 38 patients with potassium chloride, took pictures of herself next to her deceased bodies and shared them on social media. Then there's Genene Jones, a pediatric nurse in San Antonio, Texas known for killing four children by injecting them with drugs. Most nurses who kill work alone, but one case in Austria saw four nurses in Vienna working together between 1983 and 1991. Led by nurses aide Waltraud Wagner at Lainz General Hospital, they killed patients using morphine and later by drowning, holding the patient down, squeezing their nose and pouring water down their throat, a truly horrific and frightening way to die. Crime Traveller is a proud media partner of CrimeConUK. True crime weekend events in London and Austin, June 2021. More info and tickets on crimecon.co.uk and crimecon.com/CC21.Use code CT21 to get a 10% discount on your tickets! Maria Gruber,

Irene Leidolf, Stephanija Mayer and Waltraud Wagner, collectively known as the 'Lainz Angels of Death', have admitted to killing 49 patients but, as with many medical serial killers, the true number of patients killed is feared to be as high as 200. They were caught when a doctor overheard them laughing about their latest victim, who started an investigation that resulted in their arrest in 1989.In the UK, the case of Dr Harold Shipman being one that caused shock across the country. A friendly local GP who had murdered his elderly patients to inject them with diamorphine and falsify their medical notes. His choice of patients, their ailing health health his cool and reassuring way that family members ensured death was attributed to ill health. When he was finally caught after family members raised concerns and a discovery of false medical records was made, it was believed this doctor murdered up to 250 of his patients between 1975 and 1988. Convicted of murder for 15 of his patients, Dr. Harold Shipman was sentenced to life imprisonment and recommended never to be released. He hanged himself in his prison cell in 2004.Research on Medical Serial KillersDr. Eindra Khin Khin, assistant professor of psychiatry and behavioral sciences at the University of Virginia has highlighted cases of health care serial homicides have increased since the 1970s. Ten cases were recorded within the decade; In a presentation at the annual meeting of the American Academy of Psychiatry and the Law, Dr. Khin Khin showed most cases occurred within a hospital setting (72%), with 20% of cases happening in nursing homes and 6% in patients' homes. More than half of all cases were carried out using a lethal injection. Often victims are elderly or very ill, and their death can be put down to natural causes rather than suspicions raised. In most cases, a cluster of deaths raises questions, and the most common form of killing is using an injectable substance that can only be detected through toxicology. In many cases, the age and state of health of patients means that such tests are not carried out and that the crime has not been detected. Are There Common Features in Healthcare Serial Killers? Criminologists have begun investigating cases to try to identify common traits among such health care professionals, predominantly nurses who turn on their patients. Using the term 'health care serial killers' or HSKs rather than 'angel death nurses', criminologists have found some interesting results through their research. Published in the Journal of Investigative Psychology and Offender Profiling, research conducted by Dr. Elizabeth Yardly and Dr. David Wilson, both prominent criminologists, has influenced the understanding of such crimes. Attention seeking, strange behavior when a patient dies, frequent changes in hospital working places, and a disciplinary record have all been flagged as common factors seen in health serial killers. This research examined 16 nurses, both male, and women who have been convicted of murdering patients in a hospital setting. The cases investigated included Beverley Allitt, probably the best-known 'Angel of Death' nurse serial killer in the UK. Allitt was a health care nurse who in April 1993 was convicted of the murder of four children, the attempted murder of three children, and inflicting grievous bodily harm on another six children, over a three month period at Grantham and Kesteven Lincolnshire, England.Further case studies included Victorino Chua convicted of two murders and 19 poisonings at Stepping Hill Hospital in Stockport, England in 2015. Colin Norris, who was convicted in 2008 of four murders carried out in 2002 in Leeds, England, and American Charles Cullen, who confessed to killing 40 patients over a 16-year period in New Jersey and Pennsylvania in America.In numerous cases of murder within health care settings, the perpetrator has carried out multiple killings before being caught. This repeated cycle suggests a pleasure is received from the actions that lead some to believe that there may be an addictive element to their murderous behavior. The vulnerable patient: Access and OpportunityAccess to drugs seems to be the catalyst for these crimes with the most common method of homicide being poisoning with most cases included in this study involving insulin. Beverley Allitt was the only case in the investigation that used two methods of killing, poisoning and choking. Of the 16 offenders surveyed, more than 50% had a history of mental health problems of some kind and signs of a personality disorder. Charles Cullen is believed to have murdered his patients for 16 years across nine different hospitals between 1987 and 2003 before he was caught. Some estimates of the actual number of patients who died on his hands are in the hundreds, as many as 400 patients. The case of Charles Cullen is complicated by a personal history marked by suicide attempts, police investigations and stays in psychiatric wards, but no one raised the alarm when his working methods were dangerous and not up to standard. A nurse who was allegedly fired five times from nursing roles was still able to practice as a nurse at various hospitals and continue to access patients. A 2006 study that examined 90 cases of serial killers from 20 different countries between 1970 and 2006 found that 86% of those who became serial killers in healthcare were nurses, both men and women. Further research has categorized health care serial killers according to their motives. These categories show the variety of motivations and psychological rewards achieved by those in the medical profession who kill their patients. According to Dr. Khin Khin they can often be categorized into the following groups: Thrill Seekers – these are individuals who achieve a thrill from the act of killing, a tension that they want to repeat over and over again. Power Oriented - in this group, they kill to achieve a sense of power and control. Dr. Harold Shipman is an example of a medical serial killer falling into this category. Gain Motivated – these individuals receive nothing from the act of killing, this may be to ease a burden by removing the patient from their care, they may be able to steal money or belongings from from Killers – less common, these are serial killers in health care who believe they are doing a good deed by getting rid of people who are immoral or unworthy in some way. Further to categorizing motives, studies have identified a number of characteristics and behaviors that, when combined, may be a warning sign for a potential medical serial killer; History of mental instabilityGett for night-shift, or shifts with less staff and supervisors on dutyHory of difficult personal relationshipsA tendency to predict when a patient will dieField patients were a burden to them and an irritation Had a problem with substance abuseOften moved from hospital to hospitalA important area highlighted by research was that in many cases the fact that the nurse was taking turns during all the killings has often been cited as the most important evidence against their guilt. However, this should not be the case and their presence in hospital at the time of the deaths is not enough alone to point to their guilt. A recent case in the UK saw 48-year-old nurse Victorino Chua sentenced to at least 35 years for two murders and 19 poisonings at Stepping Hill Hospital in Stockport. Chua was convicted in May 2015 and maintains his innocence, claiming he is not responsible for these crimes and is going to prison for an innocent man. A further 10 deaths at the hospital during the time frame Victorino Chua worked are now under investigation with concerns that these may also have been the result of foul play. Although in 94% of the 16 serial killer nurse cases examined by Dr. Yardley and Dr. Wilson, the mortality rate when these nurses were on shift was higher than average, the researchers highlight the importance of looking at data as a whole and not using such a trait or characterization on their own to implicate a person. As highlighted by Professor David Wilson: We hope this research can help hospital administrators to think more critically when noting an increase in deaths at a particular ward, rather than relying on raw statistical analyses related to specific nurses and their shift patterns. Inevitably, this method will lead to judicial assassination. Convicted Nurse Colin Norris: Guilty or innocent? Healthcare nurse Colin Norris was jailed for life in 2008 in Leeds, The British man, for the murders of four of his patients, Ethal Hall, 86, Doris Ludlan, 80, Bridget Bourke, 88, and Irene Crookes, 79, and attempted murder of Vera Wilby, 90, over a six-month period in 2002.An eagle-eyed doctor became suspicious of the death of an elderly patient and ordered blood tests which showed lethal doses of insulin in her system. For a patient who has no medical condition requiring insulin, a police investigation was launched. 72 patient deaths were investigated, 18 were marked as with at least 8 who had died during a by Colin Norris.Colin Norris Caselt believed Norris injected very high doses of insulin into frail elderly victims causing their death. He was compared to Dr. Harold Shipman at the time of his trial with police feeling Norris would have gone on to kill many more victims if he had not been caught. Police argued in the case of Colin Norris, his killing was not acts of mercy, but because of a reluctance to many of the tasks he had in the care of his elderly female patient's needs. Police have had to make assumptions about his motives as Norris has never spoken about the causes of his crimes and has been described as cold and shows no remorse throughout his police interviews and trial. Here we have a killer caught at the beginning of his career. I am convinced that Colin Norris would have gone on to kill significantly more people if he was not stopped in his tracks. - Detective Chief Superintendent Chris GreggThere is however increasingly doubtful about his conviction and his guilt. In December 2014, a BBC Panorama television programme which examined the deaths claimed it is possible that the victims of Colin Norris may have died of natural causes. This, if correct, would mean Norris is not guilty and he is in prison, labeled as a health care serial killer, for murders he did not commit. For someone to commit the crimes he is convicted of they should have a serious personality disorder. In other words, they would be a psychopath. Colin's nothing of the sort. said Justice campaigner Paul May in 2016.Experts featured on the program claimed the abnormal levels of insulin found in the victim's blood could have been due to a rare condition called insulin autoimmune syndrome (IAS). This was apparently raised during the original trial of Colin Norris, but the prosecution argued that it was too rare to be possible in this case and to account for all the murders. But since 2008 several cases of IAS have emerged, and experts have begun to believe that this is not as rare as it was first thought. It is believed that the Criminal Cases Review Commission is currently reviewing the case of Colin Norris regarding the possibility of an appeal and this is a case that highlights the complexity of medical serial killer cases and the risk of involving an innocent nurse. A hospital stay is a difficult time for everyone and is a time when we are at our most vulnerable. No one should fear for their safety and quality of care while in hospital and cases like these put fear in each and every one of us. A medical serial killer has options and resources available to enable them to carry out their crimes. The more understanding we have and the more we can learn from past cases, the more measures can be taken to prevent such crimes in the future. there will always be people in this world with intentions; trying to spot them before they can do any harm is a challenge we will always face. References Crocker, L. (2013) 'The Angel of Death' and The Hospitals That Put a Serial Killer to Work. 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(2018, June 28) Medical Serial Killers: The So-Called Angels of Mercy. Crime Travelers. Sourced from Book: Inside the Minds of Healthcare Serial Killers Using numerous real-life cases in each chapter, Ramsland provides a fuller picture of this most deadly type of serial killer and helps readers understand how they work and how to stop them. Tags: Narcissism ProfilingPsychopathySerial Murder Murder

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