

The angel of death research paper example

[Life](#), [Death](#)



Richard Angelo and the Ethics of Self-Delusion

THE ' ANGEL OF DEATH'

Abstract

Charge nurse Richard Angelo was responsible for the deaths of at least 10 patients at Good Samaritan Hospital in West Islip, New York, between 1986 and 1989. A former Eagle Scout and volunteer fireman, Angelo sought to create situations in which he would be seen to revive patients he had brought to the brink of death by injecting them with lethal paralytic drugs. As such, Angelo violated his professional ethics on multiple levels and called into question the very nature of the patient-nurse compact. The Angelo case, and others like it, elicited a reassessment of the responsibility health care workers owe to their patients, who come into hospitals and other health care facilities confident in the trust that their interests will be well-served.

Keywords: Richard Angelo, Good Samaritan Hospital, Eagle Scout, paralytic drugs

THE ' ANGEL OF DEATH'

The ' Angel of Death': Richard Angelo and the Ethics of Self-Delusion

On the morning of October 1, 1987, Gerolamo Kucich was awakened by a heavy set male nurse in his bed in Suffolk County, New York's Good Samaritan Hospital. Asked how he felt, Kucich replied, " not bad" (Gutis, 1989). The nurse opened his lab coat and pulled out something that looked " like a pen" then said, " You are going to feel much better" (1989). Minutes later, the 75-year-old native of Yugoslavia was in a state of paralysis. Only the intervention of another nurse saved Kucich from becoming another

<https://assignbuster.com/the-angel-of-death-research-paper-example/>

victim of Richard Angelo, known as the “ Angel of Death.” Angelo, a 25-year-old charge nurse, killed an estimated 10 people by injecting them with the paralyzing drugs Pavulon and succinylcholine. Motivated by feelings of personal inadequacy, Angelo concocted a scheme in which he would bring patients to the brink of death, then appear to heroically revive them. Angelo’s convoluted logic and warped personal value system were not enough to prevent a sentence of 61 years to life. The paralytics he used on his victims produce an especially horrific effect in that they do not sedate the subject, who is fully aware, suffers severe panic and is incapable of communicating or responding - the victim slowly suffocates (Hickey, 2003, 356). From a legal standpoint, Angelo was guilty of heinous crimes and a spectacular betrayal of professional ethics. From his own perspective, Angelo used patients to try and boost his image and bolster his flagging sense of self-worth. From an objective standpoint, and despite his deranged modus operandi, Angelo’s intent was to save the patients he killed; he did not set out to murder. As such, the observer would say he was playing God; Angelo would say he never meant for the patients to die.

THE ‘ ANGEL OF DEATH’

Angelo had been, to all appearances, a normal young man growing up in Lindenhurst, New Jersey, where he was an Eagle Scout and a volunteer fireman (Salpeter and Firstman, 2008, 165). But the civic-mindedness he exhibited in his youth had taken a dark turn. “ It might have been the ideals and challenges of (his youth) that influenced his hospital behavior, because apparently he had developed a hero complex: he liked the idea of saving people” (Ramsland, year, 63). The hospital hierarchy and the subordinate

role of a nurse presented an obstacle for his hero fantasy; he needed to create scenarios in which he could excel. In so doing, Angelo violated the sacrosanct bond of trust between patient and health-care worker. This underlies the sacrosanct bond of trust between patient and health-care worker.

Violation of that trust defined the worst of Angelo's ethical transgressions. In delivering his verdict, Judge Alfred Tisch said that Angelo had violated "'in the cruelest, most inhumane manner' the child-like trust that a hospitalized person places in a nurse" (Los Angeles Times, 1990). Ethically, Angelo had trampled on this bond of trust, though in his own mind he was acting within the parameters of the nursing profession, having created situations in which he would "save" the patients. The nursing code of ethics provides a rationale that could easily be perverted by a sociopath like Angelo. "The nurse establishes relationships and delivers nursing services with respect for human needs and values, and without prejudice" (ANA, 2012). This was the ethical "dilemma" that Angelo co-opted, creating situations in which he would seem to fulfill the requirements of his profession's ethical code. Thus, Angelo violated the nurses' ethical guidelines on multiple levels.

THE ' ANGEL OF DEATH'

In his verdict, Judge Tisch made reference to the most fundamental consideration of the nurse-patient compact, the implicit "child-like" faith that the patient has for the nurse. Indeed, there are few situations more vulnerable than being a hospital patient and it is this vulnerability that the nurse must bear in mind. Providing care for the patient in such a situation is a matter of simple humanity which, one may argue, is the true basis for

ethical behavior. One must be careful not to assess the ethics of the Richard Angelo situation within the context of his own warped motivation: that was the court's responsibility. Rather, it is essential to keep the patient's needs clearly in mind and to remember that the patient is more than merely a subject for the administration of drugs, but a human being. Humanity is its own code of behavior, one that transcends the nursing profession and which establishes a universal " norm."

Angelo operated under the same ethical and humane requirements as anyone else. He violated this moral imperative when he administered the paralytic drugs to his victims, thus abrogating his role not only as caretaker but as a responsible human being. Angelo's desire to be regarded as a hero was not, in and of itself, a violation of ethics though the means by which he sought to attain that status were a perversion of the trust that exists between nurse and patient. Angelo's actions are, in a sense, representative of the dark side of the nurse-doctor-patient triad, in which the proper role of the nurse has long been a subject for debate. There are many cases of a disenfranchised nurse wishing to advocate for a patient but being frustrated by the hierarchical nature of the relationship between doctor and nurse. This set of circumstances may have contributed to Angelo's actions in that he may have genuinely desired to be a good nurse, and to save the dying.

THE ' ANGEL OF DEATH'

My primary concern would be with the patient, whether acting in Angelo's capacity or as someone in a position to avert the horrors Angelo was perpetrating. Rather than seeking to cast myself in the role of hero, I would work to broaden my role and authority in relation to the patients' care. Being

a “hero” means that one finds oneself in a serious situation requiring heroic intervention: in other words, reviving a patient on the brink of death. The role, however, of a health care worker is to prevent emergencies, to maintain a level of care that avoids placing the nurse in the position of having to revive a patient. That is the truly ethical means of behavior to which a nurse should aspire. The ethically correct course of action is to seek to work within the system rather than using it to create a false situation specially arranged for my personal aggrandizement.

It is an alarming fact that Richard Angelo is just one of many instances in which a health care worker caused the deaths of their patients. There have been other such cases in all parts of the country. One wonders how many murders might have been prevented had other health care workers been more observant, or diligent. It is an ethical point that is often overlooked: a health care worker is, in the interests of the patient and of humanity, responsible for overseeing the actions of colleagues, both nurses and doctors. The nursing code of ethics makes reference to the nurses’ responsibility both to and for colleagues, calling for all concerned “to meet the shared goal of providing quality health services” (ANA, 2012). To that end, everyone concerned with the delivery of health care services be diligent and conscientious not only in relation to patients, but to colleagues as well. I would consider such behavior to be an ethical duty, as important as monitoring a patient’s vital signs.

THE ‘ANGEL OF DEATH’

The patient is understood to be endowed with rights which health care professionals are bound to observe and preserve. This includes the right to a

thorough explanation of all treatments, treatment plans and administered drugs. Richard Angelo's actions at Good Samaritan Hospital represent the most serious violation of those rights imaginable, a patient's worst nightmare. An individual enters the hospital frightened, intimidated and uncertain as to his or her fate. It is an overwhelming and alien experience, doctor and nurse talking together in an arcane language that the patient can't possibly understand. My emphasis would be to help empower the patient with knowledge and with the confidence that they will be treated fairly and competently. The human factor is too often marginalized in the hospital setting; it is the responsibility of the health care worker to emphasize the patient's well-being. In light of the Richard Angelo murders and other such cases, I would consider it my responsibility to do everything possible to win the patient's confidence.

Richard Angelo tried to engineer a situation in which he would be idolized, a hero who brought patients on the brink of death back to life. In so doing, he violated every ethical concern native to the health care profession. Angelo's deluded sense of self-importance caused him to take at least 10 lives from among people who had come to Good Samaritan Hospital in good faith, secure in the belief that their nurses would act in good conscience and with concern for nothing but their well-being. Angelo violated ethical considerations on multiple levels, and called into question the viability of the health care establishment. Its salvation lies in honoring the ethical code that provides the basis of the patient-nurse trust relationship.

THE ‘ ANGEL OF DEATH’

References

“ Code of Ethics for Nurses.” The American Nurses Association. Retrieved July 18, 2012 from

<http://nursingworld.org>.

Gutis, P. S. “ Former Patient Points to Nurse in Murder Trial.” The New York Times. 20 October

Hickey, E. W. (2003). Encyclopedia of Murder and Violent Crime. Thousand Oaks, CA: SAGE

Publications USA.

“ Nurse Who Played ‘ Hero’ Sentenced in Deaths of 4 Patients.” Los Angeles Times. Retrieved

July 18, 2012 from <http://articles.latimes.com>.

Ramsland, K. M. (2007). Inside the Minds of Healthcare Serial Killers: Why They Kill.

Westport, CT: Greenwood Publishing.

Salpeter, J. and Firstman, R. (2008). A Criminal Injustice: A True Crime, a False Confession

and the Fight to Free Marty Tankleff. New York, N. Y: Random House.