

Healthcare serial  
killers:  
characteristics,  
motivations, and  
criminal justice sys...



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The Federal Bureau of Investigation (2008) defines a serial killer as an individual who kills at least two victims in separate occurrences. A subset of serial killers, known as healthcare serial killers, are individuals in the healthcare industry that utilize their position to kill patients (Yardley & Wilson, 2016). Due to the fact that their job can make concealing their crimes easier, many of these killers go years without being caught (Field, 2008). However, there have been documented cases from countries all over the world, making it a widespread issue (Yorker, Kizer, Lampe, Lannan, & Russell, 2006). Given the extent of this problem, it is imperative to address common characteristics of perpetrators and victims, motivations of perpetrators, and the criminal justice system's response.

#### Perpetrator and Victim Characteristics

It is important to note that while there is only a handful of research conducted on health care serial killers, the studies that have been conducted show an almost equal amount of male and female perpetrators (Lubaszka, Shon, & Hinch, 2014; Yardley & Wilson, 2016). Research by Yorker et al. (2006) suggests that approximately 86% of these murderers are nurses, 12% are doctors, and 2% are allied health professionals. Many have previous convictions for other crimes or have documented mental illnesses (Thunder, 2003). Most use a single method for their murders, but some murderers combine methods (Yardley & Wilson, 2016). An overwhelming majority of these murderers kill via injecting lethal doses of some substance, but other methods such as suffocation or air embolus may also be used (Yardley & Wilson, 2016).

Most healthcare serial killers choose elderly patients as their victims (Lubaszka et al., 2014; Yardley & Wilson, 2016). Some kill exclusively children (Yardley & Wilson, 2016). They tend to kill both female and male victims, although some do stick to just one gender (Lubaszka et al., 2014; Yardley & Wilson, 2016). Many victims are extremely sick or injured in some capacity (Lubaszka et al., 2014). However, a majority of victims are those who require a large amount of care yet are not terminal (Lubaszka et al., 2014).

### Motivations

In addition to looking at their characteristics, it is also important to look at the motives behind these killings. Based on their motivations, serial killers can be categorized into six different typologies: visionary killers, mission killers, hedonistic lust killers, thrill killers, power/control killers, and comfort killers (Alvarez & Bachman, 2017). Visionary killers, the rarest form of serial killers, suffer from psychosis and often undergo visual or auditory hallucinations that compel them to kill (Alvarez & Bachman, 2017). Mission killers are those who murder to eliminate a group of people from the world that they consider unworthy or inferior (Alvarez & Bachman, 2017). Those who kill in order to gain sexual satisfaction can be classified as hedonistic lust killers (Alvarez & Bachman, 2017). Thrill killers are those who gain sexual pleasure from humiliating, torturing, and tormenting their victims (Alvarez & Bachman, 2017). Killers who derive pleasure from completely dominating or having full control over their victims are known as power/lust killers (Alvarez & Bachman, 2017). Lastly, those who kill solely for material comforts, like monetary gain, are comfort killers (Alvarez & Bachman, 2017). <https://assignbuster.com/healthcare-serial-killers-characteristics-motivations-and-criminal-justice-system-response/>

Healthcare serial killers can fall into any of the aforementioned typologies or even multiple typologies. Additionally, specific motives vary, but there are many commonalities. Power or control and wanting attention for diagnosing or saving patients are two of the most common motives declared (Yorker et al., 2006). Another common claim is committing murders out of mercy (Yorker et al., 2006). Other claims include getting rid of demanding or bothersome patients and freeing up beds due to high demand (Yorker et al., 2006). Monetary benefit has also been claimed, but only in a few cases (Yorker et al., 2006).

### Criminal Justice System Response

It can be extremely hard to actually detect healthcare serial murders, as police and medical examiners often do not look into suspicious deaths if the victims are elderly or in poor health (Thunder, 2003). When investigations into these deaths are opened, it is rarely the result of patient or family complaints or medical examiners uncovering their crime, and instead, is usually the result of statistics not adding up or co-workers expressing concerns (Lubaszka et al., 2014). Yet even this is rare as statistics get ignored, and people often wait years to convey their concerns (Thunder, 2003). And even when police do investigate these crimes, it may be too late for physical evidence to be obtained - bodies may have been cremated or severely decomposed so there is no evidence of a substance being in their system (Thunder, 2003). In the rare instances that an individual does get charged, they may claim a defense that results in a reduced sentence or diminished degree of homicide, such as assisted suicides or accidental deaths due to medical errors (Thunder, 2003).

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## Case Study

Harold Shipman was a general practitioner in the United Kingdom who was convicted of killing 15 patients in his care (Sommerland, 2018). Shipman murdered his patients by injecting them with a lethal dose of either morphine or diamorphine (Smith, 2002). Although he was only charged with 15 murders, a government inquiry into Shipman was able to positively identify at least 218 total victims of his and estimated that the overall number of victims could be 250 or more (Smith, 2005). Almost all of his victims were elderly who were in poor health, and most of them were women (Smith, 2002). He was caught only after he forged the will of Kathleen Grundy, his last victim, in an attempt to leave himself everything she had (Smith, 2002).

Shipman never admitted to his crimes and maintained that he was innocent up until the day he killed himself in prison (Sommerland, 2018). Given that he denied ever committing the crimes, Shipman himself never provided any explanation for his actions (Sommerland, 2018). When looking only at the case of Kathleen Grundy, it would appear that his motive for her murder was financial gain. However, Dame Janet Smith, chairman of the inquiry into Shipman, felt unconvinced that he truly murdered Grundy solely for financial gain, thought that Shipman could not have rationally believed that he would get away with it, and suggested that his final killing could have been the result of delusion (Smith, 2002). Regarding all of his other cases, psychiatrists consulted during the inquiry were unable to definitively ascertain his motives but gave potential theories as to why he committed

the murders, including possible psychiatric disorders, a need to control death, and experiencing pleasure from death (Smith, 2002).

The sheer number of murders that Shipman was able to perpetrate is shocking, and it is clear that much can be learned from studying his case to prevent this from occurring again. Firstly, it is important to note that Shipman had a prior conviction for forging prescriptions for personal use (Sommerland, 2018). Had background checks been in place that prevented individuals with previous convictions like his from working in the healthcare industry, he would not have killed so many people. Additionally, procedures should have been in place to ensure he was treating his patients properly. Because of this, new quality assurance procedures were implemented into the National Health Service by the government of the United Kingdom (Lessons to, 2002).

## Conclusion

Healthcare serial killers are extremely hard to detect. They tend to murder individuals whose death will not arouse suspicion and use methods that can go unrecognized without proper examination. They have a broad range of motivations but share some commonalities. When they are discovered, it may be too late for physical evidence to be obtained, and if they are prosecuted, they may receive a lesser or reduced sentence by claiming assisted suicides or medical errors.

It is crucial that more safeguards be implemented in order to prevent these crimes. Background checks should be improved since many offenders have a previous history of crime or mental illnesses. Additionally, closer monitoring <https://assignbuster.com/healthcare-serial-killers-characteristics-motivations-and-criminal-justice-system-response/>

of the supply and distribution of controlled substances should occur.

Furthermore, medical examiners should look more closely into deaths involving elderly individuals. Without more safeguard procedures in place, these killers can continue to go undetected and more patients will die.

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