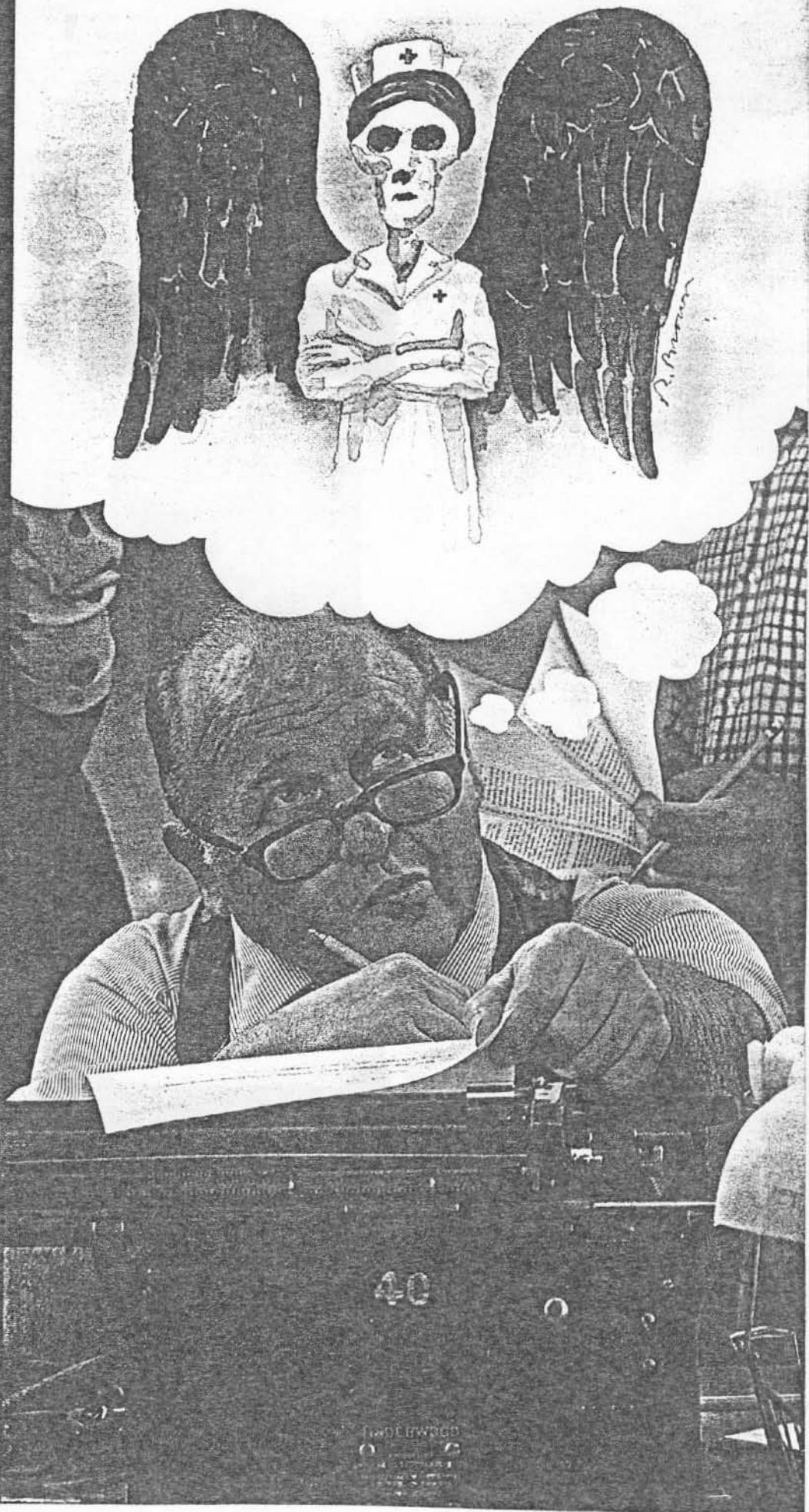


# WHEN NURSES ARE ACCUSED OF MURDER

THE  
MELODRAMATIC  
EFFECTS  
OF MEDIA  
COVERAGE





**In the public's eye, a nurse accused of a violent crime is a paradox—like a vicious mother or a corrupt man of God. That makes nurses likely victims of media condemnation and sensationalism—unless nurses do their part to keep the news about nursing in balance.**

NEWSPAPERS, MAGAZINES, and television news reports are following a disturbing trend that you—and other nurses—better start noticing.

Increasingly, the news media seem fascinated with reports on the nurse as a criminal. An allegation that a nurse has committed a felony can burgeon quickly into a sensational media event.

Think about it: What have been the most memorable news stories about nurses in recent years? Advances in nursing research? Nurses saving lives? No.

The biggest stories have been reports of alleged murders:

- In Michigan, two Filipino nurses at the Ann Arbor Veterans Administration Hospital were charged with murdering several patients.
- A nurse known as the "Angel of Death" was suspected of killing several patients at a Las Vegas hospital.
- Three nurses in Massachusetts were accused of murdering a cancer patient with morphine.
- A California nurse was recently linked in news reports with several patient deaths attributed to lidocaine.
- And a Toronto nurse was linked to the deaths of four infants attributed to digoxin overdoses.

These cases have received a lot of media coverage, imprinting an image

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of the nurse as murderer on the public mind.

The bad image may be permanent even though the cases themselves have so far proved flimsy. The California case is still pending, but the other four came to dead ends.

#### Nonprofessional nursing stories

These stories were the most sensational, but they weren't rare: Even when a crime has nothing to do with the nursing profession, the media seem to emphasize the fact that a nurse is involved.

"Nurse found guilty of murdering her lover's wife," reads one headline. "A registered nurse was arrested along with four other people in connection with the sale of more than \$60,000 worth of marijuana" another story begins. The professions of the other four people arrested weren't even mentioned.

Few other professionals are so singled out for notice. For instance, can you remember ever seeing a headline saying, "Engineer shoots lover"? If a nurse is suspected of any wrong, though, the word "nurse" is almost sure to appear in the headline and opening paragraph.

What's causing such a situation and what can you do about it? Let's examine the news coverage of two of the recent murder trials for some answers, and find how much damage has been done for innocent reasons.

#### A volatile mix

In murder cases especially, the different characteristics and priorities of the three professional groups involved—news people, lawyers, and nurses—create a volatile mixture almost guaranteed to make the stories sensational.

- Reporters, of course, want good stories—unusual news that will capture the public's interest. And they want to be the first to break such news.

- Lawyers, especially prosecutors, are often eager to promote their fame, fortune, and political careers by bringing criminals to quick justice.

- And nurses? Well, you're the professionals in most frequent contact with patients who die. So you're most subject to the public's immediate suspicion when a death is declared unnatural.

#### A delicious paradox

Nurses accused of murdering vulnera-

ble, sick patients shock the public not only because they've committed a crime but also because they've violated the public's definition of nursing. A nurse murderer seems almost paradoxical—like a vicious mother or a corrupt man of God.

For these reasons, a nurse-suspect offers reporters an unusual story and prosecuting attorneys an unmistakable wrong to set right for the public good. Unfortunately, even when the "unmistakable wrong" is unsubstantiated, the damage is done.

#### The Angel of Death

An odd combination of circumstances made the Angel of Death case the most widely reported and sensational nursing story in 1980.

First reports of the case suggested one of the most callous images of nurses ever to appear: In a Las Vegas intensive-care unit (ICU), nurses allegedly wavered on the time of death of their patients; and one nurse, who laughingly called herself the Angel of Death, supposedly turned off six patients' life support systems to help her friends win their bets.

Reports quickly focused on head nurse Jani Adams, the alleged Angel of Death. The whole case against her was born out of ambiguity, misunderstanding, and hearsay.

Barbara Farro, a new nurse on the night shift at Las Vegas Sunrise Hospital Medical Center, said she overheard nurses discussing patients whose respirators had been tampered with by the Angel of Death. And she said she overheard them betting that patient Vincent Fraser would be the next victim. Ms. Farro checked on Mr. Fraser and allegedly told Jani Adams that his condition was failing. Ms. Adams was said to have rebuffed Ms. Farro with the terse reply, "We know. Don't worry about it." Mr. Fraser died the next day.

After Mr. Fraser's death, Ms. Farro remembered seeing several nurses putting money in an envelope. From all she'd seen and heard, Ms. Farro concluded that a terrible scandal existed in the hospital. She reported her suspicions to the police, and someone leaked the tale to the *Las Vegas Review-Journal*.

Before anyone could establish the facts, the sensational story hit headlines and newscasts from coast to coast.



Every report included the phrase Angel of Death or Death's Angel. Some reporters used words like "sick," "bizarre," and "grisly." Even Walter Cronkite—one of the most trusted newsmen in America—encouraged the public's outrage by describing the Las Vegas nurses as "betting on death in a kind of ghoulish pool."

Every aspect of the case seemed to increase the sensationalism. Its location in Las Vegas, for example, was perfect for a story of gambling on patients' deaths.

Jani Adams' defense attorney, Melvin Belli, contributed a veritable feast of colorful comments for the media to quote. And Ms. Adams, a former teacher and actress, provided good copy herself. She apparently used humor to help her cope with the tensions in the ICU she supervised. When a patient died, she'd joke, "Well, I killed another one." Even her friends cringed at such jokes. And when the remarks became public, they damaged her image dreadfully.

Another detail helped the case against Jani Adams. The nurses at Sunrise Hospital had asked Vincent Fraser's wife to sign her husband's mortuary release form the day before he died. The media viewed this action as undeniably sinister. For weeks, the accusations were reported across the country. The facts that finally emerged were drastically different from the rumors.

#### The facts emerge

The "great betting pool" turned out to be a few casual nickel bets, and no one associated Jani Adams with them.

The money in the envelope had been collected to throw a farewell buffet for a departing nurse.

The six supposedly murdered patients dwindled down to one—Vincent Fraser. And five doctors had labeled him terminal weeks before his death. His wife had begun to arrange his funeral 3 days before he died.

Furthermore, Mrs. Fraser had voluntarily signed the release to spare herself an extra trip to the hospital. She knew her husband would probably die in the night, and she didn't have a telephone. If he died, the hospital would have to send the police to pick her up and bring her back to the hospital to give her consent. Signing the release early avoided that possibility.

Finally, an autopsy showed no sign of murder. It showed massive infections and diseased organs. Death was attributed to septicemia.

The judge dismissed the case without an indictment, but the media virtually ignored the dismissal. Only one newspaper, the *Las Vegas Sun*, offered a detailed description of the evidence in Jani Adams' favor. After being repeatedly horrified with details of the alleged crime, many people never heard or read that the charges were dismissed.

Jani Adams' life may never be the same. She went back to Sunrise Hospital but said she found herself surrounded by suspicion and whispers. She went on to a new job, but even there the attack continued. In subsequent articles about nurses (including Jani Adams) on strike, she was unfailingly identified as the Angel of Death despite being cleared of all charges.

#### Massachusetts "morphine murder"

In June, 1980, before the furor over Jani Adams' case could subside, New England newspapers reported another alleged patient murder. Three nurses—two RNs and one LPN—were indicted for murdering cancer patient Norma Leanes by giving her overdoses of morphine sulfate.

The nurses said they'd merely followed doctors' orders and standard hospital policy in administering enough morphine to keep their terminally ill patient comfortable.

This case received tremendous publicity for different reasons and in different ways than the Adams' case had. It aroused public concern over a question that doctors and nurses have faced for years: Where does their responsibility lie—in prolonging the dying or easing it? Many doctors and nurses have made a private decision to ease inevitable death, but few laws exist to support their decision.

Early stories in New England papers reported that the hospital in Taunton, Massachusetts, had initiated its own investigation into the death of Norma Leanes and had suspended three shift supervisors: Anne Capute, LPN; Nancy Robbins, RN; and Judith Foley, RN.

Reporters were barred from the grand jury investigation. But when news stories of grand jury testimony did appear, they reported a shocking finding. Autopsy showed that Mrs. Leanes' cancer had not reached her lungs or other vital organs. And a cancer specialist had said she might have lived for several years with proper treatment.

The question of possibly overdosing a patient who has a terminal illness was now complicated by the question of

whether the patient might have had a treatable illness.

Early stories also revealed a possible defense for the nurses: According to some reports, Mrs. Leanes' doctor had given a verbal order for morphine with the added instruction, "Keep her comfortable." According to other reports, the doses given to Mrs. Leanes weren't unusual for a terminally ill patient.

#### The first trial

The three nurses were to be tried separately for the murder of Mrs. Leanes. Because she'd given the largest doses

**Headlines can hammer away at the image of nurses, shocking the public into black-or-white conclusions.**

of morphine, Mrs. Capute was tried first. Her trial centered on three questions:

- Was Mrs. Leanes actually terminally ill?
- Had Mrs. Leanes' doctor told the nurses to give her enough morphine to "make her comfortable" during her last hours of life?
- Was Mrs. Capute following standard hospital policy by giving enough morphine to ease an inevitable death? Or had she deliberately killed the patient?

#### Responsible reporting

Reporting of the trial was factual and detailed. Newspaper reports tried to put the nurses' action in context by exploring the ethical and legal implications of shortening patients' lives with painkillers. Such reporting allowed the public to view the case from both the prosecutor's and defendants' points of view. The nurses' actions weren't made to appear vicious or murderous, and thoughtful readers could see that Mrs. Leanes' death was not a simple murder, but the result of a complex combination of medical, nursing, and administrative responsibilities.

Despite the generally responsible reporting, two factors created a strongly negative image of the nurses.

Headlines constantly juxtaposed the word "nurse" with "kill," "murder,"

"guilt," and other such emotionally loaded words. One reporter pointed out that the hearing was held in the same courtroom that had seen the Lizzie Borden ax-murder trial—a gratuitous inuendo.

Pictures accompanying newspaper reports also made a statement of their own. At best, they were unflattering. At worst, they pronounced a silent judgment against the nurses.

One picture that appeared repeatedly showed the three nurses standing in the courtroom to hear the charges against them. Judith Foley and Nancy Robbins had their heads slightly bowed, their eyes averted, their mouths in a hard, tight line. Their expression seemed to convey guilt. Anne Capute stood between them with her hands behind her back and her head flung up in apparent belligerence or defiance.

Later pictures showed that all three women had pleasant, ordinary faces. Mrs. Capute, shown after her acquittal with her daughter's arm around her neck, had a very motherly, comforting expression. Such pictures were rare, however. And the widely published courtroom photograph of the nurses was a stark contrast to the frequently published photograph of "the victim," Mrs. Leanues.

Mrs. Leanues' photograph showed an attractive woman with a vivacious smile, a woman looking younger than her 51 years.

### In the public eye

An early article on the murder charges reported an alleged conversation between an unnamed LPN and the assistant director of nursing at the Taunton hospital.

The LPN was quoted as saying, "I knew I killed her. I knew 195 mg of morphine sulfate was too much. No one can take that. She was in such agony. She would scream and clutch her chest and cry. She was in such pain. We just wanted to make her comfortable."

According to the report, the LPN admitted: "Look, this is my responsibility. I did it, and I have to face it."

Newspapers juxtaposed these quotations with paragraphs about Mrs. Capute, the only LPN charged in the case.

Mrs. Capute denied ever saying she'd given the patient too much morphine. But her own dealings with the media may have made her denials ring a little hollow to the public. For Mrs. Capute seemed ready to talk to anyone, anytime. And her slangy, blunt com-

ments—displaying the same style of speech attributed to the LPN in the hospital investigation—probably enhanced the association.

Mrs. Capute contended that her actions were representative of standard hospital procedure and didn't hesitate to raise that larger issue. "This will really open up a whole can of worms, and I hope it will," she was quoted.

She also talked about her personal life. She was 43, the wife of a carpenter, the mother of seven—four of them still at home. When asked about the effect of the case on her family, she told a reporter: "It's murder one, honey. It sure does a number on your family. All my neighbors are being interviewed. It's a sensational case."

Her speech was a verbal equivalent of her courtroom picture—head up and defiant. No shame-faced silence for her. She was quoted as saying the district attorney was just "looking 20 years down the road politically." She said she wondered why Mrs. Leanues' doctor wasn't charged with murder. And she said it was a "helluva miscarriage of justice that the press could obtain a secret report when the lawyer could not." She was, in short, a reporter's dream come true.

Mrs. Capute complained that the publicity caused much personal damage in the weeks before the trial. Like the other nurses, she lost her job. She was also badgered with crank calls. Her children were taunted: "Has your mother murdered anyone today?"

But after the acquittal, an interesting item appeared in the news: The jury that had acquitted Anne Capute held a dinner in her honor and planned future reunions as well. Although the public had possibly received an unfavorable impression of her through her comments to the press, the people most involved in her trial, who had heard all the evidence against her, obviously came away with a different impression.

### A frightening conclusion

In our study of news coverage of nurses accused of murder, we came to a frightening conclusion. Nursing's image has been damaged by the sheer weight of sensational cases' coverage—the constant repetition of the charges—day after day in the newspapers and repeatedly on television and radio news.

So, for the most part, the damage has resulted from the nature of the news business far more than from the irresponsible reporting of those involved.

If that's the case, what can you do to improve nurses' image?

### Make a stand and support it

Legal articles abound with advice on how to reduce your legal vulnerability: Demand written policies; demand written orders; document everything you do; ask others to witness any order you think is controversial.

Such legal advice is excellent, but it wouldn't have helped Jani Adams. She was shot down by a media blitz before she knew she was even suspected of wrongdoing. And none of the accusations involved policies, orders, or documentation.

The upshot is: The legal advice is good, but it won't keep murder charges out of the headlines.

Better advice for improving nursing's image comes from a phenomenon we observed when we followed the Jani Adams case. Early stories about the case were filled with extravagant allegations and emotional language against the nurses in the ICU.

After a few weeks of such headlines, we read a letter written by nurses at Sunrise Hospital. The letter described news stories that seemed intent on attacking nurses and said in effect: I was the nurse who took care of you when you needed me, where are you—now that I need you?

Right afterward, the public began writing letters to the editor praising the fine nursing care they'd received when they were in the hospital and urging others not to judge too hastily.

Reporters began to admit that their initial coverage had been biased, that they'd broken the story before they had the facts, that there was also evidence in favor of Jani Adams.

It was a dramatic demonstration that shows how you can balance the "nurse murderer" stories in the news with "nurse caretaker" stories.

When something good happens in your hospital, let the public know. When something bad happens that seems likely to stain nursing's image, remind the public that their own personal experience tells them this news item doesn't reflect the behavior of nursing. Write a letter to the editor when you see a nurse's occupation mentioned in a report of an alleged crime or a divorce or some other nonprofessional event. Ask why the other people's professions weren't mentioned. And use that opportunity to say something favorable about nursing. ☐