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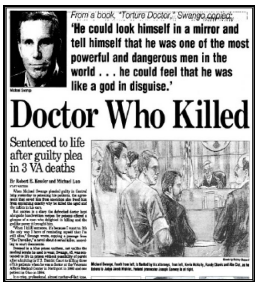
Guardians of Patient Safety

AN MSP'S PERSONAL STORY OF GROWING UP IN THE CIRCLE OF A SERIAL KILLER

WHEN I TOOK MY FIRST JOB AS A MEDICAL STAFF SECRETARY IN 2001, A FELLOW MEDICAL STAFF LEADER HANDED ME THE BOOK *BLIND EYE*. SHE SAID, "IF YOU WANT TO UNDERSTAND WHAT WE DO AND WHY WE DO IT, READ THIS BOOK." AND AT EVERY CONFERENCE I'VE ATTENDED IN MY 22-YEAR CAREER AS A MEDICAL STAFF PROFESSIONAL, THE STORY OF MICHAEL "DOUBLE-O" SWANGO HAS BEEN RETOLD.

—Sara Cameron, CPCS, CPMSM

DOUBLE-O-SWANGO


From a book, "Torture Doctor," Swango copied:
'He could look himself in a mirror and tell himself that he was one of the most powerful and dangerous men in the world . . . he could feel that he was like a god in disguise.'
Doctor Who Killed
Sentenced to life after guilty plea in 3 VA deaths

Many of us are familiar with the notorious Jack Kevorkian, a doctor who advocated for the right to die and earned the nickname "Dr. Death" for his role in assisting patients with terminal illnesses to end their lives. Before him, there have been other prolific "doctors of death" such as Harold Shipman in the U.K., who killed over 250 of his patients. Other larger-than-life serial killers have certainly captured the news headlines with their exploits. But the actions of one serial killer in particular, Michael Swango, caused the medical establishment to take a hard look at its role to protect patients. Changes were made that have had far-reaching impact on patient safety. The story of "Double-O" Swango is one worth retelling as a reminder of how far the medical staff services profession has come. My perspective adds a unique layer, as I grew up in the circle of Swango, the serial killer, and chose a career for which he is the mascot.

EARLY WARNING SIGNS

Born in Washington State, Michael Swango spent most of his formative years, including high school, in Quincy, Illinois. After being honorably discharged from the U.S. Marine Corps in 1976, he enrolled in Quincy College and graduated summa cum laude in 1979. In 1980 he enrolled in Southern Illinois University (SIU) School of Medicine. His peers observed many oddities about him from the beginning. He had poor hygiene and seemed to have an extreme, military-like fitness regimen. He could learn any curriculum without needing to study. Most interestingly, he had a fascination with death and tragedy. While in SIU Medical School, Swango held a position as an EMT while completing clinical rotations. His obsession with the macabre, and his scrapbooks of the tragedies that fascinated him, were unsettling to his peers. Colleagues observed him standing atop a vehicle taking photographs at an automobile accident, and he once shared his "ultimate fantasy" of being called to the scene of a horrific school bus fire with mass casualties. Mike would get a rush not from saving a life, but from watching people die—a pleasure he detailed extensively in his personal journals. It didn't take long for his colleagues to dub Mike "Double-O" Swango—licensed to kill. He was soon fired from his EMT position during Medical School for forcing a patient who was having symptoms of a heart attack to drive himself to the hospital.

> The next three decades saw a repeated pattern of deaths, deception, and dodging the law.

Wherever Swango studied or worked, people around him sickened and died of unusual causes. Peers and superiors became suspicious of him, but time after time, he evaded their investigations.

During clinical rotations at SIU, faculty raised concerns about Swango's performance, fraudulent documentation of rounding on patients, and strange outcomes in care. Despite these concerns, the dean of the medical school advocated for Dr. Swango and he graduated in 1983 with a Doctor of Medicine Degree. He struggled to find a residency after medical school due to poor evaluations by SIU faculty, but he managed to get a surgical internship at Ohio State University (OSU) Medical Center.

THE PATTERN CONTINUES

Shortly after beginning his surgical internship at OSU in 1983, nursing staff faculty and staff observed patients declining, and even dying unexpectedly, when Dr. Swango worked as the floor intern. A nursing student in February 1984 observed Swango tampering with an IV just before the patient suffered a respiratory arrest. This patient recovered, but five other similar events led leaders to investigate. OSU could never validate the suspicions of misconduct, but in June 1984, OSU elected not to extend his neurosurgical residency.

Today, if a provider applied to an organization, they would be required to disclose this change in residency. We as Medical Staff Professionals would put on our Sherlock Holmes hats and begin digging in and asking the important question; "Why was his residency discontinued?"

Swango next took a position as an EMT in his hometown, Quincy, IL. Shortly after beginning this role, colleagues reported falling violently ill whenever Swango offered coffee or any other food to anyone. This time he was convicted for poisoning his co-workers and sentenced to five years in prison. Meanwhile, the OSU law school, in conjunction with Ohio State Police and the Ohio State Medical Board, investigated the University's handling of Swango during his internship at OSU. But despite multiple suspicious stories, the Ohio investigators were unable to amass enough direct evidence to bring charges. In a sharply worded report, the dean of the law school concluded the hospital's inquiry was "far too superficial" and that law enforcement should have been involved in the investigation. Nevertheless, with a lack of sufficient evidence, Swango again escaped criminal prosecution for his actions in Ohio.

After he was released from prison in 1989, the pattern resumed when Swango took a position as a counselor at the state career development center in Newport News, Virginia. He was fired after being discovered with one of his death scrapbooks while working, so he took a position as a laboratory technician. Once again, many co-workers fell ill with unexplained stomach pain. Around this time, Swango met Kristin Lynn Kinney, a nurse at an area hospital. Kristin joined Swango when he began his new residency at Sanford USD Medical Center in Sioux Falls, South Dakota in July 1992. She took a job as a nurse on a medical unit and quickly became beloved by her colleagues. Throughout their time together, Kinney suffered unexplained violent migraines.

Despite forged medical school and criminal records, a prison sentence for poisoning colleagues, and a warning from a medical school dean, Swango continued to gain access to and harm vulnerable patients.

As it turned out, Swango used forged documents to enter this residency program in South Dakota. He created a fake Illinois Department of Corrections fact sheet stating his felony conviction was a misdemeanor battery charge for which he served six months, and he had forged a letter from the Governor of Virginia restoring his civil rights, in an effort to hide that he had, in fact, served three and a half years of a five-year sentence for poisoning his colleagues.

Today, most accrediting bodies strongly recommend, but do not require, criminal background checks. Some state licensing boards also don't require criminal background checks, although most do. However, most healthcare organizations, Medical Staff Bylaws, and Credentialing policies require a background check for employees as an element of primary source verification.

Swango attempted to join the American Medical Association (AMA) in 1992 but was denied after failing a criminal background check. In the fall of 1992, an episode of "Justice Files" aired on the Discovery Channel detailing the poisoning of his fellow EMTs in Quincy and his subsequent conviction. Perhaps the most shocked was Swango's fiancée, who had been told the conviction had to do with a "fist fight." She moved to her mother's home in Virginia, and shortly after leaving, her migraines resolved.

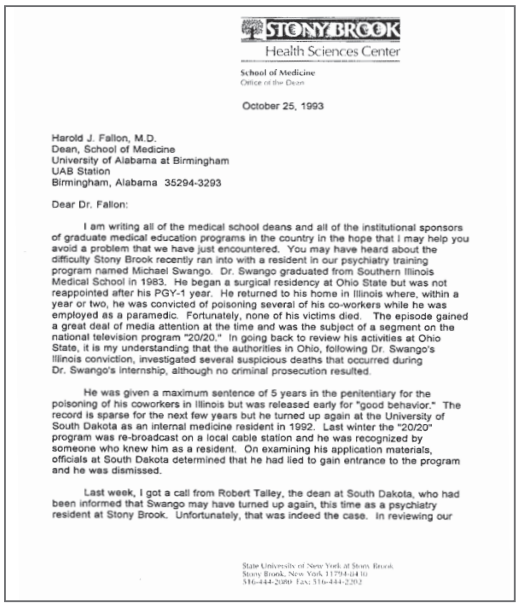
Dr. Swango's residency at Sanford was terminated when his falsified documents were discovered, but he quickly found residency at the State University of New York at Stony Brook School of Medicine. His first assignment in June 1993 was at Northport Veterans Administration (VA) Medical Center, where more suspicious deaths occurred. After being exhumed, one patient was found to have been poisoned with epinephrine. A second had been poisoned by the paralytic succinylcholine. Yet another died shortly after Dr. Swango was witnessed by a nurse to be injecting him with a vial of medication from his coat pocket.

Meanwhile, Kristin Kinney took her life on July 15, 1993. Following her death, an autopsy would reveal long-term arsenic poisoning.

YOU CAN RUN, BUT YOU CAN'T HIDE

In October 1993, the dean of Stony Brook School of Medicine received a call from the dean of the University of South Dakota Medical School, who shared the circumstances around Swango's dismissal in South Dakota. Swango was immediately dismissed from Stony Brook. The dean at Stony Brook, disturbed by the circumstances, also wrote a letter to warn the leadership at 125 medical schools and 1,500 teaching hospitals about Swango's deceptions. At that time, this *ad hoc*, personal communication was the only way hospitals were informed that a potentially malicious provider was in their midst. This is a critical example of the "old way."

Today, we implement vigorous verification of a provider's eductation, as well as their employment and affiliation history.



STONY BROOK
Health Sciences Center

School of Medicine
Office of the Dean

October 25, 1993

Harold J. Fallon, M.D.
Dean, School of Medicine
University of Alabama at Birmingham
UAB Station
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Dear Dr. Fallon:

I am writing all of the medical school deans and all of the institutional sponsors of graduate medical education programs in the country in the hope that I may help you avoid a problem that we have just encountered. You may have heard about the difficulty Stony Brook recently ran into with a resident in our psychiatry training program named Michael Swango. Dr. Swango graduated from Southern Illinois Medical School in 1983. He began a surgical residency at Ohio State but was not reappointed after his PGY-1 year. He returned to his home in Illinois where, within a year or two, he was convicted of poisoning several of his co-workers while he was employed as a paramedic. Fortunately, none of his victims died. The episode gained a great deal of media attention at the time and was the subject of a segment on the national television program "20/20." In going back to review his activities at Ohio State, it is my understanding that the authorities in Ohio, following Dr. Swango's Illinois conviction, investigated several suspicious deaths that occurred during Dr. Swango's internship, although no criminal prosecution resulted.

He was given a maximum sentence of 5 years in the penitentiary for the poisoning of his coworkers in Illinois but was released early for "good behavior." The record is sparse for the next few years but he turned up again at the University of South Dakota as an internal medicine resident in 1992. Last winter the "20/20" program was re-broadcast on a local cable station and he was recognized by someone who knew him as a resident. On examining his application materials, officials at South Dakota determined that he had lied to gain entrance to the program and he was dismissed.

Last week, I got a call from Robert Talley, the dean at South Dakota, who had been informed that Swango may have turned up again, this time as a psychiatry resident at Stony Brook. Unfortunately, that was indeed the case. In reviewing our

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The FBI could not arrest Swango for poisoning patients, but they finally had enough evidence to charge him with using fake credentials to enter the government-run VA hospital—a federal crime. The agency tracked him down to a water treatment plant in Atlanta; a serial killer with a penchant for poisoning, working at a water treatment facility. But when the agents arrived, he was already gone. With his notoriety in the United States growing, he was running out of places to hide. This time he fled to a place where he thought he'd never be noticed—Zimbabwe—in a position with the Zimbabwe Association of Christian Hospitals. It would be years before the FBI could pick up the trail again.

But even across the globe, it didn't take long for the strange illnesses to begin. It began with disagreements with his landlady and him retaliating by pouring sugar into her car's gas tank. When she became ill, forensic testing confirmed toxic levels of arsenic, which prompted Zimbabwean authorities to notify Interpol and the FBI. Renewed appeals for information and warnings to all ports of entry were sent again—but the trail was going cold.

Sensing his anonymity fading again, Swango fled. There are periods of time during which his whereabouts are not known, but he resurfaced again in summer of 1997 when he was hired by a hospital in Saudi Arabia. This position required Swango to return to the U.S. to obtain a visa. Seizing this opportunity, the FBI arrested Swango in a Chicago airport on federal fraud charges.

The following year, Swango pled guilty to charges of falsifying statements and fraud, for which he was sentenced to 3.5 years in prison. The sentencing document included a provision to keep him away from food and drug preparation and distribution jobs. With Swango securely locked in a federal prison, the FBI got to work investigating the deaths of many of his former patients.

With days left before his release, federal investigators charged him in the 1993 deaths of three of his VA hospital patients whose exhumed remains revealed they had been poisoned. He initially pleaded not guilty, but in 2000, he pleaded guilty to fraud charges and to the three murders. Sentenced to life imprisonment without the possibility of parole, he accepted this plea to avoid the death penalty in New York and extradition to Zimbabwe. He also emotionlessly admitted to killing a teenager in Columbus, Ohio in 1984 while she was recovering from an automobile accident.

Today Swango is serving three consecutive life terms at a maximum-security prison near Florence, Colorado. Just recently, more evidence has surfaced that suggests Swango may also have been involved in the Tylenol scare that killed seven people in the Chicago area in 1982. Due to his use of various methods of killing and the incomplete investigations in decades long past, we will probably never know how many people he killed. James Stewart, author of *Blind Eye*, the book chronicling the crimes of Swango, estimates Double-O Swango could be responsible for as many as 35 deaths, but the FBI believes this number to be closer to 60.

KEEPING THE SWANGOS OF THE WORLD OUT OF OUR HOSPITALS

What impact did Swango have on our profession? What changed? How is healthcare safer through his violent proclivities?

In the 1980s and early 1990s hospitals had no clear system in place to prevent dangerous doctors from harming their patients. Even after prison, Swango was able to obtain numerous medical jobs.

In Swango's case, he served three and a half years in prison for poisoning his colleagues in the 1980s, but after his release, he was still able to obtain numerous other medical jobs, two residencies (in SD and NY), as well as other medical roles in the U.S. and abroad. He was allowed to threaten patients' lives in multiple facilities before he was finally stopped.

When my new boss handed me *Blind Eye* on my first day in the medical staff office, she said, "if you want to understand what we do and why we do it, read this book." Swango was the poster child at conferences on credentialing and patient safety. "He is why we do what we do." When the book was handed to me, I smiled from ear to ear and told her I had already read it. In fact, I was quite familiar with Michael Swango. No, I was not a well-prepared new hire who had researched the industry. The 21-year-old version of me quickly blurted out, "Yeah, my parents are friends with him." That's when my new boss sat down. At which point I backpedaled, explaining, well, no longer friends, but friends a long time ago. My mom would call them casual acquaintances.

Back when Michael Swango was a medical student at SIU, shadowing as an EMT, my mother lived in a small apartment above the ambulance service. This is where she met Swango's EMT partner, who would later become my father. I grew up hearing my medical professional parents, friends, and family discuss their friend Mike; his peculiarities, his odd fascination with mass casualty disasters, and the fact that he killed people with poison. Although my parents' friendship with him ended in the mid-1980s before any of his crimes were discovered, I'd grown up in the circle of a serial killer. And now I have stumbled upon a career for which he is the mascot.

THE EVOLUTION OF THE GATEKEEPERS OF PATIENT SAFETY

In the absence of any sort of system to track and report his violations, Double-O Swango was certainly not the last physician to simply move from one facility to another and continue his path of destruction. In the mid-1980s, important legislation was passed that began to lay the framework for better patient safety. Congress passed the Health Care Quality Improvement Act of 1986 (HCQIA). This act was created to protect peer review bodies from private money damage liability and to prevent incompetent practitioners from moving state to state without disclosure or discovery of previous damaging or incompetent performance. This led to the National Practitioner Data Bank's (NPDB) establishment in 1988. In 1990 the NPDB began collecting reports on medical malpractice payments and adverse licensure, clinical privileges, and professional society membership actions taken against practitioners. In 1990 hospitals, health care entities, and state licensing boards begin querying the NPDB.

In addition, accrediting bodies such as the Centers for Medicare and Medicaid Services and the Accrediting Council for Graduate Medical Education created standards to define credentialing and privileging processes.

These steps are an important part of the structures put in place to ensure that the Michael Swangos of the world are kept out of our hospitals. We now have defined protocols for vetting new physicians before they are hired. There are procedures in place to run a criminal background check, malpractice lawsuits, complaints from patients or peers, and ensure that physicians are properly trained and credentialed.

Despite feeling confident a story like Swango's could never happen again, such threats are not so far behind us. In 2013, the Texas Medical Board revoked the license of recently graduated neurosurgeon Christopher Duntsch. Now widely known as Dr. Death, Duntsch was sentenced to life in prison in 2017 for the maiming and deaths of several of his patients. This was a small fraction of the number of patients

he was accused of injuring, but it was sufficient to put him away for life. And in 2019, Dr. William Husel was charged with ordering excessive doses of fentanyl to 35 patients in his care in Ohio. A jury eventually found Husel not guilty, but the hospital, Mount Carmel, fired 23 employees and its CEO resigned after the investigation into the deaths. And despite the lack of a guilty verdict, litigation settlements were paid to many of Dr. Husel's victims. Was he "merely" clinically incompetent and not a serial killer? Regardless of the degree of malintent, some experts say that the conditions that allowed these physicians to continue practicing medicine are still in place today, namely the "good ole' boy network" that has traditionally opted to sweep troublesome behavior under the rug rather than cause an unseemly confrontation. Recall that in Swango's case, his competence as a physician was not questioned despite his clearly aberrant outcomes. The FBI finally apprehended him for fraud and forged documents, not for murder.

Hospitals must ensure not only that serial killers never enter their doors, but that less egregious forms of bad care and antisocial behavior are caught early and handled decisively.

After all, doctors are humans like the rest of us. As extensive as their training may be, there are times when physicians demonstrate a lack of competency, training, judgment, or other skills, and the care they provide is less than ideal. There are times when personal problems, stressors, addiction, and other issues interfere with a physician's performance. When is it possible to educate, remediate, and support a physician, and when is it necessary to restrict or revoke privileges? How do we best help and support physicians when issues arise?

Self-regulation and peer review are difficult even in the best of circumstances. "Self-regulation requires a high level of commitment to improving patient safety… not all errors should be protected from blame or punitive measures. Protecting patients from problem colleagues requires that all physicians and other providers accept and act on the individual duty," according to the *AMA Journal of Ethics*.

AS MSPs, WE MUST ASK THE HARD QUESTIONS

As medical staff professionals we need to take the time to look closely enough and ask the hard questions, not with the goal of suspicion and punishment, but with an eye toward identifying issues that can be remediated. Very few physicians are depraved serial killers. But is he or she struggling technically or socially? Is there something happening that is interfering with this person's attitude or performance? Is the provider supported by their peers? Are they experiencing substance dependence, family crisis, or a health or mental health crisis? Do we watch and wait, hoping the issue passes, or do we feel an ever-so-slight feeling of relief when we find out the provider has quietly moved along? We have a basic framework of requirements that provide a starting point, but it is up to each hospital's medical staff to use all available tools to ensure their providers' competence.

In 1999, while Swango was trying to evade the FBI, journalist John Stossel reported on him for an episode of 20/20. Kristin Kinney's mother said, "Maybe there is a chance now, a chance they will be able to stop Michael and hopefully force the medical profession to develop a method for identifying dangerous doctors. I just feel bad for everyone who was a victim."

Swango may be a monster of the past, but it is our job now to take patient safety to the next level. Does your facility have a mechanism in place that would catch him today? Even more importantly, do you have a process that identifies outliers early enough to intervene? Does your medical staff office have the expertise and staffing it needs to manage such a daunting responsibility? When your medical staff quality processes are fine-tuned, they truly can identify the Swangos, but more importantly, they can identify opportunities before they become bad outcomes. If you're struggling for necessary resources to perform this work, consider partnering with an organization who can provide the specific knowledge needed to build a robust medical staff quality program.

Together, we will continue to address the problems that deserve our attention. We will not shy away from problems even when they are challenging. We are the gatekeepers, after all.

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Sara Cameron has over 22 years of experience as a Medical Staff Services leader holding her CPCS, CPMSM, and NAMSS Leadership certifications. She has held roles in critical access, academic, and tertiary care facilities in Alaska, Missouri, Washington, Oregon, and Illinois. She served as Director at Large on the NAMSS Board of Directors, 2019-2021. Sara now serves as Director of Professional Services and Senior Consultant. Her role allows her to share her knowledge, creativity and passion for Value Based Peer Review, Quality, Risk Management, and Physician Leader and Medical Staff Professional development.

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