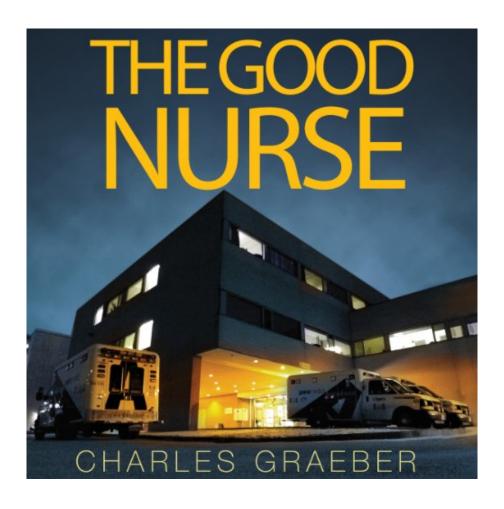


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After his December 2003 arrest, registered nurse Charlie Cullen was quickly dubbed 'The Angel of Death' by the media. But Cullen was no mercy killer, nor was he a simple monster. He was a favourite son, husband, beloved father, best friend, and celebrated caregiver.

Implicated in the deaths of as many as 300 patients, he was also perhaps the most prolific serial killer in American history. Cullen's murderous career in the world's most trusted profession spanned sixteen years and nine hospitals across New Jersey and Pennsylvania. Investigative journalist Charles Graeber's portrait of Cullen depicts a surprisingly intelligent and complicated young man whose promising career was overwhelmed by his compulsion to kill, and whose shy demeanor masked a twisted interior life hidden even to his family and friends.

Were it not for the hardboiled, unrelenting work of two former Newark homicide detectives racing to put together the pieces of Cullen's professional past, and a fellow nurse willing to put everything at risk, including her job and the safety of her children, there's no telling how many more lives could have been lost.

In the tradition of In Cold Blood, The Good Nurse does more than chronicle Cullen's deadly career and the breathless efforts to stop him; it paints an incredibly vivid portrait of madness and offers an urgent, terrifying tale of murder, friendship and betrayal.

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Original language: English Running time: 695 minutes

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nursing at its worst

By Jennifer S

Being an RN who went to Mountainside School of Nursing I am sickened by Charles Cullen. This book is well written and shows how the hospital administration is more concerned about their image than the safety of their patients. I found this book very easy to navigate on the kindle. It was no problem going back and forth to read the footnotes. All I did was hit the back button. I couldn't put the book down. You do not have to be in the medical field to follow this book. I never leave my family's side when they are hospitalized and this book reinforces my reasons why. Always ask what the medication is and why it is being given. If you don't recognize the nurse or the drug name stop them in their tracks and ask to see the Dr.'s orders and the nurse in charge. The majority of US NURSES are caring loving and nurturing. As in every walks of life there are bad apples and Charlie is one of them.

2 of 2 people found the following review helpful.

Review from a nurse

By Somebody's Nurse

When I first heard about this book on NPR, and heard the author interviewed, I was angry. I am a nurse myself, one who works toward empowering others and advocating for the empowerment of nurses. What made me most angry was the title of the book, "The Good Nurse...", when clearly the book's topic is far from describing a good, competent, caring, ethical nurse. So I opted not to read the book, and then somehow stumbled across the book again, a year after the big publicity push for the release of the book, and decided to give it a read. After all, in order to move beyond and heal from events such as described in the book, the profession needs to acknowledge and shine a light on our dark side. And this book does illuminate not just an aspect of the dark side of nursing, but more importantly the healthcare systems that allowed for this type of behavior to continue on unchecked for years.

Cullen is clearly a damaged personality and it is interesting to me that some of his co-workers perceived him as a "good nurse"... was it because he kept to himself, made the coffee, and was always working overtime? It certainly does need seem to be because of compassion, caring, safety, ethical practice, and leadership skills; the things I believe make a good or excellent nurse. Are nurses so overworked and stressed that simply having a seemingly competent nurse in place to lower our nurse-patient ratios deems them a good nurse?

The book clearly details how the system from beginning to end failed to address this man's murderous acts. As a nursing faculty member myself, I had the concerns whether signs of Charles Cullen's issues likely started to emerge in nursing school and went undetected as for 16 years he moved out into the professional world.

While the author provides some detail around Cullen's background, I did feel I wanted to know more about him. I also was still very much bothered by the title as I was reading the book. This lead me to emailing the author and having an ongoing verbose email exchange over several days. Mr. Graeber was prompt with his in-depth replies and both generous and gracious with his thoughts. He mentioned that he did not go into more detail about Cullen himself, because the man was fairly uninteresting as a personality, and that the true horror of this story revolves around how the system failed to protect the victims and the victims' families, as the facilities and the administrators seem to have avoided persecution. He explained to me how the title emerged for him and he told me of his own ideas around "doing good" vs. being a good moral agent. I have to agree with the author here, and it seems justice has not been served, and the systems and administrators themselves should be held liable and accountable for many of Cullen's murderous acts. If you thought you could trust your local hospital to provide you with caring, safe, professionals, this read might change your mind. As a concerned public we need to let our outrage around the actions of these institutions be known and continue to call for justice to be served: there is no statue of limitations around murder charges and I would deem a number of these institutions to be key players in the ongoing murders. Civil action should be the least of these facilities and administrators' worries.

Some of the best parts of the book detail the heroes who emerge as the drama around Cullen's eventual "capture" unfolds. The investigating team and the truly good nurse emerge in ways that are memorable and call upon us all to live up to our highest ethical standards when it comes to protecting patients.

I do think that nurses, patients, and administrators should be reading this book, bringing light to the darkness of the situation, and that agendas should be developed for better protecting the public.

0 of 0 people found the following review helpful. Riveting - Could Not Put Down

By runslikedeb

As a nurse starting after this case was concluded, I started reading it with the knowledge of current (2016) standards of patient privacy, medicine access, and Texas nursing peer review law. Looking at it from that standpoint, the hospitals seem malicious in their negligence and was horrified at the sequence of events. Then, I remembered that nursing practice law is dictated by each state, and even if the Texas reporting structure was in place at the time, it wouldn't necessarily apply to Pennsylvania and New Jersey.

For those completely horrified of hospitals, several changes were made based on this case. A few patient safety laws were passed after the arrest, state nursing boards revised their processes, and internal process changes were made. Hospitals with electronic records will audit who is accessing patient charts, with consequences up to termination from the organization for accessing a chart of patients with no established working relationship. Pyxis stations do not currently behave in the way that Cullen manipulated them; individual compartments within each drawer are now electronically locked and only the compartment for the medication being accessed will pop open. Pharmacies and nursing units also audit medication access, administration, documentation, waste, and return, but this usually focuses on narcotic administration.

Unfortunately, hospitals still do not give out negative referrals and it is common practice not even to disclose whether an RN is eligible for rehire, unless it is an off-the-record conversation between colleagues at different hospitals. Will make me think more than twice before hiring someone I cannot get a positive referral for and think a bit before hiring someone with a positive report!

Reinforced the importance of reporting nurses when terminating them for nursing practice (currently in Texas, the BON requires an automatic report when a nurse is terminated for practice issues). Reinforced for me as a nurse the importance of explicit verification and witness of what I am cosigning for. Will pass along this story to my coworkers!

This case was meticulously researched (I was reading so fast, I didn't notice the footnotes until chapter 5 - rich store of information in the back of the book!) and extremely well written. I finished in 6-7 hours with quick breaks. Comparable to Erik Larson's writing and research. Will definitely be reading Charles Graeber's work from now on.

This book is an excellent "lessons learned" resource. Of course, in hindsight, the choices to make are obvious, but cases never play out this way. Even trying to prove who was committing the crimes (and even figure out if it was accidental or intentional) is never as easy as it looks retrospectively, with all of the details available. From the hospitals that reported to the police and were told they did not have enough to go on, to the police force that wanted to involve the FBI earlier, but was told not to, to the RNs that report suspicions and are told not to worry about it. With the amount of malicious and bad-faith reporting that occurs, it's never easy to tell the truth from the fiction.

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