

Former Vanderbilt nurse RaDonda Vaught convicted of criminal negligent homicide for medication error

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“Knowing what I know—even if the jury finds me guilty, even if Judge Smith decides that prison time is the appropriate sentencing for this and it’s the maximum amount of time—I have zero regrets about telling the truth.” RaDonda Vaught speaking to The Tennessean on Friday before the jury read the verdict.

Former Vanderbilt University Medical Center (VUMC) nurse RaDonda Vaught was found guilty Friday on two counts, criminally negligent homicide and impaired adult abuse, in the death of 75-year-old Charlene Murphey on December 27, 2017. The jury chose to find Vaught not guilty of a charge of reckless homicide, reducing this to the lesser charge of negligent homicide. She still faces sentencing on May 13 with the possibility of a lengthy jail sentence.

After the verdict was read, Vaught opened to the press and reflected on her ordeal. First, she noted, “We have not forgotten about Miss Murphey and her family. Not at all. Not at all. This is about creating a safer environment so that things like this don’t happen again.” On the issue of VUMC’s role in the death, she added, “I think people deserve some answers to those questions, and they didn’t get them in the courtroom.” On the verdict’s implications, Vaught observed, “The nursing community is really angry and frustrated. Nurses have found their voice, and they’re pissed about this, as they should be. Where’s the accountability? Where? All this says is that you as a nurse are disposable.”

Indeed, the more than two years of devastation and turmoil brought on by the malign neglect on the parts of the ruling class in their handling of the pandemic that has seen more than a million Americans dead have shattered the relationship between health care workers and health systems. The guilty verdict only exposes the deepening of the class struggle in the most concrete terms. Vaught added, “There were a lot of missed opportunities. [VUMC] failed to acknowledge this until they were at risk of losing a lot of money. I think it was embarrassing. Not for me. For them.”

The circumstances of the tragedy were previously detailed.

Before a scheduled PET scan, Vaught gave Murphey a neuromuscular paralytic agent called vecuronium bromide, rather than a prescribed sedative. The mix-up was caused by the failure of the automated medication dispenser to provide the required drug, which Vaught then overrode, a practice common for nurses and authorized by VUMC to speed up service.

The nurse acknowledged selecting the wrong drug, but there was no system in place to double check or limit dispensing of the vecuronium bromide, a drug so powerful it is used in a number of states as part of the three-drug protocol for executions by lethal injection. Murphey suffered irreversible brain injury and her family eventually elected to take her off life support.

To say that Vaught was railroaded is an understatement. Prosecutors went out of their way to maliciously characterize her, confining their arguments to details surrounding the events of December 26, 2017, when the nurse made the fatal medication error.

There was no examination of the policies that made the hospital a dangerous place for patients. VUMC and its executive board were wholly insulated from prosecution or criticism, in a cover-up to protect the largest employer.

Leanna Craft, a nurse educator at the Neuro Intensive Care Unit (NICU) testifying on behalf of the defense, said it was common for nurses to override the system to get medication for their patients. The recently updated electronic records systems were causing delays in getting medicines from the automatic drug dispensing cabinets. There was also no scanner in the radiology department for Vaught to verify the medication against Murphy’s ID bracelet.

However, after the medication error was discovered and Murphey died, the charge nurse discouraged Vaught from documenting the mistake into the patient’s chart as she had asked. Later, the hospital misled the medical examiner’s office regarding the real cause of the death and withheld material evidence in the case from the state. They also lied to the family about the circumstances that led to the medication error and quickly settled for an undisclosed monetary amount with the caveat that the family were not to speak publicly on the matter. Vaught, who was relatively a new nurse with less than three years of experience but had shown promise and dedication, was summarily terminated a week after the death.

The response to the event by VUMC should have been

straightforward. First and foremost, the appropriate authorities for the state should have been notified, and the family made aware of the details of the case. An independent and thorough “sentinel event” and root cause analysis investigation should have commenced immediately to look at all contributing factors for the death, and not just Vaught’s errors.

The hospital administration should have also required a safety stand-down for the health system to review these findings and allow for an open discussion in a public forum. Stand-downs can offer an essential pause for the health system to evaluate and address the complex factors that contributed to the death.

Fundamentally, the culture of complacency that has been frequently cited is rooted in placing the business of health care above its primary function—safe and compassionate health care services to patients. Medication errors are common expressions of the drive to expedite patient treatment and cut costs.

Had the most basic and common-sense policies been implemented at VUMC, Charlene Murphey would not have died from the medication error. Specifically, access to vecuronium should never have been allowed in the accudose override mode. Given the known concerns over these agents, adding the letters PARA (paralytics) to access vecuronium would have prevented Vaught from removing the wrong medication. Ensuring barcoding scanners at all patient areas could have saved Murphey’s life. A simple requirement for two nurses to authenticate the correct medicine was given at the radiology department is frequently employed at other facilities. Lastly, the strict requirement of monitoring patients after giving them a sedative could have assured Murphey had constant supervision. The effects of vecuronium can be immediately reversed.

Rather than taking these obvious and correct measures, VUMC, concerned about its prestige and reputation, chose to conceal the facts and suppress any investigation into the matter, which speaks to the malignant culture embedded in for-profit health care. VUMC is not unique in this regard.

As profit margins dwindle, the relationship between health care systems and their employees assumes an ever more adversarial one. Nurses continue to be asked to do more with less. Now they are being placed on notice that should any untoward outcome happen to their patient, they would be held to account even with the threat of criminal prosecution and possible jail time.

In the case of VUMC, Murphey’s death would have been a forgotten matter if not for an anonymous tip 10 months later to the Centers for Medicare and Medicaid Services (CMS), which then conducted an unannounced visit to VUMC in October–November 2018.

In their scathing summary, the CMS wrote, “The failure of the hospital to mitigate risks associated with medication errors and ensure all patients received care in a safe setting to protect their physical and emotional health and safety placed all patients in a **SERIOUS** and **IMMEDIATE THREAT** and placed them in **IMMEDIATE JEOPARDY** and risk of serious injuries and/or death.” It took 330 pages for the VUMC to respond to the investigation with proposals for corrective actions.

It was only after this critique was made public that VUMC decided to direct its ire against Vaught by deflecting blame for

Charlene Murphey’s death. On February 4, 2019, the nurse was charged with sole responsibility for Murphey’s death and arrested for reckless homicide.

As a *Hospital Watchdog* report in February 2019 observed, “It’s only natural to wonder if Vanderbilt, an extremely influential political entity, gave a quiet ‘thumbs up’ behind closed doors to proceed with a prosecution against one of its nurses. One can reasonably speculate that Vanderbilt’s legal, public affairs, and crisis management team may have strategized that blaming the nurse will take the heat off the hospital.”

Additionally, the conflict of interest involved by the district attorney in bringing homicide charges against Vaught cannot be overlooked. Glenn Funk, a Vanderbilt adjunct professor of law, also Nashville’s district attorney general, has denied any such conflict. Yet, he served with Mrs. Melinda Blaser, the wife of VUMC CEO Jeff Blaser, on the Vanderbilt Kennedy Center Leadership Council. He was also in charge of the office that was prosecuting Vaught.

The *Watchdog* report appropriately noted, “Mr. Funk appears to have a level of commitment to Vanderbilt that understandably may make it difficult to take an action that would harm the reputation or standing of administrators or doctors at VUMC. Since Vanderbilt has not publicly indicated any opposition to the prosecution of nurse Vaught, some observers have questions whether Vanderbilt gave tacit approval for this prosecution. There has been no public support for the prosecution by any healthcare entity.”

Besides the outpouring of support from nurses across the country, the Murphey family has also remained supportive of Vaught. In February 2019, speaking with a local news channel, Gary Murphey, the deceased’s son, said, “My mom would forgive her, absolutely. Obviously, we would be angry at her and maybe disgusted a bit but we’re not that kind of people. I’m not a guy that sees an eye for an eye. Regardless, I don’t think anybody would intentionally do that, so I forgive her.”

The family has affirmed they don’t plan to pursue any legal actions against Vaught. Gary Murphey added, “I don’t like to see somebody’s family torn apart. It’s distorted their lives as much as ours.”

Regarding Murphey’s family, RaDonda Vaught told the media Friday, “It’s been very humbling. I don’t think you know humility any better than when the grandson of the patient that you probably killed is standing there in the middle of his work, patting you on the shoulder saying, ‘It’s okay. You take care of yourself.’ You don’t do this job and not be worried. You may leave that hospital, but you take those patients home with you every day. You take their families home with you every day. I did not have that opportunity with Miss Murphey or her family then, but I will say now they have been incredibly kind.”



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