

Doc Accused of Killing 22 Patients in the ICU: Upcoming Trial Notes Patient Safety Lapses

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On Dec. 5, 2017, Danny Mollette, age 74, was brought to the emergency department of Mount Carmel West Medical Center in Columbus, Ohio, in critical condition. Staff inserted a breathing tube and sent him to the intensive care unit.

Mollette, who had diabetes, previously had been hospitalized for treatment of a gangrenous foot. When he arrived in the ICU, he was suffering from [acute renal failure](#) and low blood pressure, and had had two heart stoppages, according to a 2020 Ohio Board of Pharmacy report. He was placed under the care of William Husel, DO, the sole physician on duty in the ICU during the overnight shift.

Around 9 PM, Husel discussed Mollette's "grim prognosis" with family members at the patient's bedside. He advised them that Mollette had "minutes to live" and asked, "How would you want him to take his last breath: on the ventilator or without these machines?"

In less than an hour, Mollette was dead. Some said that what happened in his case was similar to what happened with 34 other ICU patients at Mount Carmel West and Mount Carmel St. Ann's in Westerville, Ohio, from 2014 through 2018 — all under Husel's care.



Like Mollette, most of these gravely ill patients died minutes after receiving a single, unusually large intravenous dose of the powerful opioid [fentanyl](#) — often combined with a dose of one or more other painkillers or sedatives like [hydromorphone](#) — and being withdrawn from the ventilator. These deaths all occurred following a procedure called palliative extubation, the removal of the endotracheal tube in patients who are expected to die.

[Mount Carmel fired Husel in December 2018](#) following an investigation that concluded that the opioid dosages he used were "significantly excessive and potentially fatal," and "went beyond providing comfort." His Ohio medical license was suspended. In February 2022, he is scheduled to [go on trial in Columbus on 25 counts of murder](#).

Hanging over the murder case against Husel is the question of how Mount Carmel, a 136-year-old Catholic hospital owned by the giant Trinity Health system, allowed this pattern of care to continue for so many patients over 4 years, and why numerous registered nurses and hospital pharmacists went along with Husel's actions. Nearly two dozen RNs and two pharmacists involved in these cases have faced disciplinary action, mostly license suspension.

"The first time a patient died on a very high dose, someone should have flagged this," said Lewis Nelson, MD, chair of emergency medicine at Rutgers New Jersey Medical School, Newark. "As soon as I see it the second time or 27th time, it doesn't seem okay. There was a breakdown in oversight to allow this to continue. The hospital didn't have guardrails in place."

The Franklin County (Ohio) Prosecuting Attorney's Office faces two big challenges in trying Husel for murder. The prosecutors must prove that the drugs Husel ordered are what directly caused these critically ill patients to die, and that he intended to kill them.

Federal and state agencies have cited the hospital system for faults in its patient safety systems and culture that were exposed by the Husel cases. An outside medical expert, Robert Powers, MD, a professor of emergency medicine at the University of Virginia, Charlottesville, testified in one of the dozens of wrongful death lawsuits against Mount Carmel and Husel that there was no record of anyone supervising Husel or monitoring his care.

There also are questions about why Mount Carmel administrators and physician leaders did not find out about Husel's criminal record as a young man before hiring and credentialing him, even though the Ohio Medical Board had obtained that record. As a college freshman in West Virginia in 1994, [Husel and a friend allegedly stole car stereos](#), and after a classmate reported their behavior, they built a pipe bomb they planned to plant under the classmate's car, according to court records.

[Husel pleaded guilty](#) in 1996 to a federal misdemeanor for improperly storing explosive materials, and he received a 6-month sentence followed by supervision. He did not disclose that criminal conviction on his application for medical liability insurance as part of his Mount Carmel employment application, attorneys representing the families of his deceased patients say.

A Mount Carmel spokeswoman said the hospital only checks a physician applicant's background record for the previous 10 years.

"I think [the credentialing process] should have been more careful and more comprehensive than it was," Robert Powers testified in a September 2020 deposition. "This guy was a bomber and a thief. You don't hire bombers and thieves to take care of patients."

Mount Carmel and Trinity leaders say they knew nothing about Husel's palliative extubation practices until a staffer reported Husel's high-dose fentanyl orders in October 2018. However, three more Husel patients died under similar circumstances before he was removed from patient care in November 2018.

Mount Carmel and Trinity already have settled a number of wrongful death lawsuits filed by the families of Husel's patients for nearly \$20 million, with many more suits pending. The Mount Carmel CEO, the chief clinical officer, other physician, nursing, and pharmacy leaders, as well as dozens of nurses and pharmacists [have been terminated or entered into retirement](#).

"What happened is tragic and unacceptable," the Mount Carmel spokeswoman said in a written statement. "We have made a number of changes designed to prevent this from ever happening again.... Our new hospital leadership team is committed to patient safety and will take immediate action whenever patient safety is at issue."

In January 2019, Mount Carmel's then-CEO Ed Lamb acknowledged that "processes in place [were not sufficient](#) to prevent these actions from happening." Lamb later said Mount Carmel was investigating whether five of the ICU patients who died under Husel's care could have been treated and survived. Lamb stepped down in June 2019.

Before performing a palliative extubation, physicians commonly administer opioids and/or sedatives to ease pain and discomfort, and spare family members from witnessing their loved one gasping for breath. But most medical experts say the fentanyl doses Husel ordered — 500 to 2000 micrograms — were five to 20 times larger than doses normally used in palliative extubation. Such doses, they say, would quickly kill most patients — except those with high opioid tolerance — by stopping their breathing.

Physicians say they typically give much smaller doses of fentanyl or [morphine](#), then administer more as needed if they observe the patient experiencing pain or distress. Mount Carmel's 2016 guidelines for IV administration of fentanyl specified a dosage range of 50 to 100 micrograms for relieving pain, and its 2018 guidelines reduced that to 25 to 50 micrograms.

"If I perform a painful procedure, I might give 100 or 150 micrograms of fentanyl, or 500 or 600 for open heart surgery," said Nelson of Rutgers, who also practices palliative medicine. "But you'll be intubated and monitored carefully. Without having a tube in your airway to help you breathe, those doses will kill you."

Mount Carmel West hired Husel in 2013 to work the late-night shift in its ICU. It was his first job as a full-fledged physician, after completing a residency and fellowship in critical care medicine at Cleveland Clinic. A good-looking and charismatic former high school basketball star, he was a hard worker and was popular with the ICU nurses and staff, who looked to him as a teacher and mentor, according to depositions of nurses and Ohio Board of Nursing reports.

In 2014, Husel was chosen by his hospital colleagues as physician of the year. He was again nominated in 2018. Before October 2018, there were no complaints about his care, according to the deposition of Larry Swanner, MD, Mount Carmel's former vice president of medical affairs, who was fired in 2019.

"Dr Husel is so knowledgeable that we would try to soak up as much knowledge as we could," said Jason Schulze, RN, in a July 2020 deposition. Schulze's license was suspended for two years in connection with his care of one of Husel's ICU patients, 44-year-old Troy Allison, who died 3 minutes after Schulze administered a 1000-microgram dose of fentanyl ordered by Husel in July 2018.

Husel's winning personality and seeming expertise in the use of pain drugs, combined with his training at the prestigious Cleveland Clinic, may have lulled other hospital staff into going along with his decisions.

"They're thinking, the guy's likable and he must know what he's doing," said Michael Cohen, RPh, founder and president emeritus of the Institute for Safe Medication Practices. "But you can't get fooled by that. You need a policy in place for what to do if pharmacists or nurses disagree with an order, and you need to have practice simulations so people know how to handle these situations."

Husel's criminal defense attorney, Jose Baez, said Husel's treatment of all these palliative extubation patients, including his prescribed dosages of fentanyl and other drugs, was completely appropriate. "Dr Husel practiced medicine with compassion, and never wanted to see any of his patients suffer, nor their family," Baez said.

Most medical and pharmacy experts sharply disagree. "I'm a pharmacist, and I've never seen anything like those kinds of doses," Cohen said. "Something strange was going on there."

Complicating these issues, [eight nurses and a pharmacist](#) have sued Mount Carmel and Trinity for wrongful termination and defamation in connection with the Husel allegations. They strongly defend Husel's and their care as compassionate and appropriate. Beyond that, they argue that the changes Mount Carmel and Trinity made to ICU procedures to prevent such situations from happening again are potentially harmful to patient care.

"None of the nurses ever thought that Dr Husel did anything to harm his patients or do anything other than provide comfort care during a very difficult time," said Robert Landy, a New York attorney who's representing the plaintiffs in the federal wrongful termination suit. "The real harm came in January 2019, when there were substantial policy changes that were detrimental to patient care and safety."

Many of these patient deaths occurred during a period when the Mount Carmel system and Trinity were in the process of [closing the old Mount Carmel West hospital](#), located in the low-income, inner-city neighborhood of Columbus, and opening a new hospital in the affluent suburb of Grove City, Ohio.

"They were done with this old, worn-out, inner-city hospital and its patient base and wanted a brand-new sparkling object in the suburbs," said Gerry Leeseberg, a Columbus attorney who is representing 17 families of patients who died under Husel's care. "They may have directed less energy, attention, and resources to the inner-city hospital."

The case of Danny Mollette illustrates the multiple issues with Mount Carmel's patient safety system.

First, there was no evidence in the record that Mollette was in pain or lacked the ability to breathe on his own prior to Husel's palliative extubation. He had received no pain medications in the hospital that day, according to the report of an Ohio Board of Nursing examiner in a licensure discipline action brought against nurse Jacob Deemer for his care of Mollette and two other ICU patients who died. Deemer said Husel told him that the patient had to be in pain given his condition.

After consulting with Mollette's family at the bedside, Husel ordered Deemer to administer 1000 micrograms of fentanyl, followed by 2 mg of hydromorphone, and 4 mg of midazolam, a [sedative](#). Deemer withdrew the drugs from the Pyxis dispensing cabinet, overriding the pharmacist pre-approval system. He said Husel told him the pharmacist had said, "It is okay."

Actually, according to the pharmacy board report, the pharmacist, Gregory White, wrote in the medical record system that he did not agree to the fentanyl order. But his dissent came as the drugs were being administered, the breathing tube was being removed, and the patient was about to die. White was later disciplined by the Ohio Board of Pharmacy for failing to inform his supervisors about the incident and preventing the use of those high drug dosages in the cases of Mollette and two subsequent Husel patients.

Then there are questions about whether the families of Mollette and other Husel patients were fully and accurately informed about their loved ones' conditions before agreeing to the palliative extubation. Mollette's son, Brian, [told reporters](#) in July 2019 that Husel "said my father's organs were shutting down and he was brain damaged. In hindsight, we felt kind of rushed to make that decision."

Plaintiff attorneys bringing civil wrongful death cases against Mount Carmel and Husel must overcome hurdles similar to those faced by prosecutors in the murder case against Husel. Even if the patients were likely to die from their underlying conditions, did the drugs hasten their deaths, and by how much? In the civil cases, there's the additional question of how much a few more hours or days or weeks of life are worth in terms of monetary damages.

Another challenge in bringing both the criminal and civil cases is that physicians and other medical providers have certain legal protections for administering drugs to patients for the purpose of relieving pain and suffering, even if the drugs hasten the patients' deaths — as long as the intent was not to cause death and the drugs were properly used. This is known as the double-effect principle. In contrast, intentional killing to relieve pain and suffering is called euthanasia, and that's illegal in the US.

"There is no evidence that medication played any part in the death of any of these patients," said Landy, who's representing the nurses and pharmacists in the wrongful termination suit. "The only evidence we have is that higher dosages of opioids following extubation extend life, not shorten it."

Husel, as well as the nurses and pharmacists who have faced licensure actions, claim their actions were legally shielded by the double-effect principle. But the Centers for Medicare and Medicaid Services, the Ohio Board of Nursing, and Ohio Board of Pharmacy haven't accepted that defense. Instead, they have cited Mount Carmel, Husel, and the nurses and pharmacists for numerous patient safety violations, including administering excessive dosages of fentanyl and other drugs.

Among those violations is that many of Husel's drug orders were given verbally instead of through the standard process of entering the orders into the electronic health record. He and the nurses on duty skipped the standard non-emergency process of getting pre-approval from the pharmacist on duty. Instead, they used the override function on Mount Carmel's automated Pyxis system to withdraw the drugs from the cabinet and avoid pharmacist review. In many cases, there was no retrospective review of the appropriateness of the orders by a pharmacist after the drugs were administered, which is required.

After threatening to cut off Medicare and Medicaid payments to Mount Carmel, CMS in June 2019 [accepted the hospital's correction plan](#), which restricted use of verbal drug orders and prohibited Pyxis system overrides for opioids except in life-threatening emergencies. The Ohio Board of Pharmacy hit Mount Carmel with [\\$477,000 in fines and costs](#) for pharmacy rules violations.

Under the agreement with CMS, Mount Carmel physicians must receive permission from a physician executive to order painkilling drugs that exceed hospital-set dosage parameters for palliative ventilator withdrawal. In addition, pharmacists must immediately report concerns about drug prescribing safety up the hospital pharmacy chain of command.

"We have trained staff to ensure they feel empowered to speak up when appropriate," the Mount Carmel spokeswoman said. "Staff members have multiple avenues for elevating a complaint or concern."

Husel's high dosages of fentanyl and other painkillers were well-known among the ICU nurses and pharmacists, who rarely — if ever — questioned those dosages, and went along with his standard use of verbal orders and overrides of the Pyxis system, according to depositions of nurses and pharmacists in the wrongful death lawsuits.

But the Mount Carmel nurses and pharmacists had a professional responsibility to question such dosages and demand evidence from the medical literature to support their use, according to hearing examiners at the nursing and pharmacy boards, who meted out licensure actions to providers working with Husel. Under the Zero Harm patient safety program Mount Carmel West launched in 2017, medical staffers were supposed to report safety concerns up the chain of command. That apparently did not happen.

Nursing board hearing examiner Jack Decker emphasized those responsibilities in his November 30, 2020, report on nurse Deemer's actions regarding three patients who died under Husel's care in 2017 and 2018. At Decker's recommendation, Deemer's license was suspended for three years. Decker wrote that the ICU nurses had a professional responsibility to question Husel and, if necessary, refuse to carry out the doctor's order and report their concerns to managers.

"Challenging a physician's order is a difficult step even under ideal circumstances," wrote Decker, who called Mount Carmel West's ICU a "dysfunctional" environment. "But," he noted, "when Mr Deemer signed on to become a nurse, he enlisted to use his own critical thinking skills to serve as a patient protector and advocate.... Clearly, Mr Deemer trusted Dr Husel. But Dr Husel was not to be trusted."

While patient safety experts say these cases reveal that Mount Carmel had a flawed system and culture that did not train and empower staff to report safety concerns up the chain of command, they acknowledged that this could have happened at many US hospitals.

"Sadly, I'm not sure it's all that uncommon," said Nelson of Rutgers. "Nurses and pharmacists have historically been afraid to raise concerns about physicians. We've been trying to break down barriers, but it's a natural human instinct to play your role in the hierarchy."

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