POSITION STATEMENT

Medical Autonomy and Incident Reporting

Background

In correctional facilities, it is not uncommon to hear both “Health staff will not write disciplinary reports” and “Health staff must write up the conduct orders.” Facilities use different terms on their respective forms, and thus it is important to clarify health staff involvement with regard to reporting disciplinary infractions, especially as administrators’ expectations may affect medical autonomy.

The principle of medical autonomy dictates that custody staff may not make or interfere with medical decisions. However, it is also important that health staff do not make custody and disciplinary decisions.

In intent, it is reasonable, appropriate, and acceptable for health staff to write an information report about an incident, but health staff should not be involved with the determination of the outcome related to the incident.

Health care providers are obligated to promote the health of the patient. When inmates believe that health staff intend to do them harm (by reporting disciplinary infractions), they might not seek out health care. When health staff are involved in disciplinary proceedings, they are not providing health care and their efforts do not promote the health and well-being of their patients. Inmates do not have the freedom to go to another health care provider if one has done them harm or there is potential for harm. Thus, an inmate’s constitutional right of access to care may be violated when health staff are in a position to influence discipline.

Health staff should address disrespectful inmates just as they would unruly patients in a community outpatient setting. For example, if a patient yells in a community clinic, staff generally do not call the police, particularly if the patient is confused, upset, mentally unstable, intellectually limited, and so forth. In a correctional setting, health staff must respond professionally, stating that such behavior is unacceptable and laying out clear expectations in an educational and health-promotional manner. It is inappropriate, and an ethical conflict, for health staff to employ custody discipline in a manner that reduces an individual’s right to refuse medical intervention.

Obvious exceptions would be threats or physical contact by an inmate whose behavior is under his or her control and not due to a medical or mental health condition. In such cases, health staff should retain the right to press charges and may write an informational report. This response should be reserved for significant situations. Health staff should not also be the judge and jury to determine fault or any resulting discipline.

Another common situation of concern is when an inmate does not show up for an appointment. From a medical perspective, the patient has the right to refuse medical care, so discipline should not be employed in a refusal. However, the inmate not being at the appointment and thus being unaccounted for may be a security risk; security should be rapidly notified that an inmate is a “no-show” for an appointment. Decisions related to “no-shows” by inmates are exclusively within security’s domain.

Position Statement

Health staff should not be involved with the determination of an outcome for an inmate’s or juvenile’s infraction. However, it is acceptable for health staff to write an information report about an incident.

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