

Patient Protection, Facility Security, & Malpractice Liability in Correctional Healthcare



A patient with a history of disciplinaries presents to you with an injury. A written report indicates a fight with another incarcerated person, but the patient says they were assaulted by security staff. Correctional officers are within earshot and dispute the patient's account.¹



A pregnant patient incarcerated for a violent offense is in labor. After you talk with the correctional officer your patient is allowed to change from her uniform into a hospital gown so that you can examine her. She is shackled to the bed by one wrist. The patient reports severe abdominal pain and you observe vaginal bleeding.²



Security staff are seeking clearance for solitary confinement for a resident involved in violent gang-related activity. Recent mental health notes indicate that the patient has threatened to harm themselves. The patient has a history of self-injurious behaviors but not of suicide attempts.

How would you respond as the provider?

In jails and prisons, healthcare professionals face conflicts between the clinician's obligation to act in the best interest of the patient and their obligation to the security authority in the facility.³ These dual loyalty dilemmas are serious ethical conflicts that may compromise therapeutic alliance, strain relationships with facility staff, and lead to burnout.³ Dual loyalty also presents safety risks and increases liability for professionals and facilities.

1 Identify the conflict

Identify your conflicting obligations and consider the laws and policies that apply.

2 Clarify your responsibilities

Think about the health effects for the patient, dignity in care, and the four principles of bioethics: autonomy, non-maleficence, beneficence, and justice.

3 Respond appropriately

Identify how you can help the patient and how to enlist support of colleagues. Think about how you can advocate to decrease the likelihood of this happening again.

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Website: <http://sc.edu/ruralhealthcare> Email: SCRuralHealthcare@uscmed.sc.edu

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