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Justice vs. Nonmaleficence

Prisoners are dehumanized by losing their rights once imprisoned and are reduced to a number in the system. Despite this, they are entitled to receive the same medical treatment as any other patient in the hospital. The AMA Journal of Ethics published an article exploring this issue. BB is a 40-year-old female prisoner who showed up to the emergency room shackled and uncovered, seeking care accompanied by her correctional officer, Officer G, following a physical altercation that ultimately resulted in a grade 4 splenic injury. After being unsuccessfully stabilized, it was concluded by the medical team that she required emergency surgical intervention. Handcuffs are a tool to restrain prisoners, so while Officer G adamantly refuses removal, the physician recognizes that this is an obstruction to placing the patient in an optimal surgical position and cuts them off. The ethical issue arises when a conflict of interest exists between the physician and the officer, as they follow protocols for two different systems: the healthcare system and the prison system. Incarceration is universally based on the ethical principle of justice, which upholds this value through safety protocols and maintaining order between prisoners and society. I argue that there is no justification in using handcuffs for a patient already being monitored, in a near-fatal condition, and undergoing anesthesia. Shackling a patient is a clear violation of nonmaleficence and only promotes further harm.

All physicians take a Hippocratic oath, a milestone that signifies their transition from being a medical student to a doctor, and this pledge is ingrained in them throughout their careers. One of them being, “be of benefit and do no harm” (Jonsen, Siegler, & Winslade, 2015, p. 20). Nonmaleficence is a foundational aspect of physician education since it is based on reducing risks and harm. Allowing a patient to undergo surgery with handcuffs on would contradict physician values, specifically nonmaleficence, since it inflicts harm. Metal cuffs are harshly tightened, the placement causing skin irritation, limb compression, and fractures. In the medical setting, physical exam maneuvers are now difficult, patients are predisposed to falling more frequently, in the event of a seizure, care is now delayed, and a new onset of deep vein

thrombosis can develop. (Haber et al., 2022) BB arrived in critical condition to a high-level trauma bay; she was tachycardic and hypotensive, and after being extensively worked up, required surgery; this is not the presentation of someone capable of posing a physical threat to anyone around them, even in the absence of handcuffs. Shackling BB in her most vulnerable state serves no real purpose at this point. Nonmaleficence is necessary for the patient's best interest to reduce the worsening of her condition.

Justice is an ethical principle centered on the idea of fairness and is clinically applicable in a healthcare system, ensuring that individuals are treated equitably. (Jonsen, Siegler, & Winslade, 2015, p. 188). Its purpose in this case was intended to protect the public safety of hospital staff and other patients through proper policies by deeming shackling a necessary safeguard. Justice is upheld because all incarcerated patients are treated equally with cuffs regardless of their baseline condition. Officer G merely transported her from the facilities to receive care. Still, it is possible he was unaware of her mental or behavioral status, nor did he get clearance for removal, so he was acting accordingly based on his institutional limitations and kept the cuffs on as an act of fairness. Multiple requests regarding the patient's status throughout the surgery were also made by the officer. From this viewpoint, it may seem as though this is acting in the interest of protecting staff by adhering to security protocols, hence upholding justice.

However, true justice is not about applying the same uniform protocols to every imprisoned patient. It should be on a case-by-case basis; applying cuffs to a patient who appears battered and is sedated/ unconscious during a surgical procedure is not the same as applying them to a conscious, unharmed prisoner. BB was reshackled post-operatively; upholding justice through security protocol should not matter in this case when a patient is in recovery and needs to heal. Repeatedly asking for updates is unjust because it is a disruption to healthcare staff on the case, and her right to privacy is also stripped away, as it places her at risk for potential harm because of a continual distraction made by the officer; this would not occur if it were a regular patient. Nonmaleficence does not mean that protocols are ignored, but it means acknowledging

certain scenarios to which they are applied based on clinical judgement; her surgeon was correct in this situation because the cuffs did not serve a protective purpose any longer.

Shackling any patient during surgery is completely unethical. Nonmaleficence should take precedence over justice, especially when dealing with a sensitive case like BB's, when an imprisoned person is already being harmed beyond just cuffs and physically beaten. The core principle of nonmaleficence serves to restore the patient to a good state of health, is based on clinical judgement and reasoning, and with a hurdle in the way, it would have been hard to do so. Her physician assessed the situation correctly and protected BB by advocating for her health in the removal of the cuffs.

References:

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