

Williams v. PRCM

In September of this year the Maryland Court of Special Appeals decided a case of particular interest to those working in emergency departments or who make decisions surrounding involuntary hospital admission. This case discussed physician immunity following involuntary admission. A patient presented in the ED of a regional hospital center with his mother who was concerned about his mental state: he was having auditory and visual hallucinations, suicidal thoughts, obsessive behavior, headaches, trouble sleeping, and was exhibiting generally unusual behavior. The patient was evaluated and examined by two emergency department physicians. He was alert, verbal, and cooperative and did not want to be admitted to the Medical Center. He was diagnosed with insomnia, fatigue, and bizarre behavior; prescribed Ambien, enrolled in a follow up clinic, and told to return to the ED immediately if he felt he was going to harm himself or anyone else. Many hours after leaving the hospital, the individual broke into a neighbor's home, and when police arrived was found wielding a knife in the front yard. After being asked to stand down, refusing, and continuing to charge the police he was shot and killed by officers. His family then sued the medical center arguing that the emergency physicians were negligent in not admitting the deceased, and that Maryland's involuntary admission immunity statute should apply only when the health care provider decides to admit the patient.

Maryland law states that any physician who involuntarily admits a patient has civil and criminal immunity from liability if that physician was acting in good faith and had reasonable grounds to make the admission. The issue in this case was whether the immunity applies in the opposite direction, i.e., if a physician decides not to involuntarily admit someone should they also be immune from liability?

The Circuit Court held and the Court of Appeals affirmed that the immunity provision applies to any health care practitioner who conducts an evaluation for involuntary admission, acting in good faith and with reasonable grounds, whether or not that evaluation leads to admission or some less restrictive care. The Court of Appeals reasoned that there are important liberty interests at stake when determining whether a patient should be admitted for psychiatric evaluation or treatment. "To best protect those liberty interests and the discretionary nature of the evaluation so that the health care provider is guided by their medical judgment and not fear of liability the immunity must be complete." The Court held that a physician who determines that either commitment or discharge is the proper course of action cannot be held liable for either decision if the physician acted in good faith, and in compliance with the statutory rules for the evaluation.

Maryland Physician Immunity from liability MD Code Health Gen §10-618(a) and § 5-623 (b) of Cts and Jud Pro Article