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Clifford v. MaineGeneral Medical Center

Supreme Judicial Court of Maine - April 22, 2014 - A.3d - 2014 ME 60

This case arose from emails that Linda J. Clifford sent to the Governor's office in late September 2007. Those emails triggered a series of events that ultimately led to Clifford being detained overnight against her will in the psychiatric unit at MaineGeneral Medical Center (MaineGeneral) in Augusta.

Clifford filed action against emergency room physician under Maine Civil Rights Act (MCRA) for allegedly depriving her of liberty without due process and in violation of statutory rights and for allegedly subjecting her to an unreasonable search. Physician moved for summary judgment, asserting discretionary-function immunity under Maine Tort Claims Act (MTCA) and also asserting common-law qualified immunity. The Superior Court denied summary judgment as to those claims. Physician appealed.

The Supreme Judicial Court of Maine held that:

- Absolute immunity provision of Maine Tort Claims Act (MTCA) did not bar present claims;
- Fact issues precluded summary judgment declaring that common-law qualified immunity protected emergency room physician on MCRA claims involving alleged due process and statutory violations; and
- Physician did not have common-law qualified immunity on MCRA claim involving alleged unreasonable search.

Absolute immunity provision of MTCA, while barring a claim against emergency room physician for negligence or carelessness in emergency admission process, did not bar claim by hospital admittee under MCRA for alleged violation of and disregard for statutory mandates governing emergency admission and involuntary commitment procedures, as well as due process and Fourth Amendment protections, that allegedly occurred when, after future admittee had been properly evaluated and discharged to return home, she was again ordered into custody, without any new information and without a new commitment process having been formally initiated, was searched, and was held overnight at hospital before being examined and again discharged the next morning.

Genuine issue of material fact existed as to whether emergency room physician transgressed due process and statutory rights of future admittee to hospital's psychiatric unit in informing her that she was not leaving hospital under any circumstances and in facilitating her "voluntary" 24-hour admission over the prospect of 72-hour involuntary commitment pending a "blue-paper" process than had not yet begun, such that summary judgment for physician on common-law qualified-immunity grounds with regard to admittee's claim under MCRA would be precluded if a reasonable defendant in physician's position would have known that his actions transgressed those rights.

Reasonable defendant in emergency room physician's position in 2007 would have understood that

directing future overnight hospital admittee to remove her clothes and submit to a body search for contraband, then calling two male security guards to enforce that directive, violated future admittee's constitutional right against unreasonable seizures, such that physician did not have common-law qualified immunity against admittee's claim under MCRA. There was no evidence to support a belief that future admittee carried contraband, there were no exigent circumstances that demanded that she be searched at all, and although she had, under duress, consented to medical treatment, she was not legally committed under either the voluntary or involuntary commitment procedures.