the donaldson decision

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The following summary and analysis presents an interpretation of the Donaldson decision that is intended to highlight its possible implications and still unresolved issues. We hope it will serve as a stimulus for our readers to provide us with alternative views and comments on this important decision. Although written by an NIMH staff member, it does not necessarily reflect the opinions, official policy, or position of the National Institute of Mental Health.—The Editors.

On June 26, 1975, the Supreme Court handed down its decision in the highly publicized Donaldson case (O’Connor v. Donaldson, No. 74-8, 1975). Donaldson was a patient who had been committed and diagnosed as a paranoid schizophrenic and confined in a Florida State hospital for nearly 15 years even though he was not found to be dangerous to himself or others. After several unsuccessful suits, Donaldson successfully sued the Superintendent of Chattahoochee and other staff members. In this 1971 suit, Donaldson alleged that the defendants had intentionally and maliciously deprived him of his constitutional right to liberty. The jury in the District Court awarded Donaldson a total of $38,500 in compensatory and punitive damages assessed against the Superintendent, J.B. O’Connor, and against another psychiatrist. The Fifth Circuit Appellate Court upheld the District Court's verdict and the monetary award as well.

In the view of the Supreme Court, the facts of this case raised only one constitutional issue—the involuntarily confined mental patient's right to liberty. They ruled that a finding of "mental illness" was not sufficient for involuntary commitment in custodial confinement for an indefinite period of time. Consequently, it is unconstitutional for a State to confine indefinitely a nondangerous individual who can survive in the community on his or her own resources or with the aid of
willing friends or family. Since abundant evidence was introduced to indicate that O'Connor knew that Donaldson was not dangerous and still kept him indefinitely incarcerated, the court agreed that Donaldson's constitutional right to liberty had been violated.

The Donaldson case represents the latest of a growing number of cases attempting to establish a constitutional right to treatment for involuntarily committed mental patients; and it is the only one as yet to be heard by the Supreme Court. What began as a moral argument for improving the care of chronic mental patients (Birnbaum 1960) became an integral part of the civil libertarian challenge to institutional psychiatry. With few exceptions (Burnham v. Department of Public Health of the State of Georgia, 349 F. Supp. 1335, N.D. Ga., 1972) the right to treatment cases have affirmed such a right for those involuntarily committed to mental institutions (Rouse v. Cameron, 373 F. 2d 451, D.C. Cir., 1966; Wyatt v. Stickney, 344 F. Supp. 373, M.D. Ala., 1972; Welsch v. Likens, 42 U.S., L.W. 1141, 1974).

The right to treatment issue is one on which the Court refused to rule, but in a concurring opinion, Chief Justice Burger disagreed with the attempt of the Court of Appeals to equate a patient's constitutional right to liberty with a constitutional right to treatment. By vacating the Fifth Circuit's affirmation of the right to treatment, however, the Supreme Court has left the issue in a legal limbo. Other cases will have to be litigated before the issue is resolved.

Since the right to treatment issue has not been resolved legally, the controversy over the implications that such a right may have for institutional psychiatry will continue. While the right to treatment has been hailed by civil libertarians as an advance in the humane treatment of the mentally ill (Kassirer 1974), some psychiatrists feel that such a right has led, and will continue to lead, to an abdication of responsibility for treatment of the chronically mentally ill (Stone 1974). Faced with the choice of appropriating more money to mental hospitals to ensure adequate treatment or releasing chronic mental patients to the community, the State legislator, in Stone's view, has the enviable prospect of being a progressive and saving money at the same time. This appears to be what is happening in Alabama, for example; as a result of the Wyatt decision, the hospital census has been reduced by over a third. For the right to treatment issue to actually benefit the patient, it must result in the increased or improved provision of mental health services. The alternative appears to be the precipitous deinstitutionalization of the chronically mentally ill.

Other questions have been raised about the right to treatment cases. Do such cases represent an unwelcome or unwarranted intrusion of the legal profession into the medical profession? Or are decisions like Wyatt a legitimate effort to remedy a deplorable situation such as was found at Bryce and Searcy hospitals? Even if the right is established by the courts, can it be implemented? Meisel (1975), reflecting upon the results of the Miranda decision, has recently expressed some doubts about the practical significance of such a legal right. Finally, if the right to treatment is upheld, will that mean that involuntarily committed patients will be subjected to coerced treatment in order for the right to be implemented (Mabe 1975)?

The answers to many of these questions, however, are predicated upon the socially dictated reasons for involuntary confinement of the mentally ill. The trend in mental health legislation and in recent court decisions has been to rely primarily on a dangerousness standard for involuntary commitment (McGarry and Kaplan 1973). By ruling that a State cannot involuntarily confine a nondangerous mentally ill person "without more," the Supreme Court has pushed the issue of dangerousness to the forefront of the debate on commitment standards without settling the issue. Furthermore, the decision sheds no light on the meaning of the term. Given the appalling statistics on the successful prediction of dangerousness (Ennis and Litwack 1974), it appears that the psychiatric profession has not provided much illumination on this issue.

The Supreme Court also avoided one other controversial issue of great importance: whether monetary damages should have been awarded to Donaldson. The Court argued that the jury in the District Court and the Judges in the Court of Appeals made their decisions without reference to the recent Supreme Court decision in Wood v. Strickland on the scope of the qualified immunity possessed by State officials. Consequently, the Court remanded the case back to the Fifth Circuit Court of Appeals to enable that court to consider, in light of Wood v. Strickland, whether the District Court Judge's instructions to the jury concerning the liability of the defendants were adequate.

This issue is particularly volatile because the award was assessed against the individual psychiatrists rather
than against the institution. The tone of the Supreme Court's ruling on the issue suggests that the award is unlikely to be upheld again by the appellate court. If it is upheld, however, there is concern among psychiatrists for the future of institutional psychiatry. Stone (1974) has suggested that in the future, as a result of this potential financial liability, psychiatrists will think twice about accepting a position in a State hospital.

On the other hand, the jury in the Donaldson case believed that the Superintendent of Chattahoochee State Hospital and one of the attending physicians had abused their official power in their treatment of Donaldson. If true, such treatment requires that some form of legal redress be made available to incarcerated mental patients. To tread the fine line between providing the patient with the right to redress against the abuse of official power while preventing the threat of monetary liability from encumbering every decision of the institutional psychiatrist will require the most precise and discriminating of legal rulings.

References


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conference on schizophrenic disorders

The Department of Psychiatry of the University of Rochester School of Medicine and Dentistry has announced the Second Rochester International Conference on Schizophrenic Disorders to be held May 2-5, 1976. The theme of the conference will be "The Origins, Development, and Course of Schizophrenic Disorders." The conference will emphasize fresh research contributions to the understanding of the etiology and pathogenesis of schizophrenic disorders, including predisposing, precipitating, and perpetuating factors. Contributions will take stock of progress in conceptualization, methodology, and new findings since the First Rochester Conference held in 1967. The planning committee for the conference consists of Drs. Lyman C. Wynne and Rue Cromwell (Cochairmen), together with Drs. Norman Garmezy, John Romano, Leonard Salzman, and John Strauss, all faculty of the Department of Psychiatry at Rochester. Further details about registration for the conference will be announced later. Suggestions about contributors who expect to have fresh research data by May 1976 are welcome. Write Dr. Wynne or Dr. Cromwell, Department of Psychiatry, University of Rochester Medical Center, Rochester, N.Y. 14642.