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PERSONAL NARRATIVE

Alone, Handcuffed to a Bed Awaiting Surgery

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Abstract

Hospital inpatients who are incarcerated spend most of their time alone, are not permitted to have visitors while hospitalized, and are handcuffed to their beds. This story describes an ethics consultation about one such patient's surgical care.

Stepping Into the Unknown

As I grabbed the cold steel handle of the hospital room door, the sheriff guarding the patient's room glanced at my badge hanging from the lapel of my collar. Without provocation, I said, "I am with the hospital ethics committee." The sheriff silently nodded his approval to proceed, but, before I entered, I heard a voice from behind me whisper, "Good luck. He is aggressive, belligerent, and just plain rude.... But I am glad you are here; we are all at our wits end." I was not surprised to hear this from the nurse who was caring for this patient because I had already been warned by the surgical team when it requested an ethics consultation that this patient was "impossible." I gave a slight smile and responded that I would do my best to help. I felt a twinge of fear in my stomach as I opened the door.

When I entered, I could hear the patient screaming profanities. As our eyes met, the man, who was in his late twenties, screamed at me, "Who the hell are you?" I took a deep breath before responding so that I could assess the situation. I noticed that the man was handcuffed to the bed, and I immediately knew that the patient was incarcerated and that the guard posted outside of the door was there not to protect the patient, but to protect everyone else. I also noticed that, in addition to his prison-mandated handcuffs, the patient was restrained by straps attached to his ankles and wrists in a way that made it impossible for him to move. Although it is typical for patients who are incarcerated to be handcuffed to their hospital bed, his restraints went beyond the norm. I wondered if his restraints were for his own or the staff's physical safety. After allowing several moments of silence to pass, I responded with my name and that I was from the hospital ethics committee. "What's that?" he asked. I explained that I was there because his care team was very concerned about him refusing a surgery that had the potential to save his physical function and likely his life. "They don't give a ____ about me!" he screamed. "They do care, or I would not be here," I said. I asked him if I could sit next to him, to which he quipped, "Do what you want."

To avoid engaging with me further, the patient began to sing loudly and aggressively, using many profanities. The song was not memorable, but the way he used verbal aggression as a coping mechanism was. I watched him as I sat down and pondered the story that the surgical team had told me. The patient, M, was **jumped in the prison yard** by several other inmates and during the beating sustained a C-4 spinal cord injury. Ethics had been consulted because M was adamantly refusing surgery and the surgeons were very concerned that if he moved the wrong way, he would sever his spinal cord, which would result in either quadriplegia or death. I was further informed that while the patient had full capacity, he was “difficult” because he mostly responded during interactions by singing and screaming profanities before eventually yelling at everyone to get out of his room.

I continued to silently watch M as he sang. Eventually, he stopped to angrily ask me why I was still there. “I am here because people care about you,” I said. “You do not even know me,” he yelled. “I do not need to know you to care about you,” I replied. M said nothing and began watching TV. I said nothing and sat silently with him for a long time before asking if he wanted to talk. He screamed “No!” and told me to get the _____ out of his room. I told him I was happy to give him some space and that I would be back later. He mumbled something to the effect about his disbelief that I would return.

Second Encounter

Two hours later I came back to see M, as I had promised. I asked him if I could just sit with him for a while and said that we did not have to talk. He said, “Whatever.” We watched *SpongeBob SquarePants* for about 15 minutes before the nurse came in to take his vitals. I watched silently as he verbally abused the nurse and refused to comply with anything she asked him to do before yelling at her to get out. We silently continued to watch *SpongeBob*. Eventually, I broke the silence by making a silly joke about Patrick, the starfish in the show. M chuckled. I continued to talk about the show. Slowly, M’s responses went from one word to a sentence, and from a sentence to something that resembled a conversation. After a long while, I told M that I needed to go but that I would come back the next day.

Developing a Relationship

I came back the next day, and the next, and our interactions were mixed. Some days I was screamed at and told to leave before I even had the chance to say hello, and, other days, I was permitted to sit beside him while he watched TV. No matter how M treated me, I kept coming back, and eventually he asked me why I kept returning. I reminded him that I was there because people care about him. This time, M did not respond, and I took his silence as an opportunity to bring up his surgery. I told him everyone was worried that if he did not have surgery, he would end up as a quadriplegic or dead. I then mentioned that I could not imagine how scared he must be and how hard it must be that he could not have any visitors due to his incarceration.

Tears welled in M’s eyes. We spoke for a while about what it was like to be in prison, and, eventually, I asked him why he was refusing surgery. M responded in a way that I never could have anticipated. M said he was scared and that all he wanted was for his momma to come visit him but that he was told that he was not permitted to have visitors. We spoke for a while about how he felt alone and scared. Eventually, M said he just wanted to see his mom so that she could tell him that everything was going to be okay. That day, I was able to arrange for M to talk to his mother on the phone, although he was not permitted to have her visit. I was told that patients who are prisoners can

only have visitors in the hospital if they are actively dying. I found this response incredibly frustrating because though he wasn't actively dying, the surgical team had said that M could die at any moment "if he moved the wrong way," not to mention that he was facing a potentially life-changing surgery that he was not guaranteed to survive.

A few hours later, I asked M if he felt ready to have the surgery, and, to my surprise, he said yes. The surgeons quickly seized the moment, and, later that day, I held his hand as the surgery team obtained consent for surgery, and I continued to hold his hand until they wheeled him away to the operating room.

Lessons Learned

I met M several years ago, and, even as I write this story today, I am brought to tears by the notion that this patient, who had been seemingly impossible to treat, was just reacting to his immense fear and that all he wanted was his mother. I cannot help but think that had this patient not been incarcerated, his hospital stay and journey to surgery would have been very different. The inability of M to be with his mother while he suffered through this extraordinarily difficult experience created a situation that was incredibly strenuous for him and the medical team.

Although M eventually consented to the surgery, he had to hold the hand of a stranger instead of the hand of his mother during what was likely one of the scariest moments of his life. While I recognize that M committed a crime and that prison was the consequence, I cannot help but feel that withholding the ability for someone to feel love and support while they are facing extraordinary hardship is a punishment that goes beyond the individual's criminal sentence. Not to mention the irony that M was permitted to have his mother visit him in prison, but she was not allowed to visit him in the hospital when he needed her the most.

I am grateful to the surgery team and nursing staff because they showed empathy and compassion for someone who very easily could have been dismissed as belligerent. Instead of giving up on M, even though giving up would have been easier, the entire medical team kept trying to help him. When I first walked into his room, I could never have guessed that the solution to this surgical dilemma would reside in any person's very human desire to have his mother present while he was scared.

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