

3.3.1.2 The Standard of Medical Autonomy

(a) Policy

Each facility's Health Care Department, its agents, and the California Department of Corrections and Rehabilitation (CDCR), Division of Health Care Services (DHCS) shall be responsible for providing and overseeing health care to all patients incarcerated in the CDCR. Clinical decisions and actions regarding health care services provided to patients to meet their health care needs are the sole responsibility of qualified health care personnel and shall not be compromised except for security reasons (i.e., as in situations in which a patient's behavior or involvement in an incident may cause harm or injury to themselves, correctional or health care staff, and/or other patients).

(b) Purpose

To define the standard of medical autonomy; ensure that clinical decisions are made solely for clinical purposes without interference from non-qualified personnel; and identify the scope of responsibility and authority of each facility's Health Care Department, its agents, and the DHCS.

(c) Procedure

- (1) The delivery of health care is a joint effort of administrators and health care providers and can be achieved only through mutual trust and cooperation.
 - (A) The Chief Executive Officer (CEO) or designee, shall arrange for the availability of appropriate staff, equipment and supplies, and for the monitoring of health care services to patients.
 - (B) The Warden or designee, shall provide the administrative support for the accessibility of health services to patients and the physical resources deemed necessary for the delivery of health care.
 - (C) Non-medical considerations, (i.e., patients' access to care and the safety and security of the institution), needed to carry out clinical decisions shall be made in cooperation with custodial staff.
 - (D) Cooperation must be achieved for health care providers to perform their professional and legal responsibilities in order to support medical autonomy.
 - (E) At the facility level, any security policies or practices that contradict direct medical orders shall be addressed by the responsible unit health authority/management team, (i.e., the Supervising Dentist or designee, the Health Program Manager III or designee, or the CEO or designee) and the facility administrator, (i.e., the Warden or designee).
 - (F) Any specific problems that arise with medical autonomy generally shall be addressed through revised policies that shall be reviewed as part of the Quality Improvement Program.
 - (G) Conflicts not resolved at the facility level, shall be escalated to the appropriate Regional Health Care Executive and/or Regional Dental Director (RDD) for resolution.
- (2) The following indicators shall be utilized to ensure that each facility is in compliance with the medical autonomy standard:
 - (A) All aspects of the standard shall be addressed by a written policy and defined procedures.
 - (B) Clinical decisions and their implementation shall be completed in an effective, timely and safe manner.
 - (C) Custody staff shall support the implementation of clinical decisions.
 - (D) Health care staff shall be subject to the same security regulations as other facility employees.

Revision History

Effective: 04/2006

Revision: 11/2017, 11/2020, 02/2022