SUPREME COURT OF VERMONT

In re L.A.

181 Vt. 34 (2006) · Decided November 17, 2006

SUMMARY

The Vermont Supreme Court held that a family court evaluating a petition for involuntary psychiatric medication must determine whether the patient is able to make a medication decision and appreciate its consequences, rather than infer incompetence from refusal of beneficial medication or mental illness alone. The court reversed and remanded for a new competency hearing because the family court made insufficient findings regarding the patient's decision-making capacity. The court declined to reach the merits of the patient's Religious Land Use and Institutionalized Persons Act claim, but permitted him to renew it on remand with adequate notice.

CASE DETAILS

COURT	Supreme Court of Vermont
WRITING FOR THE COURT	Johnson, J.; Burgess; Dooley; Johnson; Reiber; Skoglund
JURISDICTION	Vermont
DECIDED	November 17, 2006
DISPOSITION	reversed_and_remanded
PROCEDURAL POSTURE	L.A. appealed the family court's order granting the Commissioner's petition for involuntary psychiatric medication.
STANDARD OF REVIEW	The Commissioner bears the burden of proving incompetence by clear and convincing evidence. The Supreme Court reviewed whether the family court applied the statutory competency standard and whether its findings supported the order.
PRECEDENTIAL VALUE	Published precedential opinion of the Supreme Court of Vermont.
PARTIES	L.A. v. Commissioner of the Department of Health

TOPICS

health law · civil rights · statutory interpretation · appellate procedure · standard of review

PRACTICE AREAS

health law · civil rights · mental health law

QUESTIONS PRESENTED

1. Whether the family court applied the correct statutory standard for determining whether L.A. was competent to refuse involuntary psychiatric medication.
2. Whether the family court's findings regarding L.A.'s mental illness, delusions, refusal of beneficial medication, and religious objections supported a finding of incompetence.
3. Whether L.A.'s RLUIPA claim concerning religious exercise and involuntary medication could be decided when it was first raised during closing argument.

HOLDINGS

1. Under 18 V.S.A. § 7625(c), competency to refuse medication depends on whether the patient is able to make a decision about medication and appreciate the consequences of that decision; it does not depend solely on mental illness, disagreement with a psychiatrist, refusal of medication, or the medication's potential benefits.
2. The family court's findings were inadequate to support a determination that L.A. was incompetent to refuse medication because the court did not specifically examine his ability to make a medication decision or appreciate its consequences.
3. The standards governing involuntary commitment cannot alone establish incompetence to refuse medication; involuntary medication requires the separate, more specific decision-making inquiry required by § 7625(c).
4. L.A.'s RLUIPA claim was not timely raised because it was first mentioned during closing argument, depriving the Commissioner of notice and an opportunity to develop evidence concerning the claim's elements; however, L.A. could raise the claim again on remand with adequate notice.

KEY QUOTATIONS

> *"Thus, the statute outlines two steps in deciding whether involuntary medication is appropriate for a patient. In the first step, the family court determines whether the patient is competent to refuse medication. Second, the court considers, based on the factors outlined in § 7627(c), the merits of involuntarily medicating the patient."* (181 Vt. at 38-39)

> *"The statute requires only that patient appreciate those consequences, not that he make the best decision in light of those consequences, or that he agree with his psychiatrist."* (181 Vt. at 40)

FACTUAL BACKGROUND

L.A., a sixty-four-year-old man diagnosed with bipolar disorder, psychotic features, and alcoholism, was committed to the Vermont State Hospital after an arrest for disorderly conduct. He persistently refused prescribed psychiatric medications, explaining that he was not sick, feared physical side effects, and believed the medications would interfere with his spiritual life. The family court found that he was mentally ill, delusional, intermittently dangerous, and that the medications might benefit him, but made no specific findings concerning his ability to decide about medication or appreciate the consequences of refusing it.

PROCEDURAL HISTORY

L.A. was committed to the Vermont State Hospital, and the Commissioner petitioned under 18 V.S.A. § 7624 for authority to administer medication involuntarily. After an evidentiary competency hearing, the family court found L.A. incompetent because he refused medications that might benefit him and granted the petition. The Supreme Court of Vermont reversed and remanded for a new competency hearing; it reserved consideration of the RLUIPA claim on the merits because the claim was raised too late.

DISPOSITION

reversed_and_remanded

REMAND INSTRUCTIONS

Conduct a new hearing specifically addressing whether L.A. is able to make a decision about medication and appreciate the consequences of that decision. If L.A. raises the RLUIPA claim again, provide adequate notice so the Commissioner can present jurisdictional objections and substantive evidence and the family court can fully consider the claim.

CASES CITED

- Judicial Watch, Inc. v. State, 2005 VT 108, ¶ 14, 179 Vt. 214, 892 A.2d 191
- J.L. v. Miller, 174 Vt. 288, 291, 817 A.2d 1, 3 (2002)
- In re R.L., 163 Vt. 168, 657 A.2d 180 (1995)
- Caledonian-Record Publ'g Co. v. Vt. State Coll., 2003 VT 78, ¶ 7, 175 Vt. 438, 833 A.2d 1273
- Prater v. City of Burnside, 289 F.3d 417, 433 (6th Cir. 2002)
- Merrilees v. Treasurer, 159 Vt. 623, 623, 618 A.2d 1314, 1315 (1992) (mem.)
- Thomas v. Review Bd. of Indiana Employment Sec. Div., 450 U.S. 707, 714 (1981)
- United States v. Seeger, 380 U.S. 163, 185 (1965)
- United States v. Ballard, 322 U.S. 78, 86 (1944)