

Medical Amnesty: Professional Enabling or Indicated Prevention?

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As institutions of higher education successfully implement strategies consistent with an environmental approach to changing the campus drinking culture an issue of increasing concern to many in higher education is the propensity for some students to engage in drinking to excess and becoming intoxicated “off-campus.” Currently, when students drink to a point of intoxication, friends tend to assist them as they attempt to return to campus. The primary concern of these well-intentioned peers is to assist the inebriate, but to do so while all the time avoiding detection by the institution.

In short, making sure the assisted inebriate is not written-up has primacy when students help intoxicated acquaintances get home. The inherent risk in this practice is that in attempting to avoid detection, these well intentioned friends may inadvertently “smuggle” a dangerously intoxicated peer back into a residence hall or other sanctuary to “sleep it off,” never realizing that the student’s blood alcohol level had yet to peak or that the drinker had consumed some other drug(s) in addition to the alcohol that may result in coma or death.

The intent of this brochure is to review the pros and cons of employing what has come to be known as a Good Samaritan Policy or what some refer to as Medical Amnesty. Such policies are designed to address dangerous student drinking off campus. These policies differ in their details but have a common focus in an attempt to protect the inebriate from harm by allowing students who request help - either for themselves or a peer - to do so without fear of disciplinary repercussions. But can such policies be created and implemented in such a way as to avoid the perception of enabling maladaptive student behavior?

Although there is no question as to whether institutions of higher education should provide assistance to students in crisis, doing so does present the institution with something of a dilemma: Is encouraging students in crisis off-campus to request assistance for themselves or their friends, without fear of recriminations, tantamount to condoning the student drinking that provoked the situation if not acknowledging responsibility for having created the campus climate that motivated off-campus exodus in the first place?

To address the relative merits and consequences of “Good Samaritan” policies, institutions of higher education must consider both sides of the issue. To do so will likely result in individual decisions that reflect the mission statements and administrative values of each college or university addressing this dilemma.

[Possible Merits of Good Samaritan Policies]

- Such policies represent a proactive response to the institution’s awareness that its efforts to change the campus drinking culture have been working. They can be argued as being consistent with a school’s stated mission as an institution of higher education concerned about the total well being of its students.
- Such policies enable an institution to more effectively address the issues of civility and citizenship with its students. This issue has been receiving increased attention in higher education as a factor likely associated with student behavior, both in and out of the classroom. By widely publicizing the existence of a Good Samaritan policy, students can be taught how to assume a truly supportive role as they come to the aid of their peers and significant others.
- Such policies do not supersede existing institution policy. For example, if a student were found to be excessively intoxicated in the residence halls, that student could be handled in exactly the same way similar students are handled currently. In other words, if vomiting in a hallway and being confronted by an RA, a Good Samaritan policy would not allow a student to “ask for help” and therefore be excused from the consequences of his or her decision to drink.
- Good Samaritan policies are designed for the student who has become concerned for the well being of another at an off-campus location. They encourage contacting the institution to seek assistance so that at-risk students can be medically evaluated and, if necessary, transported to the hospital.
- Existing policies that involve parents should a student be hospitalized would remain in effect.

[Possible Concerns Regarding “Good Samaritan” Policies]

- Such policies cover any and all incidents, regardless of how frequently a particular student may invoke it, inviting abuses of the policy.
- Such policies will be in conflict with existing policies regarding zero tolerance.
- Such policies suggest that an institution is aware that a problem exists. This awareness constitutes a duty to act.
- The extension of medical amnesty to students engaged in high-risk behavior off-campus will be construed, as the institution’s bias in favor of student needs over the concerns of the community.
- Such policies are tantamount to condoning if not underwriting high-risk and dangerous behavior.
- Such a policy will hinder Safety & Security’s options regarding how best to address individual situations. However, medical amnesty does not mean that representatives of the institution that become involved with excessively intoxicated students cannot hold students responsible for the consequences of their decisions. It means that if a student in need of assistance called Safety & Security, the troubled student would be assisted in receiving the appropriate level of medical care...without judicial repercussions. In the case that a security officer encountered an excessively intoxicated student vandalizing a car or engaging in a fight, they may provide transport to the hospital for medical care, but the medical treatment does not preclude the fact that the student was involved in vandalism or violence, for which judicial sanctions would appropriately follow.

The migration of high-risk drinking off-campus by some has led to an increased risk that alcohol poisoning may occur beyond an institution of higher education’s direct area of control. In order to reduce the likelihood of untoward incidents involving excessive intoxication off-campus, encouraging help-seeking behaviors by students caring for intoxicated peers may be an issue of primacy for colleges and universities. Policies that provide some degree of immunity from disciplinary sanctions for those assisting an intoxicated peer as well as the intoxicant may reduce the risk of these alcohol-related untoward incidents occurring off-campus. Such efforts to promote student health and safety should not supersede existing policy regarding student behavior on campus and be established so as to be consistent with an institution’s mission.

Efforts to reduce the likelihood that individuals in our society will harm themselves or others are neither new nor alien.

Even in situations where individuals may make a conscious decision to engage in behavior construed as high-risk, such steps can reduce the likelihood that these individuals will cause harm to themselves or problems for others.

Many who object to harm reduction (HR) strategies do so because they see the strategy as somehow condoning if not promoting the high-risk behavior that they work to prevent. This, however, is not necessarily the case, and to make this point consider these forms of HR that are established in our culture, some of which are likely used by every reader of this brochure:

Examples include:

- i. Seat belts and airbags
- ii. Fire extinguishers
- iii. Condom use in high-risk sexual behavior
- iv. Anti-lock brakes
- v. Reconfiguring high-risk or dangerous highways
- vi. No-skid treads on steps
- vii. Iodized salt
- viii. Flame retardant materials
- ix. Fluoridated water

Does wearing a seatbelt or operating a vehicle with airbags cause the driver to speed or drive recklessly? Do smoke detectors in the house cause individuals to smoke in bed? Does drinking fluoridated water cause people to stop brushing their teeth or seeing the dentist?

Strategies that are designed to reduce harm do not promote high-risk behavior. People will always engage in risk taking. Some will do so intentionally, others because of circumstances, yet others because of ignorance or naivety. The question remains: Should we pursue efforts to reduce harm in our society even if those efforts benefit those who intentionally do what is ill-advised if not prohibited?

Visit The Network’s web site for references, further details, and examples of medical amnesty and good Samaritan policies.

For more information, visit www.robertchapman.net/essays/essay.htm

Revised 9.2009