**Immigration Enforcement and Patients’ Rights in Healthcare Facilities: Should Hospitals Serve as Sanctuaries?: Teaching Notes**

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**Case Summary**

This case study examines law enforcement by the U.S. Immigration and Customs Enforcement (ICE) in “sensitive locations” such as hospitals. The case study includes deportation examples within the parameters of hospitals and describes patient and physicians’ rights. The policies of sanctuary hospitals such as Rush University Medical Center, Los Angeles County and USC Medical Center, and NYC Health and Hospitals are also discussed. The case study invites students to take an ethical stance on whether hospitals should become “sanctuary hospitals,” to examine the communication efforts of hospitals, and to develop their own strategies in training staff when interacting with law enforcement officers.

**Teaching Objectives**

The purpose of this case study is:

* To create awareness about a controversial immigration topic among the student population.
* To address the ethical dilemmas and challenges that sanctuary hospitals and healthcare providers encounter when dealing with ICE.
* To help analyse and understand the importance of difficult yet responsible communication of a sanctuary hospital centring on the issues related to immigrants.
* To assess the patients and healthcare professionals’ rights for a sanctuary facility in a meaningful manner.
* To train students so that they can examine health care institutions’ protocols, and the importance of protecting immigrant patients’ rights, and, thereafter brainstorm the consequences if the protocols are not followed.
* To understand the business communication nuances involved in correspondence with the ICE law enforcers when seeking information in health care facilities.

**Target Audience**

The target audience for this case study is upper-division and graduate-level students in healthcare communication and management courses or courses relevant to healthcare administration, diversity issues in healthcare, and healthcare management.

**Suggested Teaching Strategy**

This case study is appropriate when covering issues such as health care ethics, and patient privacy and confidentiality. The case study can trigger much debate given that it is a controversial and newsworthy topic. When assigning this case study in physical classes, instructors can create small discussion groups to enable students to address each of the questions, or assign one question per team. After small groups finish their discussions, the instructor may lead a class-level discussion and point out the themes that emerge within the class. If the case study is assigned online, instructors can get online students to read the case study and answer the questions individually, and then have students post their reactions in small discussion board groups. Students may reply to one another’s’ reactions and also extend the conversation with additional references or resources. For the most part, key points of the discussion should cover patients’ confidentiality and privacy issues, policies implemented by sanctuary hospitals, and ways to communicate with law enforcement in health care facilities.

**Suggested Answers to Discussion Questions**

1. From your perspective, should hospitals become “sanctuary hospitals?” Why or why not?

Sanctuary hospitals are health care institutions that have developed policies that protect undocumented patients. Students might answer depending on their personal perspectives since this topic is highly controversial. Students who support sanctuary hospitals may discuss the policies that could protect undocumented patients and also discuss patients’ legal rights. However, students who do not support sanctuary hospitals might discuss other factors that might make it difficult such as budgets, staff training, and ensuring that quality of treatment of citizens is not decreased by treatment of undocumented patients, among other political reasons.

1. What are the costs and benefits of operating sanctuary hospitals?

Several costs and benefits may be noted by students. Costs could include financial burden, conflicts, and resource expenditures. Benefits may include adherence to privacy laws, positive PR from engaging in positive ethics, early treatment of disease, and development of community trust.

1. How can hospital systems develop policies that protect the privacy and confidentiality of undocumented patients?

Hospital systems must ensure protection of patient privacy. The Health Insurance Portability and Accountability Act (HIPAA) privacy rule pertains to the right of privacy and confidentiality of all patients’ information (U.S. Department of Health and Human Services, 2018). In addition, health care organizations have ethical codes that protect patients’ rights to privacy and confidentiality. Patient-provider communication confidentiality can be maintained by ensuring that all disclosures, written or spoken, are secured so that they will not get stolen or taken from unauthorized individuals (van Servellen, 2019). To protect privacy, all disclosures must be made in private and not shared without the patients’ consent. Hospitals can also protect individuals’ privacy by not asking sensitive questions, such as “Were you born in the U.S?”

1. What are the strengths and weaknesses of the letter provided Dr. Katz and Mr. Mostofi to the undocumented community?

There are several strengths of the letter. First, helps to reduce immigrants’ fear of seeking health care. Second, it displays respect, caring, and commitment toward treating undocumented patients. Third, it includes a promise to all immigrants throughout the city and ensures that their right to privacy will be honoured. Fourth, it indicates the availability of language interpretation services. Fifth, they indicate their willingness to offer health care services and the availability of health insurance. Sixth, they discuss the hospital policy to maintain patients’ trust.

However, the letter also has some weaknesses. First, it excludes the perspective of other stakeholders such as patients, staff, nurses, lawyers, etc. Second, it doesn’t refer to other valuable resources that can help patients empower themselves. Third, it does not include any facts or statistical research about how many undocumented patients get treated per year or why it is important to seek health care early.

1. As a health care provider or staff member, how would you communicate patients’ rights in your health care facility?

Providers or staff members may communicate with patients by sharing bilingual pamphlets and KYR cards and flyers within the facility, sharing flyers in advocacy organizations, and communicating protection in their websites. Providers may also develop Public Service Announcements (PSAs) and use social media such as Facebook or Twitter. During patient-doctor or patient-nurse interactions, providers can also inform patients of their rights and share educational materials.

1. If you were a hospital administrator, how would you train your staff to interact with ICE law enforcement agents seeking the private information of undocumented patients?

Different educational strategies include mandatory online webinars, online training, workshops, or presentations.

1. Apart from the issues mentioned in the case, what are other potential barriers to serving undocumented patients?

Other potential barriers may include language, cultural, and socio-economic barriers.

**Further Reading**

Du Pré, A. (2017). *Communicating about health: Current issues and perspectives* (5th ed.). New York: Oxford University Press.

Van Servellen, G. (2019). *Communication skills for the health care professional: Context, concepts, practice, and evidence* (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

**References**

U.S. Department of Health and Human Services. (2018). *Summary of the HIPAA privacy rule*. Retrieved from <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

Van Servellen, G. (2019). *Communication skills for the health care professional: Context, concepts, practice, and evidence* (3rd ed.). Burlington, MA: Jones & Bartlett Learning.