

To What Degree Was Joyce Brown and the Public Treated Appropriately and Ethically?

Posted on September 17, 2018

View this essay online:

<https://academic-master.com/to-what-degree-was-joyce-brown-and-the-public-treated-appropriately-and-ethically>

/

Introduction

The case of Joyce Brown, also known publicly as Billie Boggs, raises a difficult ethical question about the limits of government intervention when a homeless person appears mentally ill, refuses treatment, and may be unable to protect herself. Brown was removed from a New York City street under Mayor Edward Koch's Project HELP and admitted involuntarily to Bellevue Hospital, after which her confinement became the subject of judicial review. The ethical problem cannot be reduced to a choice between abandoning a vulnerable person and granting unlimited psychiatric authority. Government has a legitimate interest in responding to immediate danger, but that interest does not erase an individual's liberty, bodily integrity, legal representation, or right to the least restrictive form of care. Brown's situation was especially complex because her mental state, capacity, dangerousness, and need for treatment were disputed rather than obvious facts established by appearance alone (Cournos, 1989; *Matter of Anonymous (Billie Boggs)*, 1988). The central question is therefore whether coercion was supported by individualized evidence, proportionate to the risk, procedurally fair, and connected to a genuine plan for Brown's welfare rather than simply the removal of a visible social problem.

Due Process, Capacity, and the Meaning of Consent

Civil commitment restricts liberty even though the person has not been convicted of a crime, which is why due process is an ethical safeguard rather than a technical obstacle. Brown was entitled to notice, counsel, an opportunity to challenge evidence, and independent judicial review of whether the legal standard for confinement had been met. A diagnosis alone does not automatically establish incapacity, and refusing treatment does not by itself prove that a patient cannot make decisions. Clinical capacity requires attention to whether the person can understand relevant information, appreciate the consequences of a choice, reason among alternatives, and communicate a stable decision (Appelbaum, 2007). Brown's denial of illness therefore had to be assessed in context rather than treated as conclusive evidence either that she was well or that she lacked insight. Psychosis,

intoxication, trauma, sleep deprivation, neurological illness, severe mood disturbance, and other conditions can produce unusual behavior, so careful differential assessment matters when a psychiatric label may affect liberty and treatment. Ethical decision-making requires both clinical expertise and a legal process capable of testing professional conclusions (Beauchamp & Childress, 2019).

Involuntary Commitment and Forced Treatment

Emergency intervention may be justified when officials have credible evidence that a person faces a serious and immediate danger to herself or others or is so impaired that basic survival is threatened, but short-term evaluation and continued confinement are not ethically identical. The longer coercion continues, the stronger the justification should become, and less restrictive alternatives should remain under review. Brown's homelessness, hygiene, unusual speech, or refusal of shelter could not by themselves establish the need for psychiatric commitment because poverty and unconventional behavior are not substitutes for individualized clinical risk. Forced medication raises a separate issue. Antipsychotic drugs can reduce hallucinations, delusions, severe agitation, and disorganization, but they may also cause significant adverse effects, and involuntary treatment can damage trust even when symptoms improve. Brown was therefore entitled to information about expected benefits, risks, and alternatives, and involuntary hospitalization did not automatically settle the question of medication consent (Cournos, 1989). Beneficence had to be balanced with autonomy, nonmaleficence, and justice, with coercion reserved for circumstances in which evidence and law supported the intrusion (Beauchamp & Childress, 2019; Pence, 2011).

Homelessness, Public Safety, and Social Stereotypes

Brown's case also illustrates the danger of treating homelessness and mental illness as general indicators of violence. Public authorities have legitimate responsibilities when any person threatens others, enters traffic, suffers a medical emergency, or creates an immediate danger, but risk should be assessed through behavior and evidence rather than through stereotypes. Claims that most panhandlers are addicted, mentally ill, or likely to become violent are too broad to support ethical or legal conclusions. Homeless people with mental illness may themselves be highly vulnerable to assault, exploitation, illness, and neglect. The public is better protected when crisis response distinguishes specific dangerous conduct from the mere visibility of poverty and when psychiatric care is linked with outreach, housing, and follow-up services (Pence, 2011). A hospital can stabilize acute symptoms without solving the lack of affordable housing, income, or social support that may contribute to repeated crisis. Ethical intervention therefore extends beyond removing someone from a street or public space. It should include realistic alternatives such as supportive housing, benefits assistance, medical care, voluntary treatment, and continued outreach where those services are

available and acceptable to the individual.

Institutional Power, Gender, and Independent Review

Brown's position as an unattached homeless woman also raises questions of justice because people without money, stable housing, influential relatives, or private physicians have fewer resources for contesting institutional narratives. Clothing, hygiene, speech, or resistance may be interpreted differently depending on a person's social status. An assertive refusal by a wealthy patient may be read as autonomy, while similar conduct by a homeless woman may be framed as evidence of incompetence. Independent counsel and psychiatric review are therefore particularly important when the state and hospital possess much greater power than the patient (Beauchamp & Childress, 2019). Professional disagreement in Brown's case should not be viewed as a weakness in the process; it shows why courts need transparent evidence rather than unquestioned deference. Experts should distinguish diagnosis from incapacity, treatment recommendation from legal authority, and institutional convenience from patient welfare. Family involvement may provide support and history when a patient wants it, but ethical policy cannot assume that relatives are available, safe, or capable of replacing professional services. A patient without family advocacy should receive stronger institutional safeguards, not weaker treatment rights (Appelbaum, 2007; Pence, 2011).

To What Degree Were Brown and the Public Treated Appropriately?

Brown was treated appropriately only to the extent that the initial intervention responded to credible evidence of serious danger and remained limited to what was necessary for evaluation and protection. If officials possessed reason to believe that she was acutely impaired, medically endangered, or unable to survive safely, temporary assessment could be ethically justified. Her treatment became inappropriate wherever homelessness, appearance, political pressure, or disputed diagnosis substituted for individualized evidence, and continued confinement or medication required separate legal and clinical justification (*Matter of Anonymous (Billie Boggs)*, 1988; Cournos, 1989). The public was treated appropriately when the city acknowledged that visible crises require emergency response, outreach, sanitation, and protection from specific harmful conduct. The public was treated poorly if policy implied that homelessness or mental illness itself constituted a general threat that could be solved by forced removal. Safety and civil liberty are not opposites when intervention is evidence-based and proportionate. A legitimate public response protects residents while also preserving due process, avoiding stigma, and investing in services that reduce the likelihood of repeated crisis rather than merely relocating the problem.

Conclusion

The Joyce Brown case remains ethically important because both action and inaction can produce harm. Leaving a severely impaired person in immediate danger may amount to neglect, yet involuntary confinement and forced medication can violate liberty, cause trauma, and discourage future engagement with care. The city's intention to help did not eliminate the need for evidence, capacity assessment, legal representation, judicial review, and the least restrictive alternative. Brown's treatment was ethically defensible only where coercion responded to a specific and serious risk and where the intervention remained proportionate to that risk. The public interest was served only when officials addressed real safety concerns without treating homelessness or psychiatric diagnosis as proof of dangerousness. A humane system does not choose between compassion and rights; it combines voluntary services, supportive housing, independent review, carefully limited emergency powers, and respect for the patient as a person rather than as a public nuisance (Beauchamp & Childress, 2019; Pence, 2011). Brown's case therefore supports a cautious model of intervention in which professional judgment is important but never exempt from evidence, accountability, and procedural protection.

Works Cited

- Appelbaum, Paul S. "Assessment of Patients' Competence to Consent to Treatment." *New England Journal of Medicine*, vol. 357, no. 18, 2007, pp. 1834-1840.
- Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 8th ed., Oxford UP, 2019.
- Cournos, Francine. "Involuntary Medication and the Case of Joyce Brown." *Hospital and Community Psychiatry*, vol. 40, no. 3, 1989, pp. 258-261.
- Matter of Anonymous (Billie Boggs) v. New York City Health and Hospitals Corporation*. 70 N.Y.2d 972. New York Court of Appeals. 1988.
- Pence, Gregory E. *Classic Cases in Medical Ethics*. 6th ed., McGraw-Hill, 2011.