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Public Policy Implications of Liability Regimes for Injuries Caused by Persons with Alzheimer's Disease

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I. INTRODUCTION

People in the United States and the developed world are living longer than ever before. While gains in the average life expectancy have been modest, these gains greatly underestimate the growth of the elderly population. Most of this elderly population is healthier and more active in everyday life than people of comparable age in decades past. The amelioration of many of the diseases of age has accentuated the problems of the chronic diseases for which there are no effective treatments. Perhaps the most devastating of these is Alzheimer's disease, a progressive dementia leading to incapacity and death.

1 Average life expectancy is strongly influenced by deaths of the young. Substantial increases in the survival rates of persons over the age of the average life expectancy raise the average life expectancy itself relatively little. More generally, mortality measures provide only a limited view of the health of a population. For a more detailed discussion of the problems related to mortality measures, see SUMMARIZING POPULATION HEALTH: DIRECTIONS FOR THE DEVELOPMENT AND APPLICATION OF POPULATIONS METRICS (Marilyn J. Field & Marthe R. Gold eds., 1998).

2 See Richard Mayeux & Mary Sano, Drug Therapy: Treatment of Alzheimer's Disease, 341 NEW ENG. J. MED. 1670, 1670 (1999): Alzheimer's disease, which is characterized by progressive loss of memory and cognitive function, affects 15 million people worldwide. The incidence increases steadily from 0.5 percent per year at the age of 65 years to nearly 8 percent per year after the age of 85 years. Because survival for a decade is common the prevalence increases from 3 percent at the age of 65 years to 47 percent after the age of 85 years. These numbers must be increased by the cases of non-Alzheimer's dementias, which pose the
Alzheimer's disease raises significant legal issues because it challenges our model of a world neatly divided into autonomous citizens and persons legally adjudged incompetent and under the control of duly-appointed legal representatives in secure facilities.

This article discusses the public policy implications of tort liability rules for persons with Alzheimer's disease (PWD) who injure their caregivers or members of the general public, and the potential liability of their caregivers for not preventing injuries to the general public. The analysis is rooted in preventive law and therapeutic jurisprudence concerns, rather than advocacy for either PWDs or their victims. The objective is to identify the proper balance between tort liability, immunity, and non-tort approaches such as public health reporting and management strategies. This article recognizes that expanding liability will increase the pressure on insurers and families to limit the freedom of PWDs, while limits on liability may leave deserving persons uncompensated and create a public backlash that will result in unnecessarily broad or harsh restrictions of PWDs. Most troubling are the perverse incentives created by the tort doctrine of duty. For example, because tort law requires that once a duty is assumed, it must be carried out non-negligently: family caregivers who have no legal duty to prevent

same legal issues. See Clive Ballard et al., Non-Alzheimer Dementias, 13 CURRENT OPINION PSYCHIATRY 409 (2000); Howard A. Crystal et al., The Relative Frequency of "Dementia of Unknown Etiology" Increases with Age and Is Nearly 50% in Nonagenarians, 57 ARCHIVES NEUROLOGY 713 (2000).

As discussed infra, this includes Alzheimer's disease and dementia secondary to other common medical conditions such as HIV infection, strokes, and non-specific senile dementia.


As an example, assume a jury awards punitive damages against a PWD who injured someone in an automobile accident because the jury believes it is gross negligence for a person with Alzheimer's disease to drive an automobile. This will put pressure on automobile insurers to deny coverage for PWDs or to price policies beyond the reach of most PWD drivers.

Cases that hold that institutional caregivers can sue the institutionalized PWD for injuries inflicted on the caregiver will prompt the institution and the family to demand restrictions on the PWD. Holding families liable for the torts of PWDs they are caring for may encourage the families to unnecessarily limit the PWD's liberty and could force early PWDs into institutional care prematurely.
PWDs under their care from driving may become liable for trying to stop them without succeeding.\(^7\)

This article is meant to serve as a guide to the study of tort issues created by Alzheimer’s disease, and is not a definitive recipe for solving those problems. It reviews the history of the applicable doctrines and the current trends, but recognizes that jurisdictions vary widely and that it is uncertain which approach, if any in current use, is the best. The author proposes modifying the tort law regime with public health and preventive law strategies. Most importantly, the author wants to encourage further study of these problem, as well as the collection and analysis of empirical information on the impact of tort law on the lives of PWDs, their caregivers, and the people they interact with in society.

II. PATHOPHYSIOLOGY OF ALZHEIMER’S DISEASE

While Alzheimer’s disease has been known for nearly 100 years, until recently it was seen as a disease characterized by significant mental impairment in patients for whom no other specific cause could be found.\(^8\) The diagnosis was not made until the PWD was so incapacitated that it was obvious to all, except perhaps the affected person,\(^9\) that he or she was too impaired to engage in activities that could endanger others. Outside of injuries to caregivers, the

\(^7\) RESTATEMENT (SECOND) OF TORTS § 324A (1965). One who undertakes, gratuitously or for consideration, to render services to another which he should recognize as necessary for the protection of a third person or his things, is subject to liability to the third person for physical harm resulting from his failure to exercise reasonable care to protect his undertakings, if (a) his failure to exercise reasonable care increases the risk of such harm, or (b) he has undertaken to perform a duty owed by the other to the third person, or (c) the harm is suffered because of reliance of the other or the third person upon the undertaking.

\(^8\) While there are specific pathologic signs of Alzheimer’s disease in the brain, in the past these could only be determined by an autopsy.

\(^9\) The affected person may never become aware of the disease because it is self-masking; it often impairs precisely the higher mental functions that are necessary to be self-aware that one is becoming impaired. See Mayeux & Sano, supra note 2, at 1670 (stating definite cases of Alzheimer’s are only confirmed post-mortem).
Alzheimer's disease patient did not pose significant risks to the public because they were too impaired to drive or engage in other risky behavior. In this period, a blanket rule that all persons diagnosed with Alzheimer's disease would lose their driver's license would not have been controversial because Alzheimer's disease was not diagnosed until the patient was clearly too incapacitated to drive.

The legal status of dementia is changing, however, as diagnostic tests are developed that allow Alzheimer's disease to be diagnosed long before it affects behavior, and as it is recognized that dementia is an important symptom of other diseases, such as HIV infection. Now Alzheimer's disease can be diagnosed well before it impairs the ability to drive or has other affects on gross behavior. New tests, including genetic testing, may allow diagnosis years or decades before the first symptomatic manifestations of the disease. Once diagnosed, the current view is that the decline to total incapacity is inevitable and is usually averted only through death due to concomitant illness, but the course is highly variable.

10 Ballard et al., supra note 2.

11 This article will use HIV (human immunodeficiency virus) infection rather the term AIDS (acquired immunodeficiency syndrome), which is only a symptom complex of some persons infected with the HIV virus. This distinction is important because dementia is often the first manifestation of HIV infection in persons who otherwise do not have the symptoms that trigger the diagnosis of AIDS. Until the definition of AIDS was revised to include dementia, it was common for individuals to have disabling HIV dementia without meeting the definition for AIDS.


13 Ingmar Skoog, Detection of Preclinical Alzheimer's Disease, 343 NEW ENG. J. MED. 502 (2000). As diagnostic tests shift from measures of behavior to biochemical and genetic markers, it is expected that many people diagnosed with Alzheimer's disease will live for years without impairment, dying of other conditions without ever showing symptoms of Alzheimer's disease. This is already reflected in autopsy data that shows that significantly more people have the characteristic lesions of Alzheimer's disease in their brains than were diagnosed with Alzheimer's disease at the time of death.

14 There are findings characteristic of Alzheimer's disease in the brains of many people who die before developing overt symptoms. The recent extension of the diagnosis to persons with few or no overt symptoms raises the possibility that some persons who are diagnosed with Alzheimer's disease before any clinical signs develop may have an arrested clinical course and not develop the characteristics of Alzheimer's disease. Until there has been sufficient time to observe the course of the disease in these persons, it is impossible to determine whether those persons with brain pathology consistent with Alzheimer's disease,
with some patients declining very quickly and others over a substantial number of years. Despite the significant risks posed by drivers with symptomatic Alzheimer's disease, it would be difficult to justify blanket rules that prohibit all persons diagnosed with Alzheimer's disease from driving because such rules would improperly limit the lives of a large number of persons who do not yet pose any threat to others.

There is an established jurisprudence and regulatory structure for insanity, which courts use as precedent when analyzing cases involving Alzheimer's disease. Much of the legal analysis of mental impairment is performed in the criminal context and involves specific mental illnesses such as paranoid schizophrenia that have characteristic psychology profiles and behavior patterns, or conditions such as pedophilia which, by their nature, involve violations of the law. The thesis of this paper is that Alzheimer's disease differs from traditional legal notions of insanity in several key ways that undermine the rigid application of this precedent to PWDs. These characteristics are rooted in the pathophysiology of the disease, and while none are exclusive to Alzheimer's disease,

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16 In most cities, and almost all rural areas, being able to drive an automobile is essential for the basic tasks of life, including working and shopping for food and household goods. There is no adequate alternative transportation; therefore, depriving individuals of their driver's licenses can effectively imprison them in their homes. The social cost of providing alternative transportation and support for such persons would make any such scheme politically impossible, without regard to its constitutional questionability. For a discussion of the limited impact of early Alzheimer's disease on driving, see Jonathan D. Trobe et al., Crashes and Violations Among Drivers with Alzheimer Disease, 53 ARCHIVES NEUROLOGY 411 (1996).

17 Another common cause of dementia is HIV infection, which has a direct detrimental effect on the brain of many infected persons: Approximately one third of adults and half of children with the acquired immunodeficiency syndrome (AIDS) eventually have neurologic complications, which are directly attributable to infection of the brain by the human immunodeficiency virus type 1 (HIV-1). Neurologic problems occur even in the absence of opportunistic infection or secondary cancer. Important clinical manifestations include impaired mental concentration, slowness of hand movements, and difficulty in walking. This malady has
a unique combination of these factors are associated with the disease.

Demographics: The prevalence of Alzheimer's disease is already much greater than any other equally incapacitating mental disease, and it will increase dramatically with the aging of the population. This will inevitably lead to more accidents and intentional injuries related to dementia and heightened public pressure to compensate the injured and restrict the liberty of those with dementia.

Progression: Alzheimer's disease is progressive in all cases and results in complete incapacitation and death, given enough time. Legal rules must reflect this dynamic process, whereas existing insanity precedent and competence jurisprudence is binary—the person is either fully legally competent or incompetent. As a jurisprudential matter, most of the law on insanity and mental incapacity is derived from the criminal law, which does not prosecute either persons who are incapable of participating in their defense or are dead. In contrast, tort law claims proceed without regard to the defendant's capacity or presence, merely substituting a legal representative when the defendant dies or becomes incompetent. As a result, tort defendants who might have been competent at the time of the accident might not be competent at trial or even during discovery, and will be unable to assist in their defense.

Unstructured Care: The vast majority of Alzheimer's disease patients are cared for by family members, entering nursing homes, and other supervised care settings only when the disease is far advanced. Most PWDs do not have systematic evaluations of mental function to inform them and their caregivers of any necessary restrictions on their activities. These caregivers are under signifi-
cant stress from the twenty-four-hour care necessary for PWDs. They receive little community support and often are struggling financially and poorly educated. These unfortunate circumstances make it especially difficult for caregivers to assure that PWDs receive proper care and medical evaluation, and limit caregivers' ability to prevent PWDs from posing risks to others.

III. TORT LIABILITY DOCTRINES AND ALZHEIMER'S DISEASE

A. HISTORICAL FOUNDATIONS

The criminal law developed a jurisprudence of culpability based on degrees of mental capacity very early in its evolution. Since tort law evolved from writs of trespass, which did not require proof of motive to find liability, tort cases did not delve into the nuances of mental impairment, and instead used terms such as generic lunacy, idiocy, or insanity. If the defendant injured the plaintiff intentionally or negligently, the defendant would be liable unless it could be proved that the injury was either privileged or unpreventable. The

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20 Legally, distinctions were made between those that were regarded as “natural” or “born fools” and those that were lunatics. It was believed, and for many years argued, that if one were a born fool or a child fool he or she could not be judged a criminal. The Selden Society's THE MIRROR OF JUSTICES, stated the distinction as follows:

[T]hen as to fools let us distinguish, for all fools can be adjudged homicides except natural fools and children within the age of seven years; for there can be no crime or sin without a corrupt will, and there can be no corruption of will where there is no discretion and an innocent conscience, save in the case of the raging fools. And therefore Robert Walderand ordained that heirs who were born fools should be in wars to the king, to be married along with their inheritances, of whatsoever fees those inheritances might be held. As to madmen we must distinguish, for those who are frantic or lunatic can sin feloniously, and thus may sometimes be accountable and adjudged as homicides; but not those who are continuously mad.

Selden Society, 7 THE MIRROR OF justices 138-39 (1898) (footnote omitted).

21 The Selden Society Year Books contain a decision from The Michelmas Term of King Edward II (1309) in which The Honorable C.J. Bereford distinguished between what was known as a "born fool" and a lunatic. The born fool was someone who had quite literally been born mentally incapacitated. The lunatic, however, was a person who had at one time been sane and later become mad, continuously furious or mentally incapacitated in some way. See Selden Society, 19 Selden Society Year Book 151 (1904) ("[N]ote that if an infant under age is a born fool, the King shall have a wardship all his life; but it is not so in the case of a lunatic.").
classic statement of this theory is **Weaver v. Ward**, a case in which a soldier was injured by a fellow soldier. The court found that there would be liability unless the defendant could show that the injury arose from a formal military action or exercise. The plaintiff was not required to prove any intent to harm, nor was defendant's state of mind allowed as a defense. As part of the dicta in the case, the court found: "If a lunatick [sic] hurt a man, he shall be answerable in trespass . . . ."

This early distinction between the role of intent in civil and criminal law continued, with most common law courts accepting that the mentally impaired are responsible for their torts. The

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23 Id. at 284. **Weaver v. Ward** is also cited as an early statement of the doctrine that soldiers cannot sue the government or fellow soldiers. See *Feres v. United States*, 340 U.S. 135, 140 (1950).
24 Id. One of the earliest cases to adopt and modify **Weaver v. Ward** to law in the United States was *Taylor v. Rainbow*, 12 Va. (2 Hen & M.) 423 (1808). The *Taylor* court discussed the case in terms of negligence, but followed the English court in not finding any acceptable defenses except for matters entirely beyond the control of the defendant. Id. at 442.
25 Id. This was not at issue in the case and was only used to illustrate that while tort law did not depend on the defendant's state of mind, criminal law did and would excuse the actions of a lunatic who did have the ability to act with the necessary intent for a crime.
26 During the same period, civil law jurisdictions did exempt insane persons from tort liability in many circumstances:

The curator ad hoc for the defendant based his legal position on the theory that, under the civil law as applied in Louisiana, an insane person is not liable for his tortious acts because, under the Roman, Spanish, and French jurisprudence, and in a number of countries where the principles of civil law are recognized, such injury falls within the category of damnum absque injuria, and that, while the language of article 2315, R.C.C., may appear to be all-embracing in its scope, it is nevertheless an adoption of the concept found upon the old Spanish laws as applied in Louisiana prior to the adoption of the Code of 1825; that the language of the article had acquired a definite and established meaning which recognized an exception or exemption from liability in favor of insane persons, and, therefore, the provisions of the article should receive an interpretation and construction consistent with the theory of law which prevailed in Louisiana at the time of its adoption and which would cause it to be harmonized with the general theory of the civil law as recognized in the countries where its principles control.

*Yancey v. Maestri*, 155 So. 509, 510 (La. Ct. App. 1934). Since it was unnecessary to resolve the liability of the insane in this case, the court did not decide whether this was an accurate statement of Louisiana law. This has not been addressed by subsequent courts, but related decisions indicate that Louisiana probably follows the common law rule. See *Johnson v.*
courts also found that the mentally impaired were responsible for their actions when they constituted contributory negligence, thus preventing the mentally impaired from suing for injuries to themselves when their incapacity put them in harm's way.\footnote{For an early discussion of this, see Hartfield v. Roper, 21 Wend. 615, 619-20, 34 Am. Dec. 273, 275-76 (N.Y. Sup. Ct. 1839).} There are very few reported cases where the incapacity of the plaintiff or defendant is critical to the resolution of the case, so it is difficult to determine whether this was a significant legal doctrine or one that was oft cited but seldom applied. It would be expected that most persons so significantly impaired as to trigger the issue would not have adequate assets to make litigation attractive. If the defendant had assets, they were probably under the control of a guardian or the court,\footnote{One court said: If a person has either a legal or equitable claim against the estate of an idiot, lunatic or habitual drunkard, in the hands of a committee appointed by the court of chancery, which such committee refuses to pay, he must apply to this court by petition, for payment of his demand; and he will not be permitted to obtain payment by means of a suit at law, unless such suit is brought with the sanction of this court. In re Heller, 3 N.Y. Ch. Ann. 115 (N.Y. Ch. 1832). Interestingly, chronic drunkenness would also trigger the protection of the court. See In re Hoag, 4 N.Y. Ch. Ann. 169 (N.Y. Ch. 1838).} which complicated a recovery.\footnote{Some courts also limited the damages against mentally impaired defendants, espousing surprisingly realistic views of tort damages: Ordinarily, in an action for a personal injury, the amount of damages is, at least to a considerable extent, governed by the motive which influenced the party in committing the act. Thus it is usual, and as proper as it is usual, for the court, upon the trial of an action for an assault and battery, to instruct the jury that the action is maintainable even though the injury was accidental; that if intentional, yet when the act is done under the excitement of strong provocation, it is a proper ground for the mitigation of damages. And, on the contrary, that when the act is committed deliberately or maliciously, it is good ground for increasing damages. In short, in such cases, the damages are graduated by the intent of the party committing the injury. But in respect to the lunatic, as he has properly no will, it follows that the only proper measure of damages in an action against him for a wrong, is the mere compensation of the party injured. Krom v. Schoonmaker, 3 Barb. 647, 650 (N.Y. Gen. Term 1848).}

With the evolution of negligence theory came defenses such as standard of care and reasonable behavior.\footnote{For the purpose of this discussion, the political issues underlying the evolution of tort liability, such as the rise of industrialization, are not relevant. For a discussion of this evolution, see generally Robert J. Kaczorowski, The Common-Law Background of Nineteenth-
depend on the actor's state of mind, they do depend on the state of
the actor's mind: the mentally impaired will frequently be unable
to know or carry out the appropriate standard of care, nor will they
be able to behave reasonably in many situations. The law, however,
makes few allowances for the mentally impaired. The classic
statement of this doctrine is by Holmes, in this book, THE COMMON
LAW:

The standards of the law are standards of general
application. The law takes no account of the infinite
varieties of temperament, intellect, and education
which make the internal character of a given act so
different in different men. It does not attempt to see
men as God sees them, for more than one sufficient
reason. In the first place, the impossibility of nicely
measuring a man's powers and limitations is far
clearer than that of ascertaining his knowledge of
law, which has been thought to account for what is
called the presumption that every man knows the
law. But a more satisfactory explanation is, that,
when men live in society, a certain average of con­
duct, a sacrifice of individual peculiarities going
beyond a certain point, is necessary to the general
welfare. If, for instance, a man is born hasty and
awkward, is always having accidents and hurting
himself or his neighbors, no doubt his congenital
defects will be allowed for in the courts of Heaven,
but his slips are no less troublesome to his neighbors
than if they sprang from guilty neglect. His neigh­
bors accordingly require him, at his proper peril, to
come up to their standard, and the courts which they
establish decline to take his personal equation into
account.31

Holmes recognized that there must be exceptions for children of tender years and for the physically handicapped. These are blanket exceptions for liability but are based on the standard for reasonable behavior by a person with the particular disability. Thus a blind man who chose to drive a wagon through town would be liable for any injuries caused to bystanders, but a blind man who was injured because he did not dodge a run away horse could not be charged with contributory negligence. At least in the case of children, early courts imputed the negligence of their caregivers to the child, finding that even if a child was not old enough to know to stay out of the road, the child would be charged with the negligence of his caregivers. The courts also rejected an assumption of risk defense when persons were injured through dealings with persons known to be insane. This is consistent with Holmes' view that the tort law must not be tailored to the individual circumstances of each defendant and that the plaintiff is entitled to assume reasonable behavior from all persons.

Holmes' view of insanity, which grew out of the traditional distinctions between fools, raging fools, and lunatics, recognized few

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32 Id. at 109.
A blind man is not required to see at his peril; and although he is, no doubt, bound to consider his infirmity in regulating his actions, yet if he properly finds himself in a certain situation, the neglect of precautions requiring eyesight would not prevent his recovering for an injury to himself, and, it may be presumed, would not make him liable for injuring another.

33 Id. Since the early courts generally applied the same standards for children and the insane, it might be assumed that the courts would impute the negligence of their caregivers to an insane person as well: "There can be no distinction as to the liability of infants and lunatics, between torts of nonfeasance and of misfeasance,—between acts of pure negligence and acts of trespass." Williams v. Hays, 38 N.E. 449, 451 (N.Y. 1894). The court in Williams v. Hays gives an excellent review of the law at the time. See generally id.

34 Id. An infant is not sui juris. He belongs to another, to whom discretion in the care of his person is exclusively confided. That person is keeper and agent for this purpose; and in respect to third persons, his act must be deemed that of the infant; his neglect, the infant's neglect. Suppose a hopeless lunatic suffered to stray by his committee, lying in the road like a log, shall the traveler, whose sleigh unfortunately strikes him, be made amenable in damages? The neglect of the committee to whom his custody is confided shall be imputed to him.


35 Morse v. Crawford, 17 Vt. 499 (1845).
nuances of mental impairment. What are now recognized as many varieties of mental illness, dementia, and mental retardation were lumped together and differentiated functionally as to their duration and whether they rendered the person significantly incapacitated within the context of nineteenth-century society. Holmes did recognize that while many insane persons might be able to carry out the tasks of life and should be charged with their torts, there are persons so incapacitated that they should be excused from liability. This is reflected in modern, specific intent cases which allow insanity as a defense and where the defendant's mental impairment prevents the manifestation of the requisite intent. A variation of this defense is the sudden incapacitation defense, where the defendant is suddenly overcome by a mental or physical illness that prevents him from exercising due care. The sudden impairment defense is implicit in even the oldest cases in that the courts have

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36 HOLMES, supra note 31, at 109. Insanity is a more difficult matter to deal with, and no general rule can be laid down about it. There is no doubt that in many cases a man may be insane, and yet perfectly capable of taking the precautions, and of being influenced by the motives, which the circumstances demand. But if insanity of a pronounced type exists, manifestly incapacitating the sufferer from complying with the rule which he has broken, good sense would require it to be admitted as an excuse.

Id. This principle does not apply in torts that require a level of specific intent beyond the capacity of the defendant. See Wilson v. Walt, 25 P.2d 343 (Kan. 1933) (upholding jury verdict for defendant in slander case and finding that it was proper to allow jury to determine if defendant's insanity impaired his ability to manifest necessary intent to defame plaintiff); Becker v. Becker, 138 N.Y.S.2d 397, 400 (N.Y. Sup. Ct. 1954) (finding that defendant could not form necessary intent to defraud and stating that it "cannot agree that it [the law] applies to actions to recover for fraud where the essential elements include intention to defraud and deception... An incompetent is incapable of deception."); see also Polmatier v. Russ, 537 A.2d 468 (Conn. 1988) (holding defendant liable even though his actions were based on insane delusions and was not capable of necessary intent); Preferred Risk Mut. Ins. Co. v. Saboda, 489 So. 2d 768, 770-71 (Fla. Dist. Ct. App. 1986). The latter court noted: Obviously, a deranged person who cannot form a rational intent cannot be guilty of a wanton tort requiring a specific state of mind (actual or constructive malice)—the same "wanton negligence" required by the "firemen's rule."... The liability for compensatory damages of insane persons for their acts or omissions is based on public policy rather than traditional tort concepts of fault—but that liability does not extend to punitive damages, nor can it be extended to any tort requiring wanton misconduct.

Id. (citations omitted).
always recognized that defendants should not be liable if the injury was not of their making at all. In this sense the old cases do not stand for strict liability, but liability based on some voluntary action, even if the action was based on an insane delusion. The usual statement was that "[i]f the accident was attributable to a 'superhuman, or irresistible cause,'—to an 'act of God,'—the defendant would not be liable; that as a general principle no man shall be responsible for that which no man can control. . . ." The special circumstance of acts of God excusing behavior was fundamental to Anglo-American jurisprudence and was frequently at issue in early cases. The general warranty of common carriers was excused, as was the obligation of contracts, and the usual strict liability for the escape of prisoners. The act of God exception was extended to persons who suffered sudden physical illnesses while operating trains and then to persons driving automobiles.

38 Rodgers v. Central Pac. R. Co., 8 P. 377, 377 (Cal. 1885). See Holmes, supra note 31, at 201-02 ("With regard to the act of God, it was a general principle, not peculiar to carriers nor to bailees, that a duty was discharged if an act of God made it impossible of performance.").


   An injury caused by the act of God of a superior agency without the fault of defendant will not impose any liability on him. An act of God is defined as inevitable accident without the intervention of man and the public enemy. To constitute an act of God in such sense as to relieve defendant from liability for injury it must have been so far outside the range of ordinary human experience that the duty of exercising ordinary care did not require it to be anticipated or provided against. (citations omitted).

40 See Backhouse v. Sneed, 5 N.C. (1 Mur.) 173, 174 (1808) ("Whatever doubts formerly prevailed as to the extent of a carrier's responsibility, the law seems now to be well settled that he is liable for all losses except such as happen by the act of God or the enemies of the state."); Williams v. Grant, 1 Conn. 487 (1816); Colt v. M'Mechen, 6 Johns. 160 (N.Y. Sup. Ct. 1810).

41 See Harrington v. Dennie, 13 Mass. 92, 93 (1816) ("Now it is a common principle, that, when a man is bound to perform a contract, which becomes impossible by the act of God, or unlawful by statute, after the making of the contract, he is excused from the performance; and may plead such matter in excuse, when sued upon his contract.").

42 See Clark v. Litchfield County, 1 Kirby 318, 319 (Conn. Super. Ct. 1787) ("That in every supposable case of an escape, the sheriff or county are liable, unless the escape was effected by inevitable accident, the public enemy, or the act of God."); Patten v. Halsted, 1 N.J.L. 320 (1795).


44 See Carroll v. Bouley, 156 N.E.2d 687, 689 (Mass. 1959) ("By the great weight of
B. MODERN DEVELOPMENTS

A survey of early civil cases involving insanity finds that most cases involve the capacity to contract, to make wills, and to engage in various business ventures. There are relatively few tort cases. This began to change with changing technology. Modern personal injury law is very much a creature of technology, and no technology more than the automobile. Mental impairment becomes a much more serious threat as the automobile puts a premium on quick thoughts and action, and increases the potential lethality of an accident by orders of magnitude as compared to a horse and wagon. Automobile accidents are the most common worry for persons with early Alzheimer's disease. Traditional tort law does not allow mental or physical impairment as a defense to liability for a negligent accident. If a driver's impairment prevents the driver from properly controlling the automobile, then the courts find that he/she should not be driving. The only exception to this rule is the sudden incapacitation doctrine, updated to the special problems of the automobile.

The classic case of mental impairment as sudden incapacitation for an automobile driver is Breunig v. American Family Ins. Co. Erma Veith, the insured, ran into the back of plaintiff Phillip Breunig's car. At the time of the accident she was suffering from an "insane delusion." Defendant insurer argued that Veith should not be held liable for injuries caused by his property when it was negligently maintained by his conservator. Filip v. Gagne, 177 A.2d 509 (N.H. 1962). Wisconsin was a direct action state at the time and thus the insurance company was a named party. This case is also precedent for the trial judge's latitude in showing the jury his displeasure with the defense. The judge believed that the insurance company should have paid up and not forced the nominal defendant to suffer through the trial. Id. For an earlier discussion of this theory applied to physical illness, see Waters v. Pacific Coast Dairy, 131 P.2d 588 (Cal. Ct. App. 1942).

The psychiatrist testified Mrs. Veith told him she was driving on a road when she believed that God was taking ahold of the steering wheel and was directing her car. She saw the truck coming and stepped on the gas in order to become air-borne because she knew she could fly because Batman does it. To her surprise she was not air-borne before striking the
be liable because her psychiatric condition came upon her without warning, thus falling into the sudden incapacitation exception. Plaintiff argued that precedent did not recognize mental illness as a defense to a negligence claim. The court first analyzed plaintiff's claim that mental illness should not be an excuse, beginning with the policy reasons that the mentally incapacitated are subject to tort laws while not prosecuted for crimes related to their mental illness:

(1) Where one of two innocent persons must suffer a loss it should be borne by the one who occasioned it; (2) to induce those interested in the estate of the insane person (if he has one) to restrain and control him; and (3) the fear an insanity defense would lead to false claims of insanity to avoid liability.\textsuperscript{48}

The court accepted these uncritically, but then distinguished the instant case from prior precedent, which involved defendants with permanent insanity. The court found that while permanent insanity was not a defense to tort actions, the sudden onset of incapacitating insanity could be.\textsuperscript{49} While not discussed explicitly by the court, it could be argued that sudden incapacitating insanity does not violate the general principles for holding the insane liable for their torts. First, since it comes suddenly and without warning, the defendant is innocent, in the sense that he or she continued the dangerous activity in good faith, rather than being seen as putting others at risk. Second, there is no legal authority to control a person before the onset of the mental illness, nor would this be accepted as a valid restriction. Third, at least in this case, the insanity was permanent and thus did not raise the issue of faking to avoid liability.\textsuperscript{50} The

\textsuperscript{48} Id. at 624.
\textsuperscript{49} Id. The court relied on \textit{Theisen v. Milwaukee Auto. Mut. Ins. Co.}, 118 N.W.2d 140 (Wis. 1962), which involved an accident caused when the driver fell asleep at the wheel. \textit{Breunig}, 173 N.W.2d at 623. The \textit{Theisen} court rejected arguments that falling asleep at the wheel should be strict liability. \textit{Theisen}, 118 N.W.2d at 144. Relying on previous cases involving epilepsy and other sudden illnesses, the court allowed defendant to put on evidence that his falling asleep was a sudden and uncontrollable event. \textit{Id.}
\textsuperscript{50} The incentive to fake is much higher in criminal cases, but the courts seem able to
court allowed defendant to go forward with its expert testimony pertaining to the sudden onset of insanity as a defense and required plaintiff to rebut the defense. While the court did allow the mental illness as a defense, it used the sudden physical illness model, which the plaintiff successfully rebutted by showing that Veith had some premonition of the illness.

The California courts reviewed the applicability of the sudden incapacitation doctrine to mental impairment in Bashi v. Wodarz. Defendant Wodarz was involved in two automobile accidents in a short period of time. This case involved the second, brought by plaintiff Bashi. Defendant moved for summary judgment, arguing that she suffered a sudden mental impairment and thus was not responsible as a matter of law. The trial court granted her motion and plaintiff appealed. Recognizing that California has a long history of accepting sudden physical illness as a defense to an automobile accident claim, the judge determined that no court in California had yet ruled on the Bruenig situation of sudden mental impairment. Unlike most states, California had codified the common law rule that the insane are responsible for their torts. The court further noted that when the law was revised, effective

secure adequate expert testimony to continue using insanity as a defense. It is hard to say whether the Breunig court would have ruled the same way had the claim been for temporary insanity.

Breunig, 173 N.W.2d at 624. The court noted that while the expert's contradicted, it need not be accepted by the jury and the jury could have reasonably found that the defendant had forewarning. Id.

Id. at 624-25. The jury awarded plaintiff $10,000, reduced by the court to $7,000. Id. at 627. The award was complicated by the accusations of judicial misconduct, manifested by the judge in the presence of the jury by a disapproval of the defense. Id. at 626. While the court found the judge's behavior within the bounds of judicial discretion, it could be expected that it had a significant influence on the jury. Id.


Id. at 638-39 ("Under a line of appellate authorities beginning with Waters in 1942, these cases generally hold that a driver, suddenly stricken by an illness rendering the driver unconscious, is not chargeable with negligence."). The Bashi court cited many cases containing instances where a driver was not or may not have been chargeable with negligence due to some sudden occurrence rendering the driver unconscious. Bashi, 53 Cal. Rptr. 2d at 638.

54 The court noted that Civil Code section 41, as originally enacted in 1872, provided: "A minor, or person of unsound mind, of whatever degree, is civilly liable for a wrong done by him, but is not liable in exemplary damages unless at the time of the act he was capable of knowing that it was wrongful." Id. at 639.
January 1, 1994, the legislature removed minors from the law but left the rest substantially intact.56 The court found this to be a significant statement of public policy, one that was bolstered by comments in the Restatement (Second) of Torts that indicate that the drafters did not believe that the sudden medical emergency doctrine extended to mental illness.57 Driven by these findings, the court rejected sudden mental impairment as a defense to a negligence tort and reversed the summary judgment for the defendant.

The most difficult question in sudden incapacitation cases, and, more generally, in Alzheimer's disease, is determining when the patient is on notice that he or she is sufficiently impaired that he or she should voluntarily restrict his or her activities. This is illustrated by Word v. Jones ex rel. Moore,58 in which defendant driver requested sudden incapacitation instructions as a defense to plaintiff's claim that she negligently operated her automobile.59 The trial court granted these instructions, which the plaintiff argued were defective because they did not require the jury to find that defendant was rendered unconscious. The appeals court agreed with defendant and remanded for a new trial because it found that the court's use of the terms "confusion" and "disorientation" was too vague.60 The supreme court disagreed, finding that unconsciousness

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56 Id.
57 Id. at 641. The court, citing the RESTATEMENT (SECOND) OF TORTS § 283C cmt. b (1965), discussed the onset of a "transitory delirium" as follows:

The same allowance [the reasonable man is identical with the actor] is made for physical, as distinguished from mental, illness. Thus a heart attack, or a temporary dizziness due to fever or nausea, as well as a transitory delirium, are regarded merely as circumstances to be taken into account in determining what the reasonable man would do. . . . Although the respondent's sudden onset of mental illness might arguably be classified as a "transitory delirium" under the Restatement, such a classification is unlikely given that the "transitory delirium" is discussed in the comment relating to physical, as opposed to mental, disabilities. (Since the Restatement makes a distinction between physical and mental disabilities, it is more likely that the phrase "transitory delirium" used in the Restatement relates back to the previous phrase regarding the effects of fever.

58 Id.
59 Id. at 144 (N.C. 1999).
60 Id. at 145. The sudden incapacitation defense is referred to in this jurisdiction as the sudden medical emergency defense.
was too narrow a limit on the sudden incapacitation defense. The court directly addressed plaintiff's assertion that Alzheimer's disease could not form the basis of a sudden incapacitation defense and established the standard for using this defense in Alzheimer's disease cases:

During the trial defendant presented three different medical explanations supporting the defense of sudden incapacitation: Alzheimer's disease, TIA, and arrhythmia. This evidence went directly to the elements of sudden incapacitation. The testimony of defendant's two witnesses, both qualified as medical experts, in substantiation of her affirmative defense was neither objected to nor controverted by plaintiff. For example, defendant presented evidence that she had not previously been diagnosed with and had never before experienced any of the three possible medical conditions which tended to show the second element of the affirmative defense, namely whether the incapacitation was foreseeable. Therefore, the trial court properly submitted to the jury the issue of whether defendant suffered a sudden, unforeseen incapacitation which caused her to lose control of her vehicle and caused the accident.

Practical considerations also support a requirement of loss of consciousness as an element of the sudden medical incapacitation defense. "Confusion" and "disorientation" are somewhat vague, imprecise, and subjective terms. They present the potential to foster fraud and abuse of the sudden medical incapacitation defense. "Unconsciousness" is a workable, objective test that is more easily understood and applied to measure sudden medical incapacitation.

Id. at 149 ("Plaintiff argues that submitting that defense improperly extends the sudden-incapacitation defense to mental illnesses and deficiencies which do not excuse negligence; plaintiff further argues that Alzheimer's disease does not cause unconsciousness and that its effects are not unforeseen or sudden.").

62 A transient ischemic attack is a temporary clouding of consciousness caused by an interruption in blood flow to the brain. DORLAND'S ILLUSTRATED MEDICAL DICTIONARY 1840 (29th ed. 2000).

While this case shows that Alzheimer's disease is not a complete bar to the use of the sudden incapacitation defense, at least in jurisdictions that do not require a showing of unconsciousness, it also indicates that had she had a prior diagnosis of Alzheimer's disease, however mild, it is unlikely that she would be able to prove that her sudden incapacitation was unforeseeable. If it was foreseeable, then plaintiff will be able to argue that defendant was negligent in driving at all, beyond the specific negligence that led to the accident, and may be able to get a punitive damages instruction based on defendant's behavior in knowingly subjecting plaintiff and others to the risk that she would not be able to control her car. Strategically, this will be a very powerful argument because of the combination of the progression of Alzheimer's disease and time it takes to get to trial. Whatever the defendant's condition at the time of the accident, the jury is likely to see a severely demented defendant on the stand. Unless the defendant's condition at the time of the accident was fully documented in a way that will be admissible to the court, defendant will find it very hard to convince the jury that she was justified in driving after a diagnosis of Alzheimer's disease.

C. CLAIMS BY INJURED CAREGIVERS

Some PWDs are combative and dangerous to those around them when they get confused or disoriented, and some become consistently violent. This takes a great toll on caregivers and raises issues of spousal abuse as well as potential tort and criminal liability. Developing a model for legal responsibility to caregivers must address the problems of both professional and informal caregivers. The reported cases deal only with professional caregivers.

IV. PROFESSIONAL CAREGIVERS

The older cases, typified by *McGuire v. Almy,* analyze the case from the traditional frame of reference that the insane are liable for intentional torts as long as they can form the requisite intent to act. Critically, the courts did not accept as a defense that the action was

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*8 N.E.2d 760 (Mass. 1937).*
based on an insane delusion.\textsuperscript{65} In Almy, the plaintiff was a nurse assigned to twenty-four-hour duty caring for defendant. Defendant was locked in her room unless accompanied by plaintiff or other caregivers, and had threatened plaintiff in the past. At the time of the injury, defendant was in a rage in her room, having broken up her furniture. When plaintiff entered the room, she saw defendant brandishing the leg of a low-boy.\textsuperscript{66} Plaintiff called for help and when it arrived they attempted to subdue defendant. In the process, defendant clubbed plaintiff, causing serious head injuries. Since the jury found that defendant had the requisite intent, the court reviewed defendant's argument that plaintiff had assumed the risk of caring for defendant and was on notice of the danger defendant posed.

The court rejected this assumption of risk defense, finding that prior to the incident in question, defendant had not manifested dangerous propensities.\textsuperscript{67} Finding the defendant brandishing the furniture leg as a club did put the plaintiff on notice of the danger, but the court found that by that time there was an emergency and it was within plaintiff's duty to try to help defendant. Understandably, the court was unwilling to create a rule that would discourage caregivers from helping the insane if they might be at personal risk.\textsuperscript{68} This analysis is consistent with the policy that employees do

\textsuperscript{65} Id. at 763.
\textsuperscript{66} Id. at 761.
\textsuperscript{67} Id. at 763 ("Although the plaintiff knew when she was employed that the defendant was a mental case, and despite some show of hostility and some violent and unruly conduct, there was no evidence of any previous attack or even of any serious threat against anyone.").
\textsuperscript{68} Id. at 763-64.
not assume the risk of the workplace. It contradicts one of the key policy justifications for holding the insane liable for their torts: that such liability will encourage those responsible for the insane person to ensure that those under their care are confined as necessary to protect the public. If the caregivers who have been hired to protect the patient and prevent the patient from being a threat to others can also sue the patient, then the relatives may have less incentive to protect the family assets by confining the patient. If the insane person is under care, it may also result in demands that the patients be restrained or otherwise restricted to prevent harm to nursing home personnel. This would make it more difficult to ensure humane care of the patient.

V. FIREFIGHTER'S RULE CASES

The court in Anicet v. Gant, considering the case of an involuntarily committed patient who could not control his actions, recognized that finding an insane person liable for intentional torts because he acted voluntarily, even if deluded, was a pretext for liability driven by public policy and not by traditional notions of responsibility for one's own actions. The court distinguished the plaintiff caregiver from the innocent member of the general public who is contemplated in the policy of compensating the innocent.

danger, the stress of circumstances, the expectation or hope that others will fully perform the duties resting on them, may all have to be considered."

Id. (quoting Miner v. Conn. River R.R., 26 NE 994, 995 (Mass. 1891)).


71 Id. at 275.

Instead, the conclusion that liability exists is founded squarely and acknowledged upon principles of good public policy which, it is held, are furthered by that conclusion. Almost invariably these considerations are stated to be:

(1) the notion that as between an innocent injured person and an incompetent injuring one, the latter should bear the loss; and

(2) the view that the imposition of liability would encourage the utmost restriction of the insane person so that he may cause no unnecessary damage to the innocent.

Id. (footnotes omitted).
Instead, the court analogized to the firefighter's rule which contem-
plates that confronting risk is inherent in some professions. The
risk of injury is internalized in the pay and benefits of the profession
and in return the professional gives up the right to sue third parties
when the risk occurs. Without such restrictions, the general public
might be reticent to call firefighters and other emergency workers
for fear of liability. The court held that the same rationale should
govern institutional caregiver cases. To rule otherwise could
courage institutions to limit personal contact with patients in
favor of restraints and drastically curtailed liberty. The court also
rejected the rationale that such liability would encourage families
to better protect the public from the insane because the family and
the defendant had already done everything they could to protect the
public.

It is tempting to analogize institutional caregivers to public
safety personnel, thus resolving the liability problem with the
firefighter's rule.\textsuperscript{72} \textit{Herrle v. Estate of Marshall}\textsuperscript{73} generalized the
concept behind the firefighter's rule through the doctrines of
primary versus secondary assumption of risk, applying it to the
nursing home caregiver situation.\textsuperscript{74} The archetypical case of
primary assumption of risk is participation in sports events. An
informal touch football game led to California's explication of these

\textsuperscript{73} 53 Cal. Rptr. 2d 713 (Cal. Ct. App. 1996).
\textsuperscript{74} When California adopted the doctrine of comparative fault, assumption of risk became
a critical issue because it became the only action by the plaintiff that could continue to defeat
his claim. \textit{See Li v. Yellow Cab Co.}, 532 P.2d 1226 (Cal. 1975). This situation forced the
California courts to sort out the conflicting usage of assumption of risk in past cases:

As for assumption of risk, we have recognized in this state that this
defense overlaps that of contributory negligence to some extent and in fact
is made up of at least two distinct defenses. "To simplify greatly, it has
been observed . . . that in one kind of situation, to wit, where a plaintiff
unreasonably undertakes to encounter a specific known risk imposed by
a defendant's negligence, plaintiff's conduct, although he may encounter
that risk in a prudent manner, is in reality a form of contributory
negligence . . . . Other kinds of situations within the doctrine of assump-
tion of risk are those, for example, where plaintiff is held to agree to
relieve defendant of an obligation of reasonable conduct toward him. Such
a situation would not involve contributory negligence, but rather a
reduction of defendant's duty of care."

\textit{Id.} at 1240 (quoting Grey v. Fibreboard Paper Products Co., 418 P.2d 153, 156 (Cal. 1966)).
doctrines in *Knight v. Jewett*.\(^7^6\) Primary assumption of risk occurs when plaintiff engages in an activity that generally involves known risks, while secondary assumption of risk deals with situations where the plaintiff knowingly encounters risks specific to the facts of the case at issue. Primary assumption of risk results in no duty on the defendant to prevent or mitigate those risks, and that defendant does not need to show that the risks were known to the plaintiff personally. This distinction is important because it is much more difficult for a plaintiff to prove or show facts which raise a jury question in a primary assumption of risk case.\(^7^6\)

*Herrle* is a key case because it involves a patient with Alzheimer's disease who was confined in a nursing home.\(^7^7\) She had a history of being combative and belligerent: “The admitting diagnosis indicated ‘She can be very combative at times.’ Likewise, the nursing assessment indicated, ‘... becomes very belligerent at times. High risk for injury.’”\(^7^8\) The plaintiff was injured when she attempted to prevent the defendant from falling when being moved from a chair to the bed and the defendant struck her in the head, causing serious injuries.\(^7^9\) In a traditional assumption of risk—now denominated secondary assumption of risk—case, defendant would have to prove that the plaintiff knew of the risks and unreasonably encountered them, i.e., that the emergency defense from *McGuire v. Almy* does not apply. However, defendant can claim primary assumption of risk through a general showing that nurses are trained to recognize and manage such violence, that patients with the defendant's

\(^7^5\) Id. at 703-04.

\(^7^6\) Id.

\(^7^7\) *Herrle*, 53 Cal. Rptr. 2d at 715.

\(^7^8\) Id.

\(^7^9\) Id.
condition are prone to violence, and that a nurse working in the institution where defendant was housed would have been aware of the nature of the patient population, even if she were unaware of the specific proclivities of defendant. Having found that the defendant made this showing, the court found that the defendant did not owe the plaintiff any duty of care and thus could not be liable for her actions toward the plaintiff.80

The dissent in Herrle raises difficult issues in the factual application of primary assumption of risk to plaintiff's circumstances. The firefighter's rule is predicated on the job role of a professional public safety worker who is trained to encounter the specific risks of the profession, and, most importantly, is explicitly compensated for encountering negligent and even intentional risks:

Probably most fires are attributable to negligence, and in the final analysis the policy decision is that it would be too burdensome to charge all who carelessly cause or fail to prevent fires with the injuries suffered by the expert retained with public funds to deal with those inevitable, although negligently created, occurrences. Hence, for that risk, the fireman should receive appropriate compensation from the public he serves, both in pay which reflects the hazard and in workmen's compensation benefits for the consequences of the inherent risks of the calling.81

In most jurisdictions, firefighters and police have separate disability, pension, and worker's compensation benefits than other municipal workers. These are very generous, both in benefits paid and in the criteria for qualifying for those benefits.82 In contrast,

80 See id. at 714-15 (concluding that "primary assumption of the risk doctrine bars recovery under these circumstances and [we] therefore affirm the trial court's judgment.").
82 California's courts have described the fireman benefits as:
First, they receive special presumptions of industrial causation as to certain disabilities. Second, special death benefits apply to public safety officers if they are under the Public Employees Retirement System. Third, if under that system or the County Employees Retirement Law of 1937, they are entitled to an optional leave of absence for up to one year
many nursing home personnel, such as the plaintiff in *Herrle*, are minimally trained paramedical positions such as nurses aides. These positions are poorly paid, often have limited benefits, and carry few expectations of continued employment. Rather than being trained and hired to deal with violent patients, they are hired to do low level nursing care and come into contact with such patients through inadvertence or, as in *Herrle*, while trying to help prevent injury to a patient in an emergency. In *Herrle*, the plaintiff's injuries cost more than $200,000 and it is not clear how much of those were covered by worker's compensation. It is hard to justify a claim that such caregivers with their marginal benefits and limited job security are paid to encounter the risks of their employment in the same as professional public safety workers. Since even the firefighter's rule has exceptions for risks beyond those contemplated in going to a fire, the dissent argues that it is unjust to hold that every employee of a nursing home has assumed the risks of being battered by a patient.

More critically, the courts justify the firefighter's exception on the special nature of the public safety employment. The courts have

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with full pay. Fourth, their permanent disability benefits are fully payable despite retirement, and are not reduced by disability pensions even when both are paid for the same injury.


In some circumstances they are contract or agency workers who have no benefits at all.

Clearly some costs were covered because the compensation carrier intervened in the case to recoup its payments. *Herrle*, 53 Cal. Rptr.2d at 713.

The firefighter's rule, however, is hedged about with exceptions. The firefighter does not assume every risk of his or her occupation. The rule does not apply to conduct other than that which necessitated the summoning of the firefighter or police officer, and it does not apply to independent acts of misconduct that are committed after the firefighter or police officer has arrived on the scene.

Id. at 31515.

When the firefighter is publicly employed, the public, having secured the services of the firefighter by taxing itself, stands in the shoes of the person who hires a contractor to cure a dangerous condition. In effect, the public has purchased exoneration from the duty of care and should not have to pay twice, through taxation and through individual liability, for that service.
held that these factors are not present in private employment, even
of safety personnel, which makes it questionable whether these
factors should be found in the employment of nursing home
personnel. The majority opinion meets these objections by returning
to Neighbarger and arguing that the key point was not the public/private
dichotomy, but whether the defendant had contracted for
the plaintiff's services. Thus, the taxpayers contract for fire services
and the nursing home resident contracts for care, each with its
attendant risks to the provider, while the defendant in Neighbarger
was a third party with no agreements with the plaintiff. While the
court focuses on assumption of risk, it is more useful to look at the
problem from the perspective of the caregiver. The caregiver does
not assume the risk of injury in the sense that the old cases found
that employees assumed the risk of injuries and thus were estopped
from suing for compensation. Instead, caregivers accept that their
compensation will be limited to that available through worker’s
compensation. Thus the nursing home residents, or others on their
behalf, shift the burden of compensating workers injured by their
actions to the employer through contracting for care. This is a more
meaningful analysis because primary and secondary assumption of
risk are about losing the right to compensation, rather than the

Id.

68 Id. at 357.
The most substantial justifications for the firefighter’s rule are those
based on the public nature of the service provided by firefighters and the
relationship between the public and the public firefighter. Fire fighting
is essentially a government function, and the public has undertaken the
financial burden of providing it without liability to individuals who need
it. Because of the relationship between the public, the firefighter, and
those who require the services of the firefighter, the individual’s usual
duty of care towards the firefighter is replaced by the individual’s
contribution to tax-supported compensation for the firefighter. This
relationship is missing between a privately employed safety employee and
a third party.

Id.

69 Id. at 355 (“Having no relationship with the employee, and not having contracted for
his or her services, it would not be unfair to charge the third party with the usual duty of care
towards the private safety employee.”). This rationale clearly does not apply here.
Defendant, through her relatives, did contract, seek, and need the services of plaintiff.
Defendant, through these same relatives, paid to be relieved of a duty of care. Defendant had
a relationship of care receiver and caregiver with plaintiff. Therefore, it would be unfair to
now impose on defendant the very duty of care that she had contracted for plaintiff to supply.
 contractual reallocation of the method and form of compensation. More importantly, it obviates the need to assess the competence of the patient and it removes the patient as a party to the litigation.

VI. INFORMAL CAREGIVERS

Most PWDs are cared for by family members or significant others, outside formal institutions. They are subject to the same abusive behavior as the institutional caregivers, but seldom have the training or resources to manage it as effectively as do the institutions. Their only resort in severe cases is to call the police or emergency medical personnel. They are not covered by worker's compensation and may not even have health insurance. If the person they are caring for has some type of personal liability insurance, they could sue under the same theories as other tort claimants. While the insurance company might argue assumption of risk, it is not supported by any of the policy rationales developed in the professional caregiver cases. In the absence of insurance, they are exposed to the risk of injury with little hope of compensation. To the extent that this makes it difficult to care for their family member, the state might, as a matter of public policy, extend some type of disability and health insurance coverage to informal caregivers, recognizing the benefit of their services to the PWD and as a cost-saving measure for the state.

When informal caregivers call the police, or when emergency medical personnel find an injured caregiver and call the police as required by various spousal abuse laws, the caregiver is confronted with the problem of the police arresting the PWD, which is usually what they want. If the police do arrest the abuser, which they are obligated to do under some spousal abuse laws, they do not have proper facilities to hold and care for a PWD. These situations demand a system that can protect both the caregiver and the PWD. One system would use twenty-four hour care centers where a PWD can be taken by the police or emergency medical personnel, and the

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90 Assuming that the patient is impaired to some degree. This doctrine should not shelter attacks made with criminal intent, unrelated to impairment. Thus, mere housing at a nursing home should not convey blanket immunity for torts.
caregiver has the right to use such personnel vehicles for emergency transport. Any such system requires rethinking domestic violence laws so they recognize that the caregiver is not served by a system that criminalizes the dangerous behavior, thus discouraging the caregiver from calling for help in all but the most extreme situations.

A. CAREGIVER LIABILITY

The legal issues and public policy concerns are very different for professional and informal caregivers. Informal caregivers are usually family members who volunteer their services with limited community support. Professional caregivers are usually state regulated and often paid through state and federal funds, as well as private insurance. From a public safety perspective, it is arguable that both should have a duty to protect their charges from injury and to protect the general public from injury caused by PWDs under their control. However, such liability comes with a significant price in insurance costs, risks to assets, and resources that might better be used for caring for the PWDs. The courts have responded to these differing policy concerns with very different liability regimes for informal and professional caregivers.

VII. PROFESSIONAL CAREGIVERS

Professional caregivers, especially total care facilities, assume the duty to protect the patient and their liability is governed by the same precedent as that of health-care providers in general. They are liable for injuries to the PWD caused by substandard care, which will be measured by expert testimony and the use of professional standards documents. They will be liable for injuries to third parties to the extent that they either owe a specific duty to the third party or when they undertake a general duty of care that includes

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81 The most common example is the duty to prevent one patient from injuring another. These cases usually turn on whether the caregiver had notice of the patient’s dangerous tendencies, although it can be argued that PWDs always pose some risk to others through inadvertence. See, e.g., Bradley Center, Inc. v. Wessner, 296 S.E.2d 693 (Ga. 1982) (involving patient who kills wife while on leave); Sylvester v. Northwestern Hosp. of Minneapolis, 53
preventing harm to others. There is little precedent directly on point for nursing homes and controlled living centers caring for PWDs. Most cases deal with the question of whether a mental institution properly released an insane person who then committed a murder or other intentional tort. These divide into the Tarasoff line of failure to warn cases and the pure negligent discharge or supervision cases. Even in these cases the courts are reluctant to find liability without very specific evidence of dangerousness, sometimes including the identification of the specific victim.

The best analysis is in Garrison Retirement Home Corp. v. Hancock, which deals with whether a controlled living center had the duty to prevent a PWD (probably Alzheimer's disease) from driving his car. Plaintiff was a contractor's employee investigating


Tarasoff v. Regents of Univ. of Cal., 529 P.2d 553 (Cal. 1974).


Thompson v. County of Alameda, 614 P.2d 726, 730 (Cal. 1980); Bradley Ctr., Inc. v. Wesener, 296 S.E.2d 693, 694 (Ga. 1982).


This case illustrates the problem of establishing mental status at the time of an accident. There was no record of the patient's mental status until several months after the accident. Id. at 1259.

Id. This case is especially important because it is one of the few that deal with negligent injuries caused by a PWD. Most cases involve intentional torts and murder by an insane patient. See, e.g., Bradley Ctr., Inc. v. Wesener, 296 S.E.2d 693 (Ga. 1983) (involving murder of wife by insane patient).
a roof leak at a retirement home who was injured when the patient
drove his car into plaintiff while plaintiff was standing by his truck.
Plaintiff sued the home, arguing that it was negligent in its duty to
prevent the patient from driving. The court analyzed the case in
terms of Section 315, Restatement (Second) of Torts:

There is no duty so to control the conduct of a third
person as to prevent him from causing physical harm
to another unless:

(a) A special relation exists between the actor and
the third person which imposes a duty upon the
actor to control the third person's conduct, or
(b) A special relation exists between the actor and
the other which gives to the other a right to protec-
tion.98

The court recognized that the key element, which also runs through
the informal caregiver cases, is whether the defendant had the right
and the ability to control the actions of the person under their
control. Defendant had taken significant measures to prevent the
patient from driving, which the patient evaded with remarkable ingenuity.99 The court found that these evidenced defendant's
ability to control the patient.100 Based on this ability to control and
the failure of the defendant to control, the court found a duty to the

98 Garrison Ret. Home, 484 So. 2d at 1261.
99 Id. at 1259 ("[T]he retirement home personnel attempted to immobilize the car by
letting air out of the tires, removing the battery cable, barricading it with Jane Rush's car and
confiscating Tom's keys. However, Tom obtained a second set of keys and always managed
to get the car back into operational condition.").
100 Id. at 1262. Interestingly, defendant may not have had the legal right to interfere with
the patient's car:
Jane Rush, the administrator of the retirement home, became concerned
about Tom Egan's potential use of the automobile. Both the car's license
tag and Tom's driver's license had expired. Consequently, Jane Rush
inquired of her licensing authority, the Department of Health and
Rehabilitative Services (DHRS), regarding rules or regulations prohibiting
Tom's use or ownership of his automobile while he resided at the
retirement home. She was informed by Betty Gunter, DHRS administra-
tor, that under DHRS rules and regulations, she had no right to prevent
Tom's use of his car, or prevent him from leaving the facility.

Id. at 1269.
plaintiff. It is difficult to generalize from this decision because of, as the court described them, the "peculiar facts":

Granted the duty of a retirement home to its residents is not the same as that imposed upon the operator of an insane asylum or a hospital facility. Nevertheless, the evidence revealed that most of the Garrison residents were senile. The gates were kept locked for the protection of the residents who were not able to take care of themselves if they got outside. Some of the people, including Egan, had physical infirmities. Tom could not walk without aid; he refused a walker but used two canes. He had periods of "rage reaction" and hallucinatory periods. According to Rush, the administrator of the home, Egan's driver's license and car tag had expired. He needed a pillow to see over the steering wheel and Rush testified that she believed him to be a dangerous person behind the wheel of a car. The people in charge of the Home were so concerned about Egan's driving that they resorted to taking his keys, disconnecting his battery, flattening his tires, and finally blockading the car so it could not be moved.

The court may be saying that a controlled living home obviously has a duty to control such a badly impaired patient who tries to drive. This is a logical inference, but the opinion can also be read as acknowledging the principle that defendant caregivers must carry out assumed duties non-negligently, but that there is no general duty to prevent patients from driving. The court states that while the regulatory rules do not give the home the right to restrict the patient, they also provide that patients that endanger others are not

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101 Id. at 1262. The court found that a group home for transients and ex-convicts did not have the power to control its residents and thus was not liable for their crimes. The court justified this as a necessary rule to allow non-governmental charity organizations to operate such homes as a service to the residents and the state. Lighthouse Mission of Orlando, Inc. v. Estate of McGowen, 683 So. 2d 1086, 1088 (Fla. Dist. Ct. App. 1996).

102 Garrison Ret. Home, 484 So. 2d at 1262.
permitted to stay in such homes. Thus the court implies that defendant had a duty to act, but that this duty might have been satisfied by moving the patient to a more secure facility.

The case leaves open the question of whether, in the absence of a regulation preventing such patients from residing in the home, the home could have avoided liability to plaintiff if it had not assumed the duty to prevent the patient from driving. Mitigating against this interpretation is the duty to protect the residents themselves. This home, and most like it, have locked grounds to prevent patients from injuring themselves by wandering away. Such precautions clearly indicate the assumption of a duty to protect the patients from inadvertent injuries related to sojourns off the grounds. If such patients are at risk from walking, they are clearly at greater risk from driving, and the home would clearly have a duty to prevent them from driving. While the duty to the patient does not automatically inure to the benefit of a third party, public policy supports merging the duty to the patient and the duty to society because they are mutually reinforcing.

VIII. INFORMAL CAREGIVERS

With the demise of interfamilial tort immunity, there are no legal bars to persons suing their informal caregivers for torts related to

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103 Id.

As mentioned previously, one of the HRS rules provides that a resident who manifests behavior destructive of property, to himself or others should not be allowed to remain in the Home. Another prohibited residents from bringing unsafe equipment on the premises. The administrator suggested to Dr. Garrison that he get rid of Tom, but he declined because, according to the administrator, the facility was not filled and they needed Tom and his money. On this record, it appears to us that Garrison owed a duty to Egan, to Hancock, and others to prevent Egan from operating his car in view of the knowledge it had regarding his driving capabilities.


105 For a case involving liability for allowing minors to wander from a facility and injure a third party, see Nova Univ. v. Wagner, 491 So. 2d 1116 (Fla. 1986).
their care. Given the dependence and impairment of most of the PWDs in the care of their families, they are unlikely to bring such suits on their own. It is more likely that suits would be brought by legal representatives of their estates, either court-appointed or other relatives. The major legal issues in such claims would be establishing the standard of care for an informal caregiver and the extent to which an informal caregiver has the ability or even the legal authority to prevent the PWD from driving or engaging in other risky activities. There do not appear to be any reported cases using these theories, but it may be that they are masked because they are brought as spousal abuse cases or other tort claims that do not involve caregiver issues.

There are more cases involving liability to third parties. One of the rationales for holding the insane liable for their torts was that it would encourage their families to keep them confined so that they would not injure others. This was only an indirect incentive, in that it depended on the insane defendant having assets that the plaintiff could reach and that the family had an interest in protecting these assets. It might be expected that the courts would further this policy by holding the family members personally liable for the torts committed by persons under their care. In contrast to their rhetoric on encouraging the family to take responsibility, the courts have been very reluctant to find family caregivers directly liable for the torts committed by mentally impaired persons under their care.

The case of *Emery v. Littlejohn* is a good review of the law as of 1915 and illustrates the traditional view of third party liability for informal caregivers. Plaintiff was shot by defendants' adult son, whom the defendants were caring for after he had been released from a mental institution. Plaintiff sued defendant parents for negligence in overseeing plaintiff's actions, based partly on an assumption of responsibility signed by defendants when they took

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107 145 P. 423 (Wash. 1915).
the son home from the institution. The court assumed that there was some general duty to the public, but that this duty was defined by the extent that the son's violent actions were foreseeable, and that there was insufficient evidence that the son was homicidal. In reviewing the law at the time, the court found:

The diligence of learned counsel for respondent has not brought to light a single decision of any court holding a person liable for negligence growing out of his want of care and restraint over an insane person. A remark made by the United States Court of Appeals of the Eighth Circuit, seems quite appropriate here, where they say:

"The absence of reported judgments and decisions sustaining an alleged liability under a given state of facts raises a strong presumption that no such liability exists."

We are not prepared to say that a private person having the legal custody and control of a violently insane person with homicidal tendencies could not, under any circumstances, be rendered liable for damages caused by such a person, resulting from want of proper restraint on the part of the person having him so in charge; yet no decision of a court involving even such an extreme case has been brought to our notice.

\[\text{Id. at 424.}\]

This is to certify that I have taken O. W. Pence on parole from Western Hospital for Insane. Knowing that he is not fully recovered, I assume all responsibility for his actions while in my charge, and agree to care for him and return him to the hospital at my own expense if it becomes necessary.

\[\text{Id. at 427 ("The duty here involved, if any, was that of Littlejohn and wife to respondent simply as a member of the public.").}\]

\[\text{Id. at 428 ("We are of the opinion that it must be decided, as a matter of law, from the undisputed facts here shown, that Littlejohn and wife were, as reasonable persons, not bound to anticipate the unfortunate occurrence upon which it is now sought to render them liable in damages.").}\]

\[\text{Id. at 428.}\]
While a majority of subsequent cases reach the same conclusion,\footnote{See Hanera v. Superior Court, 9 Cal. Rptr. 2d 216 (Cal. Ct. App. 1992); Kaminski v. Town of Fairfield, 578 A.2d 1048 (Conn. 1990); Barmore v. Elmore, 403 N.E.2d 1355 (Ill. App. Ct. 1980); Fisher v. Mutimer, 12 N.E.2d 315 (Ill. App. Ct. 1937).} a number of courts have found exceptions when necessary to balance the community’s interest in protection against the risk posed by persons under the control of informal caregivers. These cases are predicated on the personal negligence of the caregiver and the specific assumption of the duty to care for the relative. No modern courts find vicarious liability for adult family members,\footnote{For a good review of status relationships and the duty to care, see Touchette v. Ganal, 922 P.2d 347 (Hawaii 1996). For a discussion of the legal effect of a formal guardianship, see Sego v. Maina, 578 P.2d 1069 (Colo. Ct. App. 1978). For an older case finding a husband liable for his wife’s crazy behavior, see Burnett v. Rushton, 52 So. 2d 645 (Fla. 1951).} nor do the courts find a legal duty to care for adult family members unless it is voluntarily assumed by the defendant.\footnote{Plaintiffs in these cases must first show that defendants assumed the duty to act as caregiver. This is illustrated by a series of cases determining whether babysitters had a duty to care for children that they volunteered to care for. See Standifer v. Pate, 282 So. 2d 261 (Ala. 1973); Barfield v. Langley, 432 So. 2d 748 (Fla. Dist. Ct. App. 1983); Whitney v. Southern Farm Bureau Cas. Ins. Co., 225 So. 2d 30 (La. Ct. App. 1969).} While not specifically litigated in most cases, it is clear that there can only be liability if the informal caregiver can actually control the impaired person.\footnote{Carmona v. Padilla, 163 N.Y.S.2d 741, 742-43 (N.Y. App. Div. 1957).}

The most important factor is whether the caregiver had notice of the impaired person’s dangerousness. A leading case is Alva v. Cook,\footnote{Appellant’s liability does not depend solely on her status as the grandmother of the boy who shot the arrow that caused the infant plaintiff’s injury, nor on her status as co-owner of the property on which the incident occurred. . . Perhaps her duty to supervise her grandson was not, as an isolated responsibility, as extensive as that of a parent—a duty probably related to the powers that parents possess to restrain their children’s conduct. . . However, the position the grandmother occupied in the house and household where the accident occurred gave her much greater authority to restrain her grandchild than would be enjoyed by a stranger; and in circumstances where strangers are endowed with relatively slight supervision for control over children they have been held to be under a duty to prevent injury by children to others. Id. See also Poncher v. Brackett, 55 Cal. Rptr. 59 (Cal. Ct. App. 1966).} which involved two sisters caring for their 62 year old mentally ill brother. He was a World War II veteran with a history of mental illness, but not of dangerous behavior. He kept a rifle

\footnote{123 Cal. Rptr. 186 (Cal. Ct. App. 1975).}
and, without warning, shot plaintiff dead when plaintiff drove into defendant's driveway. Plaintiff alleged that defendants were negligent in allowing him to keep the rifle, have access to the rifle, and in not having him committed. The court found first that since California allowed the insane to possess firearms, it could not hold that the plaintiffs violated a legal duty in allowing their brother to keep his gun and have access to it. Most critically, the court found, in unambiguous language that defendants' brother's insanity alone, without obvious dangerous behavior did not put defendants on notice that he should be committed or that they should restrict his actions:

In the absence of ultimate facts that Malcolm was dangerous to himself and others at least sufficient to warrant a reasonable assumption that a petition for evaluation or commitment under the Lanterman-Petris-Short Act would be granted, we are not ready to equate respondents' assumption of a moral obligation to a guarantee and indemnification agreement in respect of Malcolm's conduct on or off respondents' premises as if he were a dog and to hold that respondents are their brother's keeper but at their risk.

While recognizing the importance of the policy stated in Alva to encourage families to care for their own, subsequent courts have recognized situations where plaintiff has alleged sufficient facts to get to the jury on the issue of whether defendant had sufficient notice of dangerousness. This is based on the Restatement (Second) of Torts § 319. There is some question about whether

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117 The judge also commented that California allowed the insane to walk the streets: "Public policy of this state allows one to walk the streets even if mentally ill and, in fact, there is nothing in the law which prevents the mentally ill from possessing firearms." Id. at 169 (citations omitted).
118 Id. at 171.
120 RESTATEMENT (SECOND) OF TORTS § 319 (1965) ("One who takes charge of a third person whom he knows or should know to be likely to cause bodily harm to others if not controlled is under a duty to exercise reasonable care to control the third person to prevent him from doing such harm.").
just providing a home for a mentally ill and dangerous relative meets the standard of § 319: "Neither the defendant nor our own research has disclosed any case in which a parent, merely by making a home for an adult child who is a mental patient, has been held to be "[o]ne who takes charge of a third person" for the purposes of § 319."\textsuperscript{121}

The archetypical third party liability question for informal caregivers is whether they were negligent in allowing the PWD to drive a car. If the caregiver loans the demented person the caregiver's car, then the case is simply one of traditional negligent entrustment.\textsuperscript{122} The more usual situation is that the PWD has his/her own car and the issue is whether, and to what extent, the caregiver has a duty to prevent the PWD from using the car. \textit{Irons v. Cole}\textsuperscript{123} dealt with a legally similar problem: when does the family have a duty to restrict an adult child's access to guns? The court found the family liable for a murder committed by their son, based on their knowing that he had access to guns in their house and that he was mentally disturbed with a history of violence. \textit{Irons} is predicated on premises liability, \textit{i.e.}, that the murder occurred on the premises, but the core issue is control of access to physical property rather than control of the son.\textsuperscript{124} The court was careful to limit its decision to actions taken on the defendant's property, rather than finding a general duty to the community. Yet the court's analysis is based on general tort duties and is not tied to the traditional common law analysis of premises liability.\textsuperscript{125} It is a

\textsuperscript{121} Kaminski v. Town of Fairfield, 578 A.2d 1048, 1052 (Conn. 1990). This case involved a counter claim against the parents by a police officer who was being sued for shooting the son after being called to the house to subdue him. The court indicated that calling the police to manage their son was clear evidence that plaintiffs were not able to control him. \textit{Id.}

\textsuperscript{122} Frain v. State Farm Ins. Co., 421 So. 2d 1169 (La. Ct. App. 1982) (involving entrustee who sued for her own injuries, alleging that defendant should have known not to lend car to plaintiff who was mental patient).

\textsuperscript{123} 734 A.2d 1052 (Conn. Super. Ct. 1998).

\textsuperscript{124} \textit{Id.} at 1054 ("This court specifically did not charge that the defendants had a duty arising from a relationship of control over their son... as the charge was based not on custodial control... but on a duty of care of the type... arising from control of the premises.") (citations omitted).

\textsuperscript{125} \textit{Id.} at 1054.

We have stated that the test for the existence of a legal duty of care entails (1) a determination of whether an ordinary person in the defendant's position, knowing what the defendant knew or should have known,
small leap to extend it to accidents related to the use of a car off the premises of the caregiver when the access to the car was controlled on the premises, and the accident does not involve the intentional harmful conduct that makes courts very reluctant to extend liability beyond the immediate actor.

IX. CONCLUSIONS

Tort law must compensate injured individuals and deter dangerous behavior, while not discouraging desirable behavior. In general, the courts hold PWDs liable for their torts. While some scholars have argued that the mentally impaired should not be liable for their torts, this position leads to the demand for a police power regime that confines or otherwise controls the risky behavior of the mentally impaired outside of the tort system. This is an unjustifiable denial of the autonomy of PWDs who can still function, at some level, in the larger world. While the rule that PWDs are liable for their torts is generally workable, it has unintended consequences when applied in the professional care setting. When the patient has either been confined or sought care precisely because he or she can no longer care for him/herself, it seems unjust to hold the patient liable when caregivers are injured.

At the same time, the tort law is reticent to hold caregivers liable for the injuries that persons in their care inflict on others. There are two main exceptions: 1) when the caregiver is on notice of the dangerous propensities of his charge and has assumed control of the person’s actions; and 2) when the caregiver assumes the duty by trying to prevent the dangerous activity, but fails. This rule and its exceptions provide insufficient incentive for informal caregivers to take steps to protect the public from PWDs, and it may actually

\[ \text{Id.} \text{(quoting Zamstein v. Marvasti, 692 A.2d 781, 786 (Conn. 1997)).} \]

\[ 128 \text{For a review of these theories, see Sarah Light, Note, Rejecting the Logic of Confinement: Care Relationships and the Mentally Disabled Under Tort Law, 109 YALE L.J. 381 (1999).} \]
discourage such efforts because the courts may see these steps as creating a duty where one would not otherwise exist. A more rational policy would impose liability for inaction, but near-immunity for caregivers who attempt to prevent injury but nonetheless fail.

As other papers in this symposium have noted, PWDs pose very difficult legal planning and client counseling problems. In tort law, a central lawyering problem arises when the progression of a client's dementia between the occurrence of the tort and the subsequent litigation renders him unable to participate in his or her own defense. Courts should develop procedures to minimize the adverse impact of dementia on the defendant's case. Insurers, who are involved in accident cases long before litigation counsel, should develop legally admissible procedures to document the mental status and functional capacity of PWDs as soon after accidents as possible. This will help show the jury that the defendant at the time of the accident was competent, even where that competency evaporates by deposition and trial.

One of the central problems with establishing policies for PWDs is the dearth of information about the relationship between dementia and risks to third parties for both negligent and intentional torts. For example, it might be possible to develop driver recertification tests that would identify impaired drivers before they are grossly impaired.127 And it might also be possible to determine if all drivers should be recertified more often after a certain age, or whether everyone over a certain age who has an accident should be evaluated for possible impairment. The objective of these measures would be to tailor the narrowest restrictions on PWDs that are consistent with public safety. But the state can develop only such measures if it systematically collects data on who has been diagnosed with conditions such as Alzheimer's disease and how their accident rates compare with the general public and with known risk groups such as teenage boys. Only through a combination of careful studies on the impact of Alzheimer's disease on individuals and society and the impact of tort law on PWDs and their caregivers can

127 See, e.g., David T. Levy et al., Relationship Between Driver's License Renewal Policies and Fatal Crashes Involving Drivers 70 Years or Older, 274 JAMA 1026 (1995).
the United States develop a humane and efficient tort policy that meets the needs of both PWDs and society.