STATE OF MINNESOTA
IN COURT OF APPEALS
A20-1246

In the Matter of the Civil Commitment of:
Nicholas Scott Thompson.

Filed March 15, 2021
Affirmed
Segal, Chief Judge

Jackson County District Court
File No. 32-PR-20-9

Jennifer Thon, Steven D. Winkler, Warren J. Maas, Jones Law Office, Mankato, Minnesota (for appellant Nicholas Scott Thompson)

Keith Ellison, Attorney General, Drew Bredeson, Assistant Attorney General, St. Paul, Minnesota (for respondent Minnesota Security Hospital)

Thomas J. Prochazka, Jackson County Attorney, Jackson, Minnesota (for Des Moines Valley Health and Human Services)

Considered and decided by Segal, Chief Judge; Johnson, Judge; and Larkin, Judge.

NONPRECEDENTIAL OPINION

SEGAL, Chief Judge

Appellant challenges a district court order authorizing medical staff to involuntarily administer neuroleptic medication, arguing that the record does not support the finding that the administration of neuroleptic medication is reasonable and necessary. We affirm.

FACTS

In July 2018, an individual called 911 and informed dispatch that a person required medical assistance. Law enforcement responded to the address provided and found appellant Nicholas Scott Thompson's mother deceased as a result of strangulation. Thompson was charged with second-degree murder, but was found not competent to stand trial due to mental illness. In March 2019, Thompson was civilly committed as a person with mental illness for a period of six months. In September 2019, his commitment was continued for an additional six months, and was continued again in April 2020 for an additional 12 months. This court affirmed Thompson's most recent continued commitment. *In re Civil Commitment of Thompson*, No. A20-0805 (Minn. App. Nov. 9, 2020).

In July 2020, Thompson's treating physician at St. Peter Regional Treatment Center, Dr. Joshua Griffiths, filed a petition seeking a court order authorizing the involuntary administration of neuroleptic medication pursuant to Minn. Stat. § 253B.092, subd. 8 (2020). At the hearing on the petition, the court heard expert testimony from two witnesses, Dr. Griffiths and Dr. George Komaridis, the court-appointed examiner. Both agreed that neuroleptic medication was the best available treatment option. Thompson presented no opposing expert testimony. The district court granted the petition and authorized the administration of neuroleptic medication. Thompson now appeals.

DECISION

When reviewing a district court's order to administer neuroleptic medication, this court "review[s] the record in the light most favorable to the district court's decision" and

will "affirm the district court's findings unless they are clearly erroneous." *In re Civil Commitment of Raboin*, 704 N.W.2d 767, 769 (Minn. App. 2005). "When the findings of fact rest almost entirely on expert testimony, the district court's evaluation of credibility is particularly significant." *In re Civil Commitment of Janckila*, 657 N.W.2d 899, 904 (Minn. App. 2003).

If a patient refuses to take neuroleptic medication, the medication may not be administered without a court order, except in an emergency. Minn. Stat. § 253B.092, subd. 8(a). In evaluating a petition for authorization of the involuntary administration of neuroleptic medication, the district court must first consider whether the individual has the capacity to make a decision regarding the administration of neuroleptic medication. If a patient lacks the capacity to make a decision, the district court must then determine whether "a reasonable person would" agree to take the medication. *Id.*, subd. 7(c) (2020).

In making this determination, the district court must consider: "(1) the patient's family, community, moral, religious, and social values; (2) the medical risks, benefits, and alternatives to the proposed treatment; (3) past efficacy and any extenuating circumstances of past use of neuroleptic medications; and (4) any other relevant factors." *Id.*

Ultimately, a person "seeking to administer neuroleptic medications must prove by clear and convincing evidence that such medication is necessary." *In re Civil Commitment of Breault*, 942 N.W.2d 368, 378 (Minn. App. 2020) (quotation omitted). If this standard is satisfied, the district court may authorize the involuntary administration of neuroleptic medication. Minn. Stat. § 253B.092, subd. 8(e).

Here, the district court determined that Thompson lacked the capacity to make decisions regarding the administration of neuroleptic medication.[1] The district court then determined that the administration of neuroleptic medication was "both reasonable and necessary." In doing so, the district court observed that the administration of such medication was not experimental, that there were no available alternative treatments, and that the medication may decrease Thompson's symptoms and "allow him to have more flexibility in his thinking." The district court further determined that the benefits outweighed the risks, and that because Thompson is in good physical health and would be monitored by medical staff, the risk of Thompson experiencing side effects was relatively low. Finally, the district court found that there was no evidence that Thompson had any moral, religious, or social values related to the administration of neuroleptic medication.

Thompson argues that the record does not support the district court's determination. He argues that administration of neuroleptic medication is neither reasonable nor necessary because of the inherent risks associated with neuroleptic medication and because the district court clearly erred by finding that there were no available alternative treatments. The district court's order, however, is supported by the testimony of both Dr. Griffiths and Dr. Komaridis, and Thompson offers no contrary evidence.

[1] Thompson's appeal initially included the argument that the district court failed to make sufficient findings on the question of Thompson's decision-making capacity because the court did not identify the evidentiary burden it applied when making the determination. *See In re Civil Commitment of Spicer*, 853 N.W.2d 803, 810 (Minn. App. 2014) (requiring the district court to make "sufficiently particular findings of fact on the key issues"). At oral argument, however, Thompson's counsel abandoned this argument and acknowledged that the district court did identify the evidentiary burden it applied.

Turning first to the question of whether the administration of neuroleptic medication is reasonable, the district court acknowledged the risks associated with neuroleptic medication, but determined that the potential benefits outweighed those risks. The district court based this finding on the testimony of Dr. Griffiths, Thompson's treating physician. Dr. Griffiths testified that "the most likely outcome" of administration of the medication would be to decrease Thompson's delusional beliefs, allow Thompson to think more flexibly, and possibly restore his competency to assist counsel and allow his criminal case to proceed. He acknowledged that the administration of neuroleptic medication carried a risk of side effects, but testified that there was no reason to believe that Thompson was particularly susceptible to side effects based on his age and overall health. Dr. Griffiths also testified that the potential risk of side effects would be further mitigated by the fact that Thompson would be monitored by medical staff who would be able to intervene in the case of an adverse reaction. On this record, we discern no clear error in the district court's finding that the potential benefits of the administration of neuroleptic medication outweighed any potential risks.

Turning to his second argument, Thompson maintains that the district court erred by finding that there were no alternative treatment options available. He claims that group therapy tailored to restoring competency is an available option. This is an option that was offered to and declined by Thompson. Dr. Griffiths testified that Thompson did not believe he was suffering from delusional beliefs and was thus resistant to any treatment that did not align with those beliefs, including alternatives to neuroleptic medication such as therapy tailored to restoring his competency. This type of therapy was therefore not an

available treatment option. Dr. Griffiths ultimately testified that the administration of neuroleptic medication was the best treatment available.

Dr. Komaridis, the court-appointed examiner, similarly testified that the administration of neuroleptic medication was necessary. He testified that treatment with neuroleptic medication was "the only available system at this point that . . . seems to have any merit" to treat Thompson because talk and behavioral therapy were not effective. He opined that Thompson's treatment was at a "very large impasse" and that there would be no "movement" or "improvement" in his psychological condition without the administration of neuroleptic medication. Thus, both Dr. Griffiths and Dr. Komaridis testified that the administration of neuroleptic medication was necessary to treat Thompson's delusional disorder because other forms of treatment were ineffective. We therefore reject Thompson's argument that the district court erred in finding that there were no available alternative treatment options.

We thus conclude that the district court's determination that the involuntary administration of neuroleptic medication was reasonable and necessary is supported by the record and is not clearly erroneous.

Affirmed.