

March 2025

The Ethics Dispatch

“Functioning as our better selves leads to better outcomes for patients and everyone.”

-- Tarris (Terry) Rosell, PhD, DMin, HEC-C

Hot Topic

Understanding ICE's Legal Boundaries: Five Guidelines for Healthcare Providers

Immigration and Customs Enforcement (ICE) is required to follow specific legal protocols when conducting enforcement actions. These laws and regulations are guided by both the U.S. Constitution and federal immigration law. For medical staff, understanding these guidelines is essential to navigating the challenges posed by potential ICE operations, particularly in sensitive settings like hospitals.

1. Constitutional Protections: The Fourth and Fifth Amendments

ICE officers, like all law enforcement agencies, are bound by constitutional protections, notably the Fourth and Fifth Amendments. The Fourth Amendment protects individuals from unreasonable searches and seizures, while the Fifth Amendment ensures the right to remain silent. As Megan Ulu-Lani Boyanton notes in [The Denver Post](#), “Anybody present in the U.S. enjoys the benefit of the Fourth Amendment.” (Boyanton, 2025). These protections remain in place during ICE enforcement operations, regardless of an individual’s immigration status.

2. Reasonable Suspicion and the Limits of ICE Authority

ICE can only detain individuals if they have reasonable suspicion based on facts learned through an investigation. For example, law enforcement officers cannot detain someone simply because of their race or language. As immigration and criminal defense attorney Hans Meyer states, “Law enforcement officers — and ICE — cannot use things like race as a justification to detain somebody.” (Boyanton, 2025). *The Denver Post* further explains that “ICE’s federal statutory obligations set limits on their authority to be able to conduct certain investigations,” ensuring that enforcement actions are based on facts rather than assumptions or racial profiling.

Moreover, ICE can only act on reasonable suspicion when investigating individuals they believe are in the country unlawfully, and they must develop probable cause through on-site investigation if they encounter others during a raid. Former ICE field office director John Fabbriatore clarifies that “they normally would have targets that they’ve already identified as being in the country unlawfully,” and if they encounter other individuals on-site, they “have to develop your probable cause through

an on-site investigation.” (Boyanton, 2025).

3. The Role of Warrants in Detainment

Unlike criminal cases, which typically require judicial warrants, ICE operates under administrative warrants signed by ICE supervisors rather than judges. As Hans Meyer explains, “In the immigration space, there are no arrest warrants issued by immigration courts because it’s a civil matter” (Boyanton, 2025). This lack of judicial oversight has raised concerns about potential abuses, as administrative warrants do not give ICE the authority to enter private property without consent. Instead, they must obtain permission.

Therefore, during an ICE raid, if no judicial warrant is present, medical staff can refuse entry to ICE into private areas, such as a patient’s room or medical facility. As stated in *The National Law Review*, “ICE agents can only be present in areas open to the public (such as parking lots, reception areas, lobbies, etc.) without a judicial warrant or specific employer consent. Therefore, employers should clearly identify the boundaries of non-public areas with signs such as ‘Private’ or ‘Non-Public Area’ to avoid ambiguity. Once signs are posted, management should explain these ‘new’ boundaries or designations to the workforce, with special emphasis on its explanation to security guards, receptionists, and other public-facing employees.” [National Law Review, 2025](#)).

Sidebar to our Dear Readers: We at CPB strongly encourage you to read the full article “Employer Guidance for Workplace Interactions with ICE,” found here in the [National Law Review](#).

4. Ruses and Collateral Arrests: Legal and Ethical Considerations

While ICE officers are not allowed to enter private spaces, they are allowed to use “ruses” -- false pretenses to lure individuals into interactions that may lead to arrests. Or, according to [Merriam-Webster](#), “wily subterfuge.” (Merriam-Webster, 2025). Almost unavoidably, permitting ICE officers to employ “wily subterfuge” can easily cross ethical lines when it becomes coercive or intimidating.

The Denver Post highlights that “When a person that they’re looking for isn’t there, [ICE officers] contact everybody else in that place ... and coerce them into speaking, and then use the information against them to justify their arrest.” (Boyanton, 2025). This practice, known as collateral arrests, raises concerns about the ethical treatment of individuals who may be detained without their consent.

This is particularly concerning in sensitive healthcare environments, where vulnerable populations may already feel overwhelmed or fearful of legal authorities. As noted by Meyer, “when you have officers or law enforcement threatening that ‘If you don’t talk, this is what I’m gonna do to you’ — that’s a different question. That’s where we move into intimidation and coercion, as opposed to a ruse.” (Boyanton, 2025).

5. The Right to Healthcare and Ethical Obligations

Regardless of immigration status, individuals in the U.S. are entitled to constitutional protections, which include the right to be free from unreasonable searches and seizures. This protection is fundamental in healthcare settings, where medical professionals have an ethical duty to provide care to all patients without discrimination.

In the context of ICE enforcement, medical professionals must stand firm in their commitment to providing care to those in need, regardless of their legal status. *The Denver Post* underscores the importance of upholding these rights, stating, “During an immigration enforcement operation, the Fourth Amendment still stands, regardless of a person’s immigration status.” (Boyanton, 2025).

The principle of beneficence, which requires medical professionals to act in the best interests of their patients, aligns directly with the need to ensure that immigration enforcement does not prevent people from seeking necessary medical care. Similarly, the principle of justice, which emphasizes fairness and equality, mandates that all patients be treated with equal dignity and respect, irrespective of their background or immigration status.

Conclusion: Navigating ICE Enforcement in Healthcare Settings

As ICE enforcement actions increasingly target locations like hospitals, it is essential that healthcare providers remain vigilant about patient rights, constitutional protections, and the ethical principles of beneficence and justice. Understanding ICE's legal framework and knowing when medical professionals can assert their rights to protect patient care are critical for safeguarding both patient well-being and the integrity of healthcare settings.

Healthcare providers must continue to put patients first, ensuring that fear of ICE enforcement does not deter individuals from seeking the medical care they need. In this complex and evolving landscape, medical staff must prioritize patient safety, uphold their ethical duties, and advocate for the protection of vulnerable populations.

Sources:

[Employer Guidance for Workplace Interactions with ICE](#)

[ICE raid rules as immigration enforcement ramps up under Donald Trump](#)

[RUSE Definition & Meaning - Merriam-Webster](#)

Bioethics in the News



[A Bioethics Fireside Chat: Dr. Anthony Fauci on His Legacy, Public Health and Evidence-Based Leadership | Columbia University School of Professional Studies](#)



[RFK Jr. gets 'informed consent' on vaccines completely wrong | STAT](#)



[Mayo Clinic dairy-sponsored research raises conflict concerns | STAT](#)

Case Study: Ethical Dilemma in Cancer Treatment

Immigrant Caregiver Mother Fears Visit to Hospital

Eve Rodriguez is a 24-year-old female diagnosed with stage two breast carcinoma. She recently underwent surgery, and her oncologist has recommended chemotherapy, explaining that without it, her tumor is likely to return and pose a more significant threat to her life. Eve strongly desires to undergo chemotherapy, viewing it as the best chance to save her life. However, she is currently in a very weak state and requires constant care and support.

Eve's mother, Gloria, is her primary caregiver and sole means of transportation to medical appointments. An immigrant from a foreign country, Gloria has been hesitant to accompany her daughter to the hospital. She is deeply concerned due to recent experiences of friends and acquaintances who have encountered difficulties with U.S. Immigration and Customs Enforcement (ICE). Fearing potential issues with the federal government, Gloria is afraid to visit the hospital, which in turn prevents her from driving Eve to her chemotherapy appointments.

Eve, who has a strong emotional bond with her mother and trusts her implicitly, has made the decision to forego chemotherapy because she does not want to be cared for by anyone other than Gloria. As a result, she is unwilling to pursue the life-saving treatment that her medical team recommends.

The medical team is extremely concerned about Eve's decision and has reached out to the ethics committee for guidance on how to navigate this situation.

Ethical Musings

In and Out Groups: Understanding Our Fear of the Other

Humans are inherently social creatures. A large majority of people live and exist in communities, cultural identities, organizations and more.

Entire organizations thrive because of people's desire to understand what groups they belong to. Companies like Ancestry.com, 23andMe, and other genetic heritage businesses have built their models around people's curiosity about their origins. People naturally want to know which groups they are part of and, from that understanding, they also learn who is not in their group. This natural human tendency leads to the idea that some people are "in" your group and others are "out." Those who are not in your group become the "others."

A Source of Essential Diversity

Fear of the "other" is incredibly common. This fear likely arises from a deeper and more fundamental fear of the unknown. Humans tend to fear things they don't understand or things that are unfamiliar to them. Throughout history, people have invented superstitions and irrational fears about what they cannot comprehend, and often this includes people from different backgrounds. Different cultures, languages and customs can become sources of fear.

This is why nostalgia exists; it's a desire for the familiar and the understood. People are often more comfortable with what they know, and they fear changes that challenge that comfort. When a community sees a large influx of new people, especially those from different cultures, there can be a lack of understanding that leads to fear. But the reality is, they are just people.

Cultures change, times change, and diversity allows society to adapt and survive.

Life must not only survive today's challenges but also those of tomorrow. This is the very essence of sexual reproduction – the creation of diversity. While sexual reproduction is more complex and difficult than asexual reproduction, its benefits are clear. It produces a new, diverse generation with a greater chance of survival. Without diversity, entire populations can be wiped out by a single disease.

Or Better Safe Than Sorry

There is understandable justification for fear of the unknown and the “other.” Diseases and viruses can have a devastating impact on a community, and herd immunity is one of the best means for protecting a group. New people might bring diseases to which the community has not yet developed immunity. New cultural elements could potentially disrupt the lives of the population.

One could argue that the “fear of the other” is a protective measure, ensuring the safety of the known group at the expense of the “other” group. It's a form of thinking driven by anxiety about the unknown, i.e. better safe than sorry.

However, many of the advances of modern society have alleviated these concerns, turning a once-legitimate fear of the “other” into an irrational one. Modern medicine, antibiotics, and vaccines have greatly reduced the fear of introducing new diseases. Communities have also become more resilient, preserving their customs and traditions while adapting to changing times.

Benefiting from Diversity

Finally, it's crucial to reconsider what it means to be an “other.”

Every person is an “other” to someone else, and every culture is foreign to another. We now live in the most hyper-connected world in human history. We can make a phone call and speak with someone in Nepal instantly. We can order goods from Kenya and have them arrive in a few weeks. A social media trend can start in Chile and have Americans participating within minutes. This global connectivity has reduced the impact of the “other.” This interconnectedness creates a world where populations are more informed, interdependent and closely linked than ever before.

Instead of fearing the diversity of others, we should embrace it, invite it into our communities, and benefit from the richness it brings. Like sexual reproduction, when “others” join the group, the new generation is inevitably changed. But this change strengthens the original group, making it more adaptable, safer, and better prepared to survive the unknown challenges of the future.



**You Are Invited to the 1st Quarterly
Ethics Committee Consortium (ECC)
Discussion Meeting**

**Tuesday, April 8, 2025
12 Noon CT**

Quarterly **Ethics Committee Consortium (ECC)** Discussion Meetings are an opportunity for those passionate about medical ethics to connect, learn, and share ideas with peers across the field -- across the country.

The ECC brings together professionals whose organizations partner with CPB for ethics services. These professionals are from diverse hospital and healthcare systems and collaborate on important bioethics issues.

Since your healthcare organization partners with CPB for ethics services **these ECC meetings are free for you and your co-workers via conferencing. Registration information coming soon.**

Ethics Committee Consortium Resources

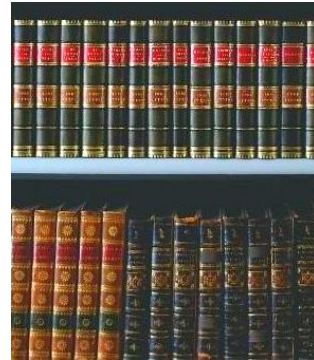
[All ECC Resources](#) *bookmark this page*

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