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The Seventh Circuit's recent decision in *United States v. Hudson* navigates complex Fourth Amendment issues within the context of medical emergencies and law enforcement intervention. This case focuses on the complexities involved when the duties of medical personnel and police officers intersect.

The case began on an early morning in January 2022, when Javares Hudson arrived at Carle BroMenn Medical Center seeking emergency treatment for a gunshot wound to his buttocks. The events that unfolded during his treatment raised significant legal questions about privacy, medical ethics, and law enforcement boundaries. As Hudson was being treated, a police officer investigating the related shooting incident, Officer Benjamin Smith, followed Hudson to the hospital to gather more information and secure any potential evidence related to the shooting. While Hudson was in a treatment room, the medical staff noticed that he appeared to be concealing an object in his mouth. Despite their requests, Hudson initially refused to reveal or remove the object, which raised concerns among the medical staff regarding both his immediate medical care and the potential legal implications of what he might be concealing. The object, which took nearly twenty minutes for Hudson to spit out after repeated requests by the medical staff, turned out to be a device used to convert a semi-automatic Glock pistol into a fully automatic firearm. This discovery prompted charges against Hudson for possession of a machine gun, as defined under federal law, leading to a complex battle over the evidence obtained during his medical treatment.

After being indicted, Hudson moved to suppress the evidence of the firearm conversion device. He argued that the actions of the medical staff, who had insisted he remove the object from his mouth, constituted a warrantless search because they acted as agents of the police. The district court denied this motion, ruling that the medical staff had acted independently from law enforcement and were primarily concerned with Hudson's medical care and safety.

The Court has established that the defendant bears the burden of proving that a private individual acted as an instrument or agent of the government in conducting a search. To meet this burden, "a defendant must prove some exercise of governmental power over the private entity, such that the

private entity may be said to have acted on behalf of the government rather than for its own, private purposes.” There are two critical factors to assist courts in the analysis: 1) “whether the government knew of and acquiesced in the intrusive conduct,” and 2) “whether the private party’s conduct was done with the purpose of assisting law enforcement or to further its own ends.”

Other useful criteria consider whether the private actor acted at the request of the government and whether the government offered the private actor a reward. In this case, the district court found that each of these factors pointed to the nonexistence of any agency relationship.

On appeal, the Seventh Circuit grappled with determining whether the district court correctly concluded that the medical staff did not act as government agents when they insisted that Hudson expel the item from his mouth. The Seventh Circuit affirmed the lower court’s decision, emphasizing that Fourth Amendment protections against unreasonable searches and seizures do not apply to actions taken by private citizens—like medical staff—unless they are acting under the direction of law enforcement as agents of the government.

Hudson’s argument focused on the “acquiesced” language of the first factor, arguing that Smith clearly knew of and acquiesced in the medical staff’s actions because Smith maintained a constant presence both inside and outside the emergency room and stood by while staff directed Hudson to spit out the item. However, the Court made clear that knowledge and inaction alone are insufficient to establish an agency relationship. The mere fact that the police witness a private party’s search does not transform the private party into a governmental agent. Mere knowledge of another’s independent action does not assign secondhand responsibility absent some showing of consent and the ability to control. Passive acceptance by the government is not enough.

While the court agreed that Smith had some degree of interaction with medical staff, the lower court did not err in discounting this interaction. Smith did not attempt to induce medical staff to act or otherwise manifest any ability to control their actions. The court’s analysis focused on the interactions between Officer Smith, the medical staff, and Hudson during the incident.

First, highlighting the independent purpose of medical staff: The court found that the medical staff’s primary concern was Hudson’s medical care. Their insistence on Hudson removing the item from his mouth was driven by immediate health concerns, particularly the risk of Hudson swallowing or choking on the item, which could complicate his medical emergency.

Next, the Court noted the lack of coercion or control by law enforcement. The court noted that Officer Smith’s interactions with the medical staff did not amount to directing or controlling their actions. While Officer Smith was present and briefly communicated with the staff during the incident, there was no

evidence of coercion or that he exerted any control over the medical procedures.

Finally, considering the Emergency-Aid Exception, the Court found that even if the actions of the medical staff were considered under the direction of law enforcement, the emergency-aid exception allows warrantless searches if they are objectively reasonable to provide immediate aid or prevent harm.

United States v. Hudson reinforces the critical understanding that law enforcement officers must maintain clear boundaries when interfacing with medical personnel. Officers are reminded that their presence in a medical setting does not automatically convert private medical actions into state actions subject to Fourth Amendment scrutiny. The case also highlights the importance of the emergency-aid exception, affirming that actions taken in good faith by medical professionals to treat a patient or prevent further harm are protected, even in the presence of law enforcement.

This decision is a crucial reminder for law enforcement officers of the need to respect the autonomy of medical professionals and the integrity of their medical duties, even during the investigation of a crime. Understanding and respecting these boundaries not only ensures compliance with constitutional protections but also supports the essential collaboration between law enforcement and medical personnel in emergency situations.

[United States v. Hudson](#), No. 23-1108 (7th Cir. 2024)

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