United States Court of Appeals
For the Eighth Circuit

No. 25-2708

John Doe

Plaintiff - Appellee

v.

Hennepin County

Defendant

Hennepin Healthcare System, Inc.

Defendant - Appellant

Shireen Gandhi, Minnesota Department of Human Services Commissioner, in her official capacity

Defendant

Laura Sloan, M.D., in her individual capacity

Defendant - Appellant

KyleeAnn Stevens, M.D., in her individual capacity; Joshua Griffiths, M.D., in his individual capacity

*Defendant*s

Appeal from United States District Court
for the District of Minnesota

Submitted: May 13, 2026
Filed: September 23, 2026

Before L.R. SMITH, BENTON, and STRAS, Circuit Judges.

STRAS, Circuit Judge.

John Doe believes that a psychiatrist deliberately disregarded his medical needs during a mental-health crisis in jail. The complaint does not plausibly allege deliberate indifference, however, so we reverse the order denying qualified immunity.

I.

While in jail for allegedly assaulting his father, Doe experienced a psychotic episode. Nurses from Hennepin Healthcare Systems, Inc., evaluated his condition when he arrived, but he refused to answer their questions or discuss treatment options. He even turned down medication for "benzo[diazepine] withdrawal," which they thought was the source of his symptoms.

Deputies, on the other hand, placed him in administrative segregation for his "non-cooperative" behavior. Over the next few days, his actions grew more erratic. Examples included staying up all night screaming, walking around his cell, and banging on the walls. Still, he refused to discuss his condition with the nurses.

About ten days after he arrived, a mental-health nurse debated whether to send him to the Hennepin County Medical Center's acute psychiatric ward. He ultimately decided against it because Doe was "not a danger[,] . . . appear[ed] healthy," and was not suicidal. He kept him under observation instead.

Two weeks later, Doe ended up on suicide watch because he refused to "eat or respond verbally" to questions, continued to talk to himself, and was "not able" to answer whether he felt suicidal. Once deputies thought Doe was "at risk of serious harm from dehydration, starvation, and potential injury," they had Dr. Laura Sloan, a psychiatrist, see him. According to her notes, Doe was "disorganized . . . , delusion[al], [and made] odd statements." He was also "disheveled and minimally interactive." But he "ha[d] been eating," which she could see from the "multiple wrappers and apple cores in his cell," and he spoke to her "at times with clear, organized speech." She thought "substance [ab]use" might have been to blame, which is why she opted for "continue[d] . . . monitor[ing]" over immediate transfer to an acute psychiatric ward.

In the weeks that followed, Doe's condition deteriorated further. He stopped eating and drinking, which led to a "thin, disheveled[,] and malodorous" appearance. At that point, Dr. Sloan transferred him to Hennepin County Medical Center's acute psychiatric ward for in-patient treatment. Although he had lost about 20% of his body weight while in jail, his condition improved once doctors were able to reintroduce his medication. Within a week, due to the progress he had made, the hospital discharged him.

Dr. Sloan saw Doe three days after his return. She noted that he "presented as calm, pleasant, cooperative[,] and organized." Little changed for the next few months until a state judge ordered a transfer to the Minnesota Security Hospital for sustained, long-term psychological treatment. *See* Minn. Stat. §§ 253B.07–09 (allowing a court, after an adversarial hearing, to order involuntary commitment and long-term "treatment" for a person "who poses a risk of harm due to mental illness"). Delays in admission, however, left Doe in jail for over a year longer.

In the meantime, his mental-health problems resurfaced once he stopped taking his antipsychotic medication, which led to a move to a "psychiatric[-]unit cell." When he continued to resist treatment, Dr. Sloan successfully requested a court order allowing her to forcibly administer it. *See Jarvis v. Levine*, 418 N.W.2d

139, 144–47 (Minn. 1988) (holding that doctors must seek judicial review before forcibly administering antipsychotic medication); Minn. Stat. § 253B.092, subd. 8 (laying out the procedures for getting it).

Unhappy with the medical care he received, Doe filed a lawsuit in federal district court alleging, as relevant here, that Dr. Sloan was deliberately indifferent. *See* 42 U.S.C. § 1983. At the motion-to-dismiss stage, the district court denied qualified immunity. The question is whether it should have.[1]

II.

The general rule is that there is no right of immediate appeal from the denial of a motion to dismiss. *See Swint v. Chambers Cnty. Comm'n*, 514 U.S. 35, 41–42 (1995). One exception, however, is for qualified immunity. *See Mitchell v. Forsyth*, 472 U.S. 511, 530 (1985). In that situation, we have limited jurisdiction to decide whether it is available, *see Scott v. Harris*, 550 U.S. 372, 376 n.2 (2007), because it "is an *immunity from suit* rather than a mere defense to liability," *Mitchell*, 472 U.S. at 526. Our review in these situations is de novo, *see Sandknop v. Mo. Dep't of Corr.*, 932 F.3d 739, 742 (8th Cir. 2019), but we must treat the allegations in the complaint as true and view them in the light most favorable to the plaintiff, *see Stanley v. Finnegan*, 899 F.3d 623, 625 (8th Cir. 2018).

In deciding whether the district court should have granted Dr. Sloan's motion to dismiss, we can address two questions. "First, do the allegations in the complaint make out a constitutional violation?" *Beard v. Falkenrath*, 97 F.4th 1109, 1114 (8th Cir. 2024). "And second, was the right clearly established at the time?" *Id.* If the answer to either question is "no" based on "the face of the complaint," *Bradford v.*

[1]As for other issues raised for the first time in the reply brief, the argument on them "comes too little, too late." *Hershey v. Jasinski*, 86 F.4th 1224, 1231 n.3 (8th Cir. 2023) ("[P]oints not meaningfully argued in an opening brief are waived." (alteration in original) (citation omitted)).

Huckabee, 394 F.3d 1012, 1015 (8th Cir. 2005), qualified immunity applies.[2] *See Morgan v. Robinson*, 920 F.3d 521, 523 (8th Cir. 2019) (en banc) (explaining that we may answer the questions in either order).

III.

For Doe, a pretrial detainee, the constitutional claim arises under the Fourteenth Amendment, which "extends to detainees at least the same protections that convicted prisoners receive under the Eighth Amendment." *Perry v. Adams*, 993 F.3d 584, 587 (8th Cir. 2021). He alleges that Dr. Sloan was deliberately indifferent to his serious medical needs while "he suffered an extended mental[-]health crisis." *See Leonard v. St. Charles Cnty. Police Dep't*, 59 F.4th 355, 360 (8th Cir. 2023).

"[D]eliberate indifference is a difficult standard to meet." *Id.* (alteration in original) (citation omitted). "[T]he objective component" demands a serious medical need, meaning "one that has been diagnosed by a physician as requiring treatment, or one that is so obvious that even a layperson would easily recognize the necessity for a doctor's attention." *Beard*, 97 F.4th at 1118 (citation omitted). Subjectively, the official must also have known about but deliberately disregarded it, "which is a mental state comparable to criminal recklessness." *Id.* "Only then is the failure to act a 'punishment[].'" *Leonard*, 59 F.4th at 360 (quoting *Estelle v. Gamble*, 429 U.S. 97, 102–06 (1976) (alteration in original)).

[2]Doe believes that county-employed physicians like Dr. Sloan cannot receive qualified immunity. Having rejected this argument before, we do so again. *See, e.g.*, *Perkins v. City of Des Moines*, 168 F.4th 1100, 1105 n.3 (8th Cir. 2026) (declining a similar invitation to "overturn[]" the doctrine of qualified immunity because "we are bound by Supreme Court and Eighth Circuit precedent"); *Cannon v. Dehner*, 112 F.4th 580, 584, 591–92 (8th Cir. 2024) (granting qualified immunity to a state-employed prison doctor); *cf. Davis v. Buchanan County*, 11 F.4th 604, 618, 622 (8th Cir. 2021) (concluding that "*private* physicians" accused of deliberate indifference are not entitled to qualified immunity even if they act on behalf of the state (emphasis added)).

There are two periods when it could have happened. The briefs focus on the first, which was before Doe's transfer to the acute psychiatric ward. The other is after his discharge, while waiting for a bed at the Minnesota Security Hospital. During each, Doe may have had an "objectively serious medical need," but Dr. Sloan did not deliberately disregard it. *Id.* (citation omitted).

A.

Dr. Sloan first met with Doe about three weeks into his jail stay. She knew that a mental-health nurse had already concluded that he was "not a danger and appear[ed] healthy." Her impression was that he had "possible paranoid delusions," but also moments of "clear, organized speech." Her belief was that the symptoms may have been "due to substance [ab]use" and "withdrawal," the same diagnosis the mental-health nurse had arrived at weeks before.

A plausible inference from these allegations, viewing them "in the light most favorable" to Doe,[3] is that Dr. Sloan initially misdiagnosed him. *Beard*, 97 F.4th at 1114. The misdiagnosis *may* have even led to the wrong course of treatment: continued monitoring rather than a transfer to an acute psychiatric ward. *See Estelle*, 429 U.S. at 106–07 (explaining that skipping an x-ray after misdiagnosing a lower-back condition may have been "negligent," but it was not deliberately indifferent). Nothing suggests, however, that Sloan exercised anything other than her "medical judgment" in reaching that conclusion, which is at most "medical malpractice," not "deliberate indifference to [his] serious medical needs." *Id.* After all, the medical evidence in front of her was a mixed bag, with only some of it pointing to a more aggressive approach. Under those circumstances, it was not reckless to try to reintroduce his medication first. *See Christianson v. McLean County*, 176 F.4th

[3]Much of Doe's complaint relies on excerpts from medical reports. Although Dr. Sloan would like us to rely on those reports in their entirety because they were "necessarily embraced by the complaint," *Ashanti v. City of Golden Valley*, 666 F.3d 1148, 1151 (8th Cir. 2012) (citation omitted), the result is the same with or without them.

1076, 1083 (8th Cir. 2026) (explaining that, when medical evidence cuts both ways, it makes for a classic case of medical judgment, not "a refusal to provide essential care" (citation omitted)); *see also Logan v. Clarke*, 119 F.3d 647, 650 (8th Cir. 1997) (rejecting a claim of deliberate indifference when doctors attempted to treat a patient's skin infection "in a reasonable and sensible manner," but efforts were "impeded by [his] apparent inability or refusal to follow their instructions").

Conservative management of Doe's condition ended just a month later. With his symptoms growing worse and "substance-induced psychosis" no longer the likely cause, she ordered him admitted to the acute psychiatric ward at Hennepin County Medical Center, exactly what he claims should have happened before. Even assuming Dr. Sloan negligently treated him during the first visit, she showed "deliberate *concern* for [his] medical well-being" by the second. *Haslar v. Megerman*, 104 F.3d 178, 180 (8th Cir. 1997) (emphasis added); *see Jolly v. Knudsen*, 205 F.3d 1094, 1097 (8th Cir. 2000) (affirming summary judgment for a physician who "saw [the plaintiff] on numerous occasions[,] . . . attempted various corrective actions, and referred [him] to a specialist"). In exercising "independent . . . judgment," medical professionals are allowed to change their minds without raising an inference of deliberate indifference. *Dulany v. Carnahan*, 132 F.3d 1234, 1239 (8th Cir. 1997) (emphasizing that "prison doctors" are as free to "exercise their independent medical judgment" as any other physician). Especially, like here, when new information becomes available.

B.

Treatment of Doe's condition after his discharge from the acute psychiatric ward reveals more of the same. As he acknowledges, the delays in his transfer to the Minnesota Security Hospital were "under the complete and total control of" the Minnesota Department of Human Services, not Dr. Sloan. In the meantime, she continued to treat his psychosis. *Cf. Bailey v. Gardebring*, 940 F.2d 1150, 1155 (8th Cir. 1991) ("[I]f there is nothing that can be done, . . . 'deliberate indifference' is indistinguishable from steadfast vigilance."). For example, when he again stopped

taking his medication, she prioritized restarting it given how much difference it had made. *See Beck v. Skon*, 253 F.3d 330, 333 (8th Cir. 2001) (holding there was no deliberate indifference when "prison officials . . . conscientiously attempted to meet [the plaintiff's] medical needs" but were "continually . . . rebuffed by [his] refusal to comply with recommended treatment"). When it became clear that no amount of persuasion would work, she sought a court order to forcibly medicate him, hardly a deliberately indifferent approach given his refusal to take it. *See Jarvis*, 418 N.W.2d at 149; *see also Brennan v. Cass Cnty. Health, Hum. & Veteran Servs.*, 93 F.4th 1097, 1102 (8th Cir. 2024) (getting an order forcibly medicating a civilly committed individual was not deliberately indifferent).

The complaint is "light on the details" from there. *Beard*, 97 F.4th at 1118. Although Doe returned to the jail's general population, he was still experiencing sleep problems and "anxiety" from the delay surrounding his transfer to the Minnesota Security Hospital, but nothing like before. "Without 'further factual enhancement,'" there can be "no way of knowing" what, if anything, Dr. Sloan may have done wrong, much less how she could have been deliberately indifferent. *Id.* (quoting *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009)).

IV.

We accordingly reverse in part and remand for the entry of judgment on the deliberate-indifference claim against Dr. Sloan.
