

# **What Should We Do with Coerced People?**

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**These slides are posted  
at [ericmathison.ca](http://ericmathison.ca)  
under 'Research'**

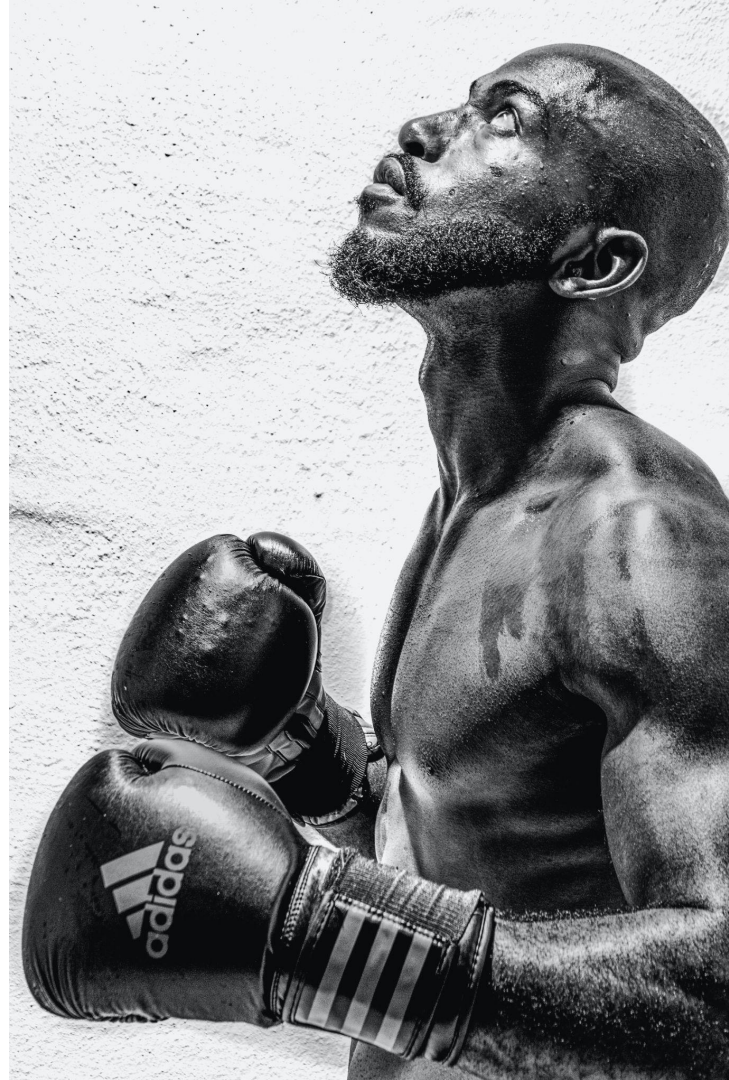
**New paper**



# Background



**Informed consent  
is transformative**





**Informed consent  
is important**

**“The ethical importance of informed consent in and beyond medical practice is, I think, more elementary [than promoting autonomy]. It provides reasonable assurance that a patient (research subject, tissue donor) has not been deceived or coerced.” –Onora O’Neill (2003, p. 5)**





## **Valid Consent:**

- 1) Capacity**
- 2) Information**
- 3) Understanding**
- 4) Voluntariness**

**Coercion affects  
voluntariness**





**Lots of research  
on what  
coercion is**

**Here:**  
**Theory-neutral**

**What should we do if  
we know someone has  
been coerced?**

# Case



**Purposely thin  
description**





- **Patient in his fifties with heart failure**
  - **In a meeting, his cardiologist presents two options: A & B**
  - **A & B are on a par**



**After the cardiologist finishes, the patient's wife says, "You're going to get A, otherwise I'm taking the kids and you'll never see us again."**



- **Context**
- **Serious**
- **Believed seriousness**
- **The patient didn't want to lose his family**

- 1) Coercion**
- 2) Affected voluntariness**
- 3) Threatened valid consent\***
- 4) No other IC criterion was affected**





## **Specifics:**

- 1) A, B, do nothing**
- 2) A & B are both reasonable**

**So now what?**

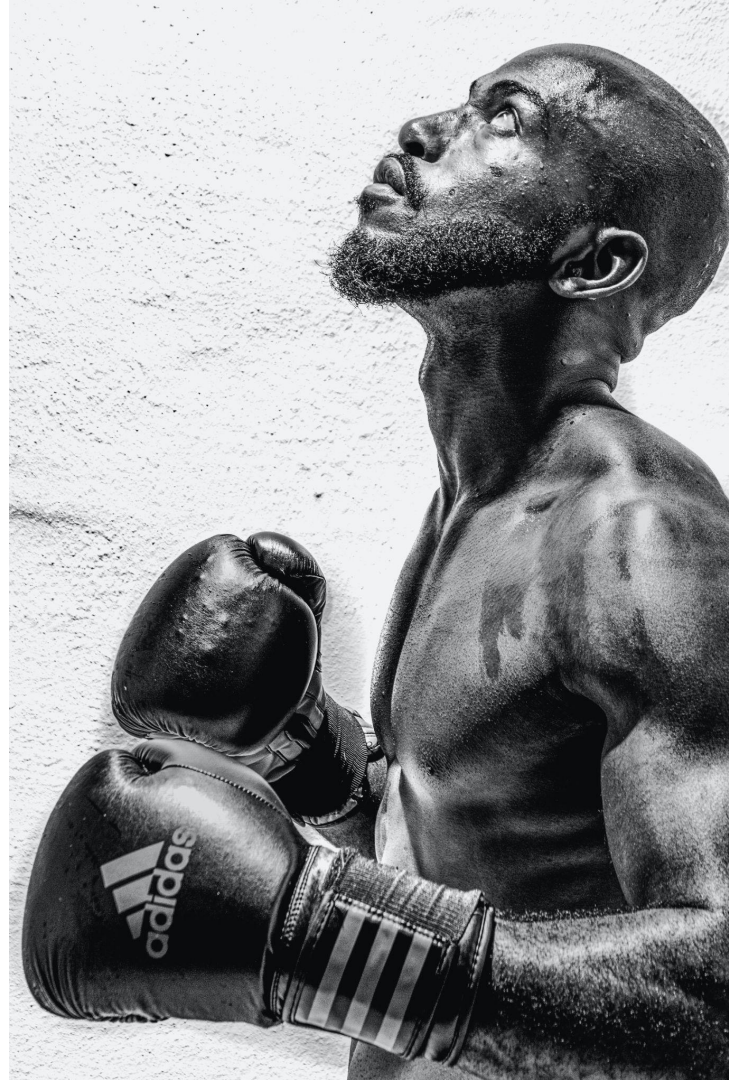
# The Options



# 1) No treatment



**For:**  
**He can't give  
valid consent**







**Against:**  
**He really needs**  
**treatment!**

**Care shouldn't get  
worse because you've  
been coerced**

## **2) Remove the coercion**





**For:**  
**Reasonable**  
**in other cases**

**Against:**  
**Impractical**



### **3) Use a substitute decision maker**





**For:**  
**This is what  
happens in other  
cases where IC is  
impossible**

**Incapable → SDM**

**Involuntary → SDM?**





**1) Against:**  
**Impractical**  
**(can't be his wife)**

**2) Against:**  
**Further limits his**  
**autonomy**





**3) Against:**  
**What is the SDM**  
**adding?**

**Suppose the patient's  
spouse will leave him if he  
doesn't get A, no matter  
the reason**

**The SDM should take  
the threat into  
consideration**

**The threat is relevant for  
the patient's values and  
best interest**



**Does this mean the  
SDM is also  
coerced?**

**4) Proceed  
as usual**





**The best option based  
on a powerful argument**



**1) For:**  
**All the other**  
**options are worse**

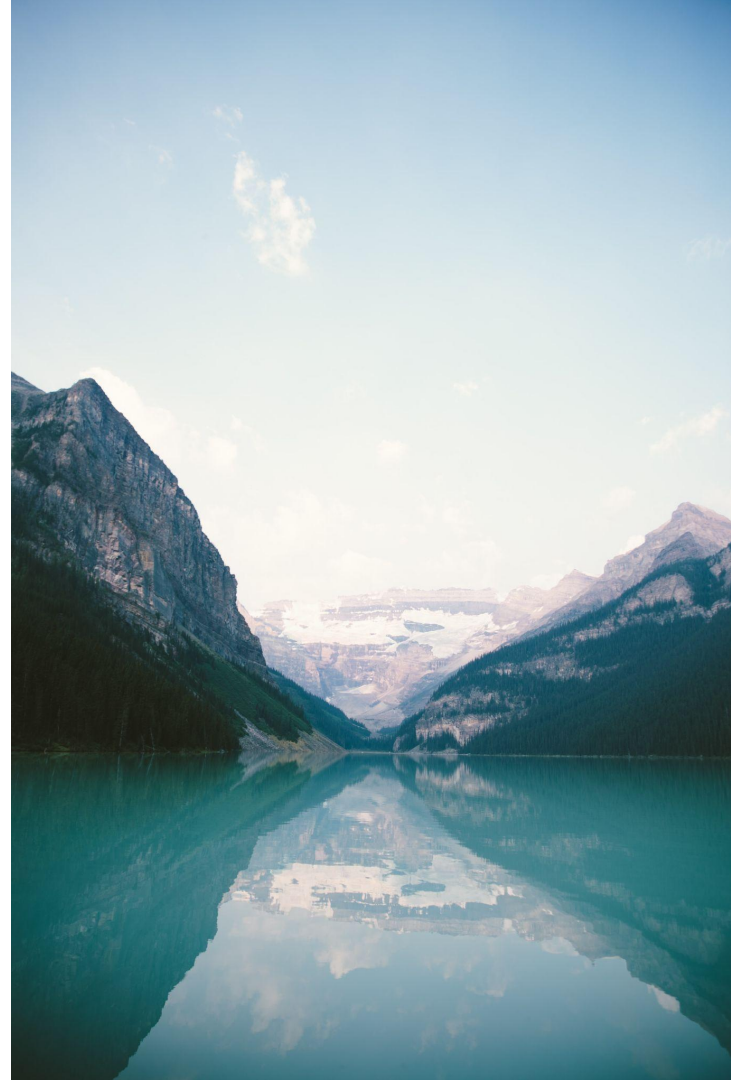
**2) For:**  
**He can weigh the  
options in light of  
the threat**





**3) For:**  
**It would be wrong**  
***not* to get his**  
**consent**

**Against:**  
**It isn't valid**  
**consent!**



# Valid Consent



**My claim:**

**The patient's consent  
is still required**

**Consent, not merely  
following his  
preferences**



**But how can  
proceeding be ethical?**

## **Two Options:**

- 1) He still acts voluntarily**
- 2) Voluntariness isn't necessary for valid IC in all cases**

**Voluntariness *is*  
affected by the threat  
(imagine a more  
serious threat)**

**So, in cases like  
this, voluntariness  
of this sort isn't  
necessary for IC**



**“The ethical importance of informed consent in and beyond medical practice is, I think, more elementary [than promoting autonomy]. It provides reasonable assurance that a patient (research subject, tissue donor) has not been deceived or coerced.” –Onora O’neill (2003, p. 5)**



**This doesn't make  
coercion  
permissible!**

**It means the  
explanation for the  
wrongness of coercion  
isn't always because it  
invalidates consent**

**What should we do  
with coerced  
people?**



**In some cases,  
nothing**

**Coercion makes no  
difference**

# The Case



**The patient was  
coerced and able to  
give valid consent**



**Thanks!**

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