Stephanie Seybert explores possible coercive influences on PAS patients in “The Risk of Coercion in Physician Assisted Suicide. She discusses “greedy” relatives, feelings of worthlessness, and economic concerns. Stephanie concludes that PAS needs to be carefully regulated.

The Risk of Coercion in Physician Assisted Suicide

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Physician assisted suicide [PAS] is currently a hot topic in bioethics. Whether or not it is ethical and should be legalized is being heatedly debated at the moment because of the possibility of its future legalization in more areas. There are many risks that come with PAS, and one of them is the possibility of coercion. The idea of PAS is that patients should be in control of their own deaths, and should be able decide for themselves when they are ready to die. However, certain external pressures may potentially cause patients to choose to die sooner than they would otherwise. This paper will not consider the other potential dangers of PAS or the potential benefits (of which there are many), but will simply address the danger of familial pressures on terminal patients. Because of these pressures, governments should be extremely cautious in their considerations of legalizing PAS and make sure that, if it is legalized, it is very highly regulated.

Family members have emotional power over a terminal relative. The most direct form of coercion is actual flat-out persuasion. From a cynical point of view, PAS has the potential to encourage greed in family members. If an almost-dead uncle’s medical expenses are the only thing keeping a young nephew from getting that brand new Ferrari, there is a possibility that greed could take over. It

is possible that greedy family members may convince terminal patients to choose to die sooner than the patient would have chosen originally simply to save money. From a slightly less pessimistic perspective, there is the chance that family or friends of a terminal patient may not want to see that person suffer, even if they are not ready to die, and might talk the person into committing suicide early. Either way, there are plenty of opportunities for verbal coercion that could cause a patient to choose to die before they are truly ready, robbing the PAS system of its trustworthiness. How is a doctor to know if a patient is being coerced or not?

One case of PAS that delved into the familial coercion factor was that of Kate Cheney, a terminally ill eighty-five-year-old widow. Her daughter, Erika, cared for her and went with her to request the option of PAS from her physician. Multiple psychiatric consultants concluded that Kate did seem to be making the decision by herself, and she received lethal drugs, which were kept by Erika. After Erika took a one-week vacation with her husband and Kate spent a week in a nursing home, she told her daughter that she wanted to use the pills. Her son in law simply asked her when she'd like to do it and within a short time Kate died with her family next to her (1624-25 Hendin and Foley). The article that recounts the story of Kate's decision states:

> The eagerness of her daughter and son-in-law are likely to have influenced Kate's decision. One wonders if the decision would have been different if her family had responded to her request by saying, "We love you and want to keep you at home and care for you as long as possible." Sending Kate to the nursing home conveyed that she was a burden to her family. (1625 Hendin and Foley)

Although Erika and her husband did not directly pressure Kate, it is easy to see here that even in non-extreme cases which do not involve greedy family members or scared friends, terminal patients (especially elderly ones) can feel that they are a burden and possibly choose to die sooner because of that feeling of worthlessness.

In some cases, coercion might not even come directly from the family, but from finance. One could argue that the people at the highest risk are those who suffer financially. Medical expenses, especially those used to prolong life, are extremely expensive. If a terminally ill patient's family is struggling with money, there is a chance that a patient might decide he *needs* rather than *wants* to die sooner in order to help his family. If a man is diagnosed with a fatal and incurable disease and will be able to live for a month or two if given a very expensive treatment, his compassionate family may be willing to pay the expenses in order to allow him his last month. However, if that family is suffering financially and the cost of the treatment will keep a bright child from going to college, there is a very good chance the man will feel guilty and decide that he needs to die sooner so that his family will not have to pay, especially considering he will die anyway. Although this sacrifice can be considered a valiant act, the father is choosing to die because he thinks he *needs* to die, because he believes it is his *duty* to die. Although nobody is directly persuading this man to commit suicide early, the financial pressures are robbing him of his last month on earth. Coercion can exist even without greedy nephews or fearful guardians, and it has the power to kill people before their "time."

Coercion in PAS is an extremely serious issue, and one that is very difficult to moderate without, in effect, mind-reading abilities. It can come from family and friends with malicious motives, a simple lack of enthusiasm, or the financial pressures of supporting a family after death. In any case, coercion has the capability to pressure a terminally ill patient into choosing to die because they feel they *need* to die, rather than because they *want* to die. This defeats the entire purpose of PAS, and changes it from a liberating method of death, which celebrates dignity and autonomy, into a suicide based on financial gain, family pressure, or need. It is incredibly important to exercise caution when discussing the legalization of PAS, because factors such as coercion have the power to rob it of its credibility and need to be monitored closely and heavily regulated.

Works Cited

Hendin, Herbert, and Kathleen Foley. “Physician Assisted Suicide in Oregon: A Medical Perspective.” *Michigan Law Review* 106.1613 (2008): 1624-1625. Print.