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Undue Coercion or Societal Neccessity?

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Emilia Varrone

In 1999, a man with a history of violence and untreated schizophrenia pushed a stranger, Kendra Webdale, into the path of an oncoming subway train. In the wake of her death, New York State passed Kendra's law, or assisted outpatient treatment. Forty-five states have followed suit, allowing courts to mandate treatment and medication for the mentally ill. The law has been exceedingly controversial, seen as either a boon for the families of the mentally ill and the coffers of the state or a violation of patients' civil rights. Let's take a look at a hypothetical case and explore the ethics of mandatory medication:

Patient M has bipolar disorder and has tried what seems like every medication on the market. Finally she ends up on lithium, which seems to help, but mostly M feels confused, weak, and has gained 20 pounds, so she stops taking it.

Sometimes, when patients don't adhere to prescribed medications, it's because they dislike the effects of the medication. Psychoactive medications for illnesses such as schizophrenia and bipolar disorder can be very powerful. These medications can have side effects such as rampant weight gain, dizziness, tremors, muscle spasms, or blurry vision. Some patients have to try a conveyor belt of different medications only to end up taking medications that have the least disruptive but significant side effects. To be coerced into using medications that cause discomfort seems unethical, but on the other hand, the alternative could be Under-medicated individuals can cause undue stress in the home. The benefits of properly medicated individuals are both good for the patient and for the community at large. According to the New York State Office of Mental Health,

assisted outpatient treatment has been shown to reduce homelessness by 74%, suicide attempts by 55%, substance abuse by 48%, hospitalization by 77%, and incarceration by 87%. These dramatic decreases in harmful outcomes may be reason enough to argue that AOT is, at its core, beneficial.

Patient M is disruptive in the home. She is 25 and lives with her parents because she is unable to keep a job due to frequent manic relapses. She refuses to stay on her medication, and when she relapses, she can become violent. A few minor physical incidents have occurred, some with M ending up in jail overnight, but providers worry that next time it won't be so simple.

These laws are controversial for a reason, but they may help identify and help individuals before they end up on the streets. A research team led by Ellen Bassuk found that homeless individuals are twice as likely to meet the criteria for mental illness as the rest of the general population and consequently are less likely to get help. Al Jazeera found that the mentally ill are ten times more likely to end up in prison or jail. We need more early identification programs to prevent mentally ill individuals from ending up lost in the system.

The American medical system is riddled with holes. To demand that a patient take medication should absolutely be restricted to the patients for whom it is necessary, however, these laws appear to result in beneficial outcomes for the community. AOT is a bandage that works, but hopefully someday will be unnecessary if we can implement earlier screenings and comprehensive psychological support. Until then, we have Kendra's law. ●