

It and What Can We Do about It?" *Pharos of Alpha Omega Alpha Honor Society* 69 (2006): 16-23.

4. Chen, *Final Exam*.

5. *Ibid.*

6. E.D. Pellegrino and D.C. Thomasma, *The Virtues in Medical Practice* (New York: Oxford, 1993).

7. P. Chen, "When Nurses and Doctors Can't Do the Right Thing," *New York Times*, February 5, 2009; A.B. Hamric and L.J. Blackhall, "Nurse-Physician Perspectives on the Care of Dying Patients in Intensive Care Units: Collaboration, Moral Distress, and Ethical Climate," *Critical Care Medicine* 35 (2007): 422-29.

8. D.P. Sulmasy, M. Kai He, R. McAuley, and W.A. Ury, "Beliefs and Attitudes of Nurses and Physicians about Do Not Resuscitate Orders and Who Should Speak to Patients and Families about Them," *Critical Care Medicine* 36 (2008): 1817-22.

9. *Ibid.*

10. E. G. Epstein and A.B. Hamric, "Moral Distress, Moral Residue, and the Crescendo Effect," *Journal of Clinical Ethics*, forthcoming.

11. Hamric, Davis, and Childress, "Moral Distress in Health Care Providers."

Cryptic Coercion

BY ILINA SINGH

It's early evening and I imagine that below me, seventeen floors of this anonymous high-rise must be emptying out, workers spun from revolving glass doors into a twilight of routine responsibilities: traffic, transport, what to have for dinner. The eighteenth floor doesn't inspire ivy-covered fantasies about academic nightlife. Psychologists don't get that kind of real estate.

Here on the eighteenth floor, I am waiting for a child participant in my interview study on attention deficit hyperactivity disorder. There are lots of no-shows in this study. The staff smile at me and rush out, probably wondering why I appear to be guarding the door. I like to meet families as they

come in. I don't like them to be greeted by a locked door, to have to pick up the external phone and talk to me through the security system while their ears are still decompressing from the elevator ride. A child can't come into an interview relaxed when the family has had to pass through multiple screening barriers (parking garage, front desk, departmental door) simply to reach me.

George and his mother are late.¹ She apologizes; she went to the wrong building. George is small and lean, a ten-year-old boy of mixed race. He and his mother look exhausted and harried. They have already canceled one appointment with me; his mother felt they ought to attend today even though George has been at a school sports day all day and is hungry. She tells me he's been feeling a bit unwell, too, in the last few days—she is eager to talk about him.

We go into the briefing room and go over the consent forms. George is completely uninterested. I ask mum to engage George in the reading of the form, and she begins to read aloud to him. The language on the form has been rigorously scrutinized for accessibility by the university's institutional review board, but she struggles with it. Should I take over? I don't want to humiliate her. Instead, I launch into an explanation after she has read each item, as though this is the normal thing to do. George ticks the boxes signalling his consent. The last item says something like, "I understand the information on this form, and I want to participate in this study."

George says, firmly, "No."

"What do you mean?" his mother asks, clearly embarrassed.

He appears to waver. "I don't want to do it?"

"Yes, you do."

"I'm tired." His voice is so quiet I can hardly hear it.

"We've come all this way, and we promised this lady you'd talk to her."

I intervene, stressing to George that he does not have to do the interview if he doesn't want to. I tell them both that there will be no negative consequences if they don't participate. I am aware, though, that if George doesn't do this interview, a whole day of recruitment at this site will have been wasted. He is the only eligible child who has turned up on this day.

Mum begins negotiating with George: "You wanted that voucher, remember?"

I cringe. I don't know the technicalities of whether a participant who turns up for an interview but doesn't actually do an interview is eligible for the incentive. And the truth is that my budget for this study is very limited. But it doesn't matter; I have to intervene in maternal coercion. So I tell George he can have the voucher, and I tell his mum that I will pay her the participation fee. It's not a problem, I say; they can go.

George's gaze is moving haphazardly over the walls of the room, and I see it settle on the plate of cookies at the far end of the table. He hasn't seen them before. Normally I would have invited him and his mother to help themselves, but I've been distracted by the difficulties surrounding consent. He says, "Can I have a cookie?"

Ilina Singh, "Cryptic Coercion," *Hastings Center Report* 40, no. 1 (2010): 22-23.

“Of course you can.”

He helps himself to three. His mother begins to tell me how she is trying to get George additional support in school for his ADHD and how difficult that process has been. George is perking up with the sugary calories, and mum is quite chatty. I offer her a cookie, then I take one, too, and we continue to talk for another five minutes.

Then George declares, “Okay. I’m ready for the interview now.”

I feel awkward about this. I remind him that he said he didn’t want to participate. I remind them that they can have the incentive and payment for participation. I remind them that he hasn’t signed the consent form. George slumps down in his chair, and his eyes dart to his mother. He looks weary and uncertain. Sometimes children in this study are a bit hesitant during the consent process. Usually hesitation gives way to enjoyment once the interview starts. George’s mother offers him the pen. He signs the form, and his mother does, too. I check in with him one more time, and with her. Is she okay with George’s decision? She nods and settles back in the chair. “He wants to do it,” she says.

I swipe my ID through yet another secure door, and we enter the office where I will interview George. The formal desk-computer-extra-chair scenario is not an ideal set-up for an interview with a young child. If the child is willing, I like to take off my shoes, and we sit on the floor together. George would rather sit at the desk. He sits on the “visitor” side, and I wheel my chair around so that I’m at a right angle to him. I ask him to move closer to me so that we can look at pictures together while we talk (the interview includes standardized pictures). He scoots over. We are now almost elbow to elbow. George rubs his eyes. They are rather red. I ask whether he has allergies. He nods and squints.

We begin the interview. George is responsive enough at first, willing to talk in general terms about his behavior and people’s reactions to it. After about ten minutes he slows down. He rubs his eyes again and again and blinks hard, as though trying to focus on something in the distance. I wonder whether this is a nervous habit. I ask if he is all right. He says he is; it’s just his allergies.

I continue the interview, struggling to engage George again. I have asked him to draw now, and he is intent on what he is doing, his face bent toward the paper. His eyes close in concentration, his pen poised to add detail to the brain he’s been drawing. I stay quiet for a little while—maybe half a minute—in order to avoid distracting him. Then I ask him a question. He looks up at me, startled. Then his eyes flutter, and close again.

It takes me a few heartbeats to realize that George has fallen asleep. Sitting upright, in the middle of his drawing, so near that I can feel the hot air of his deep breaths on my arm, the child has fallen asleep.

Seconds later he jerks awake again and looks at me, panic-stricken. I assure him that it’s okay, but I am now clear: the interview is over, and it won’t be used as part of my study. George looks very worried. I take him out to his mother and tell her what happened. She looks disappointed.

“Are you sure it’s okay if he stops? He’ll keep going if you need him to.”

“I really *don’t* need him to. I think he needs to get home, have a meal, and go to bed.”

“Will he get the voucher?” she asks. “Will I get the money for coming here?”



Explicit coercion is easy to recognize. Implicit coercion often happens in the quiet spaces of relationship, as part of unspoken needs and expectations that participants and researchers have. Ethical protocols may make us certifiably ethical, but the process of standardization also encourages us to neglect our human capacity for relationship. This makes it easier to overlook the vulnerability of our research participants and consequently, more difficult to properly protect them. George and I had the same initial instinct that this interview should not go ahead, and one of us should have known better than to silence that instinct. In being ethical, I may have forgotten, for a moment, to be human.

1. All names and identifying details of participants have been changed. Some details of the study location have also been changed.