Recently Michael Vernon, a 22 year old man, killed five people entirely unknown to him in a shoe store in the Bronx, New York. Mr. Vernon had previously been diagnosed as a paranoid schizophrenic, and had been in and out of psychiatric hospitals. At the time of his attack in the shoe store, Mr. Vernon was not taking medication he was getting from a mental health clinic. Forty years ago someone with Mr. Vernon's mental problems would probably have spent his entire life in a mental institution. With the development of effective anti-psychotic medications in the 1950's, the States increasingly released individuals with serious psychiatric conditions. As Mr. Vernon's case tragically illustrated, however, once such individuals are free, there is a danger that they may stop taking their medication, with dangerous results for themselves and others. All States now have a procedure called outpatient commitment, which imposes a duty upon discharged mental patients to take their medications, but there are no effective enforcement procedures. Under current law (the decision of the U.S. Supreme Court in the case of O'Connor v. Donaldson) if a patient refuses to take his medication he cannot be forced to do so unless he again indicates through his behavior that he has become dangerous to himself or others (in which case he may be again hospitalized).

Would it be morally justifiable to change the law so that a person with a serious mental illness may be recommitted for treatment if he refuses to take his medication? If so, why? If not, why not?

MODERATOR'S ANSWER: If a person's behavior doesn't indicate that he is a danger to himself or others then there are no morally justifiable grounds for making him take medication. To do so on the grounds that he might present a danger at some time in the future is morally unacceptable. The logic of this ground justifies sweeping therapeutic interventions, extending to any other individuals besides discharged mental patients. In some tragic instances, such as in this case, discharged mental patients, who neglected to take prescribed medications, grievously harmed others. Assuming, however, that their previous behavior didn't indicate danger to themselves or others, they presented no more apparent threat than anyone else, which means that there would have been no more justification for compelling them to take medication than there would have been to compel all the other people who similarly were not apparent threats.

Case from the February 24, 1996 Intercollegiate Ethics Bowl. Copyright Robert Ladenson, Center for the Study of Ethics at the Illinois Institute of Technology, 1996.