



Nudges, or Coercion? “The Option Almost Everyone Chooses”

CLINICAL CASE

Andrés, a third-year internal medical resident, is doing his rotation with Dr. Herrera. Andrés is very motivated and feels that Dr. Herrera is an excellent internist who has taught him a lot and continues to encourage him to conduct research. In fact, Dr. Herrera invited Andrés to participate in a new study on heart failure.

María is 70 years old with no relevant medical history. She arrives at Dr. Herrera's clinic where she sees both the doctor and Andrés. She is evaluated for constipation and a recent test shows she had occult blood in her stool. After reviewing her case, Dr. Herrera determines that the next step is for María to undergo a colonoscopy. However, the patient is hesitant because her neighbor suffered a perforation after having the procedure, and she is afraid she might suffer the same fate. Dr. Herrera insists that a colonoscopy is medically indicated.

Seeing María's reluctance Dr. Herrera explains what the colonoscopy entails, and what the benefits of the procedure are for identifying the possible source of the bleeding and ruling out the possibility of something more severe such as a malignant condition. He tells her that she will be “asleep” during the procedure and states, “this is the option chosen by the vast majority of my patients.” He emphasizes that she will feel more at ease knowing whether or not she has any potentially serious condition. He also states that if she chooses this option, he will be able to schedule it quickly so that “she can be reassured as soon as possible.”

María, visibly nervous, asks Dr. Herrera about other alternatives because she would prefer not to undergo a colonoscopy. Dr. Herrera, again explains that the recommended course of action is the colonoscopy. However, if she declines, they could continue with a follow-up appointment at the clinic and perform some imaging scans, noting that this could still leave some doubts and depending on the results of the imaging study, may still require a colonoscopy.

Andrés, present throughout the encounter, feels that Dr. Herrera's decision has not adequately taken into account María's preference. While, Dr. Herrera has been truthful (i.e., he has not lied), Andrés has the impression that María will end up agreeing to the procedure despite her reservations. Nevertheless, the patient remains unsure and decides to think it over calmly at home and return the following week with her decision.

When María comes back to the clinic, Dr. Herrera asks the resident to start gathering her signature for the informed consent form because he is finishing his rounds. María tells Andrés that she is still unsure of the decision. She asks him to explain the two options and their risks again. Andrés wonders what he should do: whether to insist on the colonoscopy, as Dr. Herrera would, or whether

it would be better to provide a more comprehensive and neutral discussion of the two diagnostic options.

ETHICAL ANALYSIS OF THE CASE

In this interview, the internist is using what is referred to as “nudges” which is a communication strategy designed to influence a patient’s decision while still preserving their ability to choose. Nudges rely on truthful information that does not harm the patient, but rather shapes the decision-making process. At times, nudges are used to encourage patients to choose what healthcare professionals consider the best option, for example, donating blood.

In the situation presented, the patient’s autonomy in her decision is in conflict with the information given by the doctor as it is conditioned and could even be considered somewhat paternalistic. The alternatives have not been presented neutrally, but rather have been framed in a biased manner. Although a colonoscopy is indeed medically indicated and would be the best medical option, María is making her choice based on the preference of the doctor and not so much of her own accord.

POSSIBLE COURSES OF ACTION

The resident tells her that he understands her preference not to undergo the procedure, so he refers her to a primary care physician and explains what the follow-up would be.

Andrés recommends that she seek a second opinion from another internist.

The resident informs Maria of her options completely neutrally, giving her the pros and cons of each option. He then answers all her questions.

The resident apologizes to the patient and asks her to wait in the waiting room until Dr. Herrera arrives.

The resident gives her the informed consent form for the colonoscopy and tells her that Dr. Herrera “has a lot of experience,” so he believes she should have the procedure. He tells her to read it while she waits for Dr. Herrera and then she can give it to him, signed.

The resident speaks with the internist to express his doubts about the information given to Maria. Andrés clearly states to the doctor that María would prefer not to have the colonoscopy, so it would be a good idea to explain this option to her in more detail.

RECOMMENDED COURSE OF ACTION

It is not appropriate for the resident to inform the patient against the advice of the attending physician responsible for her care.

While waiting for Dr. Herrera, you can inform her about both procedures and also give her the informed consent form for the procedure so that she has complete and accurate information.

You can also answer any questions she may have about the colonoscopy and provide further information about the alternatives. In any case, explain to her that the decision must be made with Dr. Herrera.

When Dr. Herrera arrives, Andrés should inform him that Maria still prefers not to have the colonoscopy.

If necessary, Maria may be given a few more days to allow her time to make an informed decision.

The consultation should be a transparent deliberation process, in which the patient's preferences are taken into account for shared decision-making. In cases where there is a clear indication for a particular option, if the patient continues to reject the procedure, it is acceptable to use persuasion, including nudges, always seeking the best option for the patient but respecting their choice if they ultimately decide to reject the procedure.

DISCUSSION

Nudges gained prominence in the healthcare field, when, during the COVID-19 pandemic, the mayor of New York offered a hamburger to all city residents who received the coronavirus vaccine. The intention was that each individual, although still free to decide whether to be vaccinated, or not, would be inclined toward choosing vaccination. Similar strategies have also been used by healthcare professionals. Nudges have been used beyond public health, to curb the overuse of antibiotics, promote healthy eating, or encourage organ donation. In the realm of public health, the goal is to improve collective health. In clinical medicine, the use of nudges must be done carefully to avoid undermining patient autonomy. Nudges should be used to encourage the individuals well-being and should not coerce decision making. The patient must still choose freely.

In this case, the use of nudges in clinical practice is presented, where the patient is *steered toward* the best option. Decision making is between the medical professional and the patient, and must be shared , while being attentive to the patients preferences. Information provided must be truthful and transparent. This does not preclude the possibility of persuasion (including *nudges*, if necessary) in cases of hesitation or rejection, nor does it exclude recommending what is in the best interest of the patient's health. Persuasion through *nudges* is justified when it is believed that the patient is making a decision that could be harmful to their health. With that said, this process of persuasion- including *nudges*- must be carried out without manipulation or coercion.

Sgd.: ASISA-Lavinia Bioethics and Health Law Committee
November 2025