

The Terri Schiavo Case

David B. Fletcher, Ph.D.

Wheaton College, Wheaton, IL

In a few short weeks, a bioethical battle that has raged privately for a decade has burst into public awareness. The Schindlers, parents of a 39 year-old Florida woman, have struggled with her husband, Michael Schiavo, over her fate. Terri suffered a cardiac arrest and stopped breathing one night at home on February 25, 1990. After she was revived, it was found that she was unconscious and a quadriplegic, and she has required artificial nutrition and hydration (AN&H) through a tube to keep her alive. While the Schindlers have been fighting to keep the feeding tube in place, her husband, now living with a fiancé and with one child and another on the way, has maintained that she should be allowed to die by having the feeding and hydration stopped. Complicating the case is that a substantial sum of money hangs in the balance, funds from a successful malpractice lawsuit early on. On October 15, Michael won in court and the AN&H were withdrawn. In the wake of a flurry of 34,000 emails to Governor Jeb Bush, the Florida legislature enacted a special statute authorizing the governor to reinstate the treatment, which was done on October 21. This treatment without a doubt saved Terri's life. Seldom before has public reaction to a bioethics case so directly affected the outcome. Today pro-life and right-to-die supporters are lined up on either side of the debate.

This promises to be another in a series of important end of life cases. In the late 1970s, the Quinlans sought to have their daughter Karen Ann taken off a ventilator and allowed to die. Karen Ann was judged to be in a persistent vegetative state (PVS), and the New Jersey Supreme Court decided that the ventilator could be removed, although Karen lived for some time after this was done on a feeding tube. Feeding tubes became the focus of the Nancy Cruzan case in the 1980s, when the parents of another young woman in PVS asked to have her tube removed. In that case, the United States Supreme Court judged that she could be disconnected from feeding and hydration if convincing evidence could be advanced that this is what Nancy had wanted.

Since that time, many individuals in persistent vegetative states have been allowed to die by the withdrawal of ventilators and feeding tubes, and the general assessment of ethicists and lawyers is that this is permissible, even though such individuals could live for years if such care were provided. "The American Medical Association, the American Academy of Neurology, health insurers, and most Christian ethicists agree that the provision of AN&H is a medical intervention and not simply a part of ordinary, routine care for patients." [1]

In Florida, PVS means "a permanent and irreversible state of unconsciousness in which there is an absence of voluntary or cognitive behavior and an inability to

interact purposefully with one's environment." [2] Is Terri in such a state? Her husband claims that she is, and most physicians who have examined her have agreed, but her parents and other physicians point to a number of behaviors that they believe strongly indicate that she is not in PVS. Certainly she is not functioning well. According to one report,

Her body is rigid and locks up in awkward positions. She keeps her arms drawn tightly up to her neck, her fingers curled tightly into her palms, into gnarled fists. She has not uttered a comprehensible word in more than 13 years. Years of inactivity and her liquid diet have made Terri plump, her features soft and less distinct. Her legs are stick thin. [3]

Nonetheless, her parents and some doctors counter that she is aware of them, responds to affection, questions, and music, and follows objects with her eyes. They believe that with proper therapy, she could someday function at an improved level.

What is the ethical thing to do for patients like Teri Schiavo? Christian thinkers are divided on when persons in PVS must be offered AN&H. Most agree that such therapy is not to be provided to persons in whom death is imminent, or for whom such therapy would be literally futile (that is, unsuccessful in providing the goal of feeding and hydration due to such conditions as complete digestive tract infarction). In cases where treatment is not literally futile, many will argue that feeding and hydration represent basic care and should not be withheld. On the other side, many Christian ethicists believe that AN&H are a medical intervention, not basic care, and are burdensome and costly treatments that offer no real benefit to permanently unconscious patients. They believe that such therapy can be withdrawn without causing suffering to the patient. They argue further that providing AN&H to people who will never recover consciousness is poor stewardship of resources that could be used to help other patients. Most agree that the patient's own wishes to receive or reject such treatment, made known prior to their entering a PVS, should be respected. [4] Unfortunately there is no clear evidence of what Teri wanted.

Should Teri be kept alive? In my opinion there should be a strong presumption in favor of life. Such an attitude runs contrary to the "quality of life" ethic that challenges the sanctity of life ethic that Christianity upholds. Even individuals with a diminished quality of life are entitled to live and to receive support from loved ones and the community. This presumption means that in the absence of clear evidence that she would reject such treatment, we ought to keep her alive and investigate the possibility that she might be improved with therapy. If there is any level of consciousness in Teri as it seems to me that there is, it would be wrong

and illegal to disconnect her from AN&H. I applaud those who have made their opinions known and who have given Teri another chance.

Endnotes:

[1] Robert Cranston, "Withholding or Withdrawing of Artificial Nutrition and Hydration," Center for Bioethics and Human Dignity Website, http://www.cbhd.org/resources/endoflife/cranston_2001-11-19.htm.

[2] http://www.mouthmag.com/issues:77:ndy_schiavo.html.

[3] Hugo Kugiya, "A Life Or Death Issue: Florida woman's fate contested," Newsday, April 13, 2003, <http://www.chicagotribune.com/news/local/ny-lischiavo.1,2683650.story?coll=chi-site-nav>.

[4] See the informative article, Advance Directives and "Do Not Resuscitate" Orders by Robert E. Cranston, http://www.cbhd.org/resources/endoflife/cranston_2001-12-14.htm. See also Gary Stewart (Editor), Basic Questions on End of Life Decisions: How Do We Know What's Right? (Bio Basics Series) (Kregel Publications, 1998).

For more information please contact The Center For Applied Christian Ethics at Wheaton College, Wheaton, IL (630) 752-5886 <http://www.christianethics.org>