

Ethical Reflection Continues Post-Schiavo

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After the death of Theresa Marie (Terri) Schiavo, nee Schindler, a veritable tsunami of books have been published recounting her personality and life experiences, analyzing the court decisions that led to withdrawal of life support, and seeking to express the lessons gained from the acrid legal and ethical disagreements that surrounded her death. Her father and mother, brother and sister, husband, and lawyers involved in the case have all expressed their views concerning the contentious debate which was played out in the national media. William Colby, the lawyer for the family of Nancy Beth Cruzan (whose case drew similar attention in the late 1980s), has written a perceptive study that proposes a way of avoiding potential disputes regarding the treatment of patients in a severely debilitated condition and whose lives could be prolonged indefinitely. Arthur Caplan, James McCartney, and Dominic Sisti have published a collection of ethical analyses and legal decisions that help us understand the thinking of involved participants and the actions of the courts in cases similar to that of Terri Schiavo.

As one who has followed the ethical debate surrounding medically administered nutrition and hydration for over twenty years, I found these texts helpful. Among other things, they contribute to a growing consensus among professional ethicists. Reading the texts, and reflecting upon my long experience as a health care ethicist, I offer the following insights.

Several questions and concerns arise from reading these books (see bibliography below). Let us consider briefly two of the more fundamental questions. First, would there have been some way to avoid the animosity that arose between the Schindler family and her husband, Michael? Or, once the animosity had arisen, would that have been some way to dissipate the feelings that made compromise impossible? Some observe that a clear durable power of attorney for health affairs would eliminate family disputes like the one we saw with the Schiavo case. Colby believes, however, that this is not always the case. While simplistic answers to this question must be avoided, conferences among family members, guided by an experienced counselor, have often proved to be beneficial.

When I was fairly new in the field of bioethics, Father Ned Cassem, SJ, MD, a psychiatrist and Jesuit priest, described a method for helping families in conflict that he often found successful. His advice was to gather the family together, close the door, and tell them no one leaves until all agree upon the therapy that would be best for Mom or Dad, or whoever might be the patient. The chief concern must be for the patient's well-being, not the needs of the bickering loved ones. Often, he would recommend that a particular therapy be used, but only for a specified period of time. If the therapy did not achieve its intended outcome, it would be removed. Over the years, I have used this

Bibliography

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method as a general paradigm, and it does indeed resolve family conflict. It helps, by the way, if the attending physician can participate in these conversations.

The Schindlers and Michael Schiavo evidenced true concern for Terri, but it seems they let their unfriendly relationship with one another obfuscate their mutual responsibilities. There was never an opportunity for guided altruistic decision making as described above. As these books indicate, once questions of medical therapy are given to lawyers or to the courts, an adversarial relationship develops and persists, even after a decision is reached.

The second fundamental question is simply this: Why was there such bitter disagreement over Terri Schiavo's medical condition? Unless some agreement can be reached concerning the medical condition of the patient, reasonable discussion of proper legal and/or ethical procedure is impossible.

The ethical distinction between allowing-to-die and euthanasia depends, for the most part, on the medical condition of the patient. Some observers, without ever examining Terri Schiavo, maintained that she was merely impaired, and that cognitive and physical function could be restored if she were given the proper therapy.

There are widely accepted criteria for discerning the medical condition of people in a prolonged state of coma or unconsciousness. It is apparent that not all of those offering opinions about proper care for Terri Schiavo were familiar with these criteria. The thorough autopsy after her death belied any thought that she would have recovered, given the debilitated state of her brain, especially the cerebral cortex. Hindsight has shown, as it has in other similar cases, that proper treatment decisions cannot be made if there is misunderstanding about a person's medical condition.



Ethics-Related sessions at Catholic Health Assembly

Three sessions at the upcoming Catholic Health Assembly, June 17-19, 2007, in Chicago, will be of particular interest to those seeking further information and education around important ethics-related topics:

Session A3

Justice Across Borders: Stewardship and Health Care for the Undocumented

Providing health care for undocumented residents with long-term health needs is an ethical issue that is informed by Catholic social teaching and the Catholic identity of our organizations. After considering Church teaching and moral principles, the presenter will engage participants in discussions on how Catholic providers ought to respond to the practical issues of caring for undocumented residents of the U.S.

Session C1

"Next Generation" Clinical Ethics Improves Patient Care

The session will explore the Next Generation model of

health care ethics that offers operational leaders and clinicians a tool for gaining measurable improvement in the ethical delivery of patient care. Presenters will show how ethics committees can add value to their organizations by moving beyond traditional case reviews to proactively address the root causes of recurrent consults.

Session D2

Models of Ministry that Strengthen Catholic Culture

This session will examine a new paradigm for understanding and addressing the challenge of strengthening institutional Catholic health ministry. Presenters will outline four models of institutional Catholic identity through which a hospital can serve its constituents, while maintaining a strong Catholic culture that is both distinguishable and inheritable.

For more information about the Assembly and to register, please visit www.chausa.org/assembly.