

## In the Name of Pain

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To be against health is to be for pain because human beings suffer from sickness. But to suffer from sickness is something of a metaphor. We supposedly *suffer* from diseases and disabilities whether or not they are painful. The man standing on the corner pointing the white cane suffers from blindness, but he has no pain in his eyes or anywhere else. The young woman walking to the local deaf club suffers from deafness, but her body does not hurt and she seems perfectly happy. The Iraq war veteran suffers from quadriplegia, although he cannot feel a thing in most of his body.

A disabled body is supposedly a body in pain, and pain represents for most people a source of terror and an affront to human dignity. Nothing seems more horrifying to human beings than to imagine a lifetime of future suffering. Pain is, however, notoriously subjective. The usual observation notes that it is difficult to share pain, that one person cannot really understand the pain of another.<sup>1</sup> But a second difficulty exists—quite the opposite—and it is rarely discussed: how frequently people impute feelings of pain and suffering to other people. It is astonishing how often one person assumes that another person is in pain based solely on appearance or circumstances. Passersby approach the man standing on the corner with the white cane and gush with great admiration over his bravery in the face of suffering and adversity. They blurt out to the young deaf woman that they themselves could not bear such hardship. Complete strangers feel compelled to tell the paralyzed veteran that they would rather be dead than be him. Such reactions may set off feelings of grief in the objects of pity if they are genuinely in pain, but they may just as likely respond with bewilderment to the fact that their happy existence represents a lifetime of suffering to absolute strangers who know nothing about their families, occupations, physical conditions, or daily circumstances. Such is the nature of pain in the human universe. In an instant and with little reflection, pain triggers powerful emotions, opinions, and judgments.

To speak in the name of pain is to resist these bad habits of thought. Pain is a motive force rarely questioned and stunning in its ability to engage us

in or disengage us from the lives of other human beings. It raises money for charities. It drives legislation. It starts and ends wars. It justifies the ending of life and the refusal to begin it. It is at the heart of debates about abortion, assisted suicide, wrongful birth, neonatal testing, end-of-life care, right to life, and mercy killing. The philosophical school of utilitarianism judges life invalid by the quantity of its suffering, but utilitarianism has no premium on the distaste for pain and its use as a measure to make moral judgments.<sup>3</sup> On the subject of pain, there are few non-utilitarians.

What does it mean to speak in the name of pain in such a world? For one thing, it is to court the accusation of masochism. There are those who take pleasure in pain, and some disabled people find in masochism a way to manage their disabilities. For instance, Bob Flanagan, a "super masochist," had cystic fibrosis, a condition that often proves fatal at an early age. His engagement with masochism allowed him psychological and physical control over his body, presumably contributing to his long life span.<sup>4</sup> He died at age forty-three, one of the oldest survivors of the disease. Flanagan's choice is not for everyone, but it does suggest that pain has a more complicated relation to quality of life than most people wish to admit. It is crucial, then, to understand that pain may sometimes actively improve quality of life.

My claim here is not made in the name of masochism. Rather, I speak in the name of pain to reveal that the fear of pain is one of the most pervasive and insidious justifications of disability oppression.<sup>5</sup> Disabled people are stigmatized almost everywhere, carved up by doctors in unnecessary surgeries, and often lose their lives because other people wrongly assume that they are in pain. Furthermore, disabled people who are actually in pain are subjected to the same horrific treatment because they can mount no argument justifying a life in any way thought by others to be painful. Pain is a motive force impossible at the present moment to contradict. A painful life is simply considered a life not worth living. A painful life is easily terminated without objection. A painful life is not thought to be a *human* life, and people with disabilities can be tortured and killed in the name of whatever pain's opposite is—certainly not pleasure, but a panoply of concepts that questions the value of any life possessing even the most meager association with pain.

The use of pain as a motive force to justify disability oppression is most visible in events that make the headlines. No one knows what harm the fear of pain causes in the more quiet and secluded realm of private life, in the everyday occurrences that do not catch wind in the media but remain hidden in small family dramas. The damage must be enormous. Headline events are fewer but knowable. They are global, testifying to the fact that pain holds

sway over moral and political judgment irrespective of cultural belief. They are also controversial, fortunately, and this sometimes creates an opportunity to think about both sides of the question of pain, opposing those who think that pain must always be the deciding factor in quality of life to those rare individuals who take a different point of view.

Recently in the United States, a firestorm of controversy arose around the case of Seattle's Ashley X, sometimes called the "Pillow Angel." Ashley was born with cerebral palsy; she cannot hold up her head, change the position of her body, walk, or talk. She is understood to be profoundly cognitively disabled.<sup>6</sup> But her parents say that she is alert and loves music, that she seems to watch television, vocalizes in response to music and attention, and goes to school. Nevertheless, her parents induced a medical state of permanent pre-pubesence in their daughter at the age of six by surgically removing her breast buds and uterus and by placing her on a high dose of estrogen to stunt her growth. They also had her appendix removed. Their goal is to keep Ashley as small as possible, making it easier both to control her and to move her from place to place. "We call her our 'Pillow Angel,'" her parents explain, "since she is so sweet and stays right where we place her—usually on a pillow."<sup>6</sup>

At the heart of the controversy is the question of whether Ashley's parents are rescuing their daughter from pain or abusing her, but pain remains in either case the deciding factor. When in 2006, the parents went public with the "Ashley Treatment," they found themselves in the middle of a national controversy about the injury of disabled people. Involuntary sterilization and unnecessary surgeries for the convenience of institutions (such as the removal of teeth) have long been discarded as barbaric, but the Seattle Children's Hospital carried out the Ashley Treatment anyway, admitting three years later that its actions were illegal. Activists in the disability community attacked Ashley's parents for violating her human rights and abusing her, and demanded a condemnation of her doctors by the American Medical Association, but no response was forthcoming from either legal or medical authorities. Ashley's parents continue to defend their actions in the name of reducing their daughter's pain, and many people accept their motives because they too fear pain above all else and consequently identify with the desire to rescue the young woman from imagined future suffering. Her parents claim that they are saving Ashley from the pain of menstrual cramps, that having large breasts is "uncomfortable," "could sexualize" her and invite "abuse," that having an appendix places her at a 5 percent risk of appendicitis, that her low body weight protects her against "bed sores," "pneumonia," and

"bladder infections," and that the hysterectomy eliminates "the possibility of uterine cancer and other common and often painful complications" affecting women later in life.<sup>7</sup> Ashley's parents explicitly connect the avoidance of pain and suffering to their daughter's quality of life and state with confidence that God is on their side: "The God we know wants Ashley to have a good quality of life. . . . Knowingly allowing avoidable suffering for a helpless and disabled child can't be a good thing in the eyes of God."<sup>8</sup> To my knowledge, only one commentator questions the sincerity of Ashley's parents on the issue of pain. Patricia Williams asks why, if the avoidance of pain is the deciding factor, Ashley's parents stopped short of performing other invasive medical procedures to protect their daughter against suffering: "Why not remove all her teeth to spare her the pain of cavities? Why not excise her fingernails to spare her the pain of accidentally scratching herself?"<sup>9</sup> Unfortunately, if Ashley's parents had resorted to these procedures, few people would have questioned their motives, so profound is the prejudice against pain.

A painful life is a wrongful life. Not many people seem to disagree with this proposition. Indeed, the idea of a wrongful life lies behind practices that range from those depriving disabled people of their civil and human rights to those justifying their deaths. In France, the idea of wrongful life made headlines when the parents of Nicolas Perruche brought suit against a doctor and medical laboratory for making mistakes that resulted in his mother choosing to give birth rather than to abort him. Josette Perruche discovered early in her pregnancy that her four-year-old daughter had contracted rubella. She asked her doctor to test her for the disease because it can produce severe disabilities in pregnancy, stating that she preferred to have an abortion if she was exposed. The doctor and laboratory responded incorrectly that the fetus was not infected. Nicolas Perruche was born profoundly incapacitated: deaf, almost blind, and with cognitive disabilities. The Perruches sued the doctors and laboratory for malpractice and won the suit. They eventually sued them again, this time demanding damages for causing him to be born and asking to be compensated for the lifetime cost of caring for their disabled child.

The Cour de Cassation, France's Supreme Court, ruled in favor of the plaintiffs, and although its decision never mentioned the concepts of "wrongful birth" or "wrongful life," the ruling was interpreted as protecting the right not to be born.<sup>10</sup> The judgment was reiterated a year later when the same court found that children with Down syndrome have the legal right never to have been born and can sue doctors for errors that resulted in their births. At the heart of wrongful life suits is the idea that plaintiff rights are violated by being born, that people have the right to be terminated before birth to avoid

a life pronounced painful and miserable. In effect, the court's ruling confirms a belief in the concept of a "wrong life," that is, a life less worthy than others, a life without human dignity, a life not worth living. In the case of disabled people, it seems, death is preferable to life.

In a world where pain represents the ultimate measure of quality of life, all disabled people risk having their existences described as wrongful because disability and suffering are thought synonymous. Disabled lives are routinely described as lives not worth living, lives undeserving of human dignity, lives judged inferior to death. The *"Affaire Perruche,"* as it came to be known in France, provoked an uproar over these ideas, questioning common perceptions about disability. The court appeared to suggest that being born with a disability is a wrong in itself, apparently because disability produces exceptional costs. Jean-François Mattéi, head of the conservative Liberal Democratic Party, attacked the decision before the National Assembly, claiming that the court seemed "to validate the principle that the birth of a disabled child would be in itself an anomaly."<sup>11</sup> Jerry Sainte-Rose, the French Advocate General, objected to the decision with precise reasoning. According to the court, he stated, "The wrong is the life, and the absence of the wrong is death." He warned that the ruling would lead to a "precautionary eugenics," introducing "discrimination between parents of good biological quality and other parents who should abstain from procreating." He also cautioned that the decision would transform abortion from a choice into an "obligation."<sup>12</sup> Christine Boutin, speaking for the conservative Alliance for the Right to Life, agreed that the court decision "confirms France's entry into institutional eugenics."<sup>13</sup> The disability community in France raised alarms against the decision as well. "The Perruche ruling reveals the total incapacity of our society to see disability as a richness, and its rejection of anything that is different," Jean-Christophe Parisot, President of the Collective of Disabled Democrats, explained: "We have to break out of this spiral which condemns abnormality, and calls human beings 'mistakes.'"<sup>14</sup>

In January 2002, the National Assembly passed legislation that made the Perruche ruling obsolete. The legislation outlaws awarding damages solely as a result of birth and specifies that people born with disabilities may seek redress for the negligent acts that either caused or aggravated their disability. The new law seems like a victory for the disability community, and perhaps it is, but the Cour de Cassation has subsequently made rulings that permit plaintiffs to sue for lifetime damages against doctors whose malpractice brings disabled children into the world.

In the current climate, it is difficult to take one side over the other because both sides rely on the conception of disability as suffering. The French government speaks in the name of disabled people and against their suffering, but it also protects doctors from damages and rising insurance costs. The Cour de Cassation stands against medical and governmental authorities, recognizing that malpractice may result in the birth of disabled children and holding doctors responsible for the lifetime care of these children rather than limiting damages on purely economic and political grounds. And yet the concept of wrongful life, necessary to awarding these lifetime damages, stigmatizes people with disabilities as living painful lives less valuable and dignified than those of nondisabled people.

A final case, which might be called the case of the century, returns us to the United States and to the tragic death of Terri Schiavo—"the longest public execution in American history," according to Nat Hentoff.<sup>15</sup> The young woman existed in a brain-injured state for fifteen years before she lost the right to stay alive against the claim that her life was an offense to human dignity and not worth living. At the time of her death, 80 percent of the U.S. population said of Schiavo that they would not "want to live like that."<sup>16</sup> In 1990, Schiavo had collapsed from an unknown cause. The collapse resulted in severe damage to her cerebral cortex, but the base of her brain was left untouched. For the next decade and a half she lived, under the care of her parents and husband, without higher brain functions, but breathing on her own, with no ventilator or other medical technology to keep her alive except for the feeding tube through which she received food and water. Her husband and parents came to a bitter disagreement about her continued survival. Her husband, who was the court-appointed guardian, filed suit to have her feeding tube removed, while her parents opposed any attempt to end her life artificially and prematurely, pleading to be given her guardianship. Her husband refused, claiming that his wife would prefer to die rather than live in such a painful and diminished state.

Once the conflict became public, the court cases deciding Schiavo's life and death became part of a media circus concerning rights to life and death, abortion, end-of-life care, and other causes not entirely her own. The attention surrounding Schiavo produced a vast and largely contradictory set of images about her life, capacities, and circumstances. But one element remained consistent. Those who wished for her death and those who opposed it wanted equally to avoid making her suffer, demonstrating both the association of pain with disability and how pain takes on contradictory guises to serve different ends. In Schiavo's case more than any other seen in this chapter, the disabled person's suffering was presented as an affront to human dignity. Those in favor

of Schiavo's death described her existence as a mockery of human life, as a miserable existence robbed of dignity, while those who sought to protect her described the efforts to take her life as an attack on human dignity. An effort by the state of Florida to pass legislation to save her was ruled unconstitutional, and the Florida Circuit Court later ordered that her feeding tube be removed and that no attempts be made to provide her with water or food by mouth.<sup>17</sup> Terri Schiavo was deprived of food and water at noon on March 18, 2005 and died thirteen days later of renal failure caused by dehydration.

On one side of the controversy, people felt that Schiavo had to die to preserve her humanity and dignity. Anna Quindlen in *Newsweek* magazine opposed the publication of photographs showing Schiavo in her disabled state, writing that "she should have been remembered for what she was, not what's left of her." Quindlen claimed that the "cruellest thing" that we can do to people in Schiavo's condition "is to force them to live."<sup>18</sup> No one was forcing Schiavo to live, since she had stayed alive for fifteen years without life support, but Quindlen, like many other Americans, confused her feeding tube with a ventilator, stating incorrectly that Schiavo was being "kept alive by extraordinary measures." Ellen Goodman, a nationally syndicated columnist, denied that Schiavo should be called disabled because she was too incapacitated to merit the label: "To describe Terri Schiavo as handicapped degrades the very term."<sup>19</sup> According to these commentators and to the courts, Schiavo's disability robbed her of dignity and humanity. For them, she existed in a state of suffering without the ability to communicate her pain to others. Compassion, humanity, and human dignity dictated that she be put out of her misery.

On the other side of the controversy, media commentators made the case that Schiavo was not suffering and that putting her to death would be not only unjust but also painful. Because she was not on life support, ending her life was not a simple matter of turning off a machine or pulling a plug. Putting her to death required extraordinary measures. In the case of capital punishment, the courts determine the method of execution, usually choosing the least painful one, although it is not clear what a painless death sentence is. In this case too, an act of violence was necessary if Schiavo was to stop living, but the courts could not rely on the usual methods of execution because she was not guilty of a capital offense. The legal decision to remove her feeding tube awkwardly mimicked the typical end-of-life choice to remove a dying person from a ventilator, except that Schiavo was not being kept alive by her feeding tube, and she could not be expected to die within minutes as someone removed from a ventilator would. That it took thirteen days for Schiavo to die exposes the extremes to which the courts went in their quest to end her life.

The fear of pain justifies irrational and often heinous acts against disabled people. These acts cannot really be defended on logical grounds. They are understandable, however, given a generous interpretation of the very real fear of human suffering. But no such fears seem to have protected Schiavo. While those calling for her death pronounced pain the ultimate enemy of humanity, they decided to kill her in the most brutal and painful way to safeguard her human dignity. People from opposing political camps in the United States agree on very little, but they agreed in this case that Schiavo's death was horrific. Andrew McCarthy in the *National Review*, a conservative publication, called Schiavo's death a "cold-blooded murder."<sup>30</sup> For McCarthy, the deprivation of water and food amounts to torture, and he noted that Florida anti-torture law, aptly called "Abuse, Neglect, and Exploitation of Elderly Persons and Disabled Adults," should have stopped the cruelty against Schiavo and placed her husband and the judge of the Florida Circuit Court under arrest. Stuart Taylor, Jr., a liberal-leaning commentator, called Schiavo's death "state-sanctioned death by dehydration."<sup>31</sup> Nat Hentoff, a libertarian columnist writing in the liberal *Village Voice*, described graphically for an uncaring public the effects on individuals of death by dehydration: "Their skin cracks, their tongue cracks, their lips crack. They may have nosebleeds because of the drying of the mucous membranes, and heaving and vomiting might ensue because of the drying out of the stomach lining. They feel the pangs of hunger and thirst. . . . It is an extremely agonizing death."<sup>32</sup> No criminal in U.S. history, many critics observed, has ever been executed as inhumanely by starvation and dehydration. Schiavo's situation was different for one reason only. "It is Ms. Schiavo's disability," Harriet McBryde Johnson wrote, "that makes her killing different in the eyes of the Florida courts."<sup>33</sup>

The fear of pain is often the beginning of oppression. But pain can also be the beginning of compassion. The idea is not to dismiss compassion as if it were oppression but to think about the difference between them, a difference not easily and reliably established but one that needs to be attempted nevertheless. Oppression puts the life of one kind of person below that of another. It fits one person's life to another life by conceiving of that kind of person as pliable, manageable, and submissive, as an inferior life designed for service to another by that other. Compassion feels with the other person, granting this person's life value equal to all other lives. It places itself in service to another life on the other person's terms, assuming the commitment to help this person find a life worthy of a human being, that is, a life at the heart of and embraced by other human beings.

Not every disabled person is in pain, but all people in chronic pain are disabled, and they face enormous oppression produced by the fear of pain. To speak in the name of pain is to feel for and with those people whose lives risk above all others being seen as not worth living, as undignified, as not human. It is to admit people in pain into the company of human beings with the assurance that human life will not suffer but prosper as a result. Martin Heidegger philosophizes that human beings only recognize the essence of human existence by confronting their "radical finitude"—the ineluctable fact that fragility defines each and every human life.<sup>34</sup> Mustering technology to rescue ourselves from our vulnerability, he claims, only makes our existence as human beings more machine-like and less human. There is disability in the future of every human life, and as long as the conflict between life and pain stands unquestioned, pain will continue to produce fears about the future. Parents will turn to medical technologies such as the Ashley Treatment to rescue their disabled children from suffering, radically limiting the possibilities of their future lives in the process. Other parents, gripped by the fear of pain, will understand the lives of their disabled children as wrongful in themselves, wishing that they had never been born. Everyone will find new reasons to kill disabled people who are thought, like Terri Schiavo, to have no future because they live with pain.

#### NOTES

1. Elaine Scarry, who argues that pain destroys language, provides the classic discussion about the inexpressibility of pain. See *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), 19–20. See also Tobin Siebers, *Disability Theory* (Ann Arbor: University of Michigan Press, 2008), 203.
2. Certainly not the only but the most famous anti-disability rights utilitarian philosopher is Peter Singer, who believes

that a being is a human being . . . is not relevant to the wrongness of killing it; it is, rather, characteristics like rationality, autonomy and self-consciousness that make a difference. Defective infants lack these characteristics. Killing them, therefore, cannot be equated with killing normal human beings, or any other self-conscious beings. This conclusion is not limited to infants who, because of irreversible mental retardation will never be rational, self-conscious beings. . . . Some doctors closely connected with children suffering from severe spina bifida believe that the lives of some of these children are so miserable that it is wrong to resort to surgery to keep them alive. . . . If this is correct, utilitarian principles suggest that it is right to kill such children.

See his *Practical Ethics* (New York: Cambridge University Press, 1979), 131–33.

3. "I was forced to be in the medical world," Flanagan explained, "so I turned that into something I could have control over instead of something that was controlling me." See Bob Flanagan, Andrea Juno, and V. Vale, *Bob Flanagan: Super-Masochist* (New York: Juno Books, 2000), 11. See also Dawn Reynolds on disability and BDSM in "Disability and BDSM: Bob Flanagan and the Case for Sexual Rights," *Sexuality Research & Social Policy* 4, no. 1 (2007): 40–52.
4. While it is important to distinguish empirically between physical and mental suffering, my analysis will focus on the refusal to make this distinction, a refusal characteristic of disability oppression. Disabled people manifest as suffering bodies, whether their pain is physical or mental and whether or not they are in pain. That the disabled body is represented as a suffering body, whatever the status of its pain, is a strong indication that disability oppression is at work. For an argument from the side of the medical model on the necessity of keeping separate pain and suffering, see Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine* (New York: Oxford University Press, 1991).
5. On this issue, it is worth keeping in mind the story of Annie McDonald. McDonald was institutionalized at age three, supposed by her doctors and family to be profoundly cognitively disabled. At age sixteen she was offered a means of communication and she demonstrated that her cerebral palsy had not affected her intellect. Her story has many parallels with that of Ashley X. See her article, "The Other Story from a 'Pillow Angel': Been There. Done That. Preferred to Grow," *Seattle Post-Intelligencer*, June 18, 2007, [http://seattlepi.nwsource.com/opinion/319702\\_noangel17.html](http://seattlepi.nwsource.com/opinion/319702_noangel17.html).
6. "The 'Ashley Treatment,'" *Ashley Treatment*, posted January 2, 2007, <http://ashleytreatment.spaces.live.com/>.
7. The "Ashley Treatment" has emboldened other parents to take drastic actions to rescue their disabled children from future pain. In the United Kingdom, for example, Alison Thorpe asked surgeons at St. John's Hospital in Chelmsford to perform a hysterectomy and appendectomy on her disabled teenage daughter, Katie Thorpe, age fifteen, was born with cerebral palsy and has supposedly the intellectual ability of an eighteen-month-old child. Her mother argues that the surgery would take away the "pain and inconvenience of monthly periods," "the stomach cramps and the headaches, the mood swings, the tears." Medical authorities ruled against the mother's request on grounds that the procedures were medically unnecessary. See Sarah-Kate Templeton, "Disabled 15-Year-Old Girl to Lose Womb," *Sunday Times*, October 7, 2007, <http://www.timesonline.co.uk/tol/news/uk/health/articles603965.ece>. See also "Mother Seeks Girl's Womb Removal," *CNN.com*, October 12, 2007, <http://edition.cnn.com/2007/HEALTH/10/08/hysterectomy/>.
8. "The 'Ashley Treatment'."
9. Patricia J. Williams, "Diary of a Mad Law Professor: Judge Not?" *The Nation*, March 12, 2007, <http://www.thenation.com/doc/20070326/williams>. Other responses to the controversy focus on pain but predictably do not question its use as an agent of disability oppression. Peter Singer, who is on record as preferring death over disability, makes the typical utilitarian argument against suffering. He supports the "Ashley Treatment" and claims that "what matters in Ashley's life is that she should not suffer. . . . Lofly talk about human dignity should not stand in the way of children like her getting the treatment that is best both for them and their families." See his "A Conventional Truth," *New York Times*, January 26, 2007, <http://www.nytimes.com/2007/01/26/opinion/26singer.html>.

- Speaking on behalf of the disability community, John Hockenberry disagrees with the treatment of Ashley. He argues that the role of any parent is to open their children to as many future opportunities as possible, concluding on this basis that Ashley's mother and father are no longer her parents because they treated her like "livestock" and made irrevocable decisions that have limited her future possibilities as much as her size. See his "Ashley X: Straight On Till Mourning," *The Blegenberry*, February 22, 2007, <http://www.johnhockenberry.com/Blog/EDADA4E6-82AC-4B28-9525-3242F18F772A.html>.
10. The legal distinction between "wrongful birth" and "wrongful life" comes down to whether disabled people may sue for simple medical damages or an entire lifetime of support based on the idea that every person possesses the right not to be born. For a clear discussion of the legal vocabulary and on the difference between wrongful life suits in France and the United States, see Therese M. Lysaught, "Wrongful Life? The Strange Case of Nicholas Perruche," *Commonweal* 129, no. 6 (March 22, 2002): 9–11, [http://findarticles.com/p/articles/mi\\_m1252/is\\_6\\_129/ai\\_84817539](http://findarticles.com/p/articles/mi_m1252/is_6_129/ai_84817539).
11. As quoted in Acacio Pereria, "Un Handicapé né après une erreur médicale va être indemnisé," *Le Monde*, November 18–19, 2000, <http://www.lemonde.fr/article/0,2320,seq-2079-118891-QUO,00.html>.
12. As quoted in Elisabeth Fleury, "Né handicapé, Nicolas, 17 ans, sera indemnisé," *Le Parisien*, November 18, 2000.
13. Quoted in Pereria, "Un Handicapé."
14. As quoted in Hugh Schofield, "Disability Ruling Caused Huge Offence," *BBC News*, January 10, 2002, <http://news.bbc.co.uk/2/hi/europe/1753065.stm>.
15. Nat Hentoff, "Terri Schiavo: Judicial Murder," *Village Voice*, March 22, 2005, <http://www.villagevoice.com/2005-03-22/news/terri-schiavo-judicial-murder/>.
16. Ellen Goodman, "Schiavo's Lesson for Us All," *The Boston Globe*, March 31, 2005, [http://www.boston.com/news/globe/editorial\\_opinion/oped/articles/2005/03/31/schiavos\\_lesson\\_for\\_us\\_all/](http://www.boston.com/news/globe/editorial_opinion/oped/articles/2005/03/31/schiavos_lesson_for_us_all/).
17. Hentoff, "Terri Schiavo: Judicial Murder."
18. Anna Quindlen, "The Culture of Each Life," *Newsweek*, April 4, 2005, <http://www.newsweek.com/id/49552>.
19. Goodman, "Schiavo's Lesson for Us All."
20. Andrew McCarthy, "Is Prosecution the Solution?" *National Review*, March 20, 2005, <http://www.nationalreview.com/mccarthy/mccarthy200503201334.asp>.
21. Stuart Taylor, Jr., "What Terri Schiavo's Case Should Teach Us," *The Atlantic Monthly*, April 5, 2005, [http://www.theatlantic.com/doc/200504/tj\\_taylor\\_2005-04-05](http://www.theatlantic.com/doc/200504/tj_taylor_2005-04-05).
22. Hentoff, "Terri Schiavo: Judicial Murder." The autopsy on June 15, 2005 confirmed many facts about Schiavo's life and left others in dispute. It confirmed that Schiavo was not a terminal patient at the time when she was put to death, that she may have lived another ten years, and that healthcare officials administered morphine to her in the last days of life, even though her husband and his attorney had previously stated that she was in such a diminished state that she would not suffer during her termination. See Hentoff, "The Continuing Case of Terri Schiavo," *Jewish World Review*, July 11, 2005, <http://www.jewishworldreview.com/cols/hentoff070705.asp>. See also "Autopsy: No Sign Schiavo Was Abused," *CNN.com*, June 17, 2005, <http://edition.cnn.com/2005/HEALTH/06/15/schiavo.autopsy/index.html>.

The district medical examiner reported that she died of dehydration and that it was the most severe case he had ever seen. He also confirmed extensive damage to the cerebral cortex. See David Brown and Shailagh Murray, "Schiavo Autopsy Released," *Washington Post* (June 16, 2005), <http://www.washingtonpost.com/wp-dyn/content/article/2005/06/15/AR2005061500512.html>.

23. Harriet McBryde Johnson, "Not Dead At All: Why Congress Was Right to Stick Up for Terri Schiavo," *Slate*, March 23, 2005, <http://www.slate.com/id/2115208/>.

24. See Martin Heidegger, *Being and Time*, trans. John Macquarrie and Edward Robinson (New York: Harper, 1962).

