

Assignment 1

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24W_HLT0234_310 Health Ethics and Privacy

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February 12, 2024

The Terri Schiavo case, spanning 1998 to 2005, revolved around Theresa Marie Schiavo, who entered a persistent vegetative state in 1990 after cardiac arrest. Her husband, Michael Schiavo, sought to remove her feeding tube, arguing against prolonged artificial life support. Terri's parents, Robert and Mary Schindler, opposed, leading to a protracted legal battle involving 14 appeals and extensive political interventions, including President George W. Bush. The case brought ethical complexities related to the bioethics topic of physician-assisted suicide, touching on end-of-life decisions, patient autonomy, and the government's involvement in personal matters (Chalasani, 2016).

In 2003, Florida Governor Jeb Bush signed "Terri's Law," granting him the authority to intervene in cases involving the removal of life support. However, this law faced legal challenges, and in 2004, the Florida Supreme Court declared it unconstitutional, citing a violation of the separation of powers. While "Terri's Law" itself was not upheld, the broader case sparked debates and legislative actions at both the state and federal levels regarding end-of-life decisions and government intervention (CBC/Radio Canada, n.d.).

In Canada, adults possess a right to refuse unwanted medical treatment, extending to decisions about artificial nutrition and hydration. This right becomes particularly important when individuals are unable to make decisions for themselves, needing the involvement of a surrogate decision-maker. Typically, this role falls to a close relative, such as a spouse, adult child, or parent, with legal constraints in place to ensure decision-making aligns with the patient's expressed wishes or values. The law

emphasizes that consent or refusal by a surrogate decision-maker must be justified and clear (Weijer, 2005).

The Canadian Medical Association Journal (CMAJ) paper extensively explores the ethical and legal dimensions surrounding end-of-life decisions, using the Terri Schiavo case as an example. The authors explore the legal framework in Canada and the United States, emphasizing the right of capable adults to refuse medical treatment, including artificial nutrition and hydration (ANH). When decisional capacity is lost, surrogate decision-makers, often close relatives, step in, guided by the patient's expressed wishes or values (Weijer, 2005).

A significant ethical argument in the paper centers on the diversity of legitimate decisions in cases of persistent vegetative states. The authors contend that individual preferences, often expressed through living wills or informal statements, should guide surrogate decision-makers. They acknowledge the complexity when patients have deep religious commitments, necessitating careful consideration of religious beliefs in decision-making (Weijer, 2005).

However, the paper critiques the widespread reliance on living wills as a solution for preventing disputes, highlighting their limitations in foreseeing future medical circumstances and their dependence on interpretation by family members. The authors emphasize the need for family involvement in decision-making, advocating for ongoing communication between healthcare teams and families to foster consensus. Legal interventions, which privilege one family member as the decision-maker, are criticized as divisive and should be a last resort (Weijer, 2005).

The Terri Schiavo case is an example of the nuanced ethical, legal, and familial dynamics entwined in end-of-life decisions. The paper calls attention to the moral question of familial disagreement, proposing alternatives such as regular family meetings, trials of therapy, negotiation, and arbitration to facilitate consensus. Legal solutions, while sometimes necessary, are portrayed as potentially exacerbating the dual tragedy of familial discord and the loss of a loved one (Weijer, 2005).

Expanding on the legal and ethical dimensions explored by Weijer in the CMAJ publication, the examination of the Terri Schiavo case in the *Biochemistry and Molecular Biology Education* journal involves a nuanced exploration of the relationship between medical perspectives and ethical considerations. One key ethical argument centers on the need for accurate clinical understanding as the basis for ethical discourse. The terminology used to describe Terri Schiavo's medical condition, such as comatose, brain dead, vegetative, minimally conscious, locked in, and disabled, highlighted a significant failure in effectively conveying the specifics of her state. This misrepresentation, observed in various sectors including media, politics, and certain medical circles, highlights the importance of initiating ethical considerations from a foundation rooted in reliable clinical practices (Fine, 2005).

Throughout the trial, expert witnesses presented diverse perspectives on Terri Schiavo's medical condition, with some endorsing unconventional therapies and others affirming her irreversible vegetative state. This diversity in expert opinions accentuated the complexities of the case, emphasizing the crucial role of accurate clinical information in shaping ethical discussions (Fine, 2005).

Another ethical argument revolves around the continuous issue of artificial nutrition and hydration (ANH) for individuals in persistent vegetative states. The Catholic tradition plays a substantial role in this discourse, with Pope John Paul II asserting the moral obligation to maintain ANH in such cases, highlighting its proportionality and potential benefits. However, this perspective faced criticism, particularly regarding the pope's understanding of the medical science related to brain injuries (Fine, 2005).

In contrast, an opposing viewpoint within the Catholic tradition suggests that ANH is morally optional and may be withdrawn in cases of persistent vegetative state. This perspective, preceding the papal pronouncement, is grounded in the belief that the spiritual life takes precedence over the physical, suggesting that sustaining life in a vegetative state might impede the pursuit of higher spiritual goals (Fine, 2005).

In assessing both articles, it is evident that they offer valuable insights into the complex ethical dynamics of end-of-life decisions. The CMAJ paper provides valuable guidelines and recommendations for both the proxy and the patient's family, offering insightful strategies for navigating and managing these complex cases in the most effective manner. Simultaneously, the Biochemistry and Molecular Biology Education article focuses on the need for accurate clinical understanding and highlights the misrepresentation of medical conditions.

In evaluating the arguments presented in the two articles, I find the Biochemistry and Molecular Biology Education article to be particularly compelling. The emphasis on the need for accurate clinical understanding as the foundation for ethical discourse resonates strongly with me. The article highlights the critical importance of conveying medical conditions in clear and precise terms, addressing the significant failure in

effectively communicating Terri Schiavo's state. This aligns with my belief that medical information should be presented transparently and comprehensively.

Furthermore, the article's exploration of contrasting views within the Catholic tradition provides a nuanced perspective. It acknowledges the complexity of the ethical debate surrounding artificial nutrition and hydration (ANH) in cases of persistent vegetative state, particularly within a religious context. The separation of religion from medicine and medical decision-making is a stance that I find reasonable and aligns with my own position.

In conclusion, the Terri Schiavo case demonstrates the complex ethical and legal challenges tied to end-of-life decisions. Examining perspectives from the Canadian Medical Association Journal (CMAJ) and the Biochemistry and Molecular Biology Education journal reveals an array of diverse views. CMAJ emphasizes patient autonomy and suggests holistic decision-making, while the Biochemistry article underscores the importance of accurate clinical understanding. These insights converge on a foundation of transparency and open communication, emphasizing the need for a comprehensive approach to end-of-life decisions. As we reflect on this case, it prompts us to navigate these complexities with empathy, understanding, and a commitment to honoring individuals' dignity and autonomy.

References

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