

Injured Indiana hunter chooses to end life support after tragic fall

By Jeni O'Malley, The Associated Press
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INDIANAPOLIS — Tim Bowers loved the outdoors. He fished, camped and helped his father on his northeastern Indiana farm, carving out time for his outdoor passions from a busy life that included a new wife, a baby on the way and a successful auto business.

But it was in the woods, hunting for deer, where Bowers found time to reflect on his life and faith.

"It was just a time when he could be alone and think about things," said his sister, Jenny Shultz, an intensive care nurse.

That's where Bowers, 32, was Saturday afternoon when those quiet moments turned tragic. The longtime hunter fell about 16 feet from an elevated tree stand and suffered a severe spinal injury that Shultz said left him paralyzed from the shoulders down and dependent on a ventilator to breathe. His brain wasn't affected.

Confronted with the devastating prognosis, Bowers' family asked doctors at Fort Wayne's Lutheran Hospital a hard question: Could Bowers be brought out of sedation so he could be told of his condition and decide for himself whether he wanted to live or die?

The doctors said yes.

Courts have long upheld the right of patients to refuse life support. The American Medical Association says competent adults can craft directives stating they want such systems withdrawn or withheld if they suffer certain injuries or illness that leave them unable to make those decisions.

But the heart-wrenching decision to remove life support is more often left to surrogates who must speak for those patients. Even when a patient has outlined his wishes for end-of-life care, the decision can tear families apart.

Shultz, of Las Vegas, has seen it happen in her job. But her medical training also meant she understood the severity of her brother's injuries. His C3, C4 and C5 vertebrae were crushed. Though his brain was not injured, his body was irreparably broken. Surgery could fuse the vertebrae, but that would only allow Bowers to sit up. He would never walk or hold his baby. He might live the rest of his life in a rehabilitation hospital, relying on a machine to help him breathe. He'd never return to those outdoor activities that gave him such peace.

"We just asked him, do you want this? And he shook his head emphatically no," Shultz said.

Shultz said her brother — the youngest of four siblings — wanted to talk but couldn't because the ventilator tube was still in place. She told him that if the tube was removed, they weren't sure how long he would live. But when she asked if he wanted the tube reinserted if he was struggling, he shook his head no.

Doctors asked Bowers the same questions and got the same responses. The tube came out Sunday.

The last five hours of Tim Bowers' life were spent with family and friends, about 75

of whom gathered in the hospital waiting room. They prayed and sang songs.

Through it all, Shultz said, her brother never wavered in his decision to die.

"I just remember him saying so many times that he loved us all and that he lived a great life," she said. "At one point he was saying, 'I'm ready. I'm ready.'"

Medical ethicists say it's rare for patients to decide on the spot to be removed from life support, especially so soon after an injury. But standard medical ethics practice is to grant more autonomy to patients, and courts have upheld their rights to decide on end-of-life care.

Often, patients change their minds after they've had time to meet with spiritual advisers and family, said Art Caplan, director of the medical ethics program at New York University's Langone Medical Center in New York City.

Dr. Paul Helft, director of the Charles Warren Fairbanks Center for Medical Ethics in Indianapolis, said cases in which the patient makes the decision usually involve a debilitating illness like Lou Gehrig's disease, a condition that compromises the patient's body but leaves the mind intact.

Helft said patients have been legally and ethically permitted to make their own decision on life support for several decades now, due in part to court cases and the evolution of the practice of medicine, which places more emphasis on patients' rights.

"We give patients autonomy to make all kinds of decisions about themselves," he said. "We've recognized that it's important that patients have the right to self-determination."

Shultz said her family had an idea what her brother would want because he had

previously talked with his wife, Abbey, whom he married Aug. 3, about never wanting to spend his life in a wheelchair.

She knows that not everyone would make the same call. But she's thankful that her brother was able to make his own decision.

"No outcome was ever going to be the one that we really want, but I felt that he did it on his terms in the end," she said.

Associated Press writer Tom Murphy contributed to this story.