

ANATOMY OF A DEADLOCK: The Impact of the Theresa Marie Schiavo Case on the Medical-Legal Framework for End-Of-Life Decision-making | Erin McDermott

Cases involving end-of-life treatment discrepancies are heart-wrenching, no-win situations between families caught in crises over the treatment decisions for incapacitated loved ones. Despite nearly thirty years worth of well publicized stories of families in turmoil due to ethical and legal quandaries over the parameters of refusing life-sustaining treatment, contentious end-of-life cases still continue to cause pain and suffering for families, doctors, and innocent patients. The 21st century has been christened with a new symbol for end-of-life treatment struggles: Theresa Marie Schiavo.

Theresa “Terri” Schiavo was a beautiful, vibrant twenty-six year old woman who suddenly collapsed and deteriorated into what is medically known as a persistent vegetative state. Like the majority of young adults, Terri had neither written down any preferences for end-of-life treatment if she was to lose her decision-making capacity, nor had she designated anyone to make those decisions for her (elements of an advance directive). In accordance with Florida law, Terri’s husband, Michael Schiavo, was designated to serve as her surrogate decision-maker. While Michael worked harmoniously with Terri’s parents, Robert and Mary Schindler, for over three years after Terri’s collapse, enmity grew between the two parties after Michael started to believe that Terri would not have wanted to live anymore in this state.

What followed was a long and acrimonious court battle between Michael Schiavo and the Schindlers. When a Florida judge ruled that enough evidence had been brought forth to make a determination that Terri would not have wanted to live this way and should be removed from any life-sustaining treatment, the Schindlers would not back down from their convictions that Terri should be allowed to live. They enlisted the help of the Florida legislature, the Florida governor, and the United States Congress, all of whom intervened in this specific case by passing special legislation in an attempt to overrule an established judicial precedent.

The *Schiavo* case was a perfect storm of religion, medicine, and politics that clashed before our very eyes on television sets and in newspaper headlines. The disputed details caused people to question the role of the government in end-of-life cases, the power of surrogates and judges to terminate life support from patients without an advance directive, and the moral status of artificial nutrition and hydration. Amidst the frenzy surrounding these issues, the “right to live” emerged as a new moral-political notion, a departure from the typical “right to die” claims made in the earlier end-of-life cases.

At the core of the *Schiavo* debate is the question of whether or not *Schiavo* forces us to re-visit bioethical and legal issues that were thought to have reached a consensus. The Florida state laws that were tested in this case revealed no major problems in the standards or procedures for making end-of-life decisions. While there may be flaws in a process that cannot prevent a

ferverly contended dispute from playing out in the courts and media, the fundamental principles behind a decision-making system that realistically allows a surrogate to help an incompetent patient express their right to self-determination are strong and well thought-out. The rules for governing end-of-life treatment decisions that were carefully crafted by legislators, doctors, and bioethicists over a thirty-year span should therefore not be altered by reactionary legislation due to pressures from the cultural clashes over the details of Terri Schiavo's death.