It Is Not Time for Death but for Action

This past weekend Congress gave the Terri Schiavo case a hearing outside of the Florida court system. Quite often, clarifying facts and family goals in a medical case help the parties involved to move toward some kind of acceptable consensus. Perhaps a fresh look at things by a federal court can bring about some sort of resolution for the Schiavo and Schindler families.

Within the Lutheran Church—Missouri Synod, decisions about withholding and withdrawing treatment are made in light of the sanctity of human life. That tradition holds that all human beings have an inherent value from conception until death no matter how helpless they are. Commentaries, like that recently published by Arthur Caplan on MSNBC.com, are devoid of such a basis. He argues that "we have reached the endgame in the case of Terri Schiavo" and that "it is clear that the time has come to let Terri die."

Caplan states that current law is written so that the nearest of kin, the husband in this case, typically makes decisions for non-decisional people in end-of-life cases. He asserts that the present system works and should be adhered to. However, I would argue that decisions that involve the withholding and withdrawing of life-sustaining treatment should not be based solely on legal arguments because the sanctity of each human life demands that we look at all perspectives: ethical, religious, and legal.

In the Schiavo case, Caplan's perspective is weakened because of Michael's perceived or real conflicts of interest which could cloud his judgment concerning Terri. One conflict of interest involves the disposition of a sizable malpractice award. Another has to do with Michael's true motive regarding the life of Terri because he has already established a live-in relationship with another woman and has two children by her. I would argue from a theological perspective that the marital bond between Terri and Michael has been irrevocably broken. Therefore, in this case, I think that the estranged husband should not have the sole decision-making power over his former wife's earthly existence.

Also complicating legal matters is that states use different guidelines when decisions are made about patients who have no advance directives. For example, each state uses a different level of evidence which must be presented to the court to determine if a patient would have wanted to withhold or withdraw life-sustaining treatments such as respirators or feeding tubes. Now is perhaps the time to set up some kind of national appeal system which can serve as a failsafe to protect human life threatened by decisions of conflicted surrogates. This would also be a good time to establish comprehensive national guidelines concerning long-term medical care for people with life-threatening injuries or illnesses.

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