Pope John Paul II died on April 2. Part of this curriculum supplement offers an opportunity to reflect on the significance of his spiritual leadership and especially his teaching on life issues. This is a mere sampling of the depth and richness of his writings, statements, and teaching intended to engage young people in thinking seriously about his witness as the foremost defender of the dignity of all human life including the unborn, the frail, and the elderly. He called for its protection at every stage of its development. All human life is owed respect because every human being is created by God and in the image of God.

The headline in the National Post of Friday, March 31, drew attention to the drama of human death – Vigils Begin and End – announcing the death of Terri Schiavo in Florida and the imminent death of the Pope in Rome. The former case was controversial, raising many moral, legal and political issues. The serene death of Pope John Paul II showed the world the dignity and redemptive value of human suffering.

Pope John Paul II had an extraordinary love for the entire human family. In his last week of life he still thought of others first, and what a poetic, poignant message he sent:

*To humanity, which sometimes seems to be lost and dominated by the power of evil, selfishness and fear, the risen Lord gives the gift of his love which forgives, reconciles and reopens the soul to hope.*

His spiritual and historical legacy will be a rich one. He was a tireless traveler in wishing to bring the good news to people round the world. He is credited with an important role in the liberation of eastern Europe from the stranglehold of communism, helping to bring about the collapse of that totalitarian system of government. He helped to bring that about not with arms, but by courageously speaking the truth, spiritual truth that always undermines systems based on lies and false philosophies.

His greatness flows from his role as a spiritual leader, teaching the truth by word and deed, fearlessly proclaiming it wherever he went, never compromising it. He presented certainty in the face of relativism. He taught and distinguished right from wrong with searing clarity. He stood firmly against anti-life forces and practices whether abortion, euthanasia, contraception, homosexuality, or biomedical research that did not respect the dignity of human life.

He was a man of peace and a promoter of peace around the world. He traveled tirelessly to bring the good news to everyone. He brought hope to the poor and oppressed, defending their right to be at the banquet of life in equal dignity to the powerful and affluent nations. He constantly spoke for justice and respect for the dignity of peoples as they struggled to develop their nations. He condemned rampant materialism, consumerism, and unbridled capitalism.

Pope John Paul II had an unbounded love for young
people and they were fascinated by him. Then on the Friday before he died he was heard to say a final message to youth:

I have looked for you. Now you have come. And I thank you.

Happy are we to have lived during the period of his pastoral care. He has been an inspiration to all right to the very end.

Questions
1. What is your own impression of this Pope's impact on the world?
2. Did he inspire you personally?
3. What have you learned about death from the example of this pope?
4. Why do you think that there is such worldwide love and admiration for Pope John Paul II as expressed in people reaction to his passing?

Part One
Thoughts for the Day, An Activity of Reflection

Pope John Paul II was a prolific writer. He was also a playwright, actor, athlete, philosopher, theologian, economic and social critic. Through it all his message was that of calling people to holiness, to living life in gratitude and in dignity and in peace. He never wavered in presenting the clear teaching of the church. Students can reflect individually or as a class and then share their insights as they ponder a number of Pope John Paul II's statements dealing with family life, marriage, and abortion. He wrote and spoke on many other themes including Christian unity, social justice, rights and dignity of workers, and the divine mercy of God. His literary works are available at the following website:

http://www.vatican.va/edocs/ENG0214/_INDEX.HTM

A list of works include:
- Fides et Ratio (14 September 1998) (Faith and Reason)
- Ut Unum Sint (25 May 1995)
- (Let Them Be One)
- Veritatis Splendor (6 August 1993) (The Splendor of the Truth)
- Centesimus Annus (1 May 1991)
- Redemptoris Missio (7 December 1990)
- Sollicitudo Rei Socialis (30 December 1987)
- Laborem Exercens (14 September 1981)
- Dives in Misericordia (30 November 1980)
- Redemptor Hominis (4 March 1979)

There is still, however a legal extermination of human beings who have been conceived but not yet born. And this time we are talking about an extermination which has been allowed by nothing less than democratically elected parliaments where one normally hears appeals for the civil progress of society and all humanity.

Pope John Paul II

As the family goes, so goes the nation and so goes the whole world in which we live.

Pope John Paul II

Marriage is an act of will that signifies and involves a mutual gift, which unites the spouses and binds them to their eventual souls, with whom they make up a sole family - a domestic church.

Pope John Paul II

Science can purify religion from error and superstition. Religion can purify science from idolatry and false absolutes.

Pope John Paul II

The cemetery of the victims of human cruelty in our century is extended to include yet another vast cemetery, that of the unborn.

Pope John Paul II

The great danger for family life, in the midst of any society whose idols are pleasure, comfort
and independence, lies in the fact that people close their hearts and become selfish.

**Pope John Paul II**

When freedom does not have a purpose, when it does not wish to know anything about the rule of law engraved in the hearts of men and women, when it does not listen to the voice of conscience, it turns against humanity and society.

**Pope John Paul II**

**Educational Goals:**

The learning expectations pertain to thinking skills, analysis, comprehension and communication. As an exercise in reflection, the general objective of this lesson is for all learners to (1) comprehend the “Thought for the Day” and (2) value the “Thought for the Day” as it could apply to their lives, to their daily experiences, to their calling, to their understanding of difficult issues, to their life goals as future mothers and fathers.

**Objectives:**

Students will be able to:

* Explain what the author’s quote is saying.
* Explain what the quote means to them.
* Consider how they can apply the quote and their interpretation to their own lives.
* Explain why the quote is important and how it helps to explain the mystery of human living.

**Teacher preparations and general lesson activities:**

The teacher should develop his or her own individual insights regarding the quotes and use personal examples and other allusions to help the learners through the exercise.

* Write the “Thought for the Day” along with the source on the blackboard or as a handout before class starts.
* Have the learners read the thought statements aloud and then read the thoughts to themselves.
* The learner will then use the four key questions to ponder over the meaning, importance, and use of the thoughts.
* Have the students write responses to the questions, and allow approximately 15 minutes for writing.
* Have the students discuss their learning insights with each other, and allow approximately 20 minutes for discussion.

* Use the final 10 minutes to summarize the discussion and make important connections to curriculum learning expectations and to the relevance of the statements to the society in which we live.

**Lesson Plan**

**Introduction**

Each of the statements offers a challenge and a call to understand the true nature and purpose of human life.

**Body of Lesson**

Read the quotes and begin to think about the meaning of the quote.

Think about how to use the four questions to help focus their thinking.

1. **What is the author trying to say?**
   
   First, put yourself in the author’s shoes to try to understand what he was saying. What does this background information add to your proper understanding of the quote? Who was he speaking to? Why was it important for him to say this? Does his statement help clarify a controversy? Does it contribute to our understanding of important issues? Does he challenge the accepted assumptions of people?

2. **What does it mean to you?**
   
   Once you understand what the author was trying to say, then ask yourself, “What does it mean to me?” Think about yourself, your family, and general society. What if people do not agree with the spirit behind the thought? What does it say to teenagers? Do you agree?

3. **Why is it important?**
   
   Now, place your own personal meaning to the quote and think about the importance of what it means to you.

4. **How can you use it?**
   
   Think about how you can apply the concept or insight to your lives. This is a critical step along with attaching a personal value to the quote. Start to identify ways in which you can learn more about the topic and then help to improve the situation that calls for education and action.

**Writing Component.**

The students can be directed to write their responses to the Four Questions raised above. You can ask the students to do this aspect of the lesson in a cooperative group mode.

**Class Discussion**

Learners share their responses and discuss their insights. There are several ways to conduct this discussion. (1) Taking the first question, ask learners to
share their responses. Continue in this mode question by question. (2) Have each group share all four of their responses at once. Provide positive feedback and help relate the learners’ responses to the quote. Encourage talk among individuals and between groups and call for feedback among the learners. A technique that works is to highlight the various choic-es of words to describe the quote. The teacher should write key words on the board as a visual reminder of learners’ ideas and for the final summary of the work. The teacher should work with the learners’ thoughts and insights.)

**Conclusion and Close**

**Re-Motivation:**

Respect for the dignity of human life and the call for its full protection are crucial to the well being of individuals, families and society. The very future of the country and indeed civilization itself are dependent on a proper attitude to vulnerable human life whether at the beginning stage or the end stage. How we treat the most defenseless members of the human family tells much about us as individuals and as a society.

**Summary:**

Invite the students to summarize what they have learned by this process. Learners should connect insights to previous learning, and the learning expectations announced earlier.

For further development of the themes suggest to students that they study the original documents that treat of these topics:

**Part Two**

**The U.N. Ban on Cloning**

Pope John Paul II was a world leader and his concerns were global in nature. In early March the United Nations adopted a convention to ban all forms of human cloning, an important step in preventing the further deterioration of respect for human life. This decision was lobbied for and certainly pleased Pope John Paul II as this was a major goal of pro-life forces.

Although a highly charged issue, when it comes to human cloning most ordinary people find the prospect somewhat objectionable. Yet there are scientists who cite “science” and “needs of medicine” as justification to conduct research that involves the destruction of embryonic human life. These scientists point to the potential of embryonic stem cells research, including cures for diseases and other health benefits.

Many countries have banned such research outright. Other nations have put controls in place to restrain unfettered research. But it was also recognized that for ethical, economic and social reasons there should be some international regulations put in place to control the situation world-wide.

The forum for debate of issues with international impact is at the United Nations, an organization currently suffering from disrepute because of scandals associated with its handling of the *Oil for Food Program* for Iraq when that country, under Saddam Hussein, had been placed under sanctions because of its invasion of Kuwait precipitating the First Gulf War in 1991. Traditionally, the United Nations has had a rather checkered record when it comes to life issues like abortion, strategies to contain HIV/AIDS, sustainable development, population control measures, children and family rights. At the beginning of March the United Nations took an important step in support of the dignity of human life and the protection of same in its earliest stages.

**Anti-cloning victory at the UN**

Interim Staff

On March 8, the United Nations General Assembly formally adopted an international declaration that calls on member states to enact legislation to “prohibit all forms of human cloning.” By a vote of 84-34, the assembly approved the measure, which serves to set an international standard that humans should not be created through cloning for any purpose. This places human life as a priority over scientific experimentation. The news was highly praised by pro-life groups internationally as a considerable breakthrough. The international community united in condemning human cloning as exploitative and unethical.

Also included in the declaration are calls for member states to introduce measures preventing the exploitation of women for their eggs, especially in developing nations, and a proposal calling for wealthier nations to direct attention and funding to pressing medical issues such as HIV/AIDS, tuberculosis and malaria.
The declaration condemns all applications of any genetic engineering techniques that threaten human dignity. The decision ends over three years of deadlock caused by countries seeking approval for embryonic stem cell research and so-called “therapeutic” cloning. The United Kingdom, Belgium and Singapore led the opposition to a total ban, insisting that a ban only apply to reproductive cloning, while permitting cloned embryos to be experimented on and killed for their stem cells. The topic was originally introduced at the UN by pro-cloning countries to gain implicit international approval for so-called “therapeutic” cloning (creating human clones to experiment on and kill). In 2002, these countries requested that a treaty be drafted to ban only so-called “reproductive” cloning. The countries insisted that human clones are for research only and must never be allowed to be born.

The pro-cloning countries lost support as Costa Rica, the United States and pro-life groups took the lead to educate countries on how cloning violates the human rights of both cloned embryos and women. The pro-life coalition at the UN focused on two points to educate UN delegates: embryos would be created and destroyed at the whim of scientists for the sole purpose of experimentation; and women would be exploited and treated as commodities to harvest their eggs in order to create these cloned embryos. Samantha Singson, Canadian Campaign Life Coalition’s UN representative, was part of a massive and sustained pro-life effort to educate delegates. When asked by The Interim about her experience, she said, “It was a difficult task trying to break down the complex scientific and ethical dilemmas surrounding cloning.” Singson explained, “Most of the people we talked with had no idea that the process of therapeutic cloning entails the killing of an embryo. They were being fed promises of cures. We made a point of telling them that pro-lifers are not anti-stem cell research, but anti-embryonic stem cell research.” A cloning primer compiled by a pro-life coalition was sent to all of the delegations at the UN. It clearly and succinctly explained the success of adult stem cells, the use of which is ethical, and how they are already providing near-miraculous treatments for patients with a variety of illnesses - such as Parkinson’s disease, spinal cord injury, heart failure, cancer and blindness - while cloning has yet to produce a single therapy. Some have said the entire process is a “failure,” as the UN committee had originally been charged with the task of drafting an international convention.

The pro-life coalition claimed victory in a press release sent out immediately after the vote in the General Assembly. “While it is true that this UN declaration is non-binding, its passage is a significant pro-life victory. The declaration has the same immediate effect as if the committee endorsed a convention, in that it sends a clear signal to countries that encourage the practice, and sets an international standard that calls on all states to respect all human life from its earliest stages.” The actions of the Canadian government delegation continued to baffle and anger pro-life lobbyists. At every opportunity, the delegation reported to the committee that Canadian national legislation bans both cloning for reproductive and research purposes. However, instead of voting in favour of the only proposal that supported and reflected the view of its own national legislation, Canada voted against it twice. Immediately after the first vote took place in February, Canada’s representative, Hugh Adsett, delivered an explanation of the vote. Again, he made reference to Canadian national law and stated that it prohibits all forms of human cloning. He said while this was the case, Canada voted against the declaration, because the delegation viewed it as “divisive” and “not in the spirit of consensus.” The Interim quoted the opposition to a total ban.

**Questions**

1. What was so significant about the United Nations vote on human cloning?
2. How did the international community see human cloning as exploitative and unethical?
3. What additional measures were adopted preventing the exploitation of women?
4. Which nations led the opposition to a total ban and what was their reasoning?
5. Given the role of Britain and Belgium in fighting Nazism why is their stand puzzling?
6. What successful arguments did the pro-life coalition at the UN focus on?
7. Why was it a difficult task trying to break down the complex scientific and ethical dilemmas surrounding cloning?
8. In what way were the actions of the Canadian delegation bewildering? How can they be held accountable and kept faithful to Canada’s declared national policy?
9. For further investigation study the connection between pharmaceutical companies and the drive for cloning experiments. Is there an inevitable conflict of interest?
**Section Two**

**The Terri Schiavo Tragedy**

**Timeline Summary**

*On February 25, 1990*, 26-year-old Terri Schindler Schiavo collapsed in her home when her heart temporarily stopped, cutting off oxygen to her brain and leaving her severely brain injured.

*In November 1992*, her husband, Michael, won a medical malpractice lawsuit after claiming that doctors failed to diagnose the chemical imbalance that caused the heart attack. The court awarded approximately $1 million in damages with $300,000 to Michael for his loss and another $700,000 to Michael for Terri’s guardianship and care.

*In July 1993*, Terri’s parents, Bob and Mary Schindler, petition the court to have Michael removed as Terri’s guardian – a request that is denied in August 2001.

*In May 1998*, Michael Schiavo petitions the court to have Terri’s feeding tube removed, claiming that Terri told him that she did not want life-sustaining intervention in the event of her incapacitation.

*In February 2000*, Florida Circuit Judge George W. Greer rules that the feeding tube can be removed.

After several court appeals, it is removed on *April 24, 2001*. Two days later, Florida Circuit Judge Frank Quesada orders doctors to reininsert Terri’s feeding tube.

*In October 2001*, the Florida 2nd District Court of Appeals indefinitely delays the removal of Terri’s feeding tube pending the examination of Terri by five physicians: two selected by Michael, two by the Schindler’s and one by the court. The two doctors selected by Terri’s parents tell the court that she can recover; the remaining three stated that she is in a vegetative state with no hope of recovery. The following month, Judge Greer again orders the feeding tube to be removed again. More court appeals follow.

*On October 15, 2003*, Terri’s feeding tube is removed for a second time.

*October 20-21, 2003*: the Florida State Legislature passed legislation (dubbed “Terri’s Law”) allowing Governor Jeb Bush to intervene, ordering the reinserterion of Terri’s feeding tube – six days after it was removed.

*May 6, 2004 – January 24, 2005*: Various courts, including the Florida Supreme Court, strike down “Terri’s Law” as unconstitutional; the U.S. Supreme Court refuses to hear the case.

*March 2005*: Members of the U.S. Congress and the Florida State Legislature introduce legislation to intervene on behalf of Terri and other medically vulnerable patients.

*March 2005*: The Schindler family exhausts all avenues for legal appeals to reininsert the feeding tube.

http://www.rutherford.org/articles_db/legal_features.asp?article_id=107

A series of three articles follow. The first presents a fairly thorough summary of the chronology, evidence, and key issues involved in the Terri Schiavo case in Florida. The information presented by Matt Conigliaro appears to be objective, but he fails to question the motivation of people including the judge and the expert witness who diagnosed the “permanent vegetative status” (PVS) of Terri Schiavo. The other articles outline pro-life concerns and give a point of view more sympathetic to the Schindler family’s efforts to save Terri’s life.

(a) article written before Terri Schiavo died.

**The Terri Schiavo Information Page**

by Matt Conigliaro (an appellate attorney with a Florida law firm. The full article and the related material can be accessed at the web address noted below)

“You’re left with a woman who suffered a heart attack 15 years ago, who essentially died but was resuscitated, though not entirely. Her brain had suffered enormous damage from the heart attack. As time passed, her brain further deteriorated to the point where much if not most of her cerebral cortex (the portion of the brain that controls conscious thought, among other things) was literally gone, replaced by spinal fluid. Doctors hired by Terri’s husband say the deterioration of Terri’s brain left her without thoughts or feelings, that the damage is irreversible, and that Terri’s life-like appearance is merely the result of brain
stem activity – basically involuntary reflexes we all have. An independent doctor hired by the court reached the same conclusions. Doctors hired by Terri’s parents did not dispute the physical damage done to Terri, but they claim there are new therapies that could improve her condition. In two separate trials, the trial court found such claims of potential improvement to be without merit. Terri’s body continues to function without her cerebral cortex. She is sustained by a feeding tube surgically inserted into her stomach. She cannot eat through her mouth without a strong likelihood of choking to death.

You’re left with a husband who lived with his in-laws following Terri’s heart attack, who apparently provided care and therapy for years but who later came to believe Terri would never recover. He believes she would not have wanted to be kept alive in this brain-degenerated condition by a surgically implanted tube. He is apparently willing to continue his fight to achieve what he believes Terri would want despite ridicule, hatred, expense, and threats.

You’re left with parents who were once allied with Terri’s husband in an effort to care for Terri and restore her but, unlike Terri’s husband, they never lost hope. They believe Terri reacts to them and has conscious thoughts. They believe Terri would not want, and does not want, her feeding tube removed, and that some cognitive function could be restored through new therapies. Terri’s parents are willing to continue their fight to achieve what they believe Terri would want despite ridicule, hatred, expense, and threats.

You’re left with judges who have been placed in the utterly thankless position of applying Florida law to this impassioned situation. Florida law calls for the trial court to determine what Terri would choose to do in this situation, and after a trial hard fought by Terri’s husband and her family, where each side was given the opportunity to present its best case about what Terri would do, the court determined the evidence was clear and convincing that Terri would choose not to continue living by the affirmative intervention of modern medicine – that she would choose to have her feeding tube disconnected.

http://abstractappeal.com/schiavo/infopage.html

Questions

1. What made this case so complex and heart-wrenching?
2. Based on the summary provided in this article what did the husband of Terri Schiavo want? What did the parents of Terri Schiavo want? Why did they want these respectively different solutions to the situation?
3. Why shouldn’t Terri’s condition be maintained if a family member is willing to care for her?
4. Why not err on the side of life where there is no irrefutable proof showing that a person in a condition like that of Terri Schiavo wanted things that way?
5. Is it important to know or understand the background, philosophy, and motivation of the parties involved? How vital are the belief systems of the husband, the parents, the lawyer for Michael Schiavo, Dr. Cranston who made the diagnosis of PVS, presiding Judge Greer, Governor Bush, the media? Investigate the circumstances and belief systems of the principal characters in this tragic drama.
6. What important issues were (and likely continue to be) at stake in the long battle for Terri Schiavo’s life?

(b) An article written before Terri Schiavo died.
What Will Happen to Terri Schiavo?

By Andrew Flusche

On February 25, 1990, Mrs. Terri Schiavo suffered severe brain damage when her heart stopped because of a potassium imbalance. Since that time, she has been bedridden, unable to eat or care for herself (She currently resides at Hospice Woodside in Pinellas Park, Florida). In medical terms, Mrs. Schiavo lives in a state of minimal consciousness. She breathes on her own, her heart pumps by itself, and she can move some of her muscles. However, Terri Schiavo has also received her nutrition through feeding tubes for 15 years. And though she only shows limited responses, her parents and other family members continue to visit her.

What Is the Legal Background?

End-of-life decisions are among the most difficult
one must make. These decisions become much more complicated when our loved ones disagree about what is in our best interest. In complex cases like Terri Schiavo’s, the courts have established legal rules that govern these decisions. To further understand Mrs. Schiavo’s case, a short description of these rules will be of assistance.

In a similar case of a minimally conscious patient, the United States Supreme Court said, “[i]t is assumed that a competent person would have a constitutionally protected right to refuse lifesaving hydration and nutrition.”(2) In conjunction, the courts have developed a doctrine of “substituted judgment” for incompetent patients. “Under this doctrine the court substitutes its judgment for what it finds the patient, if competent, would have done.”(3) This method does not attempt to determine what the best interests of the patient are, but what the patient would actually decide if able to. Because the patient cannot make his decision personally, circumstances dictate that the question about what the patient would choose be submitted to a court. The court then acts as surrogate decision-maker.

While making the end-of-life decision, the surrogate “can decide to forego life-sustaining treatment only on the basis of clear and convincing evidence.”(4) The surrogate must carefully evaluate all available evidence regarding the patient. In Florida, as in other jurisdictions, when there is a question as to the patient’s wishes, the surrogate must “err on the side of life.”(5) In the case of Terri Schiavo, the surrogate has clearly not abided by this default rule.

Michael Schiavo has utilized this court process in his attempt to bring an end to the life of his wife. In February of 2000, Florida Circuit Court Judge Greer ruled as a surrogate for Terri Schiavo that her feeding tube should be removed.(6) Mrs. Schiavo’s parents, the Schindlers, appealed the ruling, but the appellate court affirmed Judge Greer’s ruling that there was clear and convincing evidence that Terri Schiavo would choose to remove her feeding tube.(7) However, as discussed later, there is not much evidence regarding Mrs. Schiavo’s wishes for the removal of the feeding tube so the court should have chosen life. The Schindlers have persisted in their battle to save their daughter, but the courts have favored Michael Schiavo’s plan to remove his wife’s feeding tube, labeling her in a persistent vegetative state.

Is Terri Schiavo in a Persistent Vegetative State?

The court refers to Terri Schiavo as being in a persistent vegetative state, but what does that really mean? According to the Florida Statutes, “‘Persistent vegetative state’ means a permanent and irreversible condition of unconsciousness in which there is: (a) The absence of voluntary action or cognitive behavior of any kind. (b) An inability to communicate or interact purposefully with the environment.”(8) As noted above, Terri Schiavo currently cannot feed herself or interact with her environment in the ways that most people take for granted. However, she does not lie in her bed without “any” cognitive behavior. For example, Mrs. Schiavo recognizes her family members, can blink when asked to, and exhibits emotions such as smiling.(9) Nevertheless, the courts have deemed these simple actions insufficient to qualify as cognitive behavior.

Furthermore, a recent medical study suggests that current medical diagnoses of patients in persistent vegetative states may be inaccurate. According to a study published in the Journal of Neurology, minimally conscious patients exhibit similar brain activity to healthy patients when a loved one recounts shared stories and experiences.(10) While the study admittedly examined only two patients, doctors obtained similar results when examining seven other patients in the same manner.(11) Unfortunately for Terri Schiavo, this study will need to be performed on many more patients and must be reviewed by the medical community before it can have any weight as a legal argument. However, the study does suggest that minimally conscious patients may indeed have cognitive activity; they just cannot express themselves in ways that we recognize.

What Would Terri Schiavo Want?

The main obstacle in determining what Mrs. Schiavo would want to happen in this situation is that she had not executed a living will at the time of her accident. As the appellate court further observed, “She had been raised in the Catholic faith, but did not regularly attend mass…. Her statements to her friends and family about the dying process were few and they were oral.”(12) Finding only minimal evidence of her wishes, the appellate court upheld the circuit court’s ruling that Terri Schiavo would want her feeding tubes removed.

Another dilemma in ascertaining what Mrs. Schiavo would want hinges upon the definition of life support.
In 1990, at the time of her accident, the Florida legislature had specified that “[t]he term ‘life-prolonging procedure’ does not include the provision of sustenance” unless otherwise stated in a living will or other end-of-life directive. Thus, any statements that Mrs. Schiavo might have made before her accident would probably not support the conclusion that she would not want her feeding tubes removed. Stating that she would not want to be on life support or to have life-prolonging procedures in place would most likely mean that she would not want to be on a ventilator or other medical machines of that nature.

Even if Terri Schiavo had said that she would want sustenance revoked in a situation like this, the courts have ignored a vital component to her rights: she can change her mind. The Schindlers brought up this argument in their amicus curiae brief for the Florida Supreme Court. They argued:

[1] If a new drug or adult stem cell therapy were to be developed that could restore Terri to full cognitive function, it would be absurd to pursue her alleged prior wishes to withhold food and fluids instead of asking whether Terri, considering subsequent medical developments, might not rather wish to continue with food and fluids after all. (14)

This argument focuses on the important distinction that the surrogate decision-maker must exercise substituted judgment, not judgment in the best interests of the patient. Since a competent patient can change his or her mind about discontinuing treatment, it stands to reason that an incompetent patient can do likewise. By not taking into account what Mrs. Schiavo’s present-day decision would be, the surrogate is not exercising proper substituted judgment. Her guardian, however, does not seem to mind.

What Is the Humane Result?

Terri Schiavo’s case presents a myriad of legal issues that truly have life or death consequences. A severely disabled woman lies in her hospice bed while family members, lawyers, and courts battle over whether she should live or die a slow death of starvation. Among all of these legal arguments, the humane result emerges. Since Terri Schiavo did not execute a living will to direct what would happen in this situation, nor did she emphatically explain to her family what she wanted to happen, the courts should default to life and save Mrs. Schiavo. Removing Mr. Schiavo as guardian seems to be the best way to save Terri Schiavo’s life.

Questions

1. What is meant by minimally conscious patient?
2. a) How did the court end up as the surrogate decision-maker?
   b) How did the definition of life support play a pivotal role in the court orders?
3. When there is a question as to the patient’s wishes, what is the surrogate decision maker to do?
4. Why did the courts favor Michael Schiavo’s plan to remove his wife’s feeding tube?
5. Is there any evidence that suggests that Terri Schiavo may not have been in a PVS?
6. How did the court reach the conclusion that Terri Schiavo would have wanted to have the feeding tube removed?
7. What is the writer’s conclusion? Do you agree given the information presented?
8. Language shapes public debate about controversial issues. Reread the articles above and determine which of these two approaches are reflected in them and in the media reports on television and the radio:

a) Those who wanted to reinset the feeding tube used “language that increases your perception of her as a sentient human being, whose capacity to tell you that she wants to stay alive is limited only by the fact that she lacks the capacity to speak.”
Dr. Kathleen Jamieson, University of Pennsylvania. Quoted in article by John Schwartz, Words shape Schiavo debate, Globe & Mail, March 26, page A13.

b) The language of those who want the tube to be removed tends toward the clinical, and suggests “that the person who was there is no longer there.” ibid.

http://www.family.org/cforum/fosi/bioethics/facts/a0027736.cfm

Addenda

For an interesting Canadian view on the topic see Christie Blatchford’s article in the Globe & Mail of March 26, At the appointed hour, dignity is subjective, page A17.

Blatchford takes issue with the media bias concerning “quality of life” and “dying with dignity”. As she puts it: “The only folks who can even utter those phrases with a straight face are those who have plenty of the former and haven’t come within a country mile of the latter.”

Blatchford in her article went on to describe three deaths of people related to her: an aunt, her own mom and dad. In each case they battled for life to the end despite illness and inconveniences and “undignified” technical assistance.

Blatchford concluded: “But all my experience, my observations and my own heart tell me that such pronouncements are made only by the healthy and vibrant, and at a moment when they feel invulnerable and are young enough to still be stupid.” She found that “the will to live is stronger than we imagine when we’re young. Facing death we discover different notions about the quality of life.”

Question

1. What important points does Christie Blatchford make concerning the life and death wishes of people?

A second article worth looking at was that of Father Raymond J. DeSouza in the National Post, The lessons of Terri Schiavo, Friday, March 31, page 1.

Father De Souza comments that “life is always , in even a weak or disabled state, a great good…..it is never ‘unworthy of life’; a human being never becomes a vegetable.” He goes on to compare the situation of Terri Schiavo and the cause of her death by removal of the feeding tube, and the illnesses of the Pope and the care and treatment he received. Father De Souza says that the key question determining the propriety of providing or not providing certain type of care relates to what constitutes medical treatment and what is just ordinary care: “It is generally considered that ordinary care includes warmth, hygiene, nutrition, hydration and pain control. Ordinary care is not life support…it would be wrong to withhold or refuse ordinary care, especially if it was intended to hasten death.”

Question

1. Was the removal of the feeding tube from Terri Schiavo the cause of her death? Was her death, therefore, brought on deliberately and classifiable as a state approved murder?