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Death of Terri Schiavo

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Abstract

Few cases in modern history have incited as much national debate and emotion as has the Theresa (Terri) Marie Schiavo case. Mrs. Schiavo had been in a persistent vegetative state (PVS) for the past 15 years, resultant from a chemical imbalance, and kept alive by a feeding tube until March 18, 2005. In compliance with a court order by Pinellas County, Florida Circuit Judge, George Greer, the feeding tube was removed and Terri died 12 days later.

Keywords:

Terri Schiavo, Advanced Directives, Self Determination, Senate Bill 686

Death of Terri Schiavo

Few cases in modern history have incited as much national debate and emotion as has the Theresa (Terri) Marie Schiavo case. Mrs. Schiavo had been in a persistent vegetative state (PVS) for the past 15 years, resultant from a chemical imbalance, and kept alive by a feeding tube until March 18, 2005. In compliance with a court order by Pinellas County, Florida Circuit Judge, George Greer, the feeding tube was removed and Terri died 12 days later.

The controversy centered over what would Terri have done or wanted had she had capacity to make her intentions known. Mr. Schiavo (Michael), Terri's husband, had for the past decade indicated that his wife's wishes were not to be kept alive in a vegetative state. However, his views were not shared by Terri's family; thus, the debate has been heard in state and federal courts, and more recently, by the United States Congress. As a result, Senate Bill 686 was passed and signed into law by President Bush. This law designated that the Florida federal court at which Schiavo's parents filed their petition, as having jurisdiction over the matter. Further, the law ordered the Florida federal court not to be bound by any prior state court actions concerning Terri. The implications of Congress intervention in this case is the legacy that will undoubtedly unfold in courtrooms from henceforth. One question sure to arise upon disagreement of family and spouse or significant others is who has the right to decide on the prolongation of life of others? Will it remain the spouse, or has the family now gained more leverage in influencing the decision? Time and the courts will tell. For a certainly, the issues did not die with Terri.

To safeguard oneself and family from the arduous and painful task of fighting for or against the prolongation of one's life, readers are urged to consider completion of an Advanced Directive. This document allows you to state in advance the kinds of medical care that you would consider acceptable or unacceptable in the event that you become incapacitated and are unable to make that type of decision yourself. An agent can be appointed to make those decisions for you.

According to the Patient Self-Determination Act of 1990, Health care organizations receiving Medicare and Medicaid reimbursements must address patient rights regarding life sustaining decisions and other advance directives. These agencies have a responsibility to ensure that patients and family clearly understand the ramifications of this document. Recent polls indicate that there remains ambiguity on the part of many patients as to the meaning and implications of this document.

I recently had two friends, Cora (a nurse) and Victor (a physician), to die from cancer. The death process occurred quietly at home in the supportive environment of family, friends and in Victors case, Hospice. Lessons I learned from each were that death is an eventuality and that preplanning greatly lessons the burden of the family. Their funerals were termed celebrations of life. Family members were comforted in knowing that they had carried out the wishes of their loved ones.

What has Terri's death taught us? For me, it is to create an advanced directive. I wish not to leave my family embroiled in controversy over what Sheila would have wanted. Rather, I would prefer that when that time comes, they will have cause to rejoice that even in the end, I had it MY Way.

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