Terri Schiavo and the Catholic Connection

Rita L. Marker

“If all fluids and nutrition are withdrawn from any patient, regardless of the condition, he or she will die—inevitably and invariably. Death may come in a few days or take up to two weeks. Rarely in medicine is an earlier death for the patient so certain.”

Until late 2003, few people outside of Florida had heard of Terri Schiavo. In addition, the general public was unaware and uninformed about what was at issue in “food and fluids” cases. All of that changed in October 2003 when Terri’s case exploded onto television screens and front pages of newspapers across the country. The Chicago Tribune called Terri’s “the face that moved a nation.” Television viewers were shocked when they saw her eyes tracking a balloon or following her family members as they moved around her room. They were in a state of disbelief that Terri had been labeled a “vegetable” by her husband and were aghast that he was seeking to bring about her death by removing her food and fluids.

As discussion about Terri Schiavo, her husband and her family increased, people became more aware that hers was not an isolated case. Every day decisions are being made to withhold or withdraw food and fluids from frail, brain-damaged, or


other nondying patients, with the patients’ death the intended outcome. That such
decisions are permitted is no longer a question. Virtually every state considers food
and fluids provided by means of tube to be a “life-sustaining treatment” that can be
withheld or withdrawn under certain circumstances. However, unlike such inter-
ventions as a ventilator, surgery, chemotherapy, and other curative treatments, there
still exists a certain, although often unacknowledged, awareness that food and fluids
are somehow more akin to “care” than to “treatment.”

This distinction was emphasized in a March 20, 2004, address by Pope John
Paul II in which he described food and fluids as basic care—even if provided by
tube.3 Its implications for vulnerable patients and for the policies of Catholic health-
care facilities are momentous.

Terri’s Case

Background

On February 26, 1990, twenty-six-year-old Theresa (Terri) Marie Schiavo
collapsed in the St. Petersburg, Florida, apartment that she shared with Michael, her
husband of six years. When paramedics arrived at the apartment, she was uncon-
scious.4 Her collapse resulted in severe brain damage. Within forty-eight hours,
Michael contacted a lawyer, who sought and received authorization for Michael to
become Terri’s legally appointed guardian. Contrary to media reports, Michael’s
decision-making authority is based on his status as her court-appointed guardian, not
on the fact that he is her husband.5

Soon after Terri’s collapse, Michael instituted malpractice action against her
doctor, claiming that the doctor had failed to recognize that Terri had a low potas-
sium level which led to her heart attack.6 Before and during the malpractice case,

3Address of Pope John Paul II to the participants in the International Congress on
“Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilem-

4After hearing a “thump” on the floor and finding his wife unconscious, Michael Schiavo
did not call “911” immediately. Instead, he placed a call to his father-in-law who insisted that
Michael contact “911.” Although he was trained in cardiopulmonary resuscitation (CPR),
Michael did not turn Terri over to clear her airway. He left her lying face down on the floor
until paramedics arrived. Plaintiffs’ Verified Amended Complaint (August 30, 2003) at 5, in

5Prior to her disability, Terri had not signed an advance directive (living will or durable
power of attorney for health care). Florida law (Fla. Stat. Ann. §765.401 and .404) provides a
priority listing of individuals who can act on behalf of an incapacitated person who has not
executed an advance directive. Under that law, the authority of a judicially appointed guard-
ian supersedes even that of a spouse.

6The cause of Terri’s condition has since been disputed. A more recent theory sug-
gests that she may have suffered a serious neck injury. According to Michael Baden, M.D.,
former chief medical examiner for the city of New York and co-director of the Medicolegal
Investigation Unit of the New York State Police, a March 1991 bone scan done on Terri indi-
cated severe trauma was the source of her injuries. Baden said that trauma was of the type
that can be from “some kind of beating.” Transcript of On the Record with Greta Van Susteren,
Michael took Terri to doctors, arranged for rehabilitative and diagnostic services for her, and, in December 1990, he even took her to California for an experimental implant. The California treatment was paid for by a series of fund raising events arranged by Michael and by Terri’s parents, Bob and Mary Schindler.

During the malpractice trial, Michael emotionally told the jury of his love for Terri and of his intention to become a nurse, so he could care for her for the rest of her life. His attorney presented testimony from a rehabilitation expert about the cost of a detailed rehabilitation plan. Michael swore that he would use any money awarded for Terri’s care. Furthermore, jurors were shown a video of Terri during which Michael’s attorney told the jury that Terri “knows her husband and looks into his eyes.” At the end of 1992, the jury awarded more than $700,000 for Terri’s ongoing care and therapy. It awarded an additional $300,000 to Michael for loss of companionship in the malpractice case. The money arrived in February 1993.

Once Terri’s malpractice award was securely in hand, Michael denied rehabilitation services, placed a do-not-resuscitate order (DNR) on her, and withheld consent for antibiotics to treat her infections.

**Court Proceedings Begin**

Terri’s parents, Bob and Mary Schindler, sought to have Michael removed as Terri’s guardian. During the 1993 proceedings to remove him as Terri’s guardian, Michael admitted under oath that he had ordered nontreatment of a urinary tract infection so that Terri’s condition would get worse and progress to a potentially fatal sepsis. He also admitted to being in intimate relationships with two women. One such relationship had lasted for eight months and the other, which was ongoing at that time, had begun three months earlier. (Michael and the woman with whom he is now living have two children.) In another admission during a 1993 deposition,
Michael was asked what he had done with Terri’s jewelry. He replied, “I think I took her engagement ring and her—what do you call it—diamond wedding band and made a ring for myself.”13

His admissions raised a number of obvious concerns, not the least of which was whether Michael had Terri’s, or his own, best interests at heart. As her husband, Michael Schiavo had dishonored the vows he had made to his disabled wife. As her court-appointed guardian, he had taken his ward’s property and failed to use funds awarded in the malpractice case for her treatment, care, and rehabilitation therapy. Nonetheless, the court did not remove him as Terri’s guardian even though he remained unwilling to authorize any rehabilitation services for Terri.14

Although she did not receive therapy or even such basic services as routine gynecological exams or dental care, Terri continued to live—a seeming source of irritation to Michael. According to Carla Iyer, a nurse who cared for Terri at Palm Garden of Largo Convalescent Center, Michael was focused on Terri’s death, referring to her in a derogatory manner and asking when she was going to die.15 Over the next few years, Terri’s body shook off untreated infections. And, while the lack of therapy prevented any improvement in her condition, her overall health remained good. She was not dying. She was not even ill.

Felos Enters the Picture

In 1997, when Tampa Bay attorney George J. Felos began to advise Michael, the planning to remove Terri’s food and fluids began. Felos had been involved in other “right-to-die” cases. He described one case, that of an eighty-eight-year-old stroke patient, Estelle Browning,16 as a personal life-changing event. “Through this case I began to reenter and re-create the structure of my professional life as a new person,” he wrote.17

Felos claims a unique ability to communicate with individuals, including those whose deaths he is attempting to facilitate. He calls this “soul-speak” and described “soul-speaking” to Estelle Browning as he stood by her bedside:

As I continued to stay beside Mrs. Browning at her nursing home bed, I felt my mind relax and my weight sink into the ground. I began to feel light-headed as I

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13Ibid., 80.

14Caregivers at facilities where Terri has been a patient reported intimidation and threats of dismissal if they provided even such basic services as range of motion exercises for Terri. Affidavits of Heidi Law, C.N.A., August 30, 2003 and Carolyn Johnson, C.N.A., August 28, 2003, on file with author.

15“Michael would say ‘When is she going to die?’ “Has she died yet?” and “When is that bitch gonna die?” Affidavit of Carla Sauer Iyer, R.N., August 29, 2003, 5.

16*In re Guardianship of Browning*, 568 So. 2d 176 (Fla. 1990). Estelle Browning had executed a written advance directive prior to an incapacitating stroke. In it, she had stipulated that she not be given life-prolonging procedures if her death was imminent. The question before the court dealt with whether Browning’s condition was terminal and her death imminent. Browning died of natural causes in 1989 before the case was decided, but the court held that written directives did apply in cases such as Browning’s.

became more reposed. Although feeling like I could drift into sleep, I also experienced a sense of heightened awareness. As Mrs. Browning lay motionless before my gaze, I suddenly heard a loud, deep moan and scream and wondered if the nursing home personnel heard it and would respond to the unfortunate resident. In the next moment, as this cry of pain and torment continued, I realized it was Mrs. Browning. I felt the mid-section of my body open and noticed a strange quality to the light in the room. I sensed her soul in agony. As she screamed, I heard her say, in confusion, “Why am I still here ... why am I here?” My soul touched hers, and in some way, I communicated that she was still locked into her body.18

Some months later, he returned to her bedside for another “soul-speaking” session:

As I always did, I looked into her eyes and shouted to her, hoping for some response or sign.... Having “soulspoken” with Mrs. Browning when we first met, I decided, with a measure of earnest self-inflation, to purposefully initiate such contact. I settled into my breath and noticed all the passing sounds move through my consciousness. As I deepened my relaxation, I reached out with my awareness to see if I could touch her soul-presence. From deep inside I repeated, “Mrs. Browning, it’s okay to leave your body. There is no reason to stay in this body. It is all right to die now.”19

Although he will not say if he has “soul-spoken” to Terri Schiavo, Felos told the St. Petersburg Times that it is necessary to remove Terri’s feeding tube “to accomplish what I believe are Terri’s wishes.”20

In 1998, with more than $700,000 still in Terri’s guardianship estate21 and with Felos as his advocate, Michael Schiavo commenced legal proceedings to remove Terri’s food and fluids. In connection with those proceedings Michael “remembered” that Terri had said she would never want tubes of any kind, even though, during the malpractice case, he had made no mention of that. Furthermore, in his 1993 deposition, he said a physician had brought up the prospect of removing Terri’s feeding tube and he had replied, “I couldn’t do that to Terri.”22

The court appointed Richard L. Pearse Jr. as Terri’s guardian ad litem to determine whether there were any conflicts of interest. In his report, Pearse noted that Michael’s credibility was “adversely affected by the obvious financial benefit to him of being Terri’s sole heir at law in the event of her death while still married to him.”23

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18Ibid., 73.
19Ibid., 216.
22Deposition of Michael Schiavo, 33–34.
23Report of Guardian ad Litem, 12. As of August 2003, no funds from Terri’s guardianship estate had been used for her rehabilitation. However, approximately $550,000 from Terri’s estate had been paid to Felos for his professional services. Schindler v. Schiavo, no. 8:03-CV-1860-T-26-TGW, 11.
After Pearse’s report was submitted, Michael successfully sought to have him removed as guardian *ad litem*. During the ensuing years, as her fate was being decided, Terri was not represented by a guardian *ad litem* until late 2003.\(^\text{24}\)

Under Felos’ guidance, Michael has succeeded several times in having the court order Terri’s death. Twice, she has been denied food and fluids. Both times, her death was narrowly averted.\(^\text{25}\)

The first trial took place in January 2000. An order of death was issued in February 2000 and affirmed by the appeals court. Her feeding tube was clamped in April 2001. However, two days later, her feeding was resumed after one of Michael’s former girlfriends said he had admitted to her that he did not have any idea what his wife would have wanted.\(^\text{26}\) That undercut Michael’s claim that Terri had said she would never want tubes of any type. Within days, another woman with whom Michael had had a relationship since Terri’s collapse gave a sworn statement claiming that Michael confided in her that he did not know what Terri would want.\(^\text{27}\) Both women claimed in their statements that Michael Schiavo had harassed them after their relationships with him ended.\(^\text{28}\)

After many months of legal wrangling, the Second District Court of Appeal remanded the case for an evidentiary hearing to determine whether Terri was in a persistent vegetative state (PVS) and whether she could benefit from therapy.

Throughout the anguishing process, Terri’s parents, Bob and Mary Schindler, have remained steadfast in their desire to protect and care for their daughter. And they have constantly maintained that, although she is very severely disabled, she is responsive. In a 2001 interview, Felos said that “it’s really not relevant in this case whether or not Terri Schiavo is in a vegetative condition.”\(^\text{29}\) He claimed that even if Terri is not PVS, her feeding tube should be removed.

*Disagreement among Experts*

For the evidentiary hearing, five physicians were selected to examine Terri and to render their expert opinions about her condition. The Schindlers’ experts were William

\(^\text{24}\)After the 2003 passage of what is known as “Terri’s Law” (HB 35-E) a guardian *ad litem* was appointed.

\(^\text{25}\)Terri’s feeding was stopped in April 2001 but resumed two days later upon order of a civil court judge. In October 2003, she was denied food and fluids for six days. Her death from dehydration was averted when the Florida legislature passed “Terri’s Law.” See International Task Force on Euthanasia and Assisted Suicide, “Terri Schiavo Case: Timeline 2000—Present,” *ITF Update* 17.1 (2003), http://www.internationaltaskforce.org/iua27.htm#12; and *ITF Update* 17.3 (2003), http://www.internationaltaskforce.org/iua29.htm.

\(^\text{26}\)Anita Kumar and William Levesque, “Attorneys Scramble to Find Woman in Schiavo Case” *St. Petersburg Times*, April 28, 2001, 1B.


\(^\text{28}\)Ibid.

\(^\text{29}\)Transcript of “The Debate over the Life or Death of Terri Schiavo,” *Greenfield at Large*, CNN, August 29, 2001.
Hammesfahr, M.D., and William Maxfield, M.D. Judge George W. Greer selected Peter Bambakidis, M.D., and Michael chose Ronald Cranford, M.D., and Melvin Greer, M.D. (no relation to Judge Greer). All testified during the October 2002 trial.

Dr. William Hammesfahr, a board-certified neurologist from Clearwater, Florida, testified that he had treated thousands of patients with brain injury, including many patients who had been considered PVS. His three-hour examination of Terri was videotaped and shown to the court. On it, Terri could be seen opening her eyes after Hammesfahr asked her to give him a “real wide-eyed stare.” When he asked her to squeeze her eyes shut, she did so and kept them closed. When testing the strength of her legs, he asked her to press her legs against his hand, against the pull of gravity. She did so in a dramatic and observable fashion. Hammesfahr told the court that Terri is self-aware and severely brain-damaged, but not PVS.

The Schindlers’ other expert witness, Dr. William Maxfield, who is board-certified in radiology and nuclear medicine, observed her in person three times in early 2002, then examined her again prior to the hearing. A videotape of his last examination showed Terri smiling and moving when she heard her mother’s voice over a cell phone. At one point, when Terri’s father was speaking to her about the times when, as a child, she would let her “lazy eye” turn out to tease her mother, Terri laughed and then began to cry. Maxfield concluded that Terri is observably aware of and responsive to her environment and that she is not PVS.

Dr. Ronald Cranford, Michael’s witness, is a neurologist from Minnesota’s Hennepin County Medical Center and is well known for his right-to-die advocacy. Indeed, even Felos referred to him as a “gadfly in this area.” Cranford has testified in many other cases that patients’ abilities do not rise to a level to qualify them for continued food and fluids.

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30 Transcript of Schiavo, no. 90-2908-GD-003 (October 11–22, 2002), at V-229.
31 Ibid.
32 Ibid., V-260, 286.
33 Ibid., V-296–297.
34 Ibid., V-296, 316–317, 463.
36 Ibid., VI-505.
37 Ibid., VI-587–588 and videotape of exam.
38 Ibid., VI-506–507.
39 Ibid., X-1362.
40 For example, in the Michigan case of Michael Martin (In re Martin, 450 Mich. 204; 538 N.W. 2d 339 [1995]), Cranford denigrated Michael Martin’s ability to participate in simple card games or to select colors and numbers. He called the man’s smiles meaningless. Andrew J. Broder and Ronald E. Cranford, “Mary, Mary, Quite Contrary, How Was I to Know? Michael Martin, Absolute Prescience, and the Right to Die in Michigan,” University of Detroit Mercy Law Review 72 (1995): 789, 820, n. 203, citing Cranford's testimony on remand in Martin (Nos. 99699 and 99700). In the California case of Robert Wendland, (Conservatorship of Wendland, 26 Cal. 4th 519; 28 P3d 151 [2001]), Cranford claimed that Robert Wendland’s ability to operate his own wheelchair, draw
During his brief examination of Terri (which he admitted was incomplete), Cranford moved a shiny balloon from side to side. On his command, Terri tracked the balloon with her eyes and moved her head from side to side to keep it within her line of sight. As she did so, he said, “Oh you see that, don’t you? You do follow that a bit, don’t you? ... That’s good!” Nonetheless, he characterized this as mere reflex. He told the court that “it looks at those particular moments that she is really looking.” Cranford declared Terri to be PVS.

Likewise, Dr. Melvin Greer, a neurologist from the University of Florida, conducted a cursory (forty-five minute) exam of Terri. Although he had spoken several times with Michael and his attorney, he said he had neither met nor spoken with Terri’s parents and had no desire to do so. He testified that he would not consider himself an expert on PVS, yet claimed he could make a PVS diagnosis without examining the patient.

While on the witness stand, he watched videos of Terri’s examinations by Drs. Cranford and Hammesfahr, in which she moved her eyes to the side when spoken to, vocalized in response to stimuli, and looked in a particular direction when told to do so. Greer depicted all of her actions as “reflexive.” He declared that she was PVS and that nothing could be done to help her.

In his testimony, Cleveland Clinic neurologist Dr. Peter Bambakidis, Judge Greer’s pick, admitted he did not consider himself very experienced in the treatment of patients in PVS. His examination of Terri had lasted a mere thirty minutes. When asked for his opinion of Terri’s condition, Bambakidis replied that he first wanted to stress what he goes through emotionally before arriving at a conclusion. He said that examining a patient in Terri’s condition is “always very disconcerting and very sad.” He found her to be PVS and beyond any improvement.

circles, turn pages, and write the first letter of his name did not indicate any mental awareness. He characterized such activities as bizarre, not unlike the activities of a trained dog. For a thorough discussion of the Wendland case, see Rita Marker, “Mental Disability and Death by Dehydration,” National Catholic Bioethics Quarterly 2.1 (Spring 2002): 125–136.

41Schiavo, no. 90-2908-GD-003, IX-1187–1188.
42Ibid., IX-1119.
43Ibid., IX-1144.
44Ibid., VIII-959.
46Ibid.
49Ibid., VIII-879, 883.
50Ibid., VII-786.
51Ibid., VII-734.
52Ibid., VII-730.
53Ibid.
Terri’s Death Ordered Again

On November 22, 2002, Judge Greer issued the order “that Michael Schiavo, as guardian of the person of Theresa Marie Schiavo, shall withdraw or cause to be withdrawn the artificial life-support (hydration and nutrition tube) from Theresa Marie Schiavo at 3:00 p.m. on January 3, 2003.” In his order, Judge Greer wrote, “Perhaps the most compelling testimony was that of Bambakidis, who explained to the court the agony and soul-searching which he underwent to arrive at his opinion.”

Again, there was an appeal, but on June 6, 2003, the appellate court upheld Judge Greer’s decision and directed him to “schedule another hearing solely for the purpose of entering a new order scheduling the removal of the nutrition and hydration tube.”

Terri’s parents begged Judge Greer to allow attempts to feed Terri by mouth. They reasoned that, if she could eat by mouth, then the tube’s removal would not cause her death. He refused. On September 17, 2003, he issued a new order, scheduling her dehydration and starvation to begin at 2 p.m. on October 15, 2003. Terri’s feeding tube was removed on schedule.

By then, however, she had become national news. Outrage from the disability-rights community had reached a fever pitch. Busloads of people gathered outside the facility where Terri was expected to die within days. Her story was being discussed across the country—and in the Florida legislature. After a personal appeal from Terri’s father to Governor Jeb Bush, the wheels were set in motion for the legislature to act.

Terri’s Law

On October 21, 2003, the Florida legislature passed H.B. 35-E, also known as “Terri’s Law.” The law, which gave Governor Jeb Bush the authority to stay a

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54 Schiavo, No. 90-2908-GD-003 (November 22, 2002).
56 At Michael’s request, Greer had denied a similar plea in 2000. In addition, he had refused to allow Terri to undergo a barium swallow test that would ascertain the consistency of foods to be taken by mouth. Anita Kumar, “Judge Rejects Swallowing Test for Schiavo,” St. Petersburg Times, March 8, 2000. During the April 2001 attempt to starve and dehydrate her, Felos, on behalf of Michael, said that trying to feed Terri orally would result in lung infection. David Sommer, “Comatose Woman Not Fed Orally Out of Fear of Infection,” Tampa Tribune, April 26, 2001. Terri has consistently been able to swallow her own secretions and it is possible that her being fed by tube could have been as much for convenience as for necessity. Even Felos has acknowledged that many patients fed by tube could actually eat by mouth: “How better to free up an aide’s time, and the employer’s money, than by commencing tube feeding? All the aide need do is change a bag once or twice a day, expending a few minutes rather than an hour or more in direct resident care. Countless incompetent patients have been prematurely intubated for the sake of corporate convenience and profit.” Felos, Litigation as Spiritual Practice, 70.
57 Twelve national disability-rights groups had filed briefs opposing Terri’s starvation and dehydration death.
patient’s dehydration, took effect immediately. After six days without food and fluids, Terri Schiavo’s feeding tube was reinserted.

Felos was outraged, saying Terri had been kidnapped from her deathbed. His fury was surreal since Terri was only on her deathbed because his client had ordered her death by dehydration. The outcry from pundits was shrill and misleading. They railed against the law saying it will force Floridians to undergo treatments they do not want. But that is false.

The law only applies to people who have not expressed their wishes to forgo food and fluids or who had not named someone to make health-care decisions for them. Even without such an advance directive, food and fluids can still be withdrawn unless a family member disagrees.

The law added protection for vulnerable people who could be subjected to dehydration death ordered by—as in Terri’s case—a court-appointed guardian. The law also called for the appointment of a guardian ad litem (not the same as the guardian) whose role is to make recommendations to the Governor. Those recommendations are to focus on whether the stay on a dehydration death should be lifted.

On October 31, 2003, Florida Ninth Circuit Chief Judge David Demers appointed Jay Wolfson, a University of Southern Florida professor and expert on health-care financing, to serve as Terri’s guardian ad litem for a period of thirty days. In his report, submitted on December 1, 2003, Wolfson concluded that “the Governor should not lift the stay if valid, independent scientific medical evidence clearly indicates that Theresa has a reasonable medical hope of regaining any swallowing function and/or if there is evidence of cognitive function with or without hope of improvement.”

Furthermore, he declared, “There is feasibility and value in swallowing tests and swallowing therapy being administered,” if the parties agree in advance about the way the results will be used to determine Terri’s future. If there is no agreement, he wrote, “the court must be prepared to once again make a final judgment on the matter.”

In addition, Wolfson recommended that, as long as controversy and an adversarial relationship exist in her case, a permanent guardian ad litem be appointed to represent Terri’s exclusive interests. As of mid April 2004, the court had not appointed a permanent guardian ad litem for Terri nor had swallowing tests or therapy taken place.

On May 5, 2004, Circuit Court Judge W. Douglas Baird ruled that “Terri’s Law” is unconstitutional. The governor filed an immediate appeal. The final outcome of the appeal will be critical in determining whether Terri will live or, once again, be denied food and fluids.

60 Ibid.
61 Ibid., 3, 34.
The Catholic Connection

The firestorm created when “Terri’s Law” passed was matched by the frenzy that took place in March 2004, when Pope John Paul II addressed the topic of tube feeding. There were claims that the Catholic Church was injecting religion into Terri’s case. However, from early on in the struggle to protect Terri, her parents have pointed to the fact that they and Terri are Catholics and that removal of her food and fluids for the purpose of causing her death is contrary to their faith.

During the 2000 trial, Felos presented Father Gerald Murphy as an expert witness at trial to refute the Schindlers’ belief. Murphy explained that he was the person called upon in the St. Petersburg diocese to address end-of-life questions. He further stated that he had wide experience as a hospital chaplain, was the founder of ethics committees, and had rendered pastoral clinical care in hundreds of cases. According to Murphy, most people have no idea what the Catholic Church teaches.

Murphy said he opposes assisted suicide but that he is certain it will become legal in Florida, because Catholics do not make a distinction between allowing death and killing. He acknowledged that he had never seen Terri and had not met her parents, but was basing his conclusions about the ethics of removing Terri’s food and fluids on several depositions and on a three-page summary of her medical records, written by a physician who had reviewed her case. Nonetheless, he pronounced removal of her food and fluids to be not only acceptable, but appropriate. He said he thought expense should be a factor and that the cost of her health care for years and years would be astronomical, although he did admit that that was “just a hunch.”

Murphy testified that “God’s will would have been easily done fifty years ago” but, because she lives now, technology is an “obstacle for nature taking its course.” Apparently, Father Murphy was unaware that tube feeding is neither new nor expensive. In fact, two articles published in an 1896 medical journal explained how common and simple tube feeding was at that time.

Murphy is just one among many members of the clergy who have weighed in over the years to support Michael’s side in the controversy. Father Kevin O’Rourke, O.P., currently a professor of ethics at Loyola University, expressed even stronger sentiments about Terri’s case. In 2003, after Terri’s feeding had been stopped and then started once again, O’Rourke expressed outrage at those who were seeking to

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63On February 14, 2003, Father Murphy was, at his request, granted a leave of absence from the active ministry.
64Transcript of Schiavo, no. 90-2808-GD3, (January 24, 2000), at 205.
65Ibid., 183–184.
66Ibid., 203–204.
67Ibid., 209.
68Ibid., 199.
protect her life. “For Christians, it is a blasphemy to keep people alive as if you were
doing them a favor, to keep people alive in that condition as if it benefits them.”70

And, although he did not use O’Rourke’s strong language, Sulpician Father Gerald D. Coleman, president and rector of St. Patrick’s Seminary and University in Menlo Park, California, concluded that Terri is PVS and is, therefore, dying. Based on that
collection, he wrote that her nutrition could be removed although he inexplicably
contended that palliative care, including hydration (fluids) should still be provided.71

Perhaps more interesting was Coleman’s reliance on Dr. Ronald Cranford’s
diagnosis of Terri’s condition. After referring to the fact that three of the five physi-
cians testifying during the 2002 trial declared that she was PVS, Coleman wrote,
“This diagnosis has been confirmed by expert neurologist Ronald Cranford who has
concluded that ‘There is no choice for reversibility and no chance for treatment.’”
Unfortunately, Coleman neglected to mention Cranford’s well-known advocacy of
death for disabled patients.73 Thus by March 2004, Catholic Church teaching had
been discussed and distorted in Terri’s case.

Food and Fluids as Minimal Care

In his March 20, 2004, address to participants at an international conference,
Pope John Paul II declared that food and fluids—even if provided by means of a
tube—should, along with hygiene and warmth, be considered minimal care.

Death by starvation or dehydration is, in fact, the only possible outcome as a
result of their withdrawal. In this sense it ends up becoming, if done knowingly
and willingly, true and proper euthanasia by omission.74

Msgr. Kevin T. McMahon, a theologian at St. Charles Borromeo Seminary in Overbrook,
Pennsylvania, who spoke at the Rome conference, said “the pope’s message was
meant to underscore the Church’s position in cases such as Schiavo’s.”75

Response to the papal address was swift and intense. Referring to it as “a
stunner, to say the least,” Laurence O’Connell, director of the Park Ridge Center
for Health, Faith, and Ethics in Chicago, said, “I think we all would have withdrawn
a feeding tube in her [Terri’s] case—until this.”76

72 Ibid.
73 See note 40 above.
74 John Paul II, address, n. 4.
Arthur L. Caplan, chair of the department of medical ethics and director of the Center for Bioethics at the University of Pennsylvania, said the allocution “threatens both to undermine a powerful social consensus about stopping medical care and to compromise the rights and dignity of tens of thousands of patients in American hospitals and nursing homes.”77 Referring to the statement as “an earthquake in terms of what it means for end-of-life care,” Caplan called it “very important,” but “very erroneous.”78 He declared that the pope’s statement was “absolutely inconsistent with American practice, even in Catholic institutions,”79 despite his apparent lack of understanding of both the statement’s wording and Catholic teaching. Omitting two crucial words, Caplan wrote that the pope had said that “because a person is alive there is a moral prohibition against ‘any action that would anticipate his or her death.’”80 The pope’s actual statement was “any act that aims at anticipating the person’s death.”81 If, in fact, the purpose (“aim”) of removal is death, it would be considered euthanasia by omission. On the other hand, if death is foreseen (anticipated) but not intended, the prohibition would not apply.

Father John Paris, S.J., Walsh Professor of Bioethics at Boston College, said the pope’s statement was “causing mischief” and advised that the “best thing to do is ignore it, and it will go away.”82 Some news articles proclaimed that the pope’s statement could “create problems for families of patients who have requested do-not-resuscitate orders.”83 However, it would do nothing of the sort. Nor would it require the use of such technology and treatments as ventilators, unwanted surgery, chemotherapy, etc.

During an oft-cited address, delivered in 1957 to delegates of an International Congress of Anesthesiologists, Pope Pius XII focused on concerns about the use of a ventilator.84 The physicians had asked if they were morally compelled to continue ventilator support, even if they considered its use completely hopeless and even if

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78Lisa Greene, “At Pope’s Words, New Schiavo Cases?” *St. Petersburg Times*, May 1, 2004, IB.
79Smith, “Pope’s Feeding-Tube Declaration.”
80Caplan, “Do Not Resuscitate.”
81John Paul II, address, n. 4.
82Greene, “At Pope’s Words.”
83Barbara Feder Ostrow, “Concern over Pope’s Remarks on Comas,” *Mercury News* (San Jose, CA), April 2, 2004, IA.
84“The Prolongation of Life: An Address of Pope Pius XII to an International Congress of Anesthesiologists,” *Pope Speaks* 4 (Spring 1958): 393–398. The pope was responding to three questions submitted to him by Dr. Bruno Haid, chief of the anesthesia section of the surgery clinic of the University of Innsbruck. It was delivered during an audience granted to delegates to an International Congress of Anesthesiologists, meeting at Rome’s Mendel Institute.
the family asked that it be removed. The pope replied that doctors were not compelled to maintain use of a ventilator.

Nonetheless, the March 2004 address has been depicted as somehow abrogating the right of patients and their decision makers to determine the course of medical treatment. Barbara Coombs Lee, an author of Oregon’s assisted-suicide law and executive director of the assisted-suicide advocacy group Compassion in Dying, released a statement titled “Vatican Puts Advance Directives in Jeopardy.” She warned that Catholic facilities would ignore patient wishes and urged supporters to take action.

Reassurance that health facilities would virtually ignore the pope’s statement about food and fluids was offered in some Catholic quarters. For example, Peggy Wilkers, president of Fitzgerald Mercy Hospital Nurses Association of Pennsylvania, said the statement would not have any impact on actual practice. She said the group would continue to base care “not on what the pope says but on what the family wants.” She explained that it is “torturous” for the family when a patient will “never be who they were before.” Without removing a patient’s food and fluids, she said, the family is “not able to move on to the next chapter.”

A spokesperson for Catholic Healthcare Partners, which includes eight hospitals in Ohio and Kentucky, said they would continue to honor living wills and durable powers of attorney in spite of the pope’s statement on feeding tubes.

Eric Streeter of St. Peter’s Hospital in Albany, New York, expressed concern that considering tube feeding to be care “would put Catholic hospitals in a position that would be in conflict with the law.” Similar concern about the law was voiced by Keith Murdock, a spokesman for Trinity Medical Center in Steubenville, Ohio. He said that the hospital, which is co-sponsored by the Sisters of St. Francis of

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85It should be noted that many of the physicians at the 1957 congress were from European countries. Even today, physicians outside the United States have great authority to make decisions for their patients. Fortunately, American practices are different. Every state permits competent patients to request that medical treatment be withheld or withdrawn. In addition, every state permits individuals to name someone else who can make medical decisions for them, if they ever become unable to do so for themselves.


88Smith, “Pope’s Feeding-Tube Declaration.”


Sylvania, Ohio, must honor requests to remove feeding tubes. “Legally, we have to abide by the wishes of the patient or person designated with power of attorney,” Murdock said.91

Law and Ethics Not Synonymous

Murdock’s statement reflected a confusion that became apparent in the weeks following the pope’s statement. That confusion centers around the difference between what is legal and what is ethical. The two are not necessarily the same.

From the standpoint of legality, most states specifically include “artificially provided nutrition and hydration” in their definitions of life-sustaining procedures that can be legally withheld or withdrawn. Furthermore, all states consider abortion to be a legal medical procedure, and Oregon has transformed physician-assisted suicide into a legal medical treatment.

Yet, the fact that a practice is legal does not make it morally right. Nor are individuals and facilities that oppose such practices compelled to participate in them. However, health-care facilities should provide all patients or their decision makers with clear information about the facility’s principles and policies at the time of admission. Patients and decision makers have the right to such information. And facilities have the right to establish policies based upon their religious or ethical principles.

The pope’s statement does not change the law. But it should have an impact on how Catholic health facilities operate. And it does serve as an opportunity for facilities to reassure patients that they need not fear being dehydrated to death.