The following group of letters concerns the death of Terri Schiavo in 2005. Because of an editorial oversight, these letters were not published last year, and it seemed appropriate to include them here.

Terri Schiavo: Rest in peace

As Charles Weijer has pointed out, the case of Terri Schiavo involved a family conflict regarding end-of-life decision-making.[1] This irreconcilable conflict resulted in a series of judicial interventions that were a rerun, with some differences, of the Karen Ann Quinlan, Nancy Beth Cruzan and other well-known cases.

Nowadays, many hospitals rely on clinical ethicists, ethics committees or mediators — before court intervention — to resolve conflicts in which family members or health care providers disagree about clinical interventions or care plans for an incapacitated patient. What was striking in Terri Schiavo's case was the political rhetoric that surfaced on an issue that health care providers and ethics committees tackle on a daily basis. And what was so tragic, aside from the patient's condition, was the breach of her right to die with dignity.

Whatever one's view of her case, Terri Schiavo had a right to have her life and death kept private and her medical records held in confidence. The media, along with prominent politicians, paraded her medical status for the entire world to witness. Not only was there a breach of privacy, but politicians, the media, special interest groups, family members and supporters used her mental status to promote their causes.

If one believes that withdrawing nutrition and hydration from a patient in an irreversible coma or persistent vegetative state constitutes murder, there are ways of debating the issue and developing a consensus. But to use Terri Schiavo and her husband, her legally appointed surrogate decision-maker, to further that point of view strikes me as opportunistic. The violation of the Kantian principle to treat mankind as an end, never as a means, dealt a further blow to Terri Schiavo's wish to die with dignity. May she finally rest in peace.

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REFERENCE

1. Weijer C. A death in the family: Reflections on the Terri Schiavo case [editorial]. *CMAJ* 2005;172(9): 1197-8.

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The analysis by Glenys Godlovitch and associates[1] of discontinuing life support is well done. It is, however, important to remember that under the Canadian Constitution, it is the provinces (not the federal government) that have jurisdiction with regard to substitute health care decision-making. Therefore, readers should be aware that the Alberta court decision discussed by these authors may not apply in other provinces, where the laws may be different.

Although the common law[2] has long recognized the legal validity of living wills (instructional advance directives), the statutory enactments in some provinces may require that certain procedural steps be taken before they become enforceable. Even without these steps, the instructional advance directive is evidence of the person's wishes. Although, as Weijer[3] rightfully points out, the instructional advance directive is not a panacea, such a directive is worth writing to provide guidance to surrogate decision-makers in situations such as the withdrawal of life support if the patient becomes comatose.

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REFERENCES

1. Godlovitch G, Mitchell I, Doig CJ. Discontinuing life support in comatose patients: an example from Canadian case law. *CMAJ* 2005;172(9):1172-3.
2. *Malette* v. *Shulman* (1990), 72 O.R. (2d) 417.
3. Weijer C. A death in the family: Reflections on the Terri Schiavo case [editorial]. *CMAJ* 2005;172(9): 1197-8.

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Charles Weijer's commentary on the death of Terri Schiavo[1] represents opinion not based on fact. Terri Schiavo did not require "the provision of artificial nutrition and hydration" any more than any immature or dependent person requires food and water with the aid of someone who cares for them. If her nutrition was "artificial," then so it is for many patients in hospital, some people with disabilities, and children too young to feed themselves.

Terri Schiavo was not a burden to anybody. Her parents were quite content to provide all she needed. What was startling, in fact astonishing, to all people who love life, was that the judges would not allow her parents to care for her, but enabled medical staff to starve her to death, a lingering and painful way to die. There is nothing noble in this.

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REFERENCE

1. Weijer C. A death in the family: Reflections on the Terri Schiavo case [editorial]. *CMAJ* 2005;172(9): 1197-8.

DOI:10.1503/cmaj.1050134

[Dr. Weijer responds:]

The purpose of my commentary[1] was to disagree with those who suggest that living wills are a moral panacea. Although living wills are an important means by which people express their wishes for future treatment, they seem an unlikely solution for cases like that of Terri Schiavo. People in their teens and 20s are unlikely to complete living wills. Even if a living will is in place, a deeply divided family will disagree as to its meaning. As a result, physicians need to employ techniques of communication, negotiation and mediation to keep families united in making decisions for loved ones whenever possible.

Erban is critical of how Terri Schiavo's plight was unduly publicized by political conservatives and the media, pointing out that the resulting frenzy was an affront to her dignity. I agree.

Sullivan concurs that living wills are not a panacea, but points out that they