QUINLAN, CRUZAN AND SCHIAVO: BIOETHICS AND LEGAL EDUCATION USING THE HALLMARK CASES

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NONPF INTEGRATED COMPETENCIES FOR ETHICS

- NPs should integrate ethical principles in decision making
- NPs should evaluate the ethical consequences of decisions
- NPs should apply ethically sound solutions to complex issues related to individuals, populations, and systems of care

KAREN ANN QUINLAN
1975

- 1st case in the ‘Right to Die” movement
- Age 21 apparent drug overdose, anoxic for at least 2 15 min periods
- In ED, nonreactive pupils, unresponsive to deep pain
- Placed on mechanical ventilation, feeding tube, initial weaning attempts unsuccessful

- Thought to be in persistent vegetative state
- Described as "emaciated, joints are rigid and deformed"
- Father requested removal of mechanical ventilation
- Physician and hospital refused, stating she did not meet the criteria for brain death and feared criminal/civil liability if she died
- A court appointed guardian stated that the parents had no right to euthanize their daughter
**COURT’S DECISION**

- New Jersey superior court denied the request
- New Jersey supreme court ruled in favor of the Quinlans
- Based on constitutional right to privacy (protected privacy)
- 1st use of “substituted judgment standard”
- A surrogate has the right to decline medical treatment of an incompetent patient if the surrogate believed the patient would want limited care

**SUBSTITUTED JUDGMENT STANDARD**

- Concern: the amount and depth of knowledge surrogates have about patients
- In this case, the hospital, and caregivers would not be liable for removing the ventilator if they truly believed she was in a persistent vegetative state with no hope of full recovery
- Karen Ann lived without the ventilator for 10 years since she was on nasogastric feeding

**ETHICAL ISSUES: QUINLAN**

- Autonomy-the right to self determination. This case set the stage for advance directives, specifically health care proxies and living wills
- Beneficence- does the burden of the proposed intervention outweigh the benefit, in this case, continued mechanical ventilation

**KAREN ANN QUINLAN 1972**
**NANCY CRUZAN**

1983

- MVA deprived of O2 for 12-14 min, probable cerebral contusions
- Thought to be in persistent vegetative state, parents requesting removal of feeding tube
- Medical staff refused without court approval
- Nancy had stated she did not wish to be sustained if she could not live “at least halfway normal
- State law agreed she had a fundamental right to refuse or direct the withdrawal of life sustaining treatment

**COURT BATTLE**

- Missouri Supreme Court reversed the decision finding that the state had a legitimate interest in preserving life regardless, of its quality, and that “clear and convincing” evidence of refusal was not substantiated.
- US Supreme Court ruled in favor of the family, citing “the constitution would grant a competent person a protected right to refuse artificial hydration and nutrition.”
- This “right to liberty” is guaranteed by the 14th amendment

**COURTS (CON’T)**

- The U.S. Supreme Court preserved individual states’ rights to set the standard of evidence.
- The “clear and convincing evidence” standard was challenged in this case
- Nancy Cruzan died shortly after the feeding tube was removed.
- The Quinlan and Cruzan cases greatly influenced the passage of the Patient Self Determination Act of 1992

**ETHICAL ISSUES: CRUZAN**

- Autonomy - who has the right to decide?
- What exactly is “clear and convincing evidence” - subjective at best
- What is included in life sustaining measures?
- Justice - what constitutes futile care?
In 1999, Terry Schiavo, age 27, suffered cardiac arrest thought to be a result of hypokalemia 2nd to an eating disorder. She had a feeding tube and was thought to be in a persistent vegetative state. 8 yrs later, her husband moved to have the feeding tube removed, stating she would not want to be maintained in such a state. Her parents objected citing new evidence that her condition was reversible. A state court concurred with the husband and this was affirmed by an appeals court. The Florida Supreme Court chose not to review the case. The case became a media circus, with input by religious leaders and local and national politicians.

Substantial evidence showed that Terri’s cerebral cortex was irreparably damaged, although several doctors claimed that her cognitive state could be restored. Florida legislature passed “Terri’s law” and Gov. Jeb Bush ordered the feeding tube reinserted. Florida Supreme Court deemed the law unconstitutional based on violation of the separation of powers. The U.S. Supreme Court refused an appeal by Gov. Bush.
Congress met 2 days after the feeding tube was discontinued to consider emergency legislation that would only apply to Terri Schiavo.

A district court judge denied the parents a restraining order citing that the case had been exhaustively litigated.

After many legal battles over 7 years, the original court decision was affirmed.

Although no new case law was established, the cases exemplifies the complexity of these decisions.

The feeding tube was removed and Terry Schiavo died, 15 years after lapsing into coma.

### Ethical Issues: Schiavo

- Appropriate role of government and religious groups in end of life decisions
- Autonomy - who decides for an incompetent patient?
- Beneficence - what is considered the best interest of the patient
- Best interest standard - what most reasonable people in a similar situation would choose
- Justice - who is short changed for lengthy, possibly futile care?
CHALLENGES

- Practitioners own value system may be in conflict with that of the patient/family
- Cultural and religious differences may influence decisions
- Lack of knowledge regarding federal/state laws

TEACHING STRATEGIES

- Case analysis using these hallmark cases as a framework
- Role play
- Observe an ethics consultation
- Attend an ethics committee where ethical and legal issues are discussed

THE TAKE HOME

- Being a health care provider requires lifelong learning in a variety of fields including ethics and law
- Consult an expert as you would in any aspect of care you may not be familiar with
- Start the sensitive conversations early with all your patients regardless of age
- Remember Karen, Nancy and Terri were all in their 20s when their tragedies occurred!

MY JOY, MY SORROW: KAREN ANN’S MOTHER REMEMBERS

Karen became the symbol of abuse of technology in this technological age. She gave both fields—law and medicine—a case they could not avoid.
REFERENCES