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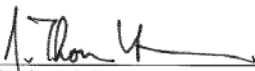
THOUGHTS BEFORE DYING: ETHICS AND MORALITY OF THE END

**A thesis submitted to
Regis College
The Honors Program
in partial fulfillment of the requirements
for Graduation with Honors
by
Caitlin Ann Wojciehoski**

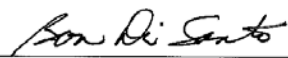
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TABLE OF CONTENTS

ACKNOWLEDGMENTS	iv
I. INTRODUCTION	1
II. SUICIDE AND EUTHANASIA	4
III. THE PHILOSOPHIES OF KANT, UTILITARIANISM, AND LIBERTARIANISM	14
IV. CATHOLIC MORAL TEACHING	26
V. FINAL THOUGHTS	40
REFERENCES	45

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Introduction

Growing up I can remember my grandmother remarking several times that she wished that there was a “black pill”. She used to say how inhumane it was that we would put our beloved family pets out of their misery at the end of their lives yet we would not do the same for our family members. My grandmother had fought breast cancer since before I was born. She won and was in remission for most of my life. Unfortunately, the cancer came back when I was fifteen. As I watched her fight for the second time, I often thought of how she had wished for that black pill. I wondered if she had wanted it when she was losing a long painful battle with a merciless enemy. Of course because I loved her so much, I was glad that she had no magic black pill and that I would get to be with her for as long as possible. For a very long time she hid her pain well, she remained the same lovable, active grandmother that I had always remembered until the bitter end.

Then on July 31st, the year I turned sixteen, I received a phone call on my way to work to come straight to my Grandparents’ house. I remember that I had already changed into my lifeguarding uniform with my whistle ready around my neck. I drove to my Grandparents’ house and found a hospice nurse teaching my mom how to administer morphine to my grandmother. She had wanted to spend her last days at home and the nurse said that she had only a matter of days left. When I looked into the master bedroom I did not see my grandmother. An old woman was lying on the bed looking aged and helpless, and worst of all scared. If I had not known beyond a doubt that she

was in fact my grandmother I would have sworn that wasn't her. My grandmother was warm and kind and so lively. Whatever it was that made her who she was, had disappeared. Maybe it was her soul, or maybe her mind, or maybe just her will to live. Whatever it was, it was gone and it wasn't coming back. She wasn't talking anymore and she never talked again. My grandfather lay next to her embracing her, and telling her that everything was okay, that she could go when she was ready. I remember thinking that I had never seen such an act of love. His face showed so much pain in letting her go but he knew that she would be better when her suffering could finally cease. Thankfully my grandmother's life did not drag on long after that, she didn't last days but died within a few hours. I count myself lucky that I was one of the few members of my family that made it in time to tell her goodbye.

Some terminally ill people are not as lucky as my grandmother and the final, most painful part of their lives can last much longer. Some people have to suffer for days, months, and even years before they get the relief of death. I often wish there was a black pill for them. I remember being grateful that there wasn't one for my grandmother when she was alive but that is because she was still my grandmother. However, this feeling of relief only reflected my own desire to be with her for as long as possible, and did not help her, as the person who was suffering a long, painful death. On the day she died she wasn't the same lively grandmother she once was. She had lost the light in her eyes, she could no longer communicate with us, and I could tell that she wasn't connecting with the world around her anymore. Her heart may have been beating and her lungs may have been able to breathe but she was no longer alive. I believe that being alive entails more

than a heartbeat and a semi-functioning brain. Some people might call it the mind and others might call it the soul of a person, but whatever it is, there is something that makes a person alive and not just a functioning shell of a body. When this something is no longer present I believe there is no moral or ethical conflict with letting the body die or even helping it along to die on your own terms. However, there are situations in which assisting death is acceptable and others where it is morally wrong.

In this thesis, I will argue that the value of life transcends mere biological existence. I will use several situations of suicide and one example of euthanasia to argue that the morality and ethics surrounding these decisions is contextual to the specific situation. Through my own personal stories and through the case of Terri Schiavo I will try to determine when it is acceptable to take one's own life and when it is right to let a person die. I will use different philosophical arguments to present this case including the ideas of Immanuel Kant, Utilitarianism, Libertarianism, and Catholicism. I will conclude with my argument for a contextual approach to the ethics surrounding death.

Suicide and Euthanasia

When I was ten years old my brother was fifteen. I remember being jealous and wishing I could fast forward to a time when I was his age. He and his friends seemed to have everything going for them and everything exciting in their lives about to happen. They were in high school, in a year they would be able to drive, a couple of years later they would graduate, they would move out and go to college, and after that they would be all grown up. To me their lives seemed perfect and I wanted to be able to look forward to all of those exciting events in the near future. What I didn't realize is that no one's life is perfect and some people do not get to drive a car, or graduate, or go to college, or grow up.

That year my brother's best friend Zach took his own life. I was young and I do not remember all of the details but from what I do remember we were told that he had gotten into an argument with his dad about getting a car. Apparently he had not won the argument and later that night he shot himself in the head. Of course, now I realize there must have been other issues, he must have been depressed or had deeper problems with his family. But at the time I did not know enough to understand the whole story; to me he died because he couldn't get a car. I remember thinking how sad that was and how scary that must have been. There have been times in my life when I have been sad or angry, and I had thought that everything would be easier if I wasn't alive but whenever I

had those thoughts, I always became scared and knew that I would never be able to take my own life.

His funeral was very sad. It seemed to me that my brother's whole high school had attended. So many people were crying and Zach's family looked like they had not slept in days. I remember seeing the open casket and not being afraid anymore because the body that lay in there looked nothing like the boy I remembered playing basketball in my driveway. As my brother got up to say a few words about his best friend I remember thinking about all of the things Zach missed out on. I wondered if he had ever been in love. I wondered if he had thought about later in life when he could be an adult and make his own decisions. I couldn't understand why he couldn't just wait until things got better. Not having a car didn't seem to be that big of a deal, surely not enough to miss out on the rest of your life.

Years later when I was fifteen my brother had made it to college. From the stories that he told, college seemed like a magical place with no rules or responsibilities. Of course classes were never mentioned in these stories, which just made growing up seem all the more enjoyable. He just seemed so happy to be out on his own living in a fraternity with all of his friends. I was so excited to spend time with him on Thanksgiving break since it would be the first time the whole family would be together again since that summer. All five of us were driving up to the mountains to my aunt and uncle's house to celebrate with the whole family. I remember thinking it was strange that my sister was driving, she had her license by then, of course, but on a long drive like this

with the whole family usually my dad would drive. Soon I found out why. My brother started telling me what had been going on in his life lately, apparently a story that the rest of my family already knew. I remember being hurt that I was the last to know, especially because my brother was my idol and I liked to think that we were close and that I was his favorite. Later I realized that it was for this reason that it was so hard for him to tell me. How do you tell someone who looks up to you that you failed?

My brother told me about how he had stopped going to classes. He was going to fail out of school. He also told me about how miserable he was. He hated his life and he hated going to college. But he was afraid of what the whole family would think if he admitted that college just wasn't for him. It had gotten so bad that he would drink and do drugs just to numb himself and forget about the pain. He was clinically depressed and he told me that whenever he was on the road driving he would think to himself, what would happen if he swerved and hit a tree? He would wonder if anyone would really care or truly miss him. He told us that he had to convince himself every time that we, his family, loved him and would be devastated without him.

As this story was being told I looked around at the rest of my family. With both of my parents struggling to keep themselves from falling apart, I knew now why it was so important for my sister to drive. Although when I looked into the front seat, I could see that her knuckles had gone white from gripping the steering wheel so hard and there were tears flowing down her cheeks. As my brother told me the rest of the story, that he had confessed to my parents and they had decided he needed to withdraw from classes and

talk to a counselor, I remember thinking about how happy I was that he didn't swerve his car into a tree. I was so grateful that he could convince himself that we loved him.

Again I thought about all the things he would have missed out on. He would never have had the time to meet the love of his life, or get married, or have children. I remember thinking even though he was sad and could not see himself happy in the future, life would improve and that waiting was always a better option than ending the story early.

Years later I learned the hard way that sometimes waiting for life to improve isn't an option. A beloved family friend, Gary, had been diagnosed with cancer. I remember being so surprised when I heard the news because he seemed so healthy and full of life. Gary was a cyclist and I always enjoyed listening to his stories about the races he was in all across the country. When I heard he had been diagnosed with cancer, I had hope for him, because he was young, healthy, and I knew he was a fighter. He did fight for many years but this was a battle that even he could not win. His doctor eventually told him that the fight was over, and that they would try to make him comfortable until he died, but that they could do nothing else for him. By this time Gary's family had already gone into debt with medical bills and his wife and son had suffered watching him slowly die. Instead of making his family pay more both financially and emotionally he decided to end his life on his own terms.

I remember being relieved when I heard that Gary had died. I was sad that he was gone, but happy that he would not suffer any longer. After this had happened I wondered why I felt so differently about Gary's death than I did about Zach's or the

possibility of my brother's. Had I matured and realized that death wasn't quite as scary as I once thought? Or was it because the circumstances between the events were so drastically different? Was it okay that Gary took his own life because he had no future with any quality of life? Or was it okay because Gary wasn't only thinking about himself but about his loved ones and what was best for them? Was I wrong in thinking that Gary's death was any different, was it wrong to commit suicide despite the reasons and situation? These questions led me to think about morality and what is right in end of life decisions. What I really wanted to know now was, does a person have the right to end his own life, and is he ever right in doing so? These are the questions that I will address in this thesis.

This question can be addressed in at least three different ways, each supported by different philosophical beliefs and values on morality. Firstly, some might say that it is never ethically right to take your own life, no matter the circumstance or consequences. Secondly, others would argue that it is always just to take your own life because it is your life and it belongs to you. And lastly, there are people who would say that the morality in the action depends on the situation and the outcomes. I am going to argue that context is what determines the right or wrong in these actions. And I am going to argue that it takes more than biological existence, a beating heart and breathing lungs, to be alive or to have a life worth living. I believe that a person has an entity such as a soul or the mind which goes beyond biological life.

End of life decisions not only involve taking one's own life but also what actions are morally right in a patient's medical treatments at the end of their life. We have made huge advancements in medical technologies over the last century, including the ability to keep even the most severely injured bodies alive on a respirator with feeding tubes and catheters. Physicians can keep brain dead patients breathing and circulating blood with machines, performing all of their bodily functions for them. But are these people really "alive" in a substantial way that allows human interaction? And just because we have the ability to keep them breathing and their hearts beating, does that mean we should?

One of the most widely known cases of this medical circumstance is the case of Terri Schiavo.¹ She had a cardiac arrest which left her brain without oxygen causing her to be in a persistent vegetative state for over fifteen years. Many different people had varied opinions on how she should have been treated medically and if she should have been kept alive, or if she should have been allowed to die. Each of these people had different reasons for holding the opinions they had on her health care; including political, religious, and economic reasons. After researching her case, and examining many different philosophies on ethics, I decided that like my grandmother on her last day, the real Terri Schiavo had died long before the debate on what to do with her life had started. She too could no longer communicate with the world around her. Her brain had the ability to make her lungs take in air and to make her heart beat. But she could no longer

¹ All of the information surrounding the timeline of Terri Schiavo's medical case was obtained from Cerminara (2006), Johnson (2006), Preston & Kelly (2006), and Weisman & Connolly (2005). All sources agree on the facts presented in this thesis.

talk, move, feel, or think. I believe that the element beyond the body that makes a person alive no longer existed for Terri and that her husband was right for wanting to let her go.

In February of 1990 Terri Schiavo suffered a major cardiac arrest at the young age of 26. The cardiac arrest caused her heart to stop beating, which ceased the flow of oxygen to the rest of her body. Her brain was without oxygen for approximately ten minutes, which caused severe brain damage. She was only able to maintain minimal brainstem functions including breathing, digestion, and instinctive neurological functions. She was in a persistent vegetative state and lacked any form of consciousness. The doctors placed a PEG feeding tube so that she could receive nutrition and hydration. In November of 1992 Terri's husband, Michael Schiavo, and her parents, Robert and Mary Schindler participated in a medical malpractice trial against Terri's gynecologist because they felt she should have been able to predict her health problems. They were awarded 1.2 million dollars from the lawsuit.

After eight years, Michael felt that everything possible had been done to help Terri and he asked the court to determine whether or not Terri's feeding tube should be removed. The judge mandated the removal of Terri's artificial life support. This decision was based on the testimony of her husband and legal guardian Michael. Michael claimed that, although Terri had no written living will, that she had discussed with him that she would not want to live that way. In April 2001 Terri's PEG feeding tube was removed for the first time as determined by the 1998 court case. However, two days later it was reinserted on an appeal by her parents. They believed that a new therapy by Dr.

Hammesfahr would improve Terri's condition. The matter was again brought to the court system. The court found that Dr. Hammesfahr's therapy was unreliable and the PEG feeding tube was removed for the second time on October 15, 2003. Because of the public nature of this case many people were forming their own opinions on what should be done and how Terri's medical condition should be treated. On October 21, 2003 Florida legislature passed "Terri's Law" which was instigated by Governor Jeb Bush and mandated that Terri's feeding tube be reinstated.

"Terri's Law" was not supported by all sides and in September of 2004, seven Florida Supreme Court judges agreed that "Terri's Law" was unconstitutional and that it threatened the separation between the three separate branches of government – the executive, the legislative, and the judicial (Colby, 2006). President George W. Bush and other political figures tried to intervene but were unsuccessful. In March of 2005 Terri's feeding tube was removed for the final time and she passed away thirteen days later. In April of 2005 an autopsy revealed that Terri's brain weighed less than half of the expected brain weight for an adult. There was also extensive neuron loss. I believe that the results of the autopsy supported Michael Schiavo and his decision to remove Terri's feeding tube because with the extent of brain damage she had there was no conceivable way that she would have ever recovered or connected with the world again.

In Terri Schiavo's case there were two main sides that were trying to determine what was right and how Terri's medical condition should be treated. One was her husband Michael Schiavo and the other was her parents Bob and Mary Schindler. Her

husband believed that Terri would never have wanted to continue living in a persistent vegetative state. He claimed that after her grandmother spent the final days of her life hooked up to machines against her wishes, Terri told her brother-in-law Scott Schiavo “If I ever go like that, just let me go. Don’t leave me there. I don’t want to be kept alive on a machine.” Michael also claimed that on a train trip back from her grandmother’s funeral Terri told him “If I ever have to be a burden to anybody, I don’t want to live like that” (Colby, 2006). However, because Terri had not written these opinions down in a living will there was not enough substantial evidence of her wishes to make a clear decision on her treatment. Multiple neurologists confirmed that Terri had no reasonable hope for a cure, awareness of sensation, ability to move voluntarily, or cognitive function. But her parents could not give up on her.

Terri’s parents wanted to keep her alive for many reasons. During their first meeting with David Gibbs, their lawyer, Terri’s mother said “If Terri never improves, if Terri remains exactly as she is today, she is still a life worth saving. That’s why Bob and I are praying for a miracle” (Gibbs, 2006). They believed in the sanctity of life, that life is sacred and worth preserving regardless of the quality of that life. They believed that as long as Terri’s heart was still beating she was alive and was a life worth preserving. Many people believe as they do and after Terri’s death George W. Bush stated “Today, millions of Americans are saddened by the death of Terri Schiavo... I urge all those who honor Terri to continue to work to build a culture of life” (Gibbs, 2006).

Each side of this debate had valid points based in different philosophies. I will explore these philosophies and their position on euthanasia and then I will argue that again the ethics in this situation and in any regarding end of life decisions are contextual.

The Philosophies of Kant, Utilitarianism, and Libertarianism

Immanuel Kant:

In the *Groundwork for the Metaphysics of Morals*, Immanuel Kant describes his philosophy on ethics. Kant believed that an act was right because it was in and of itself right, not because of the ends it produced. Ethics have to do with the duty to do good, not influenced by situation or results. He states, “A good will is not good because of its effects or accomplishments, and not because of its adequacy to achieve any proposed end: it is good only by virtue of its willing – that is, it is good in itself” (Kant, 1785). He argued against Utilitarianism, which is ethically based on outcomes and seeks to create the greatest happiness for the greatest number of people. In Utilitarianism, the rightness of an action is determined by the amount of good it creates. Kant claimed that Utilitarianism is an impractical philosophy: “the idea of perfect happiness requires an absolute whole...it is impossible for even the most insightful and most capable but finite being to form here a definite concept of what he really wants” (Kant, 1785). He argued that there is no one definition of happiness, so using a utilitarian philosophy falls short in its ability to determine actions that should be taken versus actions that should not be taken.

Kant therefore developed a theory of ethics that does not require this impossible form of calculation. In doing so he constructed two forms of a categorical imperative to verify the right action in any given situation. The first form of the categorical imperative

“is to act only on the maxim by which you can at the same time will that it should become a universal law...How would things stand if [your] maxim became a universal law?” (Kant, 1785). Therefore he believes that the right choice in a specific situation is the one that can be made into a rule and be used in every situation. This is different from utilitarianism because the right action is not based on the outcomes of the specific situation.

He applied the first form of the categorical imperative to the issue of suicide.

“Now he tests whether the maxim of the action could really become a universal law of nature. His maxim, however, is: ‘I make it my continuance threatens more evil than it promises advantage.’ The only further question is whether this principle of self-love can become a universal law of nature. But one sees at once that a nature whose law was that the very same feeling meant to promote life, should actually destroy life would contradict itself, and hence would not endure as nature. The maxim therefore could not possibly be a general law nature and thus it wholly contradicts the supreme principle of all duty” (Kant, 1785).

When discussing suicide Kant uses the example of a man who has undergone much misfortune and wishes to end his life. This man wonders if it might not be his duty to himself to end his life out of self-love because not ending it will surely bring more pain than happiness. But to be ethical in accordance to the first form of the imperative, the maxim must be able to be used universally. Kant then argues that self-love is a law of nature which exists to promote life, not to end it. There is therefore a logical contradiction in serving life by destroying life. Because of this contradiction the maxim of killing oneself out of self-love cannot become a universal law of duty and is therefore not morally correct (Kant, 1785). Kant does not take into consideration the man’s situation or the consequences of the man’s death when determining if the act is moral. If

the man had been happy and wanted to end his life for no reason or if the man was sick and dying or if his life would have saved thousands of others the conclusion for Kant would still be that the act is wrong. In all cases, it is contrary to our duty, or obligation to live a rational ethical life to commit suicide. This is why I believe that Kant would say that both Zach and Gary's suicides were ethically wrong despite the differences in their circumstances. The same logic can be applied to the Terri Schiavo case as well. In questioning if Terri's feeding tube should be removed Kant would ask if a universal law can be made from this decision. I believe that he would argue that such a universal maxim could not be made using a maxim designed to help someone that would end their life, similarly to the case of the suicidal man who wanted to end his life out of self love.

The acts of suicide and euthanasia also go against his second form of the categorical imperative, which requires that people never be treated merely as means. He wishes us to "act in such a way that you treat humanity, whether in your own person or in any other person, always at the same time as an end, never merely as a means" (Kant, 1785). He goes on to say that "as regards the concept of necessary duty to oneself...a human being is not a thing - not something to be used merely as a means: he must always in all his actions be regarded as an end in himself. Hence I cannot dispose of a human being in my own person, by maiming, corrupting, or killing him" (Kant, 1785). Kant would therefore argue for the preservation of life because he claims that you cannot use a person as a means. In the case of suicide, a person would be using themselves as a means to end their own suffering.

In the Terri Schiavo case, removing her feeding tube would be treating her as a means to an end because her husband and the doctors would be letting her die to increase their own utility. However, there is room for interpretation in Kant's beliefs when applied to the Terri Schiavo case because he later states "for then it is manifest that a violator of the rights of human beings intends to use the person of others merely as a means without taking into consideration that, as *rational beings*, they must always at the same time be valued as ends—that is, treated only as beings who must themselves be able to share in the end of the very same action" (Kant, 1785) [emphasis added]. Kant clearly states that rational beings may not be used as means to an end; however it can be argued that Terri Schiavo was not a rational being in her persistent vegetative state and therefore this categorical imperative might not apply to her. In light of these two forms of the categorical imperative I believe that Kant would have thought that Terri's feeding tube removal was unethical even though the autopsy revealed that Terri's brain was incapable of recovery and she would have spent her life without any chance of improvement because the outcome does not justify the action; the decision must have been just in itself.

I must disagree with Immanuel Kant's ideas of morality. I believe that the world is too complicated to make blanket rules on how we ought to live. Just because an action may be right in one specific situation does not mean it will be right when applied to all related situations. Similarly, just because an action may be wrong for the current situation does not mean it is always wrong. I believe that the right action must be determined using as much information as possible about the circumstances surrounding the decision. This includes the possible outcomes of the decision as well as the means

that will be used to achieve those outcomes. When considering suicide I believe it was wrong for Zach or my brother to kill themselves. I know that Zach would have had a full life ahead of him and my living brother is proof of that. But just because I made that judgment in these two cases does not mean I believe that all suicide is morally wrong. I do not believe it was wrong for Gary to take his own life. Given the specific situation I believe his actions were right for him and his family.

When considering the Terri Schiavo case I believe that it was right to remove her feeding tube. I believe that Terri had lost all quality of life and it was right to let her die. And I believe that her autopsy proved that decision was the right one because her brain would never have healed or allowed her the capacity to interact with others. However, I cannot say that all physician assisted suicide is morally correct. There is a line that must be drawn. I believe that a person's condition must be irreversible and their quality of life must be sufficiently low enough to make this action the right one.

Utilitarianism:

“One way of thinking about the right thing to do, perhaps the most natural and familiar way, is to ask what will produce the greatest happiness for the greatest number of people” (Mill, 1861). This statement describes the philosophy of utilitarianism which states the right thing to do is always the thing that brings the greatest happiness to the greatest number of people. One of the biggest proponents of this philosophy was John Stuart Mill who said “Happiness is the sole human action, and the promotion of it the test by which to judge all human conduct; from whence it necessarily follows that it must be the criterion of morality, since a part is included in the whole” (Mill, 1861). In this philosophical belief system morality is based on the consequences of an action.

Therefore the act of suicide would be considered moral as long as it brought the greatest happiness to the greatest number of people. An example of this situation would be a twist on the commonly used Trolley Problem. If you were watching a trolley headed towards five people on the track and you were standing on another track next to a lever, that if pulled would make the trolley car switch to your track, you would be justified in pulling the lever. By your death you are saving five lives and therefore the act of suicide is moral in this situation. This philosophy can be applied to my personal experiences with suicide as well. I believe that Zach’s death did not bring happiness to anyone, all mourned his death and wished that he would have sought professional help instead of ending his life. My brother’s death would not have brought happiness to anyone either. My family and I would have been devastated and I am eternally grateful that he did get

help instead of giving up. It could be argued that their deaths would have brought happiness to themselves by ending their suffering but because it would have brought unhappiness to many more people, utilitarian philosophy would claim suicide in these situations is morally wrong.

However, in my opinion Gary's death was different. Utilitarian philosophy would say he was justified in killing himself. He had lived a relatively long life. He had met the love of his life, he had a child, and he was happy. Unfortunately, he had a disease that was not curable. He was not selfish in his decision; he wanted what was best for him and his family. He could not stand the idea of having his wife and son watch him slowly and painfully die and then to incur more medical debt after he was gone. His action was sad and caused pain for his family but it also caused relief. They knew he was going to die soon from his disease and at least this way his suffering was over and he died on his own terms. His death brought the least amount of pain and suffering, and therefore would be the correct action according to utilitarianism.

When applying utilitarian philosophy to determine the right course of action in Terri's case it must be determined what would bring the greatest good for the greatest number of people. Terri's parents would claim that they were promoting their happiness through her presence and that it could not be proved that Terri's happiness would be increased by her death, in fact most would argue that people generally want to be alive. Her husband could also use utilitarianism to argue his side. He could say that Terri's death would promote the most happiness because both Terri and himself would gain

relief from the end of her suffering. Also, he claimed that Terri did not want to live on machines and therefore her happiness would be increased by granting her wishes.

Utilitarian philosophy would also support the decision to remove her feeding tube because her death would promote utility for the community because keeping her alive was a burden to the society that she no longer contributed to.

A utilitarian would also consider the cost of keeping her alive in making the decision to preserve or end her life. Terri's Schiavo's hospice care totaled nearly \$80,000 per year. That added up to more than 1.2 million dollars over the course of fifteen years. These expenses don't include the legal costs that were associated with her case. This is an extremely large amount of money. To put it into perspective the average influenza vaccine costs about \$20 according to the Center for Disease Control and Prevention (CDC, 2011). With the medical costs spent on Terri Schiavo sixty thousand people could be vaccinated against the flu. And according to National Public Radio in the year 2005 the average citizen of the United States had a health expenditure of \$6,400 (Compare international medical bills, 2008). That means that almost two hundred people could have had their health costs covered for an entire year with the money spent to keep Terri Schiavo alive. In a community (the United States) that contains about fifty million people unable to afford health insurance and about forty-five percent of the population with a chronic medical condition, according to the Annals of Internal Medicine, it might be safe to say that using so much money to keep one person alive doesn't maximize utility for the greatest number of people (Perry, 2005).

When solely looking at the economics of the issue utilitarian philosophy would support Terri's husband in his decision to remove her feeding tube so that the money spent on keeping her alive could be more evenly distributed. However, when only considering the emotional aspect of this case, and determining what action would make the greatest number of people the happiest; I do not think that utilitarian philosophy can answer this question because both sides could claim an increase in utility.

Libertarianism:

A third prominent ethical philosophy is libertarianism. At the heart of the libertarian philosophy is the idea that we own ourselves and the fruits of our labor. As the proprietors of our own person, each of us has the right to decide what to do with our bodies...” (Friedman, 1980). Under this belief system it is always just for a man to take his own life, or to have another end it, if that is what he wishes to do. Because libertarians believe that we have the right to decide what to do with our bodies and what our bodies produce, using this philosophy one could argue that none of the instances of suicide I am examining are morally wrong because each of the men wanted to end their own lives. Zach and Gary made decisions about what they wanted to do with their own bodies and in libertarian philosophy they had the right to do so.

A libertarian philosopher would also claim that whatever Terri wanted to do with her body is right in her situation. If Michael had been able to prove that Terri did not want to live in a persistent vegetative state dependent on machines, then by using libertarian philosophy, the moral decision would have been to let her die because she had the right to do with her body as she pleased.

Milton and Rose Friedman, two libertarian philosophers state, “Equality before God -personal equality - is important precisely because people are not identical. Their different values, their different tastes, their different capacities will lead them to want to lead very different lives. Personal equality requires respect for their right to do so, not the imposition on them of someone else’s values or judgment” (Friedman, 1980). It is

not right, nor ethical, in the view of libertarianism, to push one's own beliefs onto another and therefore if Terri had said she did not want to be kept alive by machines, it would have been wrong for her parents or anyone else, to go against those wishes using their beliefs on the matter. However, the fact remains, that it could not be proven what Terri wanted for her body in this situation.

If Terri is unable to tell people what she wants for herself, then who rightfully gets to make that decision? Should it be her husband and legal guardian that essentially owns her body and gets to make those choices or should it be her parents? Or should the people paying for her health care in tax dollars get a say in her treatment? It is difficult to use libertarian philosophy in this case because her husband Michael claimed that she would in fact want to be removed from life support but her parents claimed that she would want to have been kept alive. If she had wanted to be kept alive a libertarian philosopher would have supported that decision because cost, means, and outcomes are not factors in determining what is right. If a person wishes that they should be kept alive then all means should be expended to make that happen because they have the right to decide what happens to their body. It seems that modern medicine agrees with this philosophy, most contemporary medical ethicists argue that physicians should pursue patients' best interests regardless of cost (Ubel, 1999). It is currently believed that economic costs should not hinder a person's right to life. "Economic criteria are considered inappropriate or even "undue constraints": health and life are envisioned as an absolute right of the individual that cannot be measured and evaluated in economic terms

(Borgonovi, 2004).” Therefore, if Terri Schiavo had indicated that she wanted to be kept alive libertarian philosophy would dictate that all costs should be expended to do so.

I disagree with libertarian philosophy, because while I believe it is important that a person has the right to his or her own body, I do not think it is morally right to kill oneself in every situation nor do I believe that it would be ethically correct if a patient asked to be euthanized in all situations. The right of autonomy and the ability for patients to make their own health care decisions is important; however I do not believe that this gives them the right to end their lives under all circumstances. I think that life is valuable and should be preserved in circumstances where quality of life is not permanently diminished. There is a level of reduced quality of life that must be reached before suicide or euthanasia are appropriate actions. Life is a gift that should not be destroyed simply because one wishes to die. On the other hand I do believe that medical costs should be taken into consideration. End of life care is extremely expensive and if that money is spent on a patient who is terminally ill, nonresponsive, and in an irreversible condition, like Terri Schiavo, it cannot be used to save lives of people who can recover and go on living.

Catholic Moral Teaching

I was born and raised in the Roman Catholic faith. I was baptized shortly after my birth and when I was older my parents had me attend Sunday school. I received the sacraments of my first holy communion, confession, and, several years ago I was confirmed in the Catholic religion. Through all of these religious experiences I remember learning about the sanctity of life. I remember being told that life is a precious gift from God and therefore it is a sin to take someone else's life or your own. However, this was the extent of my "end of life" education from the Catholic perspective. I never thought to question this blanket rule because, at the time, I did not understand the complexity surrounding death. I did not know that death was often slow and painful. I did not think about how some people wish for death before it comes to them. I was taught that adults were not to be questioned, and that especially teachers, told the truth and had the right answers. As I grew older and learned more about the world and medicine I began to question the sanctity of life that is supposed to apply to all situations. I do not believe that God wants us to suffer, so I began to question whether or not the sanctity of life applied to situations of extreme suffering.

Because of my previous teaching, I was surprised to discover that the beliefs on end of life care in Catholicism are not as black and white as I had been previously told. David F. Kelly, a professor of theology and health care at Duquesne University, explains these beliefs in his book *Medical Care at the End of Life: A Catholic Perspective*. He

begins by discussing three pillars of consensus, the first being that not all treatments that prolong life are beneficial to the patient. The second, that there is a moral difference, and there should be a legal difference, between killing a person and allowing a person to die. And third, that there is a legal concept of the patient's right to autonomy, privacy, and liberty. These three pillars should be considered when making medical decisions. The first two pillars became more established in American law during the 60's and 70's but were well established in the Roman Catholic Church before then (Kelly, 2006). However, not all interpretations of Catholic perspective of end of life care are as flexible as David Kelly's.

The United States Conference of Catholic Bishops issued Ethical and Religious Directives for Catholic Health Care Services for the care of patients in Catholic Healthcare institutions. The fifth part of the directive is titled "Issues in Care for the Seriously Ill and Dying" which gives religious guidelines for end of life health care. Their directives on Catholic healthcare are more similar to what I was taught in my religious education. The directives state that "one of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it. Effective management of pain in all its forms is critical in the appropriate care of the dying" (USCCB, 2009). It also states that caring for dying patients is difficult because we do not own our lives and therefore do not have the power over life. Life is a precious gift from God and because it is a gift we have the duty to preserve our lives. This makes end of life decisions difficult because the Catholic perspective demands we cannot do whatever we wish with our life, as it is a gift from God. This belief means that a person of Catholic

faith cannot wish or ask that their life be ended since it belongs not to us but to God. Because the Bishops hold this belief they state that suicide and euthanasia are never morally acceptable. The Bishops do agree that this duty is not absolute, meaning that life-prolonging procedures may be rejected if they are not beneficial or are burdensome to the patient.

Extraordinary treatments may be rejected if they are not beneficial or get too burdensome. In his book, Kelly explains that Catholicism recognizes the difference between ordinary and extraordinary treatment and must weigh the burdens and the benefits of the treatment to determine if it is necessary or right for the patient. His definition of extraordinary means is approved in the Declaration on Euthanasia which is an official document from the Vatican written in 1980. The declaration states “a correct judgment can be made regarding means, if the type of treatment, its degree of difficulty and danger, its expense, and the possibility of applying it are weighted against the results that can be expected, all this in the light of the sick person’s condition and resources of body and spirit” (Kelly, 2006). This definition follows the three pillars in that it recognizes that treatments may not be right just because they prolong life and it may be morally acceptable to withhold some treatments and allow a person to die. The catechism of the Catholic Church also says that “discounting medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate” (Kelly, 2006).

The problem I have with the definitions that Kelly outlines is determining when a procedure becomes too dangerous, expensive, or burdensome to be withheld morally. Kelly believes that the answer lies somewhere between vitalism and subjectivism. Vitalism claims that life itself is the greatest possible value and it should be sustained at all costs. However, to me biological life is not valuable if the person is no longer present or if living is too painful. This philosophy also burdens us with the mere pursuit of quantity of life instead of quality. Subjectivism believes that life is of value only if the individual gives value to it, and therefore treatments may be withheld and even active killing is permitted, if it is the choice of the individual (Kelly, 2006). But I believe this does not value life enough; the prospect of having a full and happy life after treatment in some cases should motivate a person to want to stay alive. He also acknowledges that the distinction between ordinary and extraordinary means is wide and flexible. Ordinary means, or ones that are considered morally obligatory, are those that offer the patient a significant human benefit without imposing a disproportionate burden. Extraordinary means, or those that are considered optional, are those that promise little significant human benefit or those that impose burdens disproportionate to the likely benefit. However even these more detailed definitions lack explicit guidelines for specific situations.

Kelly recognizes this lack of specific rules and tries to explain further the second pillar which states that it is *always* wrong to kill an innocent person, but it is *sometimes* morally right to allow a person to die. He points out that it is imperative to recognize the importance of the placement and meaning of the words “*always*” and “*sometimes*” in this

statement. For example, if a man is admitted into a hospital with appendicitis and is denied surgery because he lacks health insurance the hospital has not actually killed him but they have allowed him to die by not helping him; thus they are morally culpable. However, if a person is terminally ill, and a medication such as chemotherapy or medical treatment such as dialysis might help them extend their life for a short time but would cause the patient pain and make the last days of their life more miserable then allowing them to forgo this type of treatment and die sooner would be morally right. These situations show that allowing someone to die is only *sometimes* morally right or wrong.

Kelly also discusses five types of actions that should be considered in distinguishing between killing and allowing to die. The first is withholding life sustaining treatment or deciding not to give the patient life prolonging medical treatments. The second is withdrawing life sustaining treatment or stopping medical treatments that are prolonging or would prolong the life of the patient. The third is giving the patient pain relief that hastens death or taking positive means aimed at easing the patient's suffering, not directly intending their death, but the effects of the drug administered may quicken or co-cause the patient's death. The fourth type of action to consider is physician assisted suicide or acting in conjunction with the patient by assisting him in active euthanasia. Physician assisted suicide is described as a patient wishing to die, then sharing this wish with his or her physician, asking for the means and then initiating his or her own death. Active euthanasia, which is the fifth action to be considered, is where a health care professional takes action that directly causes the death

of a patient. Only the first three actions are considered acceptable by the Roman Catholic Church.

The council of Catholic Bishops also considered these actions. They believe in modern times, with so many technological advances in medicine, it is important for doctors and patients to decide which actions should be used that will positively affect that patient while respecting the dignity of human life. Treatment should not be insisted if it will not prolong life and if the patient wants it withheld. However, treatment should not be withdrawn with the intention of causing death. Catholic health care facilities can never condone or participate in euthanasia or assisted suicide. These facilities must give support and pain medication until the time of natural death. Patients who wish for euthanasia should be helped to “appreciate the Christian understanding of redemptive suffering” (United States Conference of Catholic Bishops [USCCB], 2009). I do not agree with this statement because I do not believe that patients should be allowed to suffer so that they may be redeemed in that suffering. I believe that a loving God would not want people to suffer and if God is loving and ever merciful then I think He would want the cessation of people’s suffering.

According to the New Catholic Encyclopedia, the 1980 Declaration On Euthanasia from the Vatican states that “nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person or one suffering from an incurable disease, or a person who is dying... no one is permitted to ask for this act of killing, either for himself or herself or for another

person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an action. For it is a question of the violation of the divine law, an offence against the dignity of the human person, a crime against life, and an attack on humanity” (Friday, 2003).

Catholic moral teaching states that “human life is the basis of all good, and is the necessary source and condition of every human activity and of all society” (Friday, 2003). This life is a gift from God and God owns this gift. Humans are in possession of this gift but they do not own it and therefore have a responsibility to it. It would be morally wrong to dispose of this gift from God. This responsibility means that a person must use ordinary and proportionate means to preserve life and can use extraordinary and disproportionate means to prolong life. It is acceptable to forgo means that cause excessive pain, cost, or difficulty. To forgo a treatment the decision should not be made based on the burden of the treatment but on the burden of “pursuing the purpose of life” (Friday, 2003). Accepting death should not occur from a desire to die but from an inability to stop it. Extraordinary means do not have to be employed to continue biological life because it is believed that by dying the person will spend the rest of eternity in heaven with God. This is why I believe that patients should not be made to accept the redemptive power of suffering. They should be allowed to die as peacefully as possible so that they can join God in the Kingdom of Heaven.

The third pillar is also further explained by Kelly, which states that patients have the right to privacy, autonomy, and liberty. This means that patients who are capable of

making decisions of this type may refuse treatment even if it is against the advice of their physicians. Autonomy is the right to choose and make decisions, and privacy is the right to be left alone if that is their choice. United States law states that competent patients have the right to make free and informed decisions including refusing medical treatments. The problem is that patients' wishes may not be to preserve life and those wishes may go against the teaching that life is a gift from God that should be protected. However, end of life decisions such as these become much more complicated when the patient is not competent or conscious and therefore unable to communicate their wishes. The patient's inability to communicate was what complicated the medical treatment of Terri Schiavo. Kelly states that the basic rule to follow in these situations is to allow all treatment that is in the best interest of the patient, even if others wish otherwise. However, the law tries to get as close as possible to the standard which allows competent patients to make their own decisions.

Advanced directives are helpful in treating incompetent patients because they are unable to express their own wishes. These are instructions made in advance, by a competent person, which specify what that person wants if and when they should become ill and unable to make medical decisions at the time. Proxy directives can also be used in determining patient care decisions. Proxy directives are durable power of attorney for healthcare or appointed people that make decisions if a person is no longer able to do so. They cannot make medical decisions until the patient who appointed the proxy is no longer competent. Treatment directives or living wills can also be very helpful in end of life care. Patients can write instructions on what kind of treatment they want in specific

situations. Living wills are morally acceptable for those who decide to write them and are compatible with the Catholic tradition. It should not be assumed that without a written directive the patient would want aggressive treatment to prolong their life and treatment directives almost always need to be interpreted by the health care professionals treating the patients. Because Terri had not left any advanced directives, as her husband, Michael Schiavo legally had the power to make medical decisions as to how Terri was treated and it was his decision to remove the feeding tube that started the debate surrounding Terri's end of life care (Kelly, 2006).

Withholding nutrition and hydration are some patient and/or family wishes that have been debated upon by the Catholic Church. Kelly reminds us that it is important to remember that it is medical nutrition and hydration that is being withheld in these cases which involves the use of tubes inserted through the nose or into the patient's stomach, not ordinary food and water. If a patient is capable of eating and drinking both food and drink must always be offered to patients who accept them (Kelly, 2006). However food and water should not be forced on patients who feel that nutrition and hydration will only prolong their dying. Concerning medical nutrition and hydration, the Bishops state that hospitals should be guided by Catholic teaching against euthanasia which is defined as "an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated" (USCCB, 2009).

The Bishops do agree that medically assisted nutrition and hydration are not ethically necessary in all cases, but they should be provided on principle to all patients

who need them. This includes patients in persistent vegetative states because all people, no matter their status, deserve ordinary health care. They claim that to withhold these simple life-prolonging treatments, even to the most debilitated patients, is denying them of the dignity deserved by human life. Medical nutrition and hydration should only be withheld if they will not reasonably prolong the patient's life because the patient is dying from an underlying condition. Not only do the Bishops forbid physicians to cause the death of a patient but they also claim that a person has a moral obligation to preserve his or her own life as well. A patient should accept treatments that have a reasonable hope of extending life without excessive burden or cost (USCCB, 2009). However, they do not explain what excessive burden means. I believe that a patient may feel that extreme pain or loss of brain function, and therefore the inability to relate to the world, is an excessive burden.

According to the New Catholic Encyclopedia, artificial nutrition and hydration should be provided to all patients as long as the benefit outweighs the burden to the patient. In some cases nutrition and hydration may be considered disproportionate medical treatments and can be morally omitted or ceased. It is encouraged in Catholic teaching that people write living wills stating their health care treatment desires in the event that they can no longer express their wishes. Such written expressions were once opposed in the Catholic religion but have become acceptable in light of new technological advances in medicine. The ability to prolong biological life has increased to the point that death is being prolonged instead of life (Friday, 2003). These could include DNRs (do not resuscitate orders) which ask that patients not be resuscitated if

their heart stops beating or if they stop breathing, they do not want to have machines breathe for them. However, patients cannot include a request for euthanasia in these advanced directives. The debate of withholding nutrition and hydration escalated in the Catholic Church during the Terri Schiavo case and further questioned after a formal talk given by Pope John Paul II on March 20, 2004.

Kelly explains this condition as a person who has lost the use of their cerebral cortex while the brain stem continues to function. They will have wake-sleep cycles and because the brain stem continues to function most PVS patients breathe without any medical support. This condition is considered persistent or permanent after a certain period of time has passed without improvement. Permanent persistent vegetative state patients are usually considered to have no hope of recovery to return to a state of even minimal awareness. These patients are incapable of thinking and are not aware of their surroundings or themselves. They do not experience pain or discomfort which means that they do not experience hunger or thirst. Terri Schiavo was diagnosed to be in a persistent vegetative state. The American Academy of Neurology supports the withdrawal of nutrition and hydration from patients in persistent vegetative states (Kelly, 2006).

After seeing media shots of Terri Schiavo some Catholic Bishops believed that she was not in a persistent vegetative state because they saw what they thought was her interacting with her mother. They demanded that more tests were needed to determine her condition with accuracy. Pope John Paul II spoke to 400 participants in an

international congress promoted by the World Federation of Catholic Medical Associations and by the Pontifical Academy of Life. After Terri Schiavo was confirmed to be in a persistent vegetative state, the Pope decided that hydration and nutrition are morally ordinary treatment for PVS patients and by withholding these from patients it is euthanasia by omission.

Kelly claims that this talk was of little importance and had no authority. It was given while the Pope was ill, in fact he did not even finish the talk. Many people believe that he was unable to give the attention needed to the talk and his speech might have been written for him by others to deliver to the physicians. However, the New Catholic Encyclopedia seems to hold his declaration as Catholic beliefs. It states that in 1995 Pope John Paul II wrote the *EVANGELIUM VITAE* where he affirmed the Catholic belief against euthanasia. It states “I confirm that euthanasia is a grave violation of the law of God, since it is deliberate and morally unacceptable killing of a human person. This doctrine is based on the natural law and upon the written word of God, is transmitted by the Church’s Tradition and taught by the ordinary and universal Magisterium” (Friday, 2003). This statement stems from the belief that God has the power over life and death, and should not be taken by humans by direct killing of a person or yourself, and would not permit Terri to have her feeding tube removed. Physician assisted suicide is not only morally wrong for the patient but the physician as well. In assisting in suicide the physician is an accomplice in the sin and is therefore as morally responsible as the patient. Pope John Paul II spoke out against physician assisted suicide and the justification of relieving suffering by saying, “even when not motivated by a selfish

refusal to be burdened with the life of someone who is suffering, euthanasia must be called a false mercy, and indeed a disturbing ‘perversion’ of mercy. True ‘compassion’ leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear” (Friday, 2003). Physicians should serve a suffering patient by being committed to saving lives not ending them. However, I believe that allowing a patient to die can be the most compassionate action in some cases of extreme suffering.

The Catholic Church recognizes differences between withholding treatment, physician assisted suicide, and euthanasia. Physician assisted suicide involves a physician providing the means for a patient to commit suicide where euthanasia is the act of a physician directly causing the patient’s death. Kelly gives alternatives to physician assisted suicide and euthanasia. He states that forgoing life sustaining treatments and proper pain management are two humane, legal, and ethical options. Inhumane alternatives include abandonment of the patient, inadequate pain management and paternalistic insistence against the patient’s wishes.

Recent years have shown changes in the treatment of patients at the end of their life. Before it was more common for health care providers to insist on treating patients with every life sustaining mean available and it was the family or patients who would ask for treatment to be withheld. Now it is more common for physicians to argue that further treatment is futile when family and patients want to continue. A reason is that the concept of medical futility is becoming more accepted. There are some treatments that should not be used because they are of no medical benefit to the patient and would not

prolong the patient's life by any considerable amount of time. What is considered a considerable amount of time is debatable. Once a treatment is considered futile than that treatment must be withheld or withdrawn from the patient. Kelly gives the example of a patient dying of stage four cancer who develops high blood pressure. It would be futile to give this patient blood pressure medication because it would not prolong their life.

My research has given me a better understanding of Catholic beliefs in end of life decisions but has not provided me a set of guidelines as to what actions are morally correct. It is believed that life is a gift from God, and it is our duty to protect that gift. However, it is also believed in the Catholic faith that after we die we spend eternity in heaven with God. This is why I think there needs to be a middle ground between the extremes of preserving biological life at all costs and allowing anyone to die or kill themselves. Catholicism also states that some life prolonging treatments may be forgone if there is excessive burden or cost for the patient. And extraordinary treatments are optional and may also be withdrawn or withheld at the patients request. However, the problem is that Catholic moral teaching gives no definition for what is considered excessive burden or cost and gives no directions on how to determine if a treatment should be considered ordinary or extraordinary. Some Catholic authorities believe that there is a moral difference between killing a patient and allowing them to die. While other authorities believe that treatments cannot be withdrawn with the intention of causing death. Therefore, Catholicism allows for a contextual approach to end of life care decisions derived from the patient's circumstances. These ambiguities have made it difficult for me to determine the Catholic perspective on end of life decisions.

Final Thoughts

In high school I realized that I loved science. I took every AP, CU Succeed, and honors science class that was available to me. I knew that I would eventually get a college degree and major in the sciences and I wanted to eventually be a physician. When I was younger I attended a volleyball camp at Regis University. At the time I thought it was cool to be on a college campus and I couldn't wait to grow up and be somewhere like that. Later I visited my brother at the University of Colorado in Boulder and my sister at the University of Northern Colorado in Greeley while they were in college. I had also been on the Colorado State University campus in Fort Collins. As I was considering colleges to apply to as a sophomore in high school I knew that I did not want to go to one of these schools. I liked the idea of a small campus where I could have personal relationships with my professors and know many of the students. I remembered my experience at Regis and decided that was where I wanted to go to college. I convinced my mom to get a job at Regis so that we could afford tuition through the ETB program and she applied and was hired two years before I began my studies as a freshman at Regis University. It was everything that I had anticipated and more. I enjoyed my science classes and loved getting to know my professors. But what I didn't know when I applied to Regis University is that I would also come to love my Jesuit, liberal arts education.

One of the best decisions that I have made in the last four years was applying to the Regis University Honors Program. I have flourished in the small community of students that I have had seminars and honors classes with over my college career. My peers have become some of my closest friends and they have challenged me to be the best student, and person, that I can be. I have also developed close relationships with the professors I have had in the Honors Program. They have pushed me academically, not only to learn all that I can, but to ask big questions that are important to ponder even if they do not have absolute answers. Examples of these difficult but worthy questions that we pondered were, what is the purpose of a university?, what is justice?, and what is the meaning of life? Learning how to have quality and meaningful discussions around these hard questions prepared me for my thesis.

I decided to enroll in the Philosophy of Health Care Ethics course taught by Dr. Howe my sophomore year of college. This was pivotal course in my college career because it showed me that medicine was more than just science and treating patients. In this class we discussed medical situations where the right medical treatment was not always clear and ethical issues needed to be taken into consideration. I enjoyed working through these issues in this class and found that I liked studying philosophy almost as much as the sciences. This class inspired me to choose philosophy as a minor and continue thinking about medical issues that have moral and ethical concerns. When presented with the task of writing a thesis for the Honors Program, I knew that I wanted to write about medical ethics, and I also wanted to research something that personally mattered to me.

I have attended close to twenty funerals in my twenty-one years of life. I have often wondered about the circumstances that surround people at the end of their lives and especially the decisions people make in the last months, days, or even hours of their life on Earth. For my thesis I chose to examine these decisions and try to discover why I personally felt some decisions were morally wrong while others were ethically acceptable. I wanted to know if suicide was always wrong or if in some situations it was the right decision. I also wanted to know the best way to help patients make end of life decisions in medicine. Would allowing a person to die be ethically correct in health care? Being raised in the Catholic faith I have always kept my scientific and religious lives separate. At times, I have had trouble reconciling my religious beliefs with my scientific knowledge; however I wanted to join these areas of my life and examine end of life decisions in medicine both philosophically and religiously.

When I studied each of the philosophical arguments there were elements that I agreed with when applied to end of life decisions and some that I did not agree with. I appreciated Kant's attempt at making definitive rules for making ethical decisions. However, I believe that consequences and outcomes should play a role in deciding the right actions. That is the aspect of Utilitarianism that I agreed with. I also believe that right moral actions should be based on more than just outcomes and utility, especially those that concern our lives and how we are going to die. This is why I agreed with the Libertarian idea that we own our lives, and have the right to decide what to do with our bodies. But I think that this Libertarian idea is taken too far because, there is not enough

emphasis on the value of life when a person can morally choose to end their life in any situation.

Being raised in the Roman Catholic faith I assumed that Catholic beliefs on end of life care would be clearly stated by religious authorities. I have come to understand that the right actions concerning end of life decisions are much more complicated. Different authorities have varied ideas about what actions are moral and align with Catholic perspectives. Within the Catholic faith I found no direct answers to my questions about end of life care.

After completing my readings and research on end of life decision making, I have concluded that these decisions should be made on a case by case basis. Medical situations where a patient and physician are determining the best course of action at the end of a patient's life are complex and unique. Each end of life situation should be considered separately to determine what is right in each case. After studying all of the philosophical ideologies, I still believe that there is an element that we all possess that goes beyond biological life, that when absent means we are no longer truly alive. I cannot tell you what that element is; I like to believe that it is a person's soul or mind, something that transcends our material bodies. I believe that it has something to do with being able to connect with people and the world around you. When this entity, whatever you want to call it, no longer exists within the body I believe that the person is no longer alive and should be allowed to medically die.

I will take what I have learned from my thesis project with me as I forward to learn how to be a physician. I am going to attend Creighton University Medical School, a Catholic Jesuit University. I am excited to continue my Jesuit education knowing that I will learn not only how to be a doctor, but also how to practice medicine an ethically right way.

If there is one lasting lesson that I can definitively take away from my thesis, it is to make plans while you are physically and mentally able as to what your wishes would be for your end of life care. Terri Schiavo was young and healthy; she never thought that she would be unable to make medical decisions for herself. Terri and her family paid a heavy price as her husband and parents tried to determine what was best for her after she was unable to communicate her wishes with them. We should all document our wishes so that this burden does not fall on our loved ones to guess what we would have wanted. I will not only advocate this point to my loved ones but also to my future patients as I practice medicine.

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