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"A Rose for Emily," a rose for Terri: The lifeless body as love object and the case of Theresa Marie Schindler Schiavo

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ABSTRACT

The precise circumstances of Theresa Schiavo's disability, the reasons advanced for preserving and ending her life and the covert personal agendas and unacknowledged political-economic forces that may have significantly affected the outcome were investigated and are presented.

KEYWORDS: Terry Schiavo, Suicide prevention, Drug laws, Therapeutic state, Medical killing, the Economics of dependency

"I kept my promise"
Theresa Schiavo's grave marker, June 20, 2005

"I laid a red rose in her hand and said goodbye."
Michael Schiavo, September 24, 2005

In 1992, during a deposition in his malpractice suit against the physicians who treated Terri Schiavo for infertility, Michael was asked how he saw his future with his wife. He replied:

A: I see myself hopefully finishing school and taking care of my wife.

Q: Where do you want to take care of your wife?

A: I want to bring her home.

Q: If you had the resources available to you, if you had the equipment and the people, would you do that?

A: Yes. I would, in a heartbeat.

Q: How do you feel about being married to Terri now?

A: I feel wonderful. She's my life and I wouldn't trade her for the world. I believe in my marriage vows.

Q: You believe in your wedding vows, what do you mean by that?

A: I believe in the vows I took with my wife, through sickness, in health, for richer or poor. I married my wife because I love her and I want to spend the rest of my life with her. (Didion, 2005).

Michael Schiavo made those statements, under oath, in 1992. In 2005, he had inscribed on Terri's grave marker "February 25, 1990" as the date she had "Departed this Earth."

Does Michael Schiavo's self-aggrandizing memorial refer to his promise of marital fidelity? For

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more than a decade he has lived with another woman with whom he has two children and to whom he is now married.

Does his statement, "I kept my promise," refer to his promise to Terri's parents, Mary and Robert Schindler, that Terri's body would not be cremated and her remains would be buried at a Schindler family plot in Pennsylvania? Two days after she died, Terri was cremated and her ashes were buried at Sylvan Abbey Memorial Park in Clearwater. The Schindlers were notified only after the event.

To what promise keeping, then, does Michael Schiavo refer on his wife's tombstone? Ghoulishly, he brags about his alleged pledge to kill her, in her own best interest. The removal of Terri's feeding tube was, as Joan Didion points out, "repeatedly described as 'honoring her directive.' This, again, was inaccurate: there was no directive. Any expressed wish in this matter existed only in the belated telling of her husband and two of his relatives" (Didion, 2005).

The conflict between the Schindlers and Michael Schiavo was clear. The Schindlers preferred a half-dead daughter above ground to a dead daughter in the grave. Michael preferred a dead ex-wife in the grave to a half-dead wife in a hospice. The Schindlers acknowledged that *they* wanted Terri alive. Michael denied that *he* wanted his wife dead and instead attributed the death wish to Terri's desire to have her life terminated if she were as disabled as she was. This is the fiction the courts upheld.[1]

And this is the fiction Michael memorialized—naively and narcissistically—with the inscription he chose to have engraved on Terri's grave marker. "I kept my promise": Sartre could hardly have found a more dramatic example of a husband's bad faith following his wife to her grave.

The Schiavo drama was a classic battle of words: He who controlled the vocabulary controlled the debate and was assured of victory. Apparently, the Schindlers did not recognize this. They failed to emphasize that what Theresa Schiavo allegedly wanted was unconfirmable, based totally on hearsay evidence, and that, in doubtful cases, the long tradition of English and American law and the Christian religion favors the preservation of life and liberty over their forfeiture. (Michael Schiavo and the Schindlers are Catholics.) The moral default position in the case of Terri Schiavo was clear: She was not dead and killing her was an act of medical killing, a type of heterohomicide. Was it morally justified? In my opinion, it was not: (1) Terri had no living will and there was no credible evidence about what she might have wanted to happen to her half-alive body; (2) Terri's parents wanted to keep her alive, whereas her husband, living with another woman, wanted her dead; (3) Michael Schiavo's representations lacked credibility and hence the courts erred in appointing him as Terri's guardian; and (4) assuming that Terri Schiavo would have wanted her life ended, she would not have wanted it ended by being alternately starved and fed, by having her feeding tube repeatedly removed and reinserted over a period of months.

Led by medical ethicists, the mainstream media nevertheless defined the case as a battle between "humanists" and "religious zealots," "rationalists" and "irrationalists." Didion observes: "Yet there remained, on the 'rational' side of the argument, very little acknowledgment that there could be large numbers of people, not all of whom could be categorized as 'fundamentalists' or 'evangelicals,' who were genuinely troubled by the ramifications of viewing a life as inadequate and so deciding to end it. There remained little acknowledgment even that the case was being badly handled." (Didion, 2005).[2]

Medicine and science change and, in our day, change rapidly. Fundamental ethical principles are enduring. Probably the most enduring principle is the injunction against killing human beings, especially when the justification for doing so is morally feeble.

Religion and law decree certain human bonds to be unbreakable, and many people experience them as such. The paradigm of such a bond is that between the pious Jew and his God. Christianity decreed the marriage bond to be similarly unbreakable. This rule, long enshrined in civil law, was repudiated only in recent times.

The principal issue in the Schiavo case—besides the economics of Terri's care—was the conflict between two parties both claiming undying love and

[1]According to court records, Michael Schiavo did not, technically speaking, make the decision to discontinue life-prolonging measures for Terri. In 1988, after keeping Terri alive for 8 years, Michael, as Terri's guardian, petitioned the Florida courts "to act as the ward's surrogate and determine what the ward would decide to do. . . . Under this procedure, the trial court becomes the surrogate decision-maker, and that is what happened in this case." The court held a trial on the dispute. Both sides presented their views and the evidence supporting those views. The trial court then determined that "the evidence showed that Terri would not wish to continue life-prolonging measures" (http://www.miami.edu/ethics2/schiavo/timeline.htm; last updated June 15, 2005).

[2]An interesting mix of individuals shared the view that the court-ordered "execution" of Terri Schiavo was very wrong. Among them are former Clinton lawyer Lanny Davis, former Gore lawyer David Boies, former O.J. Simpson lawyer Alan Dershowitz, Democratic Senator Joe Lieberman, civil libertarian Nat Hentoff, Green Party presidential candidate Ralph Nader, and Rainbow Coalition leader Jesse Jackson ("Lifelike Pundits," March 30, 2005. http://www.lifelikepundits.com/archives/000519.php).

loyalty to her: her husband who wanted her dead, and her parents who wanted to keep her alive. In this circumstance, the commandment against killing should alone have been enough to tilt the balance in the parents' favor.

Few moral dilemmas present us with truly novel conundrums. The Schiavo case is not among them. To the contrary, the conflict between the Schindlers and their son-in-law calls to mind the legendary case of the disputed baby in the Old Testament. Two women live together and give birth to babies at about the same time. One baby dies during the night. His mother switches him with the other baby. The living child's mother discovers the deception and brings the dispute to Solomon for arbitration. The Bible tells what happened this way:

> Then came there two women. . . . And the one woman said, O my lord, I and this woman dwell in one house; and I was delivered of a child with her in the house. . . . And this woman's child died in the night; because she overlaid it. And she arose at midnight, and took my son from beside me . . . and laid it in her bosom, and laid her dead child in my bosom. . . . And the other woman said, Nay; but the living son is my son. . . . Thus they spake before the king. . . . And the king said, Bring me a sword. . . . And the king said, Divide the living child in two, and give half to the one, and half to the other. Then spake the woman whose living child was unto the king . . . O my lord, give her the living child, and in no wise slay it. But the other said, Let it be neither mine nor thine, but divide it. . . . And then the king answered and said, Give her the living child, and in no wise slay it: she is the mother thereof (1 Kings 3: 16–27; King James Version).

Today's Solomon would order both women to undergo psychiatric examination to determine who would make a better mother and would then rule in accordance with the psychiatric "findings," ratified by committees of bioethicists. Herein lies the difference between the language of love and life, and the language of envy and death; between the philosophy of individualism and libertarianism, and the philosophy of collectivism and statism; and between the ethics of justice and the sanctity of life, and the ethics of bioethics and the justification for medical killing.

Solomon, we might be tempted to glibly observe, had it easy because of the second mother's gratuitous comment. Suppose she had said the same thing the first mother said. How would Solomon have decided? We don't know. It would have been a different case, both contending parties choosing life over death. Ironically, Michael Schiavo's conduct reinforces the analogy with the biblical case. In 1993, when he was ostensibly still trying to keep Terri alive, Michael was asked what he had done with her jewelry. He replied: "Um, I think I took her engagement ring and her . . . what do they call it . . . diamond wedding band and made a ring for myself" ("Testimony of Michael Richard Schiavo," November 1992. http://www.angelfire.com/ak2/intelligencerreport/terri.html). After Terri died, he defined the date of her death as February 25, 1990, and placed that date on his wife's tombstone. If that is when, in Michael Schiavo's view, his wife died, then, after that date, he considered himself wifeless, a widower who had no morally valid claim to Terri's living body, and no legally valid ground for objecting to the Schindlers' desire to assume caring for their daughter who was, de facto and de jure, still alive. I shall abstain here from considering his financial and other possible reasons for not divorcing Terri and fighting the Schindlers' efforts to be her legal guardians.

The Schiavo case has generated a vast literature, some in print, much of it on the Internet. Most of this literature analyzes the case from the point of view of the supposed "rights" of the main *dramatis personae*. What would Terri have wanted had she anticipated her half-alive state? Did feeding and hydration constitute "artificial life support?" Who ought to be her legal guardian? Although the Schindlers' efforts to keep Terri alive received much popular and professional support, most of the debate was straightjacketed into medical terminology and dealt with concepts and issues such as the patient's ability to feel pain, recognize persons, respond to stimuli, permanent vegetative state, brain death, prognosis, rehabilitation, and so forth.

All this was shadowboxing. After more than a decade of being half dead, it required no sophisticated medical knowledge or technology to conclude that, as a person, Terri Schiavo existed no longer, but that, as a human being, she was still alive. That, after all, is why there had been a long battle about the legitimacy of killing her. She had to be put to death before she could be legally declared dead and her corpse buried or cremated.

Most people who are not religious prefer to be completely dead rather than half dead. They usually assume that their closest relatives, the persons who truly deserve the awkward appellation "loved ones" share this choice. If they assume otherwise, they are likely to execute a living will expressing their desire to be kept alive as long as possible, regardless of circumstances or costs. The Schindlers themselves wished to keep their daughter alive and believed, with good reason—they were all prac-

ticing Catholics—that that is what Terri would have wanted. I now briefly examine the Schiavo affair from what I imagine was the Schindlers' point of view, and do so by reference to a justly celebrated short story by William Faulkner.

"A Rose for Emily" is a Gothic tale set in a small town in the Old South (Faulkner, 1935). Emily Grierson is the only daughter of one of the small town's leading citizens. "The Griersons held themselves a little too high for what they really were. None of the young men were quite good enough for Miss Emily." Mr. Grierson dies, leaving Miss Emily in genteel poverty, living alone in the big house. She becomes a shadowy figure who, however, manages to dominate the town authorities. Afraid to collect the taxes she owes on her home, they are one day confronted with complaints by neighbors about a foul odor emanating from it. "That was two years after her father's death and a short time after her sweetheart—the one we believed would marry her—had deserted her. . . . 'But what will you have me do about it, madam?'" wailed the mayor. "After a week or two the smell went away."

Having set the stage, Faulkner dispels the mystery. A few years after the death of Miss Emily's father, a construction company comes to town, "with riggers and mules and machinery, and a foreman named Homer Barron, a Yankee—a big, dark, ready man, with a big voice and eyes lighter than his face. . . . Presently we began to see him and Miss Emily on Sunday afternoons driving in the yellow-wheeled buggy and the matched team of bays from the livery stable." The construction company leaves and Homer Barron is seen no more. The townsfolk assume that he left with the company. In fact, Homer Barron rejected Miss Emily, and she poisoned him with arsenic. The years pass. "Each December we sent her a tax notice, which would be returned by the post office a week later, unclaimed. Now and then we would see her in one of the downstairs windows—she had evidently shut up the top floor of the house. . . . Thus she passed from generation to generation—dear, inescapable, impervious, tranquil, and perverse. And so she died." Distant relatives come to bury her:

> Already we knew that there was one room in that region above stairs which no one had seen in forty years, and which would have to be forced. They waited until Miss Emily was decently in the ground before they opened it. The violence of breaking down the door seemed to fill this room with pervading dust. A thin, acrid pall as of the tomb seemed to lie everywhere upon this room decked and furnished as for a bridal: upon the valance curtains of faded rose color, upon the rose-shaded lights, upon the dressing table, upon the delicate array of crystal and the man's toilet things backed with tarnished silver, silver so tarnished that the monogram was obscured. Among them lay a collar and tie, as if they had just been removed, which, lifted, left upon the surface a pale crescent in the dust. Upon a chair hung the suit, carefully folded; beneath it the two mute shoes and the discarded socks. The man himself lay in the bed. . . . The body had apparently once lain in the attitude of an embrace, but now the long sleep that outlasts love, that conquers even the grimace of love, had cuckolded him. What was left of him, rotted beneath what was left of the nightshirt, had become inextricable from the bed in which he lay; and upon him and upon the pillow beside him lay that even coating of the patient and biding dust. Then we noticed that in the second pillow was the indentation of a head. One of us lifted something from it, and leaning forward, that faint and invisible dust dry and acrid in the nostrils, we saw a long strand of iron-gray hair.

Miss Emily preferred the simulacrum of a husband to no husband at all.[3] The Schindlers preferred the simulacrum of a daughter to no daughter at all. I believe their argument was fatally flawed by their failure to acknowledge this and engaging instead in an ill-considered debate about Terri's medical condition and "prognosis." Their claims that Terri was responsive, that she was not in a vegetative state, that her prognosis was not hopeless were counterproductive. Watching the case unfold, my impression was that the Schindlers wanted their daughter to be kept alive regardless of how badly damaged and hopeless her condition was. They preferred a daughter half dead or four-fifths dead to no daughter at all. But they never said so. Nor did they offer to foot the bill for caring for Terri.

Exploring the economic aspects of the cost of caring indefinitely for persons in Terri's condition would require another essay or, rather, a substantial monograph. Let me say only that I am not aware that the Schindlers ever offered to pay for Terri's care or, for that matter, would have been able to afford doing so. I assume (and I believe it is reasonable to assume) that had the Schindlers been billionaires, they would have mounted a very different kind of legal challenge against their alien-

[3]This phenomenon is not as rare as we might suppose. See, for example, Expatica, "Man watched TV with dead wife for over a year," http://www.expatica.com/source/site_article.asp?subchannel_id=52&story_id=22942&name=Man+watched+TV+with+dead+wife+for+over+a+year

ated and antagonistic son-in-law. They could have petitioned the courts—in a type of habeas corpus plea—for the opportunity to care for Terri, indefinitely and at no cost to the public, supported by appropriate medical, nursing, and other help. In the absence of an advance medical directive by Terri, I believe the courts would have found such a request impossible to reject.

I agree with Nat Hentoff that, because the law lets people execute advance medical directives refusing life support should they become profoundly incapacitated, they have the responsibility to prepare such directives. "Absent that, the law should require the courts in contested cases to give every reasonable benefit of the doubt to sustaining life and not causing death by dehydration" (Hentoff, 2005, p. 33). Importantly, Hentoff adds:

> Having reported on the Terri Schiavo case for the past two and a half years—and having read all of the transcripts of court hearings—I am certain of one dimension of this case: Terri Schiavo was fatally denied due process because all the appellate courts, state and federal, relied wholly on the rigid misunderstanding of the central facts of the case by one Florida Circuit judge, George Greer. If this had been a case of a prisoner on death row with an execution date, the ACLU and a good many liberals would have demanded habeas review, from the beginning, of all the facts in the case. (Hentoff, 2005, p. 34)

Not only does the problem of so-called fruitless care for the terminally ill or severely disabled require serious consideration of its economic implications, it requires also attention to the moral dilemmas attending medical killing, with special reference to the legal–psychiatric prohibition of drugs and suicide. I have written extensively about these subjects and a few observations must suffice here. The Schiavo case touches on many of the difficult economic, moral, legal, and social dilemmas presented by the combination of advances in modern medical technology, the national socialization of heath care services, and the war on autonomy and personal responsibility and autonomy disguised by a preoccupation with so-called medical ethics. I use the term *national socialism* here in its precise descriptive sense, to refer to state control of important sectors of the nation's economy, not to the German National Socialist regime.

Medical ethics, as I see it, must be one of two things—the justification and ratification of prevailing medical principles and political practices or a critique and condemnation of such principles and practices. Because the medical ethics industry is ideologically and economically parasitic on—is, indeed, a part of—the same therapeutic state that supports and justifies the medical and pharmaceutical industries, it functions, in effect, as the propaganda arm of the therapeutic state. Hence, it is both unable and unwilling to play the role of moral critic. Supported by co-opted authorities on medical ethics, the Florida courts sidestepped all the complex moral and political problems and chose to pretend that the conflict between husband and parents in the Schiavo case ought to be resolved on the basis of a fictitious autonomy plus a fictitious advance medical directive that they attributed to Terri.

Autonomy is self-government. It can be curtailed only by the self and the state. We limit our own autonomy every time we make a promise or enter into a contract, for example, by marrying. The state limits our autonomy every time it prohibits an act, especially the type of act which John Stuart Mill aptly called "self-regarding," such as self-medication. Our autonomy is now strictly limited by a political system I call the therapeutic state (Szasz, 1963/1989). Paradoxically, when I was growing up in a not very democratic Hungary and the world was on the verge of a totalitarian nightmare, personal autonomy was less limited than it is today in the United States. No one tried to prevent individuals—not even school children—from killing themselves. Opiates and sleeping pills were widely available and their possession was not prohibited. Although traditionally a Roman Catholic country, Hungary has long had, and still has, one of the highest suicide rates in the world.

"The free man owns himself. He can damage himself with either eating or drinking; he can ruin himself with gambling. If he does he is certainly a damn fool, and he might possibly be a damned soul; but if he may not, he is not a free man any more than a dog" (Chesterton, 1935). The words are Gilbert K. Chesterton's. He was a devout Catholic and a passionate conservative, not a liberal, much less a libertarian. Today, with the whole "civilized" world waging wars on drugs and suicide, few people agree with this statement.

Physicians, especially psychiatrists, have been waging war on autonomy for more than 200 years. As medical professionals acquired more knowledge about the human body and its diseases, they sought increasing control over it. Physicians attacked autonomy along three fronts, corresponding to three basic human urges—sex, drugs, and death. Supported by pseudoscience and the state, they declared self-abuse, self-medication, and self-killing diseases and punished them as offenses against the public health and hence the public good. The free man owns himself. The therapeutic state prohibits self-ownership.

Terri Schiavo had no right to kill herself when she was fully alive. "Suicidality," defined as a "symptom of depression," is the main justification for civil commitment—an act of depriving a person not only of autonomy but of liberty. Nevertheless, so the story goes, Terri Schiavo had a right to have her life terminated when she was only half alive, because, allegedly, that is what she would have wanted had she been able to express her wants. We often believe X not because X is true, but because believing X helps us to achieve our selfish purposes. We have no right to suicide, yet we insist that respect for "patient autonomy" requires that we have a right to physician-assisted suicide (Szasz, 1999/2001).

Reconsider the basic facts of the case. For 15 years Terri Schiavo's half-alive body lay in bed. Ostensibly, during all this time, both her husband and her parents wanted to "help" her. Initially, they helped her to stay alive. No one then spoke of Terri's wish to be killed. Then came a sudden reversal, when Michael "remembered" Terri's alleged verbal living will. Michael now sought to help Terri by ending her life as soon as possible, whereas the Schindlers helped her by preserving her life as long as possible. At the same time—characteristically for the times we live in—neither party was willing to assume real obligation to care for her; both parties wanted to use the power and purse of the state to implement their wishes. Michael wanted the state to end Terri's life. The Schindlers wanted the state to keep Terri alive and pay for her care. (Only a small, initial part of Terri's care was paid by the malpractice insurance money awarded to Michael. By the end, the taxpayer was paying the bills.)

The truth is that the Schiavo case had nothing whatever to do with what we fatuously call "patient autonomy." Instead, it had to do with property rights and money—specifically, with deciding, first, who was the rightful "owner" of Terri's half-alive body, and second, who was to pay for keeping her alive till she was pronounced legally dead.

Regardless of the medical–technical term we choose to describe Terri's state—coma, permanent vegetative state, severe and irreversible brain damage—two things are clear: that before her feeding tube was removed, she was not dead and that she was helpless and dependent on others for survival in much the same way that a newborn baby is: She could breathe and metabolize food, but needed to be fed and hydrated and cared for. The difference between Terri and a baby was that Terri was destined to remain totally disabled and dependent until she died.

There is nothing unusual or uncommon about this sort of situation. On the contrary, the problem is pervasive and perennial. But we must be clear about whose problem it is, and what the true nature of the problem is. The problem is not the patient's, just as the problem of abortion is not the fetus's. Terri *had* no problem. She *was* the problem. For whom? For her husband, for her parents, and for the agents of society charged with protecting certain classes of dependents. Under the age-old legal principle of *parens patriae*, incompetent human beings needing and deserving care and protection were, in John Locke's words, "idiots, infants, and the insane." Today, in addition to idiots, infants, and the insane, the category of such incompetents includes the aged, the unconscious, and persons, like Terri, in a chronic vegetative state.

If relations among family members are harmonious and some are willing to care for a disabled person, they do so, and that is the end of the matter. Many parents care for their severely handicapped children, and many adult children care for their demented parents. If the persons responsible for the dependent are wealthy, they typically delegate the task to others. That is the way Joseph Kennedy, Sr. cared for his daughter Rosemary who too was half a person, after the lobotomy to which he had subjected her. Severely brain damaged, Rosemary was sent to a Catholic convent home in Wisconsin, lavishly endowed by Kennedy to conceal his embarrassing deed and care for his damaged daughter. Out of sight and out of mind, Rosemary "lived" there for more than 60 years, until her death in 2005, at the age 86. Family members may also agree on the opposite course, which they often do in the kind of hopeless situation with which Terri's husband and parents were faced. They then instruct medical personnel to desist from heroic measures to prolong the dying process. This is one of the functions of hospice care. It is worth noting in this connection that Terri Schiavo did not qualify for such care.[4]

In the Schiavo controversy, the courts upheld the fiction that Terri's autonomy required that she be

[4]"What are the admission requirements for hospice care? Consent of attending physician. Life expectancy of six months or less. Goal of comfort care rather than cure. Philosophy of allowing death to occur naturally without extraordinary intervention. . . ." http://www.blessinghospital.org/Health%20Services/hospice%20faq.htm.

"According to the Medicare hospice program, services may be provided to the terminally ill Medicare beneficiaries with a life expectancy of six months or less. However, if the patient lives beyond the initial six months, he or she can continue receiving hospice care as long as the attending physician recertifies that the patient is terminally ill. Medicare, Medicaid and many private and commercial insurers will continue to cover hospice services as long as the patient meets the criteria of having a life expectancy of six months or less." (http://www.hospicenyc.org/content/about_hospice/misconceptions.asp.)

medically killed, in her own best interest. In view of the fact that we live in a country whose laws prohibit suicide and often deny patients with terminal illnesses the painkillers they need, the doctors' and courts' sensitivities to patient autonomy were, in this case, touching, to say the least. Michael requested the court to attribute to Terri the de facto right to physician-assisted suicide. That this decision favored Michael's personal and financial interests, and the taxpayers' economic interests, was purely coincidental.

The Schiavo case—like Shakespeare's *Lear* or *Hamlet*—was and remains great drama. It holds up a mirror, as it were, that reflects our selfishness, our moral uncertainties and vanities, and, above all else, our boundless hypocrisies about drugs, dying, medical care, and money.

Enlisting physicians in the task of killing people, whether patients or enemies of the state, is not a new idea. The fact that the Hippocratic Oath prohibits medical killing suggests that physicians and their superiors must have found it a temptation. The practice seems to have started in Rome under Nero, who would send "doctors to those who hesitated to execute his order to commit suicide, . . . instruct[ing] them to 'treat' (*curare*) the victims, for thus the lethal incision was called" (van Hooff, 1990, p. 51.). The guillotine and the gas chamber were developed by medical doctors. The Nazi medical Holocaust was an unabashed euthanasia program planned and carried out by physicians.

In English literature, the earliest reference to death as treatment appears in Sir Thomas More's *Utopia*. He wrote: "Should life become unbearable for these incurables, the magistrates and priests do not hesitate to prescribe euthanasia. . . . When the sick have been persuaded of this, they end their lives willingly either by starvation or drugs" (More, 1516/1984, p. 18).

The practice of routinely referring to the ostensible beneficiary of physician-assisted suicide (PAS) as a "patient," albeit seemingly harmless, prejudges the act as medical and legitimizes it as beneficial ("therapeutic"). To be sure, a person dying of a terminal illness is, ipso facto, considered a patient. However, *dying is not a disease*; it may, inter alia, be a consequence of disease (or other causes, such as accident or violence). More importantly, *killing (oneself or someone else) is not, and by definition cannot be, a treatment*.

Strictly speaking, the phrase "assisted suicide" is an oxymoron. Suicide is killing oneself. We ought to call it autohomicide, to distinguish it from heterohomicide, which is the correct name of the act by which Terri Schiavo's life was terminated. Neither autohomicide nor heterohomicide is *a medical matter*. Both are *legal, moral, economic, and political matters* (Szasz, 1999/2001).

A person has no *need* for another to perform a service that he could perform for himself, provided, of course, that he wants to and is allowed to perform the service. If a person knows how to drive but prefers to be driven by someone else, he has no *need* for a chauffeur, he *wants* a chauffeur. Such a person is not receiving "chauffeur-assisted driving." The same is true for killing oneself.

Let us not forget that physicians have always been partly agents of the state and are now in the process of becoming de facto government employees. Hence, unless a person kills himself, we cannot be certain that his death is voluntary; under no circumstances should such a death be called "suicide." If a person is physically unable to kill himself and someone else kills him, then we are dealing with a clear case of heterohomicide (euthanasia, mercy killing, or medical murder, as the case may be). Moreover, if a physician carries out the act, which is what happened in the Schiavo case, then we cannot be sure that the patient did not want to change his mind in the last moment, but could not or was not allowed to do so. We know that many persons who prepare advance directives requesting that physicians abstain from "heroic measures" to prolong their dying change their minds when the time comes to honor their own prior requests.

In short, conjoining the terms "assisted" and "suicide" is cognitively misleading and politically mischievous. The term *physician-assisted suicide* is a euphemism, similar to terms like *pro-choice* (for abortion) and *right to life* (for prohibiting abortion). We ought to reject PAS not only as social policy but also as a conventionally used phrase, especially so long as suicide remains, de facto, illegal, prohibited by mental health law, and punished by psychiatric agents of the state.

Words are important. We must be careful about what we call the persons who receive and deliver suicide assistance services. If we call the persons who receive the services "patients" and those who deliver them "physicians," then dying by means of such a service is, ipso facto, a "treatment," and PAS becomes an approved cause of death, like dying from a disease. In short, the legal definition of PAS as a procedure that only a physician can perform expands the medicalization of everyday life, extends medical control over personal conduct, especially at the end of life, and diminishes patient autonomy.

Let us call a spade a spade. Terri Schiavo was killed: to be precise, she was executed, in accordance with a legally valid court order, by starvation and dehydration. Why? Because no one—not her

husband, not her parents, not any philanthropist, not the American taxpayer—was willing to pay to keep her alive. The elephant in the room no one wanted to see was money. Had Terri's parents been Melinda and Bill Gates, and had they wanted to keep Terri alive, there would have been no "case." If we believe that executing innocent people is wrong, then the Schiavo case presents no ethical problem. It presents economic, political, and social problems.

Millions of persons all over the world—infants, old people, severely disabled persons—would die if they were not given food and water by others. Tens of thousands of persons, whose quality of life is not measurably better than Terri Schiavo's was, languish in nursing homes, tied to wheelchairs and drugged with Haldol. Looking after them for seven years, how many of their relatives could "remember" that the "patients" chose to die when they fell into such a state? How many could produce "credible witnesses" from among siblings or close friends to testify that they heard the patients say that? Would this be sufficient legal ground to starve them to death?

The problem is obvious: dependency. Formerly, this was a problem for the family and the church. Now, it is a problem for the state. Why? Because the modern national-socialist state has assumed the social–economic functions of the church and is assuming more and more of the social–economic functions of the family.

Sir William Osler (1849–1919), perhaps the most celebrated physician in the history of American medicine, foresaw the problem of mass dependency in mass society and boldly offered a notorious recommendation. In 1905, Osler resigned from Johns Hopkins Medical School, of which he had been a founder, to accept the even more prestigious position of Regius Professor of Medicine at Oxford. Nearly 56 years old, contemplating his own aging, he delivered an address titled "The Fixed Period," declaring that "men over the age of sixty were useless," that "the history of the world shows that a very large proportion of the evils may be traced to sexagenarians," and that "peaceful departure by chloroform might lead to incalculable benefits," for them as well as for society (Osler, 1905/1943, p. 392). Subsequently, Osler said, not very persuasively, that his proposal was "whimsical." However, many people took it seriously. His supposed spoof had temporarily enriched the language, generating the verb "Oslerize" (meaning "euthanize"), used both in jest and in earnest.

When Osler delivered his speech, he was a revered figure in American medicine. Nevertheless, the press—then still vigilant about protecting personal freedom from medical statism—was alarmed. An editorial in the *New York Times* castigated his remarks and compared his proposal to the practices of "savage tribes . . . whose custom it is to knock their elders on the head whenever the juniors find their elders in their own way" (Johnson, 1996, p. 24). Two days after the address was denounced in the papers, a Civil War veteran shot himself to death. A clipping of Osler's address was found on his desk. The story was front-page news in a report entitled "Suicide Had Osler Speech." Undaunted, Osler angrily retorted: "I meant just what I said, but it's disgraceful, this fuss that the newspapers are making about it." In his hagiography of Osler, Harvey Cushing, the famed Harvard neurosurgeon, stated: "Efforts were made in vain to get him to refute his statement; and though there can be no question that he was sorely hurt, he went on his way with a smile" (Cushing, 1925, p. 669).

His later disclaimers notwithstanding, Osler was serious. This conclusion is supported by his favorable reference to John Donne's (1646/1930) now forgotten defense of suicide in *Biathanatos*, and also by the fact that Osler's essay and title were inspired by Anthony Trollope's (1815–1882) novel, also titled *The Fixed Period* (1882/1993). Trollope's tale, cast in the mold of a futuristic utopia/dystopia, takes place on the imaginary island, "Britanulla," where the human life span is fixed at 65 years. At the end of their 66th year, men and women are admitted to a college for a 12-month period of preparation for euthanasia by chloroform. Trollope was 67 when he wrote the novel. A year later he died, without benefit of chloroform. Despite his stature as the giant of American medicine, Osler never lived down his flirtation with medical killing.

On September 24, 2005, Michael Schiavo traveled to the Twin Cities to speak at a conference on medical ethics at the Hyatt Regency hotel honoring Dr. Ronald Cranford, a Minneapolis neurologist who was one of his medical advisors. "I never, in my entire life, thought I would be thrown into such a national debate," said Michael. "All I wanted to do was carry out my wife's wishes. . . . Terri didn't die an awful death. I laid a red rose in her hand and said goodbye." His address was met by a standing ovation from the more than 200 people in attendance (Lerner, 2005).

Writing from Singapore after hurricane Katrina, *New York Times* columnist Thomas Friedman, an expert on medical ethics and everything else, opines: "There is something troublingly self-indulgent and slothful about America today—something that Katrina highlighted and that people who live in countries where the laws of gravity still apply really noticed. . . . We let the families of the victims of 9/11 redesign our intelligence organizations, and

our president and Congress held a midnight session about the health care of one woman, Terri Schiavo, while ignoring the health crisis of 40 million uninsured" (Friedman, 2005).

As befits the true Jacobin, Friedman self-righteously dismisses the rights of the individual in the name of compassion for the masses. More than 200 years ago, Edmund Burke (1729–1797)—alluding to Rousseau—delivered this priceless satirical portrait of the modern "humanist"-collectivist. Wrote Burke:

> Benevolence to the whole species, and want of feeling for every individual with whom the professors come in contact, form the character of the new philosophy. . . . He melts with tenderness for those only who touch him by the remotest relation, and then, without one natural pang, casts away, as a sort offal and excrement, the spawn of his own disgustful amours, and sends his children to the hospital of foundlings. The bear loves, licks, and forms her young; but bears are not philosophers. Vanity, however, finds its account in reversing the train of our natural feelings. Thousands admire the sentimental writer; the affectionate father is hardly known in his parish. . . . As the relation between parents and children is the first among the elements of vulgar, natural morality, they erect statues to a wild, ferocious, low-minded, hard-hearted father, of fine general feelings—a lover of his kind, but a hater of his kindred. (Burke 1791/1961, p. 249)

Vanity, indeed. In 1993, while ostensibly trying to keep his wife, Terri, alive, Michael Schiavo converted her engagement ring and wedding band into a ring for himself; in June 2005, after Terri is cremated and her ashes are buried, he defined the date of her death as February 25, 1990, and used her gravestone as a placard for congratulating himself on his self-proclaimed moral fidelity to her; and now, while continuing to loudly disclaim interest in publicity, he lectures on medical ethics.

Michael Schiavo had a choice to relinquish the care of his half-dead wife to her parents, who were begging him to let them assume that role and could have avoided the ensuing publicity that he claims he abhorred. He refused to do so. *Cui bono?*

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