

Terri Schiavo's lasting legacy

Important in the debate over Terri Schiavo has been the argument over what she herself would want. Mrs Schiavo's husband and some of her friends insist she wished to die rather than continue in a vegetative state, as she has since a heart attack 15 years ago. Her parents and her brother were equally adamant that she wanted to live. The divisions within Mrs Schiavo's family have highlighted the value of so-called "living wills" which set out the treatment a person wants - and, importantly, does not want - when confronted by grave injury or illness.

That is not to suggest that when Mrs Schiavo was a young woman - even one with an eating disorder - she should have foreseen the devastating brain damage that befell her. But that is precisely the point; no one knows when they might suffer the sort of catastrophic injury or illness that makes a living will relevant - even, for example, America's youthful and seemingly healthy First Lady, Laura Bush. In light of the Schiavo case, Mrs Bush has revealed that she and the President have living wills, and encourage others to follow their lead.

NSW Health prefers the name "advance care directives" to "living wills". It has just published guidelines on how they should be used by those near the end of life. NSW Health emphasises the importance of basing directives on consultation with doctors and family to ensure patients fully understand their options and families understand the patients' choices.

In NSW, a patient may refuse treatment - and that includes food and water - even if it may lead to death. Such a refusal may be put in a directive and doctors are legally obliged to respect it. Directives may be formally written down and witnessed, or given orally and noted on the patient's records, or come from someone appointed by patients to act for them when they are no longer competent.

Of course, the application of advance care directives will not always be straightforward nor can they resolve the complex ethical issues raised by the Terri Schiavo case. However, they can relieve families of life and death decisions when they are least emotionally equipped to make them; they can spare families the agony of an unedifying dispute over a terminally ill relative's wishes. How much anguish might have been avoided had Mrs Schiavo's preference been unequivocally demonstrable?