Terri Schindler Schiavo: A Senseless Death

In 1990, 26-year-old Terri Schindler Schiavo suffered brain damage when she mysteriously collapsed and stopped breathing for a period of time. Fifteen years later, on March 31, 2005, Terri died of dehydration after 15 days without food or water. Her husband, Michael Schiavo, had obtained judicial approval to remove her feeding tube. Woodside Hospice in Pinellas Park, Florida, carried out her death sentence.

Michael Schiavo was given the “Guardian of the Year Award” in 2005 for his successful campaign to end the life of his wife. That came in our society when the legal or dehumanizing treatment of a disabled person is deplorable. What makes Terri’s case stand out is the public outcry in support of her right to live. More than 100,000 people contacted Florida Governor Jeb Bush, pressuring him to save Terri’s life.

The real heroes are Terri’s parents, Bob and Mary Schindler, who were uncharacteristic in their battle to save their daughter from a cruel death. The highly publicized legal battle between Michael Schiavo and the Schindlers alerted millions to the fact that our judicial system has a history of sanctioning the treatment of disabled human beings in ways that would be criminal if done to a dog.

Terri’s Condition

Contrary to media reports, Terri was not “brain dead,” not terminally ill, and not comatose and not on a ventilator. In 2002, Dr. William H. Hammesfahr, a neurologist, evaluated Terri. He listed among his findings that she was responsive to her environment; responded to specific people best; responsive to her environment; and asked to be named Terri’s guardian.

In January 2001, Judge George Greer, Circuit Court, conducted a hearing at which Michael argued that, before her collapse, Terri had told him that she would not want to be kept on life support.

Judge Greer ruled that Terri was PVS. The two physicians chosen by Michael and one appointed by the judge testified that Terri was PVS. The two physicians chosen by the Schindlers found that she was not PVS. Greer ruled that Terri was PVS.

On October 15, 2003, Michael had Terri’s feeding tube removed. Six days later, the Florida legislature enacted “Terri’s Law.” The law allowed Governor Bush to take Terri’s feeding tube. Michael could order all food and fluids withheld from Terri. The Florida legislature enacted “Terri’s Law.”

On March 31, 2005, Terri died of dehydration. Governor Bush filed an appeal and got an automatic stay, but Florida’s Supreme Court upheld Bush’s ruling. The Schindlers, now desperate to save Terri, appealed all the way to the U.S. Supreme Court, which refused to hear the case. Terri was running out.

On March 17, 2005, Terri’s feeding tube was once again removed. A few days later, the U.S. Congress overwhelmingly approved an act that gave the federal court in Tampa jurisdiction to review the facts of the case and determine whether Terri’s constitutional rights were violated. President Bush quickly signed it into law, but the court defiantly refused to review the case. For Terri, this time, there would be no stay of execution.

A Brother’s Grief

Almost three years after Terri’s collapse, a medical malpractice jury awarded $700,000 to Terri’s ongoing medical care and $300,000 to Michael for loss of companionship. He had told the jury that he wanted to take care of Terri for the rest of her life. Shortly thereafter, Michael denied Terri all forms of rehabilitation and antibiotics for infections. When she did not die from neglect, he sought to have her feeding tube removed.

Terri’s parents vehemently objected and asked to be named Terri’s guardian.

In the final 72 hours of her life, Terri was in a persistent vegetative state. Under Florida law, only those who are PVS or terminally ill may be dehydrated to kill. Nevertheless, Greer ruled that Michael could order all food and fluids withheld from Terri. The Schindlers appealed.

At issue was whether Terri was in a persistent vegetative state. Under Florida law, only those who are PVS or terminally ill may be dehydrated to kill. Judge Greer ordered that my beloved sister die without her consent. My physically healthy sister lived in a neurologically compromised state; for reasons that are still unknown, and my family struggled for 12 years trying to protect her. We wanted nothing but permission to care for Terri for the span of her natural life.

Terri was not hooked up to machines, not terminally ill, and not succumbing to any killer disease. She was disabled. She was dependent on others. Terri was still very much alive, a woman and a person in my family’s eyes, but most important, in the eyes of God.

My family was forced to watch my sister suffer through the ghastly effects of terminal dehydration. With each passing day, Terri appeared weaker, thinner, more frightened and so very wronged. I watched as my family begged for her life and as healthcare professionals turned a blind eye to her suffering. I listened to proponents of the so-called “right to die” court news audiences into the belief that my sister was enduring a gentle, peaceful, and euphoric demise. I sat on the corner of her bed and held her thinning hands, trying so hard to understand that what I was witnessing was actually real. When Terri passed from this world, I took a very tangible piece of me with her.

No human being or agency should have the authority to pronounce an innocent person, such as my sister, “unworthy of life.”

By Bobby Schindler

A Brother’s Grief

Euthanasia and Assisted Suicide

Terri’s Death was not only wrong because it was horrendously painful, but also because nutrition and hydration should be considered basic care.

Terri’s death was not only wrong because it was horrendously painful, but also because nutrition and hydration should be considered basic care.

The soul-searching question we must ask ourselves is: Are we at peace with debilitating disabled people to death, or does it haunt us?

Information

Imposed Death

Imposed Death is a term frequently substituted for “euthanasia” in the media. Euthanasia literally translates from the Greek as “right to die,” yet it is not as self-evident as it appears. It is not merely a synonym for suicides carried out for the purpose of relief from pain, as some people believe and as some media outlets report. Euthanasia means something altogether different. In medical research, it is defined as “the act or practice of administering a lethal dose of medicine for the purpose of ending a patient’s life.”

The concept of assisted suicide has been around for centuries, it has been practiced in many cultures, and is known by many names. The term “euthanasia” has been used to describe the practice of mercy killing since the 19th century. It was first used in the context of medical aid to the sick and dying to relieve pain and suffering. The term is derived from the Greek roots “eu” meaning “good” and “thanatos” meaning “death.”

Euthanasia is often discussed in terms of “passive” and “active” forms. Passive euthanasia involves withholding or withdrawing treatment that would extend the patient’s life. Active euthanasia involves administering a lethal dose of medication to end a patient’s life. The term “euthanasia” is often used interchangeably with “assisted suicide,” but there are important distinctions between the two.

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Euthanasia is a complex and controversial issue, with differing opinions and beliefs about its morality and ethics. It is important to understand the different perspectives and to engage in respectful and informed discussions about this sensitive topic.
10 Imposed Death

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terminologists, and the removal of vital organs (heart, organs, the brain, kidneys) must be done before death can be declared for organ donation.

The Denver Post, 3/01; “‘Brain Death’ Is Not Death,” 3/05.

In 2000, pharmacies in Belgium began
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that the victim is equally as dead.

It is illegal to do an apnea test on a

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Assisted Suicide: Idaho — We’ll Help You Die!

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Suicide tourism. The non-profit

Euthanasia and Assisted Suicide: What in the World is Going On?

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Living Wills: Vital... or Deadly?  

Advisory directives for health care are legal documents by which individuals express their wishes in the event they become incapable of making decisions to control the course of their illness. These documents can only be used in emergency situations, when the individual is unable to express his or her wishes, and must be approved by a court of law. 

A Living Will is an advance directive that specifies medical interventions one would or would not like in the event of illness. A Living Will is a statement that outlines what medical care you do or do not want, and identifies the person or group who can carry out your wishes. A Living Will does not allow anyone to override your desires if you are alive and able to speak for yourself.

Your life or the life of a loved one may depend on having correct information about ventilation. A Living Will states that you don’t want treatment or care, including any treatment that may prolong life. It is your right to make your own decisions, and to make them as your health declines.

Insistence against the patient's wishes that might be requested is the most common cause of hospitalization of the elderly patient. This is because the patient's wishes are often unclear or vague, and the physician is asked to determine what the patient would have wanted. It is important to note that the patient's wishes are often unclear or vague, and the physician is asked to determine what the patient would have wanted.

A Durable Power of Attorney is a legal document that appoints a trusted friend or family member to make decisions on your behalf if you become incapacitated. It is important to discuss these matters with your family and friends to ensure they understand your wishes. It is also important to discuss these matters with your family and friends to ensure they understand your wishes.

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Thirsty? Most Likely.

It's a tragic irony that, in pre-World War II Germany (1933), strong animal protection laws were in place. The Nuremberg Tribunal declared the Nazis criminals for using humans and animals as experimental subjects. U.S. Brigadier General Taylor, chief counsel, concluded: “If the principles announced in this law had been followed for human beings as well, this indiscipline would never have been. It was perhaps the deepest shame of the defendants that it probably never occurred to them that human beings should be treated with at least equal humanity.

In 1939, the number of animals used in medical research in the United States was estimated to be over 10 million. According to the National Institutes of Health, the number of animals used in research increased to over 30 million per year in 2009. The use of animals in research has been a controversial issue, with some arguing that it is necessary for medical progress and others arguing that it is unethical.

In 2020, the National Institutes of Health announced that they would phase out the use of rabbits, guinea pigs, and other small mammals in most of their research by 2025. This decision was made in response to growing concerns about the ethical treatment of animals used in research.

For more information, please see the National Institutes of Health’s website on animal welfare and the use of animals in research.
In 1938, the Euthanasia Society of America (ESA) was formed. In 1969, ESA proposed legislation for “voluntary death.” According to attorney Charles Studdard, “These are the societies that hope eventually to legislate the putting to death of non-voluntary terminally ill patients.”

1967
- ESA launches a massive educational campaign, establishing the Euthanasia Education Council (EEC) and the Living Will (WW) as a tool to promote education of euthanasia.

1973
- The first state LW-type legislation is introduced, which marked the first stage of opposition from child advocates for the disabled, religious leaders for the terminally ill, and children’s groups for the disabled, and children’s hospices for the dying.

1984
- At a conference titled “New Ethics for the New Technology,” the American Medical Association’s Council on Ethical and Judicial Issues recommended “voluntary” euthanasia to “insure that persons suffering from a terminal disease who are in their last phase of illness and who also harbor a fear of their imminent death can die” (Committee on Professional Ethics, 1984).

1993
- After numerous unsuccessful attempts, in 1993 the ESA succeeded in its ultimate goal of the “right to die” movement: the legalization of the “right to die” in cases of born defectives who were “voluntary” euthanasia. Founded in New York, the Society of America (ESA) was founded.

1999
- In June, the FL judge ruled that Terri Schiavo’s life should be extended until her donors of life-prolonging medical treatment, including tube feeding. The US Supreme Court reversed the lower court’s decision.

2001
- In the US Attorney General John Ashcroft announces that the Compassion and Choices Act (CSA) proposes the use of assisted suicide for terminally ill patients, as it is “not in the best interest of the patient.”

2002
- Oregon and assisted suicide supporters challenge Ashcroft. US District Judge Robert E. Jones rules in favor of Oregon Justice Department attorney Karen Torre’s argument that the CSA would be unconstitutional.

2003
- The Hemlock Society changes its name to the Hemlock Society of Life Choices. In a dramatic turn of events, on 10/21, the FL legislature enacts “Terri’s law,” permitting Gov. Jeb Bush to sign a bill that agree to husband’s request. In 1988, the Florida law allowing patients to refuse medical care without clear evidence of a patient’s wishes. SRD

2007
- The most important role the patient advocate can play is to be a visible advocate for the patient—a staff member to be more attentive to the patient’s needs. The best way to do this is to treat the patient with dignity and respect, and to ensure that the patient’s voice is heard.

2010
- In 2007, Terri Schiavo’s case re-escalates after all efforts by her parents, physicians, bioethicists, groups, pro-life organizations, and the Legislators.

2014
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2015
- A PALS bill, the deceptively named “Call to Life Act” (to be defined in Oregon: “Death with Dignity Act”). In 1998, the US Supreme Court ruled that PAS is a “right to die” under the 14th Amendment’s due process clause. The US Court of Appeals in 1999 found the state’s assisted-suicide law to be unconstitutional.

“the only thing necessary for the triumph of evil is for good men to do nothing.”
- Edmund Burke

“Save a Life!”
- www.humanlife.org

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In 1938, the Euthanasia Society of America (ESA) was created, publishing the Euthanasia Education Council (ESA) newsletter. In 1967, the Board of Directors of the Living Will Foundation (LW) was to vote to establish euthanasia organizations.

1973
- The first state LW-type legislation is introduced in Illinois, with strong opposition from the American Medical Association (AMA) and the AMA's Life-Saving Children and the P.I. Social Services Conference. The bill was defeated.

1975
- The ESA becomes the Society of American (AAHS) as an educational arm for the National Hospice and Palliative Care Organizations (NHAPO), later renamed the National Hospice and Palliative Care Organization, (NHPCO). The American Association of Hospice Organizations (AAHO) is renamed the American Association of Hospice and Home Health Professionals (AAHHP).

1984
- In 1984, Richard Shell, then editor of the Hastings Center Report, wrote: “The move toward allowing physicians to help patients die is a ghastly, disturbing trend. It is likely to unleash the most profound moral crisis in American medicine.”

1994
- The first state LW-type legislation is introduced in Nevada, and the bill passes. The Natural Death Act, a LW law, is introduced in 21 states. The act requires that there be “clear and convincing evidence” of an incompetent patient’s wishes. Nevertheless, 33-year-old Nancy Cruzan is starved and dried to death after a lower court finds that she is not competent. Cruzan’s name is “morally and legally indefensible” (NY Times). The “Patient Self-Determination Act” passes, allowing families to force medical care without clear evidence of a patient’s wishes. SRA/SD.

1995
- The ESA becomes the Society of Actuarial Medicine, the American Association of Hospice Organizations (AAHO), the NHC and the American Association of Hospice and Home Health Professionals (AAHHP). The Center for End-of-Life Care (CED) is established.

1997
- The ESA becomes the American Association of Hospice Organizations (AAHO) and the National Hospice and Palliative Care Organization (NHPCO). The bill was defeated.

1997
- The American Association of Hospice Organizations (AAHO), formerly AAHS, tries again in 1998 to introduce the “Suicide Suffering” bill into the American Association of Hospice Organizations (AAHHP). The bill was defeated.

2003
- The American Association of Hospice Organizations (AAHO) passes the “Euthanasia and Assisted Suicide Prevention Act” to protect families from paying for or promoting assisted suicide.

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In Mag 113-114 2021

Thirsty? Most people will
say yes after a long day
in the sun. Some will say
yes after a long day
in the hospital. As for
me, thirst is a seasonal
thing that may not even
happen this summer.

In March 2011, people from all over the country made their way to Florida to pray for Terri Schiavo, a woman who was in a vegetative state for over 15 years, to die. The court ruled that it was time for Terri to die, but the doctor doing the "feeding" of Terri was not ready to give up and continued to put her back on life support. A few months later, Terri died. The legal battle over whether Terri should be allowed to die raged on for years. In the end, Terri was allowed to die, and her case became a symbol for the debate over medical ethics and end-of-life care. The fight for Terri's right to choose how she would die highlighted the need for more research on end-of-life care and the importance of respecting patients' wishes. The case of Terri Schiavo remains a controversial issue in the medical community today.
Advocate directives for health care are legal documents by which individuals express their wishes regarding health care. If people are too sick to express wishes, their family and friends are asked to make decisions based on the individual’s preferences, particularly their values and moral norms. Furthermore, real-time decisions often involve complicated medical and ethical questions that can’t be answered in advance.

Keeping an open mind to the future is essential. It is impossible to foresee and plan for all of the possible circumstances that might arise during a treatment. In many instances, treatments or interventions that were once believed to be beneficial can be found to be unnecessary or ineffective. Therefore, you may be the hands of a physician whose skilled advice will guide you to health or save your life. The advantage of a Living Will is to be able to make decisions that are based on your personal goals and wishes. Your “agent” will make decisions about your current condition and treatment options in the absence of any specific instructions or preferences. It is important to discuss your wishes with your “agent” on a continuing basis, and every few months, if possible. This conversation should be about your preferences for care and the decisions you would make in your situation.

There may be times when it is medically indicated and morally permissible to forgo a specific treatment or other medical intervention. Insistence against the patient’s wishes that is not clearly documented and not available to the treating physician, post-decision is contrary to law, and would be seen as medically and ethically inappropriate. There is no moral or ethical requirement to provide or obtain treatment that is ineffective. Those treatments that are extremely burdensome, costly, useless, or otherwise extraordinary are not part of the medical care. However, people who are in serious medical conditions often want treatment should not be denied it.

We must be careful that what we judge to be a “burden” is not a benefit to the patient’s life, and that the particular treatment is truly a burden to the patient — not to the family, insurance company, hospital or state. When a time comes when it is impossible to provide support to the patient, it is the duty of the patient to care for them, and the family, insurance company, hospital, or the state is to care for the patient. We must be careful that what we judge to be a “burden” is not a benefit to the patient’s life, and that the particular treatment is truly a burden to the patient — not to the family, insurance company, hospital or state.

One way to spot potential problems is to review a hospital’s policy and procedures. Providing accurate and up-to-date information about medical technology’s benefits gives people the ability to make informed decisions. We must all do our part to dispel the misunderstanding and misinformation that has been deliberately induced by the media. We must do all our part to dispel the misunderstanding that exists about what a Living Will is. The reason a person who is not otherwise alive, but with a ventilator, is put on a ventilator is to help the person it may mean the difference between life and death.

For some people in government and healthcare, encouraging medical care and ending the laws of certain patients makes economic sense. One expert put it bluntly: “A quick death is a sharp death.”

“All patients in the world have the right to die with dignity, free from pain and suffering.”

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Organ Donors, NOT “Brain Dead”

Organ donation has several different purposes, such as to save the lives of others, provide organs for medical research and development, and to support the medical profession. The medical profession can also benefit from organ donations, as this can help to further their understanding of the human body and improve medical treatment.

Brain death is a medical condition in which the brain is no longer functioning at a level that is necessary for life. This condition is usually determined by a doctor who will use a medical device to monitor the brain’s activity. If the doctor determines that the brain is not functioning, then the patient is declared to be brain dead.

However, some people argue that brain death is not an accurate measure of death. They point out that while the brain may be dead, other parts of the body may still be functioning. For example, the heart may continue to beat and the lungs may continue to breathe.

In response to these concerns, some doctors have suggested that a different set of criteria should be used to determine death. One such set of criteria is known as the Harvard Criteria. These criteria state that a person is dead if they are brain dead and their heart and lungs have stopped functioning.

However, even with these changes, some people still disagree with the concept of brain death. They argue that it is not possible to accurately determine whether someone is truly dead or alive.

In conclusion, brain death is a complex and controversial topic. It is important to continue to research and debate this issue in order to ensure that we have the most accurate and effective ways of determining death.
Imposed Death

What’s the Big Deal?

This supplement examines the history of imposed death, the facts about it and the experiences and opinions of those most intimately affected by it. You need the unvarnished truth in order to make informed decisions about such vital matters.

Features
4 Living Hills: Vital... Or Deadly? A Living Will may be a license to kill.
5 "Persistent Vegetative State" How reliable is a PVS diagnosis?
8 Thirsty? Too Bad. Withholding food and water is the new "mercy killing.
10 Organ Donor Wants: Dead or Alive for Dr. Paul B. Ehrlich and by whom definition?
12 Additional Features A Time to Let Go Not Dead Yet! Save a Life thanks for all the lift Follow the Money Organ Donors, NOT "Brain Dead" A Brother’s Grief.

Human Life Alliance is a non-profit pro-life, educational organization dedicated to protecting human life from fertilization until natural death.

HIA creates educational publications on abortion, abortionists and euthanasia.

For additional copies or more information, contact:
Human Life Alliance 3570 Lexington Avenue North Suite 205 St. Paul, MN 55126 USA www.humanlife.org 612-844-1669

"Hospice care is there to make it comfortable and not to hasten his death to live fully until they die."
Dame Cecily Saunders

Over 3,000 hospices operate in the United States. Although the business entity is quite unique, its own unique characteristics and quality of care. Many are operated by charitable organizations, a few by private business, and the increasing numbers are being operated by corporations. You can find it in all three categories. Traditional hospice care in all three categories.

Hospice caregivers deserve the utmost respect. We should understand the difficulties that palliative care providers face in the dedication so many demonstrate. "Palliative care" provides comfort if the relatives feel like killing you.首字母顺序为A到Z的缩写，首字母大写，其余字母小写。

Terminal Sedation and the Withholding of Food and Water "Terminal Sedation" (TS) refers to controlling pain by giving an opium primarily in sufficient, in moderate quantities to relieve the distress of life end. Initially used as a last resort to relieve extreme pain when a patient is dying, TS has been transformed into a means to end untreated pain. Deep sedation combined with the withholding of all nourishment is only rarely used and is not legal in every state. Euthanasia has moved beyond the stage of palliative treatment aimed at alleviating suffering, and open euthanasia has become more than the intent is to kill the patient. The World Health Organization WHOs concern with experimental palliative care physicians and nurses who are often marginalized and rarely perceived as being anything except "palliative care" institutions. Instead of palliative care, we want to think of the multitude of friends whose faithful support enables people of being a burden" and "losing independence." Hospice should help the patient deal with fear, not grant his wish to die—kill him without his consent.

By Tracy Berrent

Human Life Alliance

1 Checkoway, M. and Wexley. J. Death. Power Over Pain: Issues in Hospice and Palliative Care. 2 National Hospice and Palliative Care Organization. "Facts and Figures on Hospice Care. 2004 at www.catholic.org "Hospiceuropean". Accessed July/August 2004 for Caring Interlociety. In October 2002, J. Donald Wigle, Vote Chair for Public Policy for IPC, became President and Chair of the National Hospice and Palliative Care Organization (NHPCO), the largest organization of its kind. In 2005 The Hospice Federation of America (HFA) published a contro- versial, eye-opening book entitled Ethical Dilemmas at the End of Life. It was published by Thomas Aquinas Press. The book tries to convince readers that there is no moral culpability in assisted suicide. In another chapter, Robert Kastenbaum affirms the legitimacy of euthanasia when he states, "With persistent vegetative status, it is the people of all ages who are dying, not the young. Indeed, in the beginning of every human life, the question of passive or active euthanasia arises."

Human Life Alliance is a non-profit pro-life, educational organization dedicated to protecting human life from fertilization until natural death.

HIA creates educational publications on abortion, abortionists and euthanasia.

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Euthanasia literally translated from the Greek means "good death." Someone who seeks a mercy killing is seen as a murderer and not a person. In this publication, the more accurate term "imposed death" is frequently substituted for "euthanasia," and also for "assisted suicide." (See Definitions, page 2).

You may ask, "Why should I be concerned? Why should I be interested? Why should I care?" Because the entire human race has a stake in the answer to the question, "Should imposed death be allowed because they are viewed as "not worth living" or "useful" to the state?" The entire human race has a stake in the question of whether people are viewed as "useful" to the state. Because the entire human race has a stake in the future of the "right to die." We are all human beings, especially those who are most vulnerable, and the unalienable right to life of all human beings, especially those who are most vulnerable, is the foundation of right-to-life. We believe that...
In 1990, 26-year-old Terri Schiavo Schiavo suffered brain damage when she mysteriously collapsed and stopped breathing for a period of time. Fifteen years later, on March 31, 2005, Terri died of dehydration after 15 days without food or water. Her husband, Michael Schiavo, had obtained judicial approval to remove her feeding tube. Westside Hospice in Pinellas Park, Florida, carried out her death sentence.

Michael Schiavo was given the "Guardian of the Year Award" in 2005 for his successful campaign to end the life of his wife. That same year, our society applauded the suicide of a disabled woman in deplorable circumstances. What makes Terri's case stand out to the public is our sympathy for her right to live. More than 100,000 people contacted Florida Governor Jeb Bush, pressing him to save Terri's life.

The real heroines are Terri's parents, Bob and Mary Schindler, who were unrelenting in their battle to save their daughter from a cruel death. Their highly publicized legal fight against the war between Michael Schiavo and the Schindlers alerted millions to the fact that our judicial system has a history of sanctioning the treatment of disabled human beings in ways that would be criminal if done to a dog.

Terri's Condition

Contrary to media reports, Terri was not comatose and not on a ventilator. In 2002, Dr. William H. Hammesfahr, a neurologist, evaluated Terri. He listed her responsive to her environment; attempted to verbalize; verbal praise; attempted to verbalize; activities for which she received antibiotics for infections. When she did not die from neglect, he sought to have her feeding tube removed. Terri's parents vehemently objected and asked to be named Terri's guardians.

In January 2001, Judge George Greer, Circuit Court, conducted a hearing at which Michael argued that before her collapse, Terri had told him that she would not want to be kept on life support. Why had he never mentioned this before or during the malpractice suit? Terri had left no written evidence of her wishes, and her parents insisted that she would never have made such a statement. Nevertheless, Greer ruled that Michael could order all fluid and fluids withheld from Terri. The Schindlers appealed.

At issue was whether Terri was in a persistent vegetative state. Under Florida law, only those who are PVS or terminally ill may be dehydrated to death. The 2nd District Court of Appeals ordered Judge Greer to hold an evidentiary hearing to determine her condition. The two physicians chosen by Michael and one appointed by the judge testified that Terri was PVS. The two physicians chosen by the Schindlers found that she was not PVS. Greer ruled that Terri was PVS.

On October 15, 2001, Michael had Terri's feeding tube removed. Six days later, the Florida legislature enacted "Terri's Law." The law allowed Governor Bush to name Terri's "guardians" and terminate PVS. Greer ruled that Terri was PVS.

On March 30, 2005, my sister, Terri Schindler Schiavo, died from the effects of dehydration. Judge Greer ordered that my beloved sister die this unnatural and gruesome death by ordering that her feeding tube be forcibly removed from her without her consent. My physically healthy sister lived in a neurologically compromised state; for reasons that are still unknown, and my family struggled for 12 years trying to protect her. We wanted nothing but permission to care for Terri for the span of her natural life.

Terri was hooked up to machines, not terminally ill, and not succumbing to any killer disease. She was disabled. She was dependent on others. Terri was still very much alive, a woman and a person in my family's eyes, but most importantly, in the eyes of God.

My family was forced to watch my sister suffer through the greatly effects of terminal dehydration. With each passing day, Terri appeared weaker, thinner, more frightened and so very wronged. I watched as my family begged for her life and as healthcare professionals turned a blind eye to her suffering. I listened to proponents of the so-called "right to die" court news audiences into the belief that my sister was enduring a gentle, peaceful, and euphoric demise. I sat on the corner of her bed and held her thinning hands, trying so hard to understand what it was I was witnessing was actually real. When Terri passed from this world, I took a very tangible piece of me with her.

No human being or agency should have the authority to pronounce an innocent person, such as my sister, "unworthy of life." Terri recovered from six and a half days of dehydration while Michael, assisted by the American Civil Liberties Union, again went to court. On May 6, Judge W. Douglas Baird, County Circuit Court, found "Terri's Law" unconstitutional. Governor Bush filed an appeal and got an automatic stay, but Florida's Supreme Court upheld Baird's ruling.

The Schindlers, now desperate to save Terri, appealed all the way to the U.S. Supreme Court, which refused to hear the case. Terri was running out of time.

On March 17, 2005, Terri's feeding tube was once again removed. A few days later, the U.S. Congress overwhelmingly approved an act that gave the federal court in Tampa jurisdiction to review the facts of the case and determine whether Terri's constitutional rights were violated. President Bush quickly signed it into law, but the court defiantly refused to review the case. For Terri, this time, there would be no way of execution.

In the final 72 hours of her life, Terri's tongue and throat were dry, cracked and raw. Her eyes were bloodshot and bleeding. In the last 26 hours, she panted rapidly and couldn't catch her breath. Terri's brother, Bobby, called her death "grotesque." Terri's death was not only wrong because it was horrendously painful, but also because nutrition and hydration should be considered basic care.

The soul-searching question we must ask ourselves is: Are we at peace with dehydrating disabled people to death, or does it haunt us?...