What wasn't discussed: Schiavo and the health care system

by Stephen E. Lammers in the April 19, 2005 issue

The Terri Schiavo case stirred much moral controversy over what constitutes ordinary care for the dying and what respect we should show for the wishes of the dying. These are serious matters, not discussed often enough. But there are other important moral and medical issues that were widely ignored in the debate.

One of them is the way the U.S. spends a large part of its considerable health care resources on the beginnings and the endings of life, especially the endings. A related fact is that the U.S. spends more of its gross domestic product on health care than any other nation in the world and at the same time manages to leave over 44 million without health insurance. We have grown used to this reality. We are not ashamed of it, nor do we appreciate the pain it brings to many Americans who do not have decent care, including good care in their dying.

When over one half of all personal bankruptcies involve an unexpected medical emergency, it is time to ask about our collective priorities on health care, not simply about how each of us individually wishes to die. We should ask what kind of health care system we owe one another as we die and as we live. While we are at it, we might ask what implications our conclusions on these matters might have for various institutions. It is possible that in the Schiavo case we saw only some of the legal institutions that can be involved in dying, and we overlooked the medical ones.

In the debate over Terri Schiavo, instead of talking about the fact that all of us will die, and asking if there are things that we collectively want to agree on regarding our death and dying, we took sides regarding the death of one person. This is not to say that one death is not important; it is to point to matters beyond the dying and the death of any single one of us.

Schiavo was fortunate in having the cost of her care underwritten by a legal settlement and the federal government. There is no little irony in that, since some members of Congress who sought to prolong her life also want to make it less likely

that future legal settlements will be as generous as hers was. Some also want to cut federal funding for medical treatment. One cannot demand that Schiavo and others in her condition be treated without recognizing that there are costs involved and that the monies have to come from somewhere.

Our society's focus upon the individual case also allows us to miss some of the good that was evident in Schiavo's dying. She was cared for in a hospice, and from all reports she was well cared for. We should be thankful that the hospice workers took on this responsibility, a responsibility made more difficult given the demonstrations taking place just outside the hospice walls. We might want to reflect on the gifts such institutions are for our society and what we might do to further the flourishing of hospices and other institutions that assist us in life's difficult moments.

What counts as a good health care system for all? What counts as a good death, and what institutions do we need to assist all of us as we pass through our health crises in our living and dying? How ready is our society to provide those things to all, including the least among us? These are among the questions we should be asking following the death of Terri Schiavo.