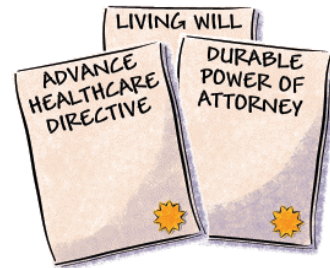


Who Makes Medical Decisions When I Cannot?

Today, medical equipment and technology allow physicians to sustain a person in a vegetative state for many years without any hope of recovery. Individuals who do not wish to be kept alive by such sophisticated life-sustaining techniques must put their desires in writing.



In the now famous case of Cruzan v. Dir. Mo. Dept. of Health, 110 S. Ct. 2841 1990, the U.S. Supreme Court held that a state may demand clear and convincing proof of a person's wish to exercise his or her right to die. Ms. Cruzan was an accident victim who had not made clear her intent to have medical support withdrawn. Because of this failure, she could have been kept "alive," in a vegetative state, for many years, at an estimated cost of \$200,000 per year. The emotional toll on her family was incalculable.

Most states recognize some form of the living will, sometimes called a right to die or directive to physicians; however, such documents may not give the required "clear and convincing" proof.

Many states have provided for durable powers of attorney for healthcare, advance healthcare directive or other formal health care proxies. These documents allow a person to appoint another person to make health care decisions for them if they became unable to do so.

Withholding Medical Treatment – Yes or No?

The American Medical Association sets forth four medical situations in which a person may find himself. As these are read, one might ask, "Would I want medical support withdrawn in this situation?"

- In a coma with no hope of recovery
- In a coma with a small likelihood of recovery with permanent brain damage
- Afflicted with brain damage or disease, severe in nature, and a terminal illness, such as cancer
- Afflicted with brain damage or disease, severe in nature, but without terminal illness

In these situations, and others, decisions must be made concerning the treatment which should be withheld (for example, artificial respiration, medicine, food, water, etc.).

Durable powers of attorney generally empower the appointed agent to make decisions beyond just terminal illness, such as admission to a nursing home, consent for surgical operations, and care in the event of senility or other disability.

In view of the Cruzan case, it seems advisable to be very specific as to when life support equipment should not be used or when it should be withdrawn. There are no guarantees under the current state of the law, but clearly setting forth one's desires in written form should give some peace of mind.