

**A Persuasive Case Against Government Authority in
End-of-Life Decisions for Vegetative Patients**

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A controversial dispute has evolved in the morally fraught field of end-of-life decisions for vegetative patients, calling into question the degree of government authority in deciding the destiny of persons in states of extreme incapacity. There is a clause in the Hippocratic Oath requiring doctors to refrain from “overtreating” a patient whose body is overrun with illnesses, no matter what. Hippocrates stated unequivocally that such patients cannot be healed by medicine. Medical professionals can apply the notion of medical futility to support their choice of avoiding certain therapies that patients or surrogates may need simply because the physician did not believe it would make a difference. When a proposed therapy is considered medically futile, this policy states that it should not be carried out since the existing data indicates that it will not improve the patient's condition. Meaning, because of this policy they can at any point take patients off life-saving therapy without the consent of the family or the individual.

This issue is not purely academic; it is founded on the profound consequences of personal liberty, autonomy, and the fundamental right to life. At its foundation, this type of abuse of power by the government emphasizes the vital need to protect human liberty and resist bureaucratic decision-making in circumstances as sensitive as life and death. The ability to choose one's own life and body is a basic right, and allowing the government to dictate the path of end-of-life decisions jeopardizes this prized right. In this case, I will dive into the pillars of this argument, addressing concerns about government overreach, the hazards connected with bureaucratic decision-making, and the sanctity of life. As we progress through this discussion, it becomes clear that reconsidering the government's role in these decisions is more than just a legal or medical issue; it is a societal imperative that demands an examination of our commitment to the rights and dignity of all individuals, particularly those in their most vulnerable moments.

As we dive deeper into this case, I would like to begin with two significant words *Individual Autonomy*, which comes from the Greek words *auto* (self) and *nomos* (law, rule) etymologically. According to the Stanford Encyclopedia of Philosophy, Individual Autonomy also known as Personal Autonomy refers to the ability to be one's person, to conduct one's life based on reasons and goals that are considered one's own rather than the product of manipulative or distorting other factors, and to be so independent. Individual autonomy is fundamentally connected to the larger idea of human dignity. Human dignity tells us that every individual has inherent value and deserves to be treated with respect and attention. Autonomy manifests human dignity, allowing people to express their distinct identities, ideas, and values. When autonomy is respected, it confirms the notion that every individual is capable of self-government and decision-making,

strengthening the value that human existence is precious and deserving of respect. It is so important that cultures recognize and celebrate each person's inherent¹ dignity, producing a culture that loves and embraces the diversity of human experience. Have we become so numb to the meaning of Personal Liberty, that we need to remember what our founding fathers fought so hard for? By allowing the federal government to make decisions on these cases we are violating our own First Amendment rights. Not only is Freedom of Religion being blatantly violated but Freedom of Speech as well. Whether Christian, Muslim or even Hindu, euthanasia is prohibited and strongly discouraged in all these religions. As Christians, we are taught about the sanctity of life and how we must protect it. We fought so hard for the precedent *Roe v. Wade* to be overturned because we understand how precious life is even to the fetus. How can we not share that same compassion and love for those who can't speak for themselves?

The parallel of both matters stems from the basic concepts of autonomy, dignity, and individual liberty that lay the foundation for the protection of reproduction rights and end-of-life choices. If our Constitution supports individuals who have the right to make informed decisions about their reproductive health and family planning, how can we say that they cannot make decisions about their medical treatment, such as whether to keep life support in the case of incapacitation. Encouraging the government to decide when life support should be stopped creates a risky precedent that erodes patient-doctor trust and challenges the integrity of the doctor-patient relationship and undercuts human autonomy. The intrusion of the government in these types of medical matters deprives people of their basic right to self-determination and autonomy. Patients ought to be allowed to make decisions about their medical treatment when it comes to life support, guided by their own beliefs and interests and in conjunction with their healthcare professionals. When Patients' autonomy is compromised, and their liberties are violated when the government becomes involved in these decisions. The ethical tenets of beneficence, non-maleficence, and respect for patient autonomy are all at risk when governments meddle in healthcare decisions. Medical personnel may find themselves in moral binds when government regulations conflict with their training, which emphasizes patients' autonomy and well-being. Doctors in no form have the right to go against the wishes of one's family or the individual when removing life support from patients in vegetative states. Once again, we are setting a risky precedent by allowing the government to

¹ "Autonomy in Moral and Political Philosophy (Stanford Encyclopedia .)," accessed February 3, 2024, <https://plato.stanford.edu/entries/autonomy-moral/>

control medical decisions that might result in other violations of people's rights and liberties. Should the government have the authority to decide whether to remove life support from individuals in vegetative states, what other medical choices would they try to regulate down the road? This slippery slope might lead to more government intervention in healthcare, compromising people's rights and autonomy for a variety of illnesses and therapies. Because everyone was made in the likeness of God, every human life is valued and precious in the Judeo-Christian tradition (Genesis 1:27). This fundamental concept is disregarded when individuals in vegetative states are denied the ability to maintain life support, therefore considering their lives as less valuable or expendable. According to Scripture, each person is valuable in God's eyes, and as such, their lives ought to be safeguarded and conserved. Regardless of one's physical or mental capabilities, Scripture teaches us that every person has intrinsic dignity and worth. Jesus Christ highlighted the need to show compassion and mercy to those who are suffering or in need, as well as providing care for the weak and disenfranchised. Refusing people in vegetative states the choice to remain on life support is an affront to their humanity and a denial of the fundamental medical attention and assistance that they are entitled to as God's children. The Bible preserves the idea of individual autonomy and free will in addition to emphasizing the sacredness of human life. People are urged to make moral judgments that are in line with both their conscience and God's will throughout the Bible. It is against their will or their family's will if the patient did not decide before to remove life support from individuals in vegetative states; this undermines their God-given autonomy and takes away their ability to make decisions about their medical treatment. Compassion and justice are fundamental ethical concepts that direct human behavior. Through his ministry of healing and restoration, Jesus Christ served as an example of these characteristics by exhibiting empathy and compassion for people in need. Denying people in vegetative states the choice to remove themselves from life support without consent from them or their families is an act of injustice and cruelty toward those who are already defenseless and in need of care. The 1990 *Patient Self-Determination Act* (PSDA) mandates that healthcare institutions educate patients of their rights to make decisions about their medical care, including the choice to accept or reject treatment.²

² Kelley, K. 1995. "The Patient Self-Determination Act. A Matter of Life and Death." *Physician Assistant (American Academy of Physician Assistants)* 19 (3): 49, 53–56, 59–60 passim. [https://pubmed.ncbi.nlm.nih.gov/10141946/#:~:text=The%20Patient%20Self-Determination%20Act%20\(PSDA\)%20is%20a%20federal.](https://pubmed.ncbi.nlm.nih.gov/10141946/#:~:text=The%20Patient%20Self-Determination%20Act%20(PSDA)%20is%20a%20federal.)

This statute emphasizes how crucial it is to uphold patient autonomy and guarantee people's right to take part in decisions regarding their own healthcare, especially those pertaining to life-sustaining treatment. One of the oldest colonial American legal codes, the *Massachusetts Body of Liberties (1641)*, established the foundation for the defense of individual liberties and rights. One of its clauses acknowledged people's natural right to make decisions about their own lives and bodies without excessive intervention from the state or other outside entities. Furthermore, the Massachusetts Body of Liberties stressed the significance of shielding people against unjustified laws that violate their fundamental rights. Government requirements or limitations that restrict people's ability to make decisions about their end of life following their own values and beliefs may be viewed as a violation of these inherent rights.

January 2015, a tragedy and a miracle occurred this is based off a true story where a father had to go to extreme measures for his child. A man by the name George Pickering II was in an awful predicament. George Pickering III, his son, had a history of seizures and was in the critical care at a hospital after having a major stroke. He was placed on life support and considered brain dead and it was concluded that he would not recover from the vegetative state.



Not long after this diagnosis was made, without the consent of Mr. Pickering's son or anyone from his family the hospital staff ordered '*a terminal wean*' which is a process where a person is slowly removed from life support. Medical personnel recommended that Pickering remove his son's life support all together after informing him that the boy was brain dead. But Pickering was not going to accept this forecast. Pickering acted rashly because he was desperate and thought his son still had a chance. Armed with a revolver, he went inside Tomball Regional Medical Center and barracked himself and his son, engaging in an hours-long

confrontation with authorities. Pickering's son proved that he was in fact not³ completely brain dead like the doctor's had said during the discussions by gripping his father's hand when instructed to do so. Pickering held on to his conviction that his kid was still alive and just needed more time to be assessed, even in the face of such a stressful circumstance.

Pickering eventually gave up calmly after protracted talks, but not before making a powerful message about a father's love and his unshakable dedication to defending his son's life. Ultimately, and against all medical expectations, Pickering's son made a full recovery. Pickering received a reduction in his charges and was released early from jail. A statement was taken in an interview with Pickering's son where he said the following- "The important thing is I'm alive and well, my father is home and we're together again," said Pickering's son.



The significance of honoring the patient's desires and making sure that medical decisions are in line with their beliefs and preferences is highlighted by Pickering's insistence on reevaluating his son's health and his unwillingness to accept the hospital's decision to remove life support. The patient himself even spoke of how grateful he is that his father stood up for him since no one cared about his wishes or dared to even consider his family's wishes when it came to terminating his life. What the government was allowing this hospital to do is gross miss-conduct and violate several statutes and policies which I will continue to

³ Arnold, Robert. 2015. "Father, Son Involved in Hospital Standoff Speak to KPRC 2." KPRC. December 18, 2015. <https://www.click2houston.com/news/2015/12/18/father-son-involved-in-hospital-standoff-speak-to-kprc-2/>.

display. His experience serves as a warning about the possible repercussions of disobeying a patient's desires and emphasizes the need of patient-centered care and respecting patients' and their families' autonomy for legislators and healthcare professionals alike. We are entering an age where the federal government can decide the value of one's life and when it should end. We are doing exactly what our founding fathers feared would happen and slowly losing our identity and forgetting the values this great country was built on. I would like to introduce a quote from Philosopher Karl Marx- "*Take away a nation's heritage and they are more easily persuaded.*" Marx's quotation is essentially a sobering reminder of how crucial it is to protect a country's legacy and identity, especially when it comes to delicate issues like end-of-life care.

The Virginia Bill of Rights, Section 16, provides a basis for challenging the government's right to force people to follow certain end-of-life decisions, especially where such decisions go against the person's religious or philosophical convictions. "*No man shall be compelled to frequent or support any religious worship, place, or ministry whatsoever, nor shall be enforced, restrained, molested, or burthened in his **body or goods**, nor shall suffer in any other way on account of his religious opinions or belief,*" the Virginia Bill of Rights, Section 16, states unequivocally, upholding the principles of religious freedom and personal autonomy. This fundamental idea covers more ground than just religious issues; it also covers individual liberty and the freedom for one to make their own judgments without interference or compulsion from the government. Additionally, people should be protected from being compelled to follow medical decisions dictated by the government against their personal or religious convictions.

Two significant pieces of American law, the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), seek to safeguard the rights of people with disabilities and encourage fair access to a range of services, including healthcare. These laws acknowledge people with disabilities' intrinsic value and dignity, even those who are in vegetative states, and their right to equality, respect, and dignity in every aspect of life, including the making of medical decisions. The idea of nondiscrimination is one of the main tenets of the Rehabilitation Act and the Americans with Disabilities Act. These laws forbid

discrimination based on disability and mandate equal opportunities and access to services, programs, and activities for people with disabilities.⁴

This covers the freedom to use healthcare facilities and services and the ability to take part in medical decision-making processes that affect their treatment. It is critical that the rights and dignity of people in vegetative states—who have restricted or compromised cognitive abilities—be respected during the medical decision-making process. People with disabilities, including those with cognitive impairments, have the right to be regarded as full and equal members of society, with the same rights and advantages as others. This is recognized by the Americans with Disabilities Act (ADA) and the Rehabilitation Act. Both laws highlight how crucial it is to ensure that patients in vegetative states making end-of-life decisions are not the target of discrimination or denied access to essential medical treatment because of their handicap status. Upholding the values of nondiscrimination and fair access to healthcare services for all people, regardless of their handicap status, is a moral and legal duty for legislators and healthcare practitioners. In the same way that States allow individuals to be able to choose for themselves when it comes to their reproductive health, they have the right to choose for their end-of-life care without interference from the government.

The case against governmental control over reproductive rights and end-of-life decisions is supported by legal safeguards like the First Amendment, which protects freedom of religion and conscience, and laws like the Americans with Disabilities Act (ADA), which safeguard the rights of people with disabilities. The significance of upholding each person's autonomy, equality, and dignity in all sides of healthcare decision-making is emphasized by these regulations. In conclusion, the parallels between end-of-life choices and reproductive rights highlight how crucial it is to safeguard each person's autonomy, dignity, and freedom of choice while making healthcare decisions. Individuals should be free to choose their end-of-life care according to their own values and beliefs. Maintaining these values is crucial to making sure people get respect and dignity in every side of their treatment.

⁴ “Can Care-A-van Food Drive a Most Worthy Cause.” 2021. Aurora News-Register. June 8, 2021. <https://www.auroranewsregister.com/commentary/can-care-van-food-drive-most-worthy-cause>.

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