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Life, Death, and Somewhere In Between

Giuliana Macaluso

James Madison University

The Case

As a seasoned paramedic, Erick Muñoz daily fights against fatality by working to keep trauma victims alive. A champion of the living, Muñoz never could have imagined that he would one day become death's advocate. But then again, he never could have imagined that he would one day witness his wife's inability to escape a mortality purgatory either.

On November 26, 2013, Erick Muñoz awakened to find his 33-year-old wife, Marlise Muñoz, lying lifeless on the kitchen floor. Muñoz would never have had a precise timeframe of his wife's unconsciousness, but he would later learn that Marlise had suffered an embolism that robbed her of her brain function, and consequently, the opportunity to watch her toddler son experience life.

Marlise was sent to John Peter Smith Hospital in Fort Worth, Texas, where her family would witness the capabilities of life support to sustain life, or, as they viewed it, to perpetuate death. Several EEGs performed on Marlise revealed her to be brain-dead, and she was connected to a respirator and ventilator. The life support devices kept Marlise's heart and lungs functioning.

As they were familiar with Marlise and her wishes, her parents and husband informed the hospital that Marlise did not want to be subjected to life support efforts. According to her family, Marlise had spoken of this desire to her loved ones, but had never written it down. As a matter of recognizing human dignity and individual autonomy, patients' wishes concerning life support are to be honored. Thus, on the surface, the family's request to have Marlise taken off life support apparatuses appeared routine.

It is upon further examination, however, that the situation becomes more complex, for it was not solely Marlise Muñoz that was connected to the machines.

The Complexities

At the hospital, it was discovered that the respirator and ventilator were working to sustain not only Marlise, but her unborn child as well. At the time of her admission, Marlise was 14 weeks pregnant. With this discovery came an onslaught of ethical, medical, and legal quandaries, all concerning a woman and her fetus, caught in an indistinct, interstitial space somewhere between this life and the next.

Despite her wish not to be connected to life support, doctors at John Peter Smith Hospital refused to remove Marlise from the ventilator and respirator, citing Texas state law as their justification for neglecting to honor Marlise's choice. According to the Texas Health and Safety Code, physicians are required to respect their patients' life-support decisions. However, Marlise's pregnancy makes her case distinct. Under Texas state law, physicians "may not withdraw or withhold life-sustaining treatment...from a pregnant patient" (Health and Safety Code). Therefore, removing Marlise from life support would have put the hospital in legal jeopardy. The physicians were bound by law to keep Marlise and the fetus on life support, regardless of her wishes.

However, Erick Muñoz and Marlise's parents, Lynne and Ernest Machado, were outraged at what seemed to them to be a blatant disregard for the dignity that Marlise merited in her death. They brought the case to court in an attempt to force the hospital to give Marlise's body to them so that she could be buried. The hearing took place on January 24, 2014—nearly two months after Marlise was first connected to the life support machines—at the 96th District Court in Fort Worth.

During the trial, hospital representatives from the Tarrant County District Attorney's office held that their implementation of Texas law was valid. They asserted that they had a duty to defend the life of the Muñoz child. The Muñoz family's lawyers, Jessica Hall Janieck and Heather King, opposed the hospital's position. They stated that the Texas statute did not apply to Marlise, as she, "[could not] possibly be a pregnant patient" (Ford). Their claim that her status as a "patient" was invalid stemmed from the fact that clinically, Marlise had been "dead" since November 28th (Botelho, Lavandera, and Rubin). Therefore, Marlise's family asserted that the hospital was misinterpreting the statute, and that it did not apply to a dead person. The prosecution also held that the death of a pregnant woman is a common occurrence, and that this case should not be treated as an exception.

Further complicating the case, at the time of her admittance to the hospital, Marlise was in the fourteenth week of her pregnancy. In Texas, women can get a legal abortion until they are in the twentieth week of the gestation period. Thus, since her fetus had not yet reached a developmental stage in which it could live apart from the uterus, a conscious Marlise would have maintained the right to an abortion in the legal sense (Eckholm and Fernandez). The resulting issue of whether Texas law supersedes feminine rights inspired further controversy.

The complexities of the case did not end there, however. Marlise's family emphasized the fact that the fetus Marlise was carrying was not viable. In fact, her attorneys called it "distinctly abnormal" (Ford). The fetus had been starved of oxygen as a result of Marlise's unconsciousness. It had also been determined to have malformed legs and a damaging build-up of cerebrospinal fluid in the brain (Ford). Her family

maintained that the fetus's anomalies should be taken into account in the controversy over its status as a living being.

Taking an emotional stand for the rights that he believed his wife was owed, Erick Muñoz repeatedly verbally condemned the hospital's actions concerning his wife throughout the lawsuit. He believed their choices to be “nothing more than the cruel and obscene mutilation of a deceased body against the expressed will of the deceased and her family” (Botelho, Lavandera, and Rubin).

Marlise Muñoz was admitted to the hospital on November 26, 2013, and on January 24, 2014, after two months, Texas judge R.H. Wallace required that the hospital disconnect Marlise from the life support machines. He held that the hospital was misinterpreting the Texas statutes, agreeing with Marlise's family that because Marlise was medically and legally dead she did not qualify as a “patient.” Judge Wallace mandated that his order be met by 5 p.m. on January 27, 2014, and the hospital complied.

The Conclusion

The case of Marlise Muñoz demonstrates the tense dichotomy that exists between the law and human rights, and the effect that technology has on this conflict. Life support technologies blur the lines between this life and the next. In the absence of these modern capabilities, Marlise would have perished—her fetus with her—and her family would have buried her and grieved. However, life support machines operate to artificially sustain life, transgressing the natural order. In effect, this technology raises issues concerning humanity that would have otherwise remained unaddressed.

Life support technologies exist because there is a value placed on human life and its preservation that is unique to the human species. Life support's ability to defy the natural order is controlled by protecting individual autonomy. As autonomous beings, "people have a right...to act freely in accordance with a self-chosen plan" (Cook, Gedge, and Giacomini 215). Therefore, by honoring her refusal of life support technologies, the court acknowledged Marlise Muñoz's humanity and the autonomy that was thereby owed her.

But upon examining the nature of life support capabilities, one finds that Marlise's state paralleled that of her unborn child. Therefore, they ought to have been treated as equals in regard to their status as people, but their biological link prevents the rights of both from being honored. Therefore, it is not unreasonable to conclude that in making their ruling, the court effectively made the statement—whether intentionally or unintentionally—that Marlise's life was of greater value than that of her fetus. As the subject of medical ventilation technologies, Marlise depended on a ventilator to "replace the function of the lungs" while she was hospitalized ("Understanding Life Support Measures"). Marlise was unable to survive without the aid of extraneous machinery. In the same way that Marlise depended on external forces to supply her with oxygen, her fetus was dependent on Marlise as the source of its air. In the pregnancy realm, Marlise, "in effect, [breathed] for the baby" as "oxygenated air...[passed] through her circulatory system to the baby through the placenta and umbilical cord" (Sessoms). Independent of its mother, the fetus would have been unable to survive. Their dependencies on external sources of air mirror each other.

Marlise also relied on artificial nutrition technologies to sustain her during her time on life support. She was nourished with a "chemically balanced mix of nutrients

and fluids,” which was administered to her by means of a tube (“Understanding Life Support Measures”). Unable to nourish herself, Marlise would have expired without life support technologies. Correspondingly, her fetus received its required nutrients from Marlise, as “nutrients [travelled] through the mother's bloodstream and [were exchanged] to the bloodstream of the fetus through the placenta” (Chandler). The fetus’s nourishment was directly related to that of its mother. Correspondingly, the medical survival of both Marlise and her fetus depended on indirect methods of nutrition without which they would have perished.

The story of Marlise Muñoz and her fetus reveals the preferential treatment that is shown to adults and the societal refusal to acknowledge the personhood of the unborn. Muñoz and her child were in parallel states—not of death but of nameless “unlife”—equally dependent on external sources of sustention. Marlise was a slave to the machine that kept her heart beating, without it a helpless entity. Is pregnancy not the same? Is it not a comparable state of dependency—of life being supplied and supported by external means? Marlise and her fetus were coequals in their conditions, neither alive nor dead. Therefore, by the principle of equality, any rights awarded to Marlise should have also been given to her fetus. No partiality should have been shown to Marlise simply because she had previously been capable of expressing her wishes.

However, regardless of their analogous positions as human beings, the fetus’s biological link to its mother made it impossible for both of their autonomies to be honored. Should Marlise’s wishes be respected, her fetus would die as a result. Should the fetus’s humanity be protected, its mother’s individual liberties would be violated. The impossibility of defending both sets of rights led the court to elevate Marlise’s status above that of her fetus, effectively demonstrating the superiority of adults to the unborn.

In theory, by reason of their comparable conditions, if one treats Marlise Muñoz as a human maintaining her autonomy, one ought to do the same for her fetus.

However, the fetus's biological dependence on its mother makes this insurmountable.

Life support creates a vague, artificial state of being that lies somewhere between life and death, complicating situations that would have otherwise been natural. And questions arise. Does Marlise, a living corpse, maintain her autonomy when blood pumps only artificially through her veins? And does her unborn child, unable to live outside the uterus, deserve the right to life, as all human beings ought?

One has often heard it said that a child changes one's life; the fetus of Marlise Muñoz, however, highlights the complexities that arise when a child alters one's death.

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