Documentation

The legal 'right' to commit suicide

The California Court of Appeals ruled on Dec. 27, 1984 that, although plaintiff William Bartling had died, he would have had the right to kill himself—contrary to the ruling of a lower court. An abridged text of the decision follows.

Mr. and Mrs. Bartling and Mr. Bartling's daughter Heather all executed documents in which they released Glendale Adventist and its doctors from any claim of civil liability should the hospital and doctors agree to honor Mr. Bartling's wishes. Despite strong and unequivocal statements from Mr. Bartling and his family, his treating physicians refused to remove the ventilator and refused to remove the restraints which would allow Mr. Bartling to disconnect the ventilator himself should he choose to do so. In support of their application for injunction and this petition, petitioners supplied declarations to support their contentions that 1) Mr. Bartling had a relatively short time to live, even with the ventilator; 2) he was competent to direct what medical treatment he would or would not receive; and 3) it would not be unethical for Mr. Bartling's treating physicians to honor his wishes, even if it meant disconnection of a life-sustaining machine.

Mr. Bartling's videotape deposition was taken on the day before the Superior Court hearing, June 21. Mr. Bartling could not speak but could nod or shake his head to indicate yes or no answers. Mr. Bartling said that he wanted to live, but did not want to live on the ventilator. He did understand that if the ventilator were removed he might die.

It was the opinion of Mr. Bartling's treating physicians that Mr. Bartling's illness was not terminal and that he could live for at least a year if he was "weaned" from the ventilator. However, the doctors opined in their declaration that "weaning was unlikely because of his medical and psychological problems that were not under control."

Although they did not challenge his legal competency, the doctors and Glendale Adventist questioned Mr. Bartling's ability to make a meaningful decision because of his vacillation. This opinion was based on the declarations of several nurses who related instances in which the ventilator tube accidentally detached and Mr. Bartling signalled frantically for them to reconnect it. Mr. Bartling also made several statements to his doctors and nurses to the effect that he wanted to live and did not want the ventilator disconnected.

Before making its ruling on petitioners' request for an injunction, the trial court made several factual findings, including: 1) Mr. Bartling's illnesses were serious but not terminal, and had not been diagnosed as such; 2) although Mr. Bartling was attached to a respirator to facilitate breathing, he was not in a vegetative state and was not comatose; and 3) Mr. Bartling was competent in the legal sense.

We conclude that the trial court was incorrect when it held that the right to have life-support equipment disconnected was limited to comatose, terminally ill patients, or representatives acting on their behalf.

There is no question in our minds that Mr. Bartling was, as the trial court determined, competent in the legal sense to decide whether he wanted to have the ventilator disconnected. The statements made by Mr. Bartling reflect the fact the Mr. Bartling knew he would die if the ventilator were disconnected but nevertheless preferred death to life sustained by mechanical means. He wanted to live but preferred death to his intolerable life on the ventilator. The fact that Mr. Bartling periodically wavered from this posture because of severe depression or for any other reason does not justify the conclusion of Glendale Adventist and his treating physicians that his capacity to make such a decision was impaired to the point of legal incompetency.

Having resolved the threshold issue of whether or not Mr. Bartling was legally competent, we turn to the major issue in this case: whether the right of Mr. Bartling, as a competent adult, to refuse unwanted medical treatment, is outweighed by the various state and personal interests urged by the real parties: the preservation of life, the need to protect innocent third parties, the prevention of suicide, and maintaining the ethics of the medical profession.

Several doctors expressed the view that disconnecting Mr. Bartling's ventilator would have been tantamount to aiding a suicide. This is not a case, however, where real parties would have brought about Mr. Bartling's death by unnatural means by disconnecting the ventilator. Rather they would merely have hastened his inevitable death by natural causes. And in Superintendent of Belchertown v. Saikewicz, the court succinctly answers this argument as follows: "The interest in protecting against suicide seems to require little if any discussion. In the case of the competent adult's refusing medical treatment such an act does not necessarily constitute suicide since 1) in refusing treatment the patient may not have the specific intent to die, and 2) even if he did, to the extent that the cause of death was from natural causes the patient did not set the death producing agent in motion with the intent of causing his own death. Furthermore, the underlying State interest in this area lies in the prevention of irrational self-destruction. What we consider here is a competent, rational decision to refuse treatment when death is inevitable and the treatment offers no hope of cure or preservation of life. There is no connection between the conduct here in issue and any State concern to prevent suicide."