

Timeline

January 1987 – Michael Martin’s car, containing him, his wife, Mary, and their three children is struck by a Conrail train at a crossing in western Michigan. Mary and the two oldest children survive; the youngest child, Melanie, is killed; and Michael suffers severe brain damage.

March 19, 1992 – Mary Martin files a petition in the Probate Court, seeking authorization to remove Michael’s life support.

October 30, 1992 – In the first hearing of the case, Judge George A. Greig rules that clear and convincing evidence had been presented that Michael did not want to be “kept a dependent person” and that his condition “falls within what Michael did not want to be.” However, he also says that Michael’s intentions cannot be considered because they were not put in writing. Consequently, the petition for authority to withdraw Michael’s life support is denied.

July 19, 1993 – The Michigan Court of Appeals sends the case back to the Probate Court. Judge Greig then changes his original ruling and agrees to allow Mary to order the removal of her husband’s feeding tube. That ruling is affirmed by the Court of Appeals.

August 22, 1995 – The Michigan Supreme Court overrules Judge Greig and the Court of Appeals and says that Michael Martin cannot be removed from life support.

May 21, 1998 – Mary Martin addresses the “Families on the Frontier of Dying” conference in Philadelphia.

Important People

Broder, Andrew – Mary Martin’s attorney.

Cranford, Ronald – Neurologist who explains the severity of Michael Martin’s brain injuries.

Greig, George A. – Judge of the Probate Court in Allegan, Michigan, who presides over the Martin case in two separate instances.

Hess, Dan and **Hess, John** – Patricia Major’s attorneys.

Kreitsch, Robert – Physician, and one of several health care professionals who testifies that Michael Martin does have some abilities and awareness—that he is, in short, a functioning human being.

Major, Patricia – Michael Martin’s sister. She wants his life support to continue and charges that Mary Martin wants him to die because she is involved with another man and stands to gain financially.

Martin, Leeta – Michael Martin’s mother. She wants Mary Martin removed as Michael’s legal guardian.

Martin, Mary – Michael Martin’s wife and legal guardian. It is her wish that he be taken off life support and allowed to die.

Martin, Michael – Michigan man who is severely injured in an automobile accident and becomes the subject of dispute in the court case.

Rutherford, Donald – Michael Martin’s physician. He testifies that Martin has no basic human functions.

Sears, George – Mary Martin’s brother. He testifies that Michael Martin is responsive and wants to live.

New conditions bring new choices. Today, advances in technology and changing social norms force us to confront ethical issues that rarely arose in the past. Sophisticated medical devices can keep a patient alive in ways that were once impossible. But what if a patient—or a patient’s family—doesn’t wish these mechanisms to be used? Another concern involves the end of life—who decides when it occurs? If a terminally ill person chooses to die, does that person deserve medical assistance? Or how far can a child go when he believes his parents are abusive? Very often, such delicate questions must be decided in court. LANDMARK TRIALS OF MODERN ETHICS explores some of these remarkable cases.

IN RE MICHAEL MARTIN: A BATTLE OVER LIFE SUPPORT

Today, medical advances in the form of cardiopulmonary resuscitation (CPR), ventilators, and other kinds of life-sustaining devices, have made it possible to keep people alive in situations that would once have meant their deaths. The result has often meant painful decisions by patients, caregivers, and physicians on what efforts should be made to keep seriously injured or ill patients alive. In 1990, the U.S. Supreme Court addressed this topic in what was known as the Nancy Cruzan case, which involved a decision on whether to discontinue the feeding tube of a Missouri woman who was in an irreversible neurological condition. The state of Missouri had opposed the removal of Cruzan’s feeding tube because, it said, there was no “clear and convincing evidence” that she would have wanted the tube taken out. The Supreme Court ruled that feeding tubes could be removed but also held that individual states had the right to set guidelines regarding such a procedure. The issue then became: what constitutes “clear and convincing evidence” that someone would not want life support to continue? Two ways of addressing that problem became prominent. In a “living will,” a person explicitly states that if he or she is in an irreversible condition, certain types of interventions should not be used. Another solution was the health care proxy—a person designated to make health decisions for the incapacitated person. Unfortunately, it is estimated that only about 15 percent of people make one of these kinds of advance directives. Such was the case of Michael Martin, a Michigan man so badly injured that he could not make healthcare decisions for himself. Martin had never put anything in writing concerning his treatment, but his wife insisted that she had promised him that she would allow him to die if he should ever become totally dependent on others to live. Yet Michael Martin, though clearly incapacitated, was not unconscious. Should he live or should he be allowed to die?



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Vocabulary

cognitive ability – The state of being able to be aware of one’s surroundings and to make judgments. Michael Martin’s cognitive ability varies and is in question during the case.

colostomy – The creation of an artificial excretory opening through surgery.

coma – A state of deep, long-lasting unconsciousness in which a person is unable to respond to external stimuli. Patricia Major contends that Michael Martin wanted to be allowed to die only if he were in a coma or on a respirator, which he is not.

dementia – A condition in which a person’s intellectual faculties, such as memory and the ability to concentrate, deteriorate. Ronald Cranford says that Michael Martin has a degree of dementia.

persistent vegetative state (PVS) – First coined in 1972, a term that denotes a condition in which a person has no awareness of self or of the environment. It is caused by a permanent loss of function of the cerebral cortex. Courts have allowed the withdrawal of life support in people with PVS, but Michael Martin does not have it.

prognosis – A prediction of the likelihood that a person will recover from a disease or injury. Michael Martin’s prognosis is at the core of the case.

Things to Think About

Do you believe that withdrawal of life support is justified in certain medical conditions? If so, what would be examples of such a condition? Do you think that Michael Martin, who was not in a “persistent vegetative state” nor terminally ill, was in a medical condition that called for withdrawal of life support?

Mary Martin was insistent that, by seeking the withdrawal of life support, she was only carrying out Michael’s wishes. Yet Michael had never put anything in writing. Do you think her testimony alone justified the removal of life support? Or do you think a written advance directive from a patient is required?

During the case, Mary Martin pointed out that she had moved Michael to no fewer than five different treatment facilities. Do you believe, as she contended, that her actions show that she was at first committed to seeking his rehabilitation and that she only sought to have life support discontinued when everything else failed?

Patricia Major argued that one reason Mary Martin sought the discontinuation of Michael’s life support was that she had a romantic involvement with another man. Do you think it was fair to bring Mary’s personal life into the case?

Internet Resources

<http://www.internationaltaskforce.org/mm.htm> -- From the International Task Force on Euthanasia and Assisted Suicide, a useful summary of the proceedings in the Martin case.

<http://www.msu.edu/unit/iphh/martin.htm> – Text of the Michigan Supreme Court decision in the Martin case.

<http://www.mywhatevery.com/cifwriter/content/41/pe1220.html> – A comprehensive bibliography on the issues of withdrawing and withholding life support.

<http://imc.gsm.com/demos/dddemo/consult/wholdama.htm> – From the American Medical Association’s Code of Ethics, a statement on “Withholding or Withdrawing Life Sustaining Treatment.”

<http://www.fathom.com/feature/121711> – An essay by a Columbia University physician on “The Ethics of Withdrawing Life Support.”

<http://www.geocities.com/HotSprings/Oasis/2919/cases.html> – An interesting page outlining three landmark cases of persons in a “persistent vegetative state.” (See Vocabulary).

<http://www.euthanasia.org/> – Fast Access, a site containing “hundreds of pages of material explaining the arguments for and against euthanasia.”

http://www.pbs.org/newshour/bb/health/july-dec98/suicide_11-24.html – From PBS, a discussion entitled “Right to Die?”

Other Resources

Beauchamp, Tom L. and Veatch, Robert M., eds., *Ethical Issues in Death and Dying*. Prentice Hall, 1995.

Cantor, Norman M. *Legal Frontiers of Death and Dying*. Indiana University Press, 1987.

Dworkin, Gerald, et.al. *Euthanasia and Physician-Assisted Suicide*. Cambridge University Press, 1998.

Filene, Peter G. *In the Arms of Others: A Cultural History of the Right-To-Die in America*. Ivan R. Dee, 1998.

Hendin, Herbert. *Seduced by Death: Doctors, Patients and Assisted Suicide*. Norton, 1998.

Hillyard, Daniel and Dombrink, John. *Dying Right : the Death with Dignity Movement*. Routledge, 2001.

Moreno, Jonathan D. *Arguing Euthanasia: The Controversy over Mercy Killing, Assisted Suicide, and the “Right to Die.”* Simon and Schuster, 1995.

President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. *Deciding to Forego Life-Sustaining Treatment : A Report on the Ethical, Medical, and Legal Issues in Treatment Decisions*. U.S. Government Printing Office, 1983.

Whiting, Raymond. *A Natural Right to Die : Twenty-Three Centuries of Debate*. Greenwood Press, 2002.

