

REPORT
ON
SURVEY OF OKLAHOMA TRIAL JUDGES
REGARDING END-OF-LIFE CARE ISSUES

FALL 2004

By

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11th Judicial District
Washington and Nowata Counties

Member of Advisory Committee

To

Attorney General's Task Force on End-of-Life
Care

**REPORT ON SURVEY OF OKLAHOMA TRIAL JUDGES REGARDING
END-OF-LIFE CARE ISSUES
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I. METHODOLOGY AND RESPONSES TO QUESTIONNAIRES

The Administrative Office of the Courts furnished a list of names, addresses, and e-mail addresses of all trial judges in Oklahoma as of August 2, 2004. On that date there were 231 trial judges, 71 District Judges, 76 Associate District Judges, and 84 Special District Judges. On August 30, 2004, a questionnaire with 14 questions (Appendix I) was e-mailed to all judges with e-mail addresses and mailed by United States mail to all judges without e-mail addresses. On September 27, 2004, the questionnaire was sent again. On October 5, 2004, an amended questionnaire with 3 questions (Appendix II) was e-mailed to all judges with e-mail addresses who had not previously responded.

The following responses were received either by return e-mail or regular mail:

119 judges responded to the original 14-question questionnaire

25 judges responded to the amended 3-question questionnaire

144 TOTAL RESPONSE (62 per cent of the trial bench)

Thus, 144 of the 231 judges of the Oklahoma district courts responded to the survey, or 62 per cent of the trial judges who were on the bench as of August 2, 2004.

At the Oklahoma Judicial Conference November 10, 11, and 12, in Oklahoma City, **the writer spoke with ten (10) judges** who had not responded to the survey. Eight (8) of those indicated they had not responded because they had had no experience with any of the Acts that were part of the survey nor had they ever had a case involving a "right-to-die" issue or the withholding or withdrawal of life support. Two (2) said they had previously heard cases involving these issues.

Adding the ten oral responses to the 144 would bring the total response rate to 154 judges or 67 per cent.

II. RESULTS

To date, to the best knowledge of the writer, there is no appellate law in Oklahoma regarding any Act or issue covered by the survey; however, as reflected in Appendix III, **there have been court cases at the trial level in over twenty (20) of the seventy-seven (77) counties across the state**, both urban and rural counties. **Thirty-three (33) judges have had cases involving the Acts**

and/or issues covered in the questionnaires. A review of the specific responses set forth in Appendix III shows the following:

1. End-of-life care issues most frequently come up in Adult Protective Services (APS) cases, guardianship cases, and deprived child cases.
2. The improper authorization of DNR orders was, in part, the basis for one judge being removed from the bench by the Court on the Judiciary.
3. In addition to #2 above, three other responses would appear to indicate that judges are asked to issue an order of some kind in situations which are outside of filed court cases. As to #2 above, the writer was advised that hospital personnel would call the judge to come to the local hospital where he was given information regarding a patient, and that he would then orally authorize a DNR order when there was no case filed of record. (It should be noted that it is never appropriate for a judge to become involved in any situation unless there is a court case of record for which the judge has docket responsibility or unless the judge is authorizing an emergency order with a court case to be filed almost immediately thereafter.)
4. Several of the responses appear to show that the implementation of an existing advance directive, durable power of attorney for health care, or DNR order has been challenged in court in various counties.
5. There is much public confusion and misunderstanding about the three Acts covered in the survey, according to the responses of judges. DNR orders appear to be very problematic.
6. One of the Oklahoma County judges who hears guardianship cases routinely appoints an attorney to represent the Ward whenever an end-of-life care issue is raised. (It should be noted that in APS cases or deprived child cases, the APS ward or the deprived child should have a court appointed attorney at all times during the pendency of the case. This would not necessarily be so in a guardianship case.)
7. Twenty (20) judges answered “No” or “Probably not” to question 13, whether or not they would attend a CLE on end-of-life care.
8. As to the specific questions in the original questionnaire, the results are as follows:
 - 8 judges reported they had had a case involving the Hydration and Nutrition Act;
 - 4 judges reported they had had a case involving an advance directive;
 - 7 judges reported they had had a case involving a “DNR” order;
 - 18 judges reported they had been asked to approve withholding or

withdrawal of life support;
3 judges reported they had had a case involving a “right-to-die” issue.

(It should be noted that there is some overlap between the above responses. For example, a judge may have responded “yes” to having had a case involving the Hydration and Nutrition Act and also responded “yes” to having been asked to approve withholding or withdrawal of life support, reflecting the same case.)

III. ANSWERS TO QUESTION 14

The answers to **Question 14, “What, if anything, do you find problematic about any of the three Acts identified in questions 1, 2, and 3 above?”**, speak for themselves and appear in their entirety in Appendix IV. They reflect the concerns of trial judges as well as their professional and personal experiences with end-of-life care issues.

1. The twenty-eight (28) judges who chose to answer Question 14, often expressed discomfort with being the final decision maker in end-of-life care cases.
2. Judges are aware of their lack of expertise and/or lack of CLE in these areas.
3. Judges recognize the ethical and/or moral dilemma at stake, as expressed in #8 when the judge asks “are we prolonging life or delaying death?”
4. Judges identify the lack of knowledge of the general public about advance directives, DNR’s, and other such documents, all of which adds to confusion about how to deal with the underlying issues.
5. In response #3, the judge comments on his personal family experience. In so doing, the judge reveals how easy it seems to be for health care providers to ignore advance directives or DNR orders.
6. In #21, the judge’s response mixes up a number of conflicting attitudes about end-of-life care decisions and who should make them: “Personally I believe that the courts should try to stay as far away from these issues as possible. I realize that we are responsible for resolving the disputes if all other options fail but I am opposed to any legislation that tends to make such decisions a regular or routine part of our load. I have no particular interest in CLE on the matter, but if such a case were dumped in my lap, I would sure wish I’d had one.” (It is noted by the writer that this judge had not had a case involving any of the Acts or issues covered by the questionnaires.)
7. Another judge, in response #16, commented “Personally I have a gnawing concern about the withholding of nutrition and hydration. It is more of a moral dilemma rather than legal – it has the *feel* of legalized suicide. Obviously this

must be a non-issue to the state's citizens and, since I've never heard a case dealing with these issues, I'm without opportunity to adequately define the legal parameters of my 'feeling'."

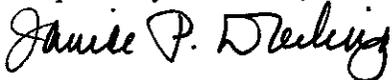
8. Perhaps response #28 says it all: "The general public (and judges) all need to be better educated regarding the rights of the patient. Misconceptions regarding the rights of the family vs. the rights of the patient, are very prevalent." (The writer would add – "the general public, judges, **and medical providers all** need to be better educated regarding the rights of the patient and the rights of the family.)

IV. CONCLUSIONS

(Please note the conclusions of the writer may not be the conclusions of the reader. Conclusions are more often than not subjective.)

1. Based upon the 154 responses of trial judges, court cases at the trial level involving the Hydration and Nutrition Act, advance directives, DNR orders, and other end-of-life care issues are far more numerous than anticipated. Cases at the trial level have been filed throughout the state, and there is no reason not to anticipate that such cases will be even more frequent in the future.
2. Judges are uncomfortable being the designated decision makers in cases involving end-of-life care issues.
3. Based upon the writer's conversations at the Oklahoma Judicial Conference last week, most of the non-respondent judges probably have never had cases involving end-of-life care issues.
4. Education, education, education (repetition is intended) is needed for the public, for the medical profession, for judges, and for Department of Human Services APS and Child Welfare workers in the end-of-life care area.
5. Communication, communication, communication (repetition is intended) is needed between the medical and legal professions regarding these issues and between DHS and the medical and legal professions.
6. There is a need for a clear process to be identified to resolve end-of-life care issues, focusing on the patient's wishes and best interests.

Respectfully submitted,



Janice P. Dreiling, District Judge

APPENDIX I
ORIGINAL AUGUST 30, 2004 QUESTIONNAIRE SENT TO ALL TRIAL JUDGES

Dear Judge:

I am writing you as a member of the Attorney General's Advisory Committee to the Task Force on "End-of-Life" Care. The Committee seeks information regarding litigation on the trial level involving the Oklahoma Hydration and Nutrition for Incompetent Patients Act (Title 63, Section 3080.1), the Rights of the Terminally Ill or Persistently Unconscious Act (Title 63, Section 3101.1), or the Do-Not-Resuscitate Act (Title 63, Section 3131.1). To the best of my knowledge, there is no appellate case law regarding these three Acts.

The Hydration and Nutrition Act contains a presumption that "every incompetent patient has directed his health care providers to provide him with hydration and nutrition to a degree that is sufficient to sustain life." It was originally passed in 1987. The Rights of the Terminally Ill or Persistently Unconscious Act provides for Advance Directives (living wills) for health care. It was passed in 1992, repealing the Natural Death Act (living wills), which was passed in 1985. The Do-Not-Resuscitate Act allows for a DNR Order to preclude cardiopulmonary resuscitation. It was passed in 1997.

The questions are as follows:

1. Have you ever had a case involving the Hydration and Nutrition Act? If the answer is "yes," what were the basic issues?
2. Have you ever had a case involving "Advance Directives" or "living wills?" If the answer is "yes," what were the basic issues?
3. Have you ever had a case involving a "DNR" Order? If the answer is "yes," what were the basic issues?
4. To the best of your knowledge, has there ever been a case in your county or district heard by another judge involving any of those three acts? If the answer is "yes," which Act was it and what were the basic issues involved in the lawsuit?
5. Have you ever been asked to approve the withholding or withdrawal of "life support" measures? If the answer is "yes," what kind of case was it? (Adult protective services, guardianship, deprived child, civil, or other category of case?)
6. In what counties do you preside on a regular basis?
7. Have you ever handled guardianship cases?
8. Have you ever handled Adult Protective Services cases?
9. Have you ever handled civil cases?
10. Have you ever handled deprived child cases?
11. Have you ever had a "right-to-die" issue in any case you have ever heard? If "yes," please describe briefly.

12. What year were you appointed or elected to the bench originally?
13. Would you attend a CLE or program at a judicial conference on "End-of-Life" Care?
14. What, if anything, do you find problematic about any of the three Acts identified in questions 1, 2, and 3 above?

Please e-mail your reply by clicking the "reply" button or fax your reply to 918-337-2898, or send your reply to Janice P. Dreiling, 420 S. Johnstone, Washington County Judicial Center, Bartlesville, Oklahoma 74006.

Your time in responding to this survey is very much appreciated.

Very truly yours,

Janice P. Dreiling
District Judge - 11th Judicial District
Member of Attorney General's Advisory Committee on End-of-Life Care

**APPENDIX II
AMENDED QUESTIONNAIRE SENT TO ALL NON-RESPONDENT TRIAL JUDGES
OCTOBER 5, 2004**

Dear Judge: On August 30 and again on September 27 I sent you a survey regarding "end-of-life care." If you still have access to the survey, I would really appreciate it if you would answer it as soon as possible. I have to submit a report on the survey results to Attorney General Drew Edmondson by October 21. As was expected, results to date show that there have been very few cases at the trial level.

As an alternative to answering the original survey, you may reply to this e-mail by simply clicking the "reply" button and answering "yes" or "no" to the following:

1. Have you ever had a case involving the Hydration and Nutrition Act, an Advance Directive (a/k/a "Living Will"), a DNR Order, a request to withdraw or withhold life support, or some other "right-to-die" or "end-of-life care" issue?
2. Do you know of any other judge who has had such a case?
3. Would you attend a CLE at a judicial conference on "end-of-life care"?

PLEASE, PLEASE, PLEASE RESPOND TO THE SURVEY OR TO THIS E-MAIL!

If you fail to do either, I will be forced to conclude you do not look at your e-mail, or do not know how to respond, in which case, I may be forced to harass you by telephone!

If you receive this and have already responded, thank you, thank you, thank you.

Janice P. Dreiling

APPENDIX III
Answers to Questions 1, 2, 3, 4, 5, and 11

1. Have you ever had a case involving the Hydration and Nutrition Act?
 2. Have you ever had a case involving “Advance Directives” or “living wills?”
 3. Have you ever had a case involving a “DNR” Order?
 4. To the best of your knowledge, has there ever been a case in your county or district heard by another judge involving any of those three acts?
 5. Have you ever been asked to approve the withholding or withdrawal of “life support” measures?
- II. Have you ever had a “right-to-die” issue in any case you have ever heard?
1. (Question 3) Not precisely this, it has come in Adult Protective Services cases. **(Beckham County)**
 2. (Question 4) Yes. Hydration and Nutrition Act. **(McClain County)**
 3. (Question 5) Yes. Guardianship **(Grady County)**
 4. (Question 1) Yes. Vegetative state for elderly parent with no hope of recovery and no living will. It was not an APS case. The elderly patient was in the hospital without any hope of recovery from a coma, the hospital had already provided food and nutrition hookups and the family wanted it all removed but of course, the hospital couldn't once it had been set into places. The patient had only medicare coverage and had been in the hospital for over 60 days in that state. I appointed the Tulsa Public Defender's office to represent the patient, the family members hired a private attorney, and the hospital's attorney got involved, and they all agreed to a termination which I signed about a month later. **(Tulsa County)**
 5. (Question 4) The only thing that is even close was before I became a judge. As a practitioner, in a deprived case, a pregnant mother (high risk of course) was due to give birth to a child with anticipated severe defects and she was limited developmentally. I believe a question came up about consenting to medical care for the unborn child. Surely, there are cases out there where children, as a result of abuse, been treated in situations where they have been in a coma – Oz Decatur is the only one I can think of off the top of my head right now. **(Tulsa County)**
 6. (Question 3) I am sure that I have had at least one litigated case involving a DNR order. I remember going to the hospital and taking testimony with my court reporter. I think I had other cases where the issue was resolved before I had to issue an order. **(Tulsa County)**
 7. (Question 5) I only had one and it dealt with a quadriplegic minor who was also blind and deaf. **(Tulsa County)**
 8. (Question 5) Yes, at the request of a doctor who called regarding a patient. There was no case and I declined to issue an order without hearing from the family or a lawyer for the patient and I never heard anything else about it. **(Oklahoma County)**
 9. (Question 5) The action involved a baby in a deprived child action. Child's injuries were critical, and extraordinary life saving measures were very painful

and about to cause organ collapse. The child was three months old and in the hospital at the time of the application for emergency custody. The request was for court authorization of the mother and the physician to execute a DNR order. The child was on a respirator, comatose, and had fluid in his lungs. There were no objections to the DNR being authorized. Very shortly thereafter the child did pass away. The father did not participate—his whereabouts were unknown and he was suspected of having caused the injuries. (**Cleveland County**)

10. (Question 2) Yes, but not contested. (**Oklahoma County**)
11. (Question 3) Yes, when I was a judge on the trial division of the Court on the Judiciary. (A judge) was prosecuted for his conduct in granting DNR orders without giving notice to others. (He was removed from the bench.) (**Tulsa County**)
12. (Question 2) My memory is only one. The factual issue was one of voluntariness. The “contestant” claimed it (the living will) was a result of undue influence. (**Carter County**)
13. (Question 5) I think twice. My vague memory is that the first one pre-dated the APS statute. It was an adult and it was a civil case filed by a family member, possibly a guardian. The second one was a deprived child who had been injured in some sort of accident and had no immediate family. (**Carter County**)
14. (Question 11) The closest “right-to-die” case was a mental health petition. The respondent was an alcoholic. The essence of the DA’s petition was that he was drinking himself to death because of the impact of alcohol on other medical conditions. The respondent demanded a jury trial and defended himself. He told the jury that everything the DA’s witnesses said was true, he did not drink and drive, it was his life, he had sufficient income that he was not a burden on anyone, and that if he wanted to be drunk all the time, even if it was slowly killing him, it was his business. (**Carter County**)
15. (Question 1) Yes, twice: (1) Petition to Appoint Special Guardian for purpose of withholding life sustaining medical care. I denied the application for emergency appointment of special guardian. The proposed Ward died within 48 hours making it a moot question. Two brothers of the Advance Directive Declarant filed the Petition to appoint guardian. (2) Petition to Appoint Special Guardian to prevent the holder of a Power of Attorney from withholding life sustaining medical care. I granted the Petition and that case is pending. (**Seminole County**)
16. (Question 1) Not directly, mine was a divorce case with the issue of who had the ability to make decisions for the patient. The case involved a child with a terminal illness and the parties (parents) in a divorce case could not agree to a course of treatment. One wanted to treat aggressively and the other wanted to let their religious leader determine the course of treatment. I finally ruled that the parties’ doctor they had chosen together was the appropriate person to recommend treatment and if they could not agree to follow his recommendation, then they could come back and they did not file anything further. (**Oklahoma County**)

17. (Question 1) No, except in nursing home cases. (See Estate of Ilar Hicks, 92 P.3d 88, decided 5-25-04 by the Oklahoma Supreme Court) (**Oklahoma County**)
18. (Question 2) I did find a case where there was an issue with a living will but it was challenged as an ancillary matter challenging testamentary capacity as to a trust, will, etc. (**Cleveland County**)
19. (Question 5) Yes. It was a "civil" case. It was before living wills and advanced directives. My recollection is vague, but the patient had been on life support and the Doctors had determined that he was brain dead, but were reluctant to act on their own. The family enlisted Court help and, with the consent and advice of all, a directive was issued. (**Stephens County**)
20. (Question 5) The only case which comes to mind was brought recently by APS. A terminal cirrhosis patient had walked away from the nursing home, and APS intervened. I denied APS petition but did talk to the fellow into reinstating his hospice care at home. (**Carter County**)
21. (Question 5) I have had the issue come up in the case of an individual subject to a guardianship in which a request was made to discontinue certain treatment. The issue did not result in any hearing or the need for a judicial determination. (**Stephens County**)
22. (Question 1) Yes, it was pre "advance directives," the man died three days after the case was filed.
23. (Question 5) I have had guardianship cases in which the issue came up.
24. (Question 5) Yes; deprived child. (**Jackson County**)
25. (Question 5) Yes, an adult protective services case where the patient was refusing to eat and appeared competent to do so. I ordered a temporary "least intrusive" feeding tube while we researched the law. I was convinced at the time that he had a right to refuse to eat if he was competent. Before I had to make a final decision on the case, fortunately the man caved in on chocolate pudding. Case resolved. (**Mayes County**)
26. (Question 1) Yes. An elderly lady refused to take food or water and wanted to die. I asked for a psych eval and the doctor stated she was not competent to make such a decision so I ordered a feeding tube. The second case involved a lady who had signed an advance directive. She was in a coma and her doctor gave her hours or at best a few days to live. The family wanted to let her go and I ordered APS to honor her directive by refusing to enter an order. (**Canadian County**)
27. (Question 3) Today I was contacted by an APS worker from an adjacent county concerning a DNR order. The patient is 94 and in the custody of DHS in an APS guardianship. The worker was inquiring as to whether I would enter a DNR order. The worker cited me the statute, 43A, Section 10-108A.2 which provides that DHS cannot consent or deny consent to a DNR order. (**Blaine County**)
28. (Question 11) Yes. (**Payne County**)
29. (Question 3) Yes, a guardian wanted a DNR order for the ward. (**Garfield County**)
30. (Question 5) Yes, guardianship. (**Caddo County**)

31. (Question 11) Yes. (**Kingfisher County**)
32. (Question 5) Yes. Adult in fact died before the hearing. (**Hughes County**)
33. (Question 5) Yes, guardianship (**Seminole County**)
34. (Question 5) I have dealt with each of these issues when doctors have contacted me by phone, and when family representatives have personally come to my office to inquire about how to deal with a loved one who is dying. But after referring each person to an attorney so the appropriate filings might be made, only two cases were ever pursued through attorneys. Both involved guardianship/ward situations. (**Tillman County**)
35. (Question 1) The case involved an elderly woman who had become semi-comatose—was being fed through a feeding tube. The sister, whom I had refused to appoint as guardian originally because she was stealing money and clothing, wanted the Court to allow her sister to die by removing the feeding tube. The guardian objected—testimony revealed although the ward was weakening, she had periods of consciousness, but was in no pain. The ward's sister was the sole beneficiary. Testimony revealed also that the ward's prognosis, although not good, was that she could possibly become totally conscious again. (**Tillman County**)
36. (Question 3) The local hospital filed a case seeking authorization not to resuscitate a 94 year old terminal cancer victim who had no heirs and whose suffering was prolonged by their required resuscitation of him in the absence of a court order. (**Creek County**)
37. (Question 1 and 5) In APS cases over the years I have been asked to either authorize a feeding tube or authorize the withholding of a feeding tube. (**Washington County**)
38. (Question 2 and 5) In an APS case I was recently asked to verify the enforcement of an Advance Directive to preclude a feeding tube being implanted. (**Washington County**)
39. (Question 3 and 5) In an APS case and in a deprived child case, I have been asked by DHS to authorize a DNR order. (**Washington County**)
40. (Question 5) About 15 years ago a relatively new doctor in town (I did not know him) called me at my home in the evening and told me a long story about a patient on a ventilator who had no reasonable expectation of recovery and whose family agreed he should be removed from the ventilator. The doctor then said "so, you'll order it, right?" When I said "no," he became upset and asked me if I didn't know about the Karen Quinlin case. I replied "yes, but the difference is I have no case." I asked if the family and he were in agreement why he even was calling me. He replied "because you lawyers have taken this out of the doctors' hands." I suggested he have the attorney for the hospital file a court case. None was ever filed, and years later I met the spouse of the man on the ventilator who told me the doctor advised the family that the judge refused to approve withdrawal. She told me he lived over a year after on the ventilator. (**Washington County**)

APPENDIX IV

ANSWERS TO QUESTION 14: What, if anything, do you find problematic about any of the three Acts identified in questions 1, 2, and 3 above?*

1. I have received no continuing education regarding the legal, moral and ethical issues involved with these three acts.
2. We, as Judges, are not God. I need to know more about the Acts to say more.
3. From personal family experience, the problems I have encountered is that the hospital staff and medical people charged with following the will of the dying pay no attention to the charts when the patient "codes." Each shift will immediately switch into a "life saving" mode to "save" the patient having no regard for their DNR orders until it's too late and the patient is again stable, then someone has to order that the extraordinary measures in place, "breathing tubes and machines, etc.", must be disconnected. The staff and physician will not take responsibility for that and will instead ask that family members make an affirmative direction that steps be taken which will result in the patient's death. Go figure! This happens more than you realize. You'll see, when it happens to a family member of yours.
4. The "science" in the decision making process which is not legal. I recently did an agreed divorce for a woman who had been in a coma for a lengthy period of time. The husband (and presumably family) made the decision to disconnect the vent based on little brain activity. Miraculously, she survived, is wheelchair bound, lives in a center where she receives assistance (although the degree of assistance is unclear--). She has difficulty speaking her thoughts, but understands what is being discussed and has a keyboard she can use to speak words she is unable to speak.
Additionally, medical information seems to be ever-changing and if a person executes a DNR a long time before its use looms, is the DNR then based on a full understanding of the medical issues, and should there be some sort of expiration date? This last part may not be very practical if you're dealing with an aging adult with Alzheimer's, senility, short term inability to retain knowledge, etc. Lastly, in emergency situations, where an ambulance is called and a patient needs an airway, if the airway is placed for purposes of transport and the paramedics have no information about a prior DNR, I believe that once arriving at the hospital, even though there is a DNR the airway/vent cannot be removed.
5. Having been asked to make the decision for my own Mother, may I say that it is easier to talk about than to do. Very little emotional support from the hospital people, maybe because we were all professionals and stoics.
6. Nothing about the language of the acts, but the problem lies in the lack of knowledge in the public sector on what they need and when.
7. Law and medicine do not mix well!
8. From a legal matter I find nothing wrong with them. I have personal reservations about the power of the State to intervene in end of life issues and the morality of terminating life. However, I also have strong reservations concerning "are we prolonging life or delaying death?" However, personal thoughts aside, if called upon to act I would follow the law as stated in the statutes and case law.

9. Testamentary capacity, struggle between Physician's oath and personal wishes; inherent disagreements between family members regardless of Living Will directives, etc.; the reality that modern medical science will develop and over time complicate end of life issues even more.
10. About 8 – 10 times per year, my office will get a call from someone about "living wills" or DNR orders. Of course, we tell them that they need to contact an attorney for advice, but quite frankly I am not up to speed on this subject enough to answer questions about it. For this reason I feel that CLE would be beneficial.
11. Advance directives are too confusing in their wording for the person signing, even with consultation with attorney, to understand! DNR orders do not limit their application to persons who are elderly or terminally ill or otherwise unhealthy.
12. Generally all resolved by the health care professionals.
13. Only dealt with this issue in private practice in '98 and '99, only real issue was the judge did not think he was the person who should have been making that decision. Fortunately, the family members were all in agreement.
14. Advances in health care since DNR executed. Tension between family members agreeing or disagreeing with DNR.
15. Seems pretty well self-defined.
16. Practicing law at the time the laws were enacted, I fielded many questions regarding living wills and the possibility of withholding hydration and nutrition. Being the judge in a very rural community, I am aware of many folks applying these laws as they or family members faced impending death. Since becoming a judge I've frequently fielded many questions regarding these laws by either family members or physicians. During Law Day presentations, I've shared some of the laws provisions with senior citizens' organizations. They always seemed glad to learn that certain choices were theirs to make. The lack of litigation here and state wide is probably a good indication that they are making informed and reasoned application of its provisions. Personally I have a gnawing concern about the withholding of nutrition and hydration. It is more of a moral dilemma rather than legal – it has the *feel* of legalized suicide. Obviously this must be a non-issue to the state's citizens and, since I've never heard a case dealing with these issues, I'm without opportunity to adequately define the legal parameters of my "feeling."
17. The answers to many of the problems presented are, for most people, found in differing religious beliefs rather than in science or law.
18. Very hard cases as they are sad and usually very emotional. Often families disagree.
19. Politics such as the Florida case.
20. These are difficult issues for healthy people, much less people subject to guardianships.
21. Personally I believe that the courts should try to stay as far away from these issues as possible. I realize that we are responsible for resolving the disputes if all other options fail but I am opposed to any legislation that tends to make such decisions a regular or routine part of our load. I have no particular interest in a CLE on the matter, but if such a case were dumped in my lap, I would sure wish I'd had one.
22. Moral and ethical problems vs. legal.

23. Moral issues.
24. It will inevitably come up as a legal issue with advancements in medicine and the increasing age structure of our population.
25. Any such case would involve serious, soul wrenching consideration.
26. The most obvious is that we as judges are playing God and these have become legal issues instead of medical or moral issues.
27. I would like to see within these statutes a specific statement of the authority of a guardian to address these end-of-life decisions in the absence of an advanced directive or DNR order.
28. The general public (and judges) all need to be better educated regarding the rights of the patient. Misconceptions regarding the rights of the family vs. the rights of the patient, are very prevalent.

*Several judges answered they were not familiar enough with the acts to answer question #14.