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"Miracle" stories can double as cautionary tales

COLLEEN CARROLL CAMPBELL

Zach Dunlap doesn't remember the four-wheeler crash that landed him on life support in a Texas hospital last fall. But he does remember hearing a doctor pronounce him dead.

"I'm glad I couldn't get up and do what I wanted to do," Dunlap said recently during a "Today" show interview. The 21-year-old warehouse worker explained that if he could have expressed himself, there "probably would have been a broken window."

Fortunately for Dunlap, a perceptive cousin noticed Dunlap jerking his arm and foot in response to pain just minutes before a medical team was to begin harvesting his organs. A doctor then verified that Dunlap's movements were more than mere reflexes. Four months later, Dunlap is walking, talking and making the media rounds to tell a story that his family considers miraculous.

Such miracles seem to be happening a lot lately. Consider the case of Yvonne Sullivan, the 28-year-old British woman who had languished in a coma for two weeks in 2007 when doctors suggested that it was time to remove life support. Sullivan's husband responded by hollering at his wife to "stop mucking around and start breathing." Within two hours, she did. Now recovered, Sullivan remembers her husband's diatribe as the catalyst for a comeback that she says her doctors told her "must be a miracle."



Then there is the story of Raleane Kupferschmidt, a 65-year-old Minnesota woman who was taken off life support in January after a massive cerebral hemorrhage left no signs of brain activity. Sent home to die by doctors who said she never would awaken, Kupferschmidt shocked her daughter by mouthing "yes" when asked, "Mom, are you in there?" Family members returned Kupferschmidt to the hospital. She now is walking and talking and has a second lease on life.

Although heartwarming, these accounts raise troubling questions. Are such nick-of-time recoveries evidence of a rash of medical miracles? Or are they proof of medical judgments made too rashly?

A pattern of hopeless diagnoses and near-fatal mistakes suggests the latter. Consider the plight of Jesse Ramirez, whose wife authorized the removal of his feeding and water tubes 10 days after a car accident left him in what doctors called a vegetative state from which he might never recover. Ramirez's family successfully fought the wife's decision in court, and five months later, a recovered Ramirez walked out of a Phoenix hospital.

In coming years, rising health care costs and a burgeoning elderly population will intensify the temptation to intentionally hasten death in difficult cases.

The courts were not so kind to Haleigh Poutre, a Massachusetts child-abuse victim who narrowly escaped death after a diagnosis of persistent vegetative state led her state custodians to seek the removal of her ventilator and feeding tubes in 2005. Poutre recovered before her court-ordered starvation could take place. Hailed as "a miracle child," Poutre now attends school and communicates well enough that she may testify against her alleged abuser.

Difficult end-of-life decisions demand that we navigate between two extremes: the vitalism that would preserve life by any means necessary without regard for burdens on the patient, and the fatalism that would give up on gravely ill patients before their time. In the past, medical professionals often veered toward vitalism. Today, in a culture that increasingly views our bodies as morally significant only if our minds are sharp and regards subjective "quality of life" measures as more important than the objective right to life, fatalism is the bigger threat.

In coming years, rising health care costs and a burgeoning elderly population will intensify the temptation to intentionally hasten death in difficult cases. If the stories of such survivors as Zach and Haleigh allow us to resist that temptation and err on the side of life, they will prove miraculous indeed.

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