Superintendent of Belchertown State School et al. v. Joseph Saikewicz

Joseph Saikewicz was a mentally incompetent resident of the Belchertown State School of the Massachusetts Department of Mental Health. In April 1976 Saikewicz was diagnosed with acute myeloblastic monocytic leukemia. He was 67 years old but had the mental age of about two years and eight months. The superintendent of the mental institution petitioned the court for a guardian *ad litem* (a temporary guardian for the duration of the trial), who recommended that it would be in the patient's best interests that he not undergo chemotherapy.

In May 1976 the probate judge ordered nontreatment of the disease based in part on findings of medical experts who indicated that chemotherapy might produce remission of leukemia in 30 to 50 percent of the cases. If remission occurred, it would last between 2 and 13 months. Chemotherapy, however, would make Saikewicz suffer adverse side effects that he would not understand. Without chemotherapy, the patient might live for several weeks or months, but would die without the pain or discomfort associated with chemotherapy.

In fact, Saikewicz died on September 4, 1976, from pneumonia, a complication of the leukemia. Nevertheless, his case was heard by the Supreme Court of Massachusetts in order to establish a precedent on the question of substituted judgment (*Superintendent of Belchertown State School et al. v. Joseph Saikewicz,* Mass., 370 N.E.2d 417, 1977).

The court agreed that extraordinary measures should not be used if the patient would not recover from the disease. The court also ruled that a person has a right to the preservation of his or her bodily integrity and can refuse medical invasion. The Massachusetts Supreme Court turned to *Quinlan* for support of its right of privacy argument.

THE RIGHTS OF AN INCOMPETENT PATIENT.

Once the right to refuse treatment had been established, the court declared that everyone, including an incompetent person, has the right of choice:

To presume that the incompetent person must always be subjected to what many rational and intelligent persons may decline is to downgrade the status of the incompetent person by placing a lesser value on his intrinsic human worth and vitality.

Referring to *Quinlan,* the *Saikewicz* court recommended that the patient not receive the treatment most people with leukemia would choose. (Unlike some later courts, the *Quinlan* court accepted the premise that a vegetative patient would not want to remain "alive.") The *Saikewicz* court believed that the "substituted judgment" standard would best preserve respect for the integrity and autonomy of the patient. In other words, the decision maker—in this case, the court—would put itself in Saikewicz's position and make the treatment decision the patient most likely would make were he competent. The court believed Saikewicz would have refused treatment.

In evaluating the role of the hospital and the guardian in the decision-making process, the *Saikewicz* court rejected the *Quinlan* court's recommendation that an ethics committee should be the source of the decision. The court instead concluded:

> *We do not view the judicial resolution of this most difficult and awesome question—whether potentially life-prolonging treatment should be withheld from a person incapable of making his own decision—as constituting a "gratuitous encroachment" on the domain of medical expertise. Rather, such questions of life and death seem to us to require the process of detached but passionate investigation and decision that forms the ideal on which the judicial branch of government was created.*