

advance of ever having to deal with the problem and the circumstances that may exist about the decision concerning life sustaining-treatment. How can any of us ever determine what circumstances will exist when the decision must be made on whether to try to save our lives or to withdraw the life-sustaining treatment and end the life? No one can anticipate the number of...the circumstances, what the situation will be at the time that decision must be made, and for that reason, there is no informed consent when someone signs a will way in advance, and for that reason, I think that the proper persons to make that decision are the family members and the doctor who are aware of those circumstances, taking into consideration the wishes that may be expressed in a living will by the particular patient. In my view, there is really no need for the living will legislation at this time. First, I am troubled by the vagueness of the concept of terminal condition. Life itself is a terminal condition that will eventually end for all of us. There is often no clear distinction between a terminal and nonterminal condition. Second, I do not think we should by necessity give total deference to a living will signed prior to the actual circumstances being considered with regard to terminating one's life. No one can foresee into the future what circumstances may exist when a decision must be made to end, to provide or withdraw life-sustaining treatment. There is no informed consent in these situations where the silent patient cannot possibly foresee these circumstances. In fact, and I think it is very important, according to the testimony of physicians at the public hearing on LB 88 before the Judiciary Committee, they acknowledged that there may have been patients who have recovered from situations which they would have classified as terminal conditions. The trouble with LB 88, I believe, is that there is a presumption, an implied presumption, of nontreatment and death. In my view, the presumption should always be for treatment and life unless the particular circumstances justify otherwise. In that event, the physician, family, and other members can make the final decision taking into account the wishes expressed by the silent patient in his or her will. Finally, the apparent purpose of the living will legislation is to make the silent patient the ultimate and exclusive decision maker in determining whether to withdraw life-sustaining treatment. While this may relieve the patient's family, physician, minister, and friends of the stress in making a decision to withdraw life-sustaining treatment, I am not at all sure that this is the best public policy to follow. It seems to me that the decision about the sanctity of life that