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The Voice

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This Week's Feature

Ethical Issues and End-of-Life Decisions

By Jonathan D. Rubin and Mark R. Mercurio

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Quote of the Week

"Write it on your heart that every day is the best day in the year."

—Ralph Waldo Emerson.

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End-of-life decision-making, do not resuscitate orders, and declining to provide a requested treatment when it is not indicated or desired by the patient or the patient's family members involve many difficult and challenging issues for the provider and for health-care facilities nationwide. This article examines the relevant case law and statutes and presents an overview of the ethical issues involved in end-of-life decisions.

As people have lived much longer and medical care has advanced and improved, patients and families are increasingly facing questions of how they want to die and which treatments and interventions they want and don't want. Concurrently, medical providers and facilities in states across the nation are increasingly facing litigation and the threat of litigation for wrongful death and wrongful life issues related to end-of-life decision-making.

Case law continues to evolve in this area as more of these matters arise, and it is important to highlight the concerns and ethical dilemmas and hurdles that exist when trying to balance the burden of providing care while at the same time doing no harm.

Relevant Case Law and Statutes from Around the Nation

Federal and state courts have struggled with these issues for decades. As Judge Cardozo wrote in his landmark case involving a lawsuit against the Society of New York Hospital in 1914, *Schloendorff v. Society of New York Hospital*, 05 N.E. 92 (N.Y. 1914), "[e]very human being of adult years and sound mind has a right to determine what shall be done with his own body, and a surgeon who performs an operation without his patient's consent commits an assault." In the subsequent 100 years, the case law has expanded on this important precept. Cardozo's comment is especially relevant when discussing end-of-life decision-making for patients and their families. This has continued to develop further since the constitutional right to withhold certain treatments, including life-sustaining medical treatments, was established nationally in *Cruzan v. Director, Missouri Dept. of Health*, 497 U.S. 261 (1990).

In 1983, Nancy Beth Cruzan was involved in an automobile accident that left her in a "persistent vegetative state." She was sustained for several weeks by artificial feedings through an implanted gastronomy tube. When Cruzan's parents attempted to remove the feeding tube, state hospital officials refused to do so without court approval. The Missouri Supreme Court ruled in favor of the state's policy over Cruzan's right to refuse treatment. After years of litigation, the case ended up in the US Supreme Court, and for the most part the Court deferred to states to determine how this constitutional right would be exercised, particularly when the decision is made by surrogates or there was no written declaration of the patient's wishes.

The California case *Bouvia v. Superior Court*, 179 Cal. App. 3d 1127, 225 Cal. Rptr. 297, 1986 Cal. App. Lexis 1467 (Cal. Ct. App. Apr. 16, 1986), involved forcing a feeding tube for a cerebral palsy patient who refused food and water and placement of the tube. The case was litigated, and the California court held that even if not terminally ill, a competent adult may refuse force-feeding that was done to sustain life. A competent adult has the right to refuse any kind of medical treatment, including force-feeding through tubes. Whether or not a person is terminally ill is not relevant to that person's rights. The court held that a decision to reject medical treatment belongs to the patient alone, and it is not to be second-guessed by judges or doctors. In this case, the court further found that the plaintiff was clearly of sound mind, and her desire to stop treatment was to be respected.

The landmark court case *In re Quinlan*, 70 N.J. 10, 355 A.2d 647 (N.J. 1976), involved the parents of a woman who was kept alive through the use of life-sustaining technology and who were allowed to order her removal from mechanical ventilation.

And *Bush v. Schiavo*, 885 So.2d 321 (Fla. 2004), *Bush v. Schiavo*, 125 S. Ct. 1086 (2005), and *Schiavo ex rel. Schindler v. Schiavo*, 403 F.3d 1289 (11th Cir. 2005), involved numerous lawsuits from 1990 to 2005, regarding Theresa Marie Schiavo, who was in an irreversible, persistent vegetative state. Schiavo's husband and legal guardian argued that Schiavo would not have wanted prolonged, artificial life support without the prospect of recovery, and he elected to remove her feeding tube. Schiavo's

parents disputed her husband's assertions and challenged Schiavo's medical diagnosis, arguing in favor of continuing artificial nutrition and hydration. The highly publicized and prolonged series of legal challenges presented by her parents, which ultimately involved state and federal politicians up to the level of President George W. Bush, caused a seven-year delay before Schiavo's feeding tube was ultimately removed, and she died.

In another more recent case, in 2014, California resident Brittany Maynard was given a terminal diagnosis of glioblastoma (brain tumor). Oregon law authorized doctors to prescribe a lethal dose of medication to patients who had less than six months to live. At the time, California did not have a similar "Death with Dignity" Act. Maynard moved from California to Portland, Oregon, and publicized her decision. She ended her life on November 1, 2014. Shortly after Maynard's death, California enacted the California End of Life Option Act, a statute that allows terminally ill adults who meet certain requirements to request and obtain a prescription for medication to end their lives in a peaceful manner.

However, in a New York case, *Myers v. Schneiderman*, 30 N.Y. 3d 1 (N.Y. 2017), New York's highest court ruled that doctor-assisted suicide is illegal in the state, rejecting a lawsuit claiming that mentally competent, terminally ill patients have a right to have their doctors prescribe lethal drugs. In a unanimous, unsigned opinion, the seven judges of the New York Court of Appeals said that the state had legitimate reasons for outlawing the practice, including protecting vulnerable patients from pressure to end their lives.

Legislative Action and the Patient Self-Determination Act

In 1991, Congress passed the Patient Self-Determination Act, Public Law 101-508, 42 U.S.C. §1395cc(a), which requires health-care providers (such as hospitals, nursing homes, hospice programs, home health-care agencies, and HMOs) receiving Medicaid and Medicare payments to ascertain the intent of patients about advance directives for health care and provide educational materials to patients about their rights under state law. The act defines an advance directive as "a written instruction, such as a living will or durable power of attorney for health care, recognized under state law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated." *See* 42 C.F.R. §489.100. The act also states that providers of care "are not required to implement an advance directive if, as a matter of conscience, the provider cannot implement an advance directive and State law allows any health care provider or any agent of such provider to conscientiously object." *See* 42 C.F.R.§489.102. As a practical matter, if a provider refuses to implement an advance directive, the patient or his or her family may demand transfer to another health-care facility where the advance directive can then be carried out.

The case law above underscores and highlights many of the key issues that practitioners as well as their legal counsel should be aware of concerning respect for autonomy, substituted judgment, patients' best interest, parental authority versus patient autonomy, and limitations of advance directives.

Ethical Considerations

At the core of these discussions is the fundamental principle, widely accepted in medical ethics, of respect for autonomy (self-rule). This refers to the patient's right to determine what is done to his or her body, and the physician's obligation to respect that right. It is widely held that adults of sound mind have a right to refuse medical treatment, even potentially life-saving treatment. The physician's obligation to act in the patient's best interest is commonly seen to be trumped by the obligation to respect an informed refusal of recommended treatment. From this derives the doctrine of informed consent for medical or surgical interventions. While this might seem relatively straightforward in theory, in practice, physicians and attorneys alike may have great difficulty yielding to a patient who makes a potentially fatal medical decision.

Refusal of treatment becomes more complicated when dealing with patients who cannot decide or speak for themselves, including children. In such a case, a surrogate decision maker decides and speaks for the patient. For children, usually one or both parents serve in this role; in the case of an incapacitated adult, it is usually another relative. A detailed discussion of the standards for surrogate decision makers are beyond the scope of this article, but the essential point is that their right to refuse on behalf of a relative, particularly on behalf of a child, may be seen as more limited than the right of an adult to refuse on his or her own behalf. Put simply, parental authority should be seen as being strong, but perhaps not as strong as patient autonomy, with regard to refusal of treatment. The best interest of the child may, in some settings, be seen to outweigh the parents' right to decide on the child's behalf. Thus, decision-making in end-of-life care is often more complex in pediatrics than in adult medicine, as physicians

struggle with which refusals to honor, and which to seek to override.

There remains yet another important aspect of patient autonomy (or parental authority) that is perhaps among the most difficult aspects of end-of-life treatment and decision-making. The right to refuse has been interpreted by many to imply a "right to demand" certain treatments, over the advice of the medical team. This can and often does occur with regard to treatments that the physicians feel are of no value, or perhaps clearly harmful, to the patient. This impression of a right to demand, in our opinion, is mistaken. Patients of sound mind do indeed have a right to refuse but not necessarily a right to demand. Physicians often grapple with what to do, whether to deny requests that they deem useless, or even harmful, or to yield, in an effort to placate patient or family, or to avoid litigation (or both). A guideline for how to approach these situations, referred to as a "conscientious practice policy," is in use and has been published, though it is not without controversy. Medical practitioners will, wisely, often seek legal guidance in such settings. At least one state, Texas, has in place specific legal safeguards for physicians who refuse to provide such treatments. Attorneys should be aware of the relevant law and the case history in their respective states. Mark R. Mercurio, *The Conscientious Practice Policy: A Futility Policy for Acute Care Hospitals*, 69 Conn. Med. 417–19((2005); Thaddeus Pope, *Texas Advance Directives Act: Nearly a Model Dispute Resolution Mechanism for Intractable Medical Futility Conflicts*, 16 QUT Law Rev. 22–53 (2016).

Conclusion

Consistent with and essential to this discussion are the necessity of communicating early and robustly with patients and their family members and writing down what patients want and don't want in terms of care. This is essential to informed consent. Medical providers should be trained in having these conversations, and attorneys need to stay up to date on what their states allow and require in terms of forms and documentation for end-of-life issues. As noted, when possible and practicable, these conversations should occur early on and be reinitiated as conditions evolve. Competent patients have a right to refuse treatment, and that must be understood and communicated. One must also keep in mind the goal and be able to explain the whys and why nots and not mislead or give false hope.

Unfortunately, conversations about death are frequently avoided until a crisis occurs, resulting in inadequate advance care planning and patient preferences not being known or honored. As a result, patients and families do not get the best care in this regard, and attorneys come into tough situations in which better training and communication could have avoided many of the problems. Advancing best practices and strategies in end-of-life care planning, early, robust clinician communications, good documentation, and information management that support patients and their families in shared, informed medical decision-making will help other goals, namely, to improve clinical and legal outcomes and to reduce medical errors and harm. Further, these measures will bolster efforts to try to ensure that individual preferences for treatment are honored at the end of life, and at same time, secondarily, reduce unnecessary and unwanted hospitalizations, emergency department use, service utilization, and expense.

Jonathan D. Rubin, Esq., is a senior partner in **Kaufman Borgeest & Ryan LLP**'s New York City office. His practice areas include medical malpractice defense, long-term care and nursing home defense, health care, product liability defense, and general liability defense litigation. He represents hospitals, nursing homes, physicians, psychologists, social workers, and other allied medical professionals in civil litigation matters through trial in state and federal courts in New York. A member of the DRI Medical Liability and Health Care Law Committee, Mr. Rubin is also a former president of the Association for Healthcare Risk Management of New York (AHRMNY) and a member of the New York State Bar Health Law Section.

Mark R. Mercurio, MD, MA, is professor of Pediatrics, chief of Neonatal-Perinatal Medicine, and the director of the Program for Biomedical Ethics at the **Yale School of Medicine**. He leads the faculty and post-doctoral fellows in Neonatology, overseeing the medical care in Newborn Intensive Care Units at Yale-New Haven Children's Hospital, Lawrence and Memorial Hospital, Bridgeport Hospital, and Waterbury Hospital. In addition, he is actively involved in the ethics education of Yale medical students, attending physicians, fellows, residents, nurses, and physician associate students. Dr. Mercurio is the American Academy of Pediatrics Section on Bioethics chair.

Keep The Defense Wins Coming!

Please send 250–500 word summaries of your "wins," including the case name, your firm name, your firm position, city of practice, and e-mail address, in Word format, along with a recent color photo as an attachment (.jpg or .tiff), highest resolution file possible (*minimum* 300 ppi), to DefenseWins@dri.org. Please note that DRI membership is a prerequisite to be listed in "And the Defense Wins," and it may take several weeks for *The Voice* to publish your win.

Robert A. Luskin and Alyce B. Ogunsola


Goodman McGuffey LLP attorneys and DRI members Robert A. Luskin and Alyce B. Ogunsola recently obtained a complete grant of summary judgment in favor of their client, a regional health-care facility. Both Mr. Luskin and Ms. Ogunsola practice in the firm's Atlanta office.

The plaintiff, a woman of Columbian decent, filed a lawsuit in the United States District Court for the Middle District of Georgia, alleging that she was discriminated against and subjected to a hostile work environment, in violation of 42 U.S.C. §1983. She also asserted a claim for retaliation under the False Claims Act.

After extensive discovery, the defense team filed a motion for summary judgment, arguing that the plaintiff essentially abandoned her racial discrimination claim by failing to produce any evidence of discrimination in her employment or termination. The defense team also established that the plaintiff's purported seven instances of alleged racial harassment, including comments that could potentially be directed at her national origin, over the course of eight years were neither severe nor pervasive enough to rise to the level of a hostile work environment. Finally, the defense team contended that the plaintiff did not engage in protected activity under the False Claims Act when she told the chief of staff that she believed that a handful of patients were being kept longer than she believed was medically necessary and when she opined that a peer review should be conducted.

The court agreed with the defense argument that the plaintiff failed to support her discrimination claim. The court also found that while the plaintiff may have perceived the incidents of alleged racial harassment as subjectively hostile, they were not sufficiently objectively hostile to constitute a hostile work environment. The court found that the plaintiff's complaints were not related to fraudulent claims for federal funds, and therefore, she had not engaged in protected activity under the False Claims Act. Ultimately, the defense prevailed, and the court granted summary judgment in the defendants' favor on all counts. *Vazquez v. Upson Cty. Hosp., Inc.*, No. 5:18-CV-00073-TES, 2019 WL 5395447, at *1 (M.D. Ga. Oct. 22, 2019).

DRI Files Amicus Brief with U.S. Supreme Court in Miami Fair Housing Act Cases

DRI has filed an amicus brief in the U.S. Supreme Court supporting the petitioners in *Bank of America Corp. v. City of Miami*, and *Wells Fargo & Co. v. City of Miami*. This is the second brief that DRI has filed in this case, the first having been filed in 2016. The brief was filed by DRI's Center for Law and Public Policy.

In these cases, the City of Miami sued Bank of America and Wells Fargo under the Fair Housing Act seeking to recover lost property tax revenue and increased municipal-service costs. Miami alleged that the banks engaged in discriminatory loan-underwriting practices that led to defaults, which led to foreclosures that lowered the values of the foreclosed-upon property and neighboring properties. Those lowered property values, it is alleged, decreased Miami's tax revenues and increased its municipal-service costs. Miami's lawsuit is one of several such lawsuits pending around the country.

The banks' petitions for certiorari present the question of the appropriate standard for proximate causation under the Fair Housing Act—a question upon which the Supreme Court has previously opined in these cases. In its first decision, the Supreme Court rejected the foreseeability test applied by the Eleventh Circuit, under which a party may be held liable for all foreseeable results of its alleged misconduct. The Supreme Court held that well-established common-law directness principles, which require "some direct relation" between injury and harm, govern proximate cause under the Fair Housing Act.

The Supreme Court remanded the cases to the Eleventh Circuit for it to decide how those principles apply to these cases. On remand, the Eleventh Circuit held for the second time that Miami had plausibly alleged that the banks proximately caused Miami to lose a portion of its tax base. It did so by reinterpreting the "some direct relation" standard to require only a "logical bond" between misconduct and harm and by embracing Miami's allegation that statistical modeling could be performed to establish that relationship.

DRI's brief contends that the Supreme Court should grant review for a second time for several reasons. First, and most significantly, the Eleventh Circuit's remand decision flouts the Supreme Court's initial decision in these cases and is inconsistent with how the Supreme Court and lower courts have applied the proximate-cause standard to other federal statutes and in related factual contexts. The Eleventh Circuit's test allows for essentially unlimited liability, in contravention of the purposes of the proximate-cause requirement.

Second, the Eleventh Circuit's embrace of statistical modeling to establish proximate causation departs from closely related class-action precedent. The Eleventh Circuit concluded that Miami's statistical models would not suffice to establish proximate causation in any individual case brought by a foreclosed-upon homeowner. As the Supreme Court and others have recognized in the class-action context, however, if statistical evidence cannot establish liability in an individual case, it cannot do so in the aggregate. The same should hold true in these cases, where Miami's alleged injuries derive from injuries directly suffered by foreclosed-upon homeowners.

Third, these cases are exceptionally important because they will have effects far beyond the Fair Housing Act context. The Supreme Court and lower courts have construed numerous federal statutes to incorporate a proximate-cause requirement, including antitrust and discrimination laws. The resolution of the question presented by these cases will help inform application of the proximate-cause requirement across the board.

DRI's brief was authored by Matthew T. Nelson and Charles R. Quigg of Warner Norcross + Judd LLP in Grand Rapids, Michigan, and can be read in its entirety here.

DRI Names Recipients of the Mary Massaron Award for the Advancement of Women in the Legal Profession

DRI–The Voice of the Defense Bar has named four recipients of its **Mary Massaron Award for the Advancement of Women in the Legal Profession** for the 2019–2020 year. The four will serve as presidents of their respective sister organizations during the 2019–2020 or 2020–2021 terms.

Named were **Lori V. Berke**, **Association of Defense Trial Attorneys**, **Emily G. Coughlin**, **DRI–The Voice of the Defense Bar**, **Elizabeth F. Lorell**, **Federal Defense and Corporate Counsel**, and **Amy Sherry Fischer**, **International Association of Defense Counsel**.

This award is created for a person who stands as an innovator and role model and one who has made significant efforts to advance women in the legal profession. The award is presented annually to a DRI member or members who have demonstrated a high regard for diversity and a commitment to advocating the inclusion and promotion of women in the legal profession as well as to fostering women's initiatives and actively promoting positive mentoring relationships with other women in the legal profession.

The award will be presented at the DRI Women in the Law Seminar Awards Luncheon on Thursday, January 23, 2020, at 12:00 pm at The Scottsdale Resort at McCormick Ranch in Scottsdale, Arizona.


Lori V. Berke


Emily G. Coughlin


Elizabeth F. Lorell


Amy Sherry Fischer

KADC Collects for Children's Mercy

During the annual meeting of the **Kansas Association of Defense Counsel** (KADC), attendees collected items for families that have a child facing an extended stay in the hospital. Children's Mercy provides critical care to children, with its main location in Kansas City. The goal was to try and make these situations a little easier. KADC members provided a variety of items, including games, books, coloring books, toys, art supplies, and clothes. Those donations were put right to use and came at a perfect time for those who had to spend time in the hospital during the holidays.

Upcoming Seminars

Civil Rights and Governmental Tort Liability, January 30–31, 2020

It's not too late to register for DRI's Civil Rights and Governmental Tort Liability Seminar, January 30–31, in San Diego. This year's faculty includes a renowned Supreme Court advocate, experts on municipal issues, insurance claims professionals, in-house counsel, defense attorneys, and risk management professionals. Hear about timely topics relevant to your practice, including matters related to prison intake, the First Amendment, and Title IX. Learn practical tips for addressing issues in the areas of qualified immunity, *Monell* claims, Rule 68 offers of judgment, and more. Enjoy many opportunities to network and exchange ideas with experienced litigators and claims professionals. Click here to view the brochure and to register for the program.

Product Liability, February 5–7, 2020

New Orleans is a city known for food, music, and fun. And now, it's home to DRI's 2020 Product Liability Conference. Join us February 5–7 at the New Orleans Marriott for this highly anticipated event for product liability attorneys. Explore new and evolving methods for jury research and learn how to give a better presentation and more. Enjoy Thursday evening's networking event at Latrobe's on Royal with entertainment by Bag of Donuts, a well-known, high-energy New Orleans cover band. Don't forget to book your room at the New Orleans Marriott, by January 13 to ensure availability at the discounted rate of $269 single/double. Click here to view the brochure and to register for the program.

Toxic Torts and Environmental Law, February 19–21, 2020

Head to Phoenix February 19–21 for DRI's Toxic Torts and Environmental Law Seminar—the premier gathering for the defense bar. Earn up to 9.75 hours of CLE by attending sessions focused on litigation strategies and regulatory updates. Learn how to be more effective counselors and advocates in toxic tort litigation and environmental compliance. Explore the role and effect of media and PR in toxic tort and environmental law litigation. Find out how toxic tort and environmental law will play a role in plastics, cannabis, and consumer products in 2020. Save $100 when you register by January 20. Click here to view the brochure and to register for the program.

Litigation Skills Seminar, March 18–20, 2020

Join your peers at the DRI Litigation Skills Seminar, March 18–20, in Las Vegas. Observe some of the best trial lawyers in the country litigate *Walker v. Brewster & Safe Security*, a case arising out of the paralysis of a five-year-old child who was accidentally shot by his half-brother at a college basketball game. Skill-building workshops will focus on the four phases of litigation, with each phase containing mock exercises and presentations on best practices. Register by February 25 to save $100. Click here to view the brochure and to register for the program.

Insurance Coverage and Claims Institute, April 1–3, 2020

From dozens of bridges to Marina City and Cloud Gate, Chicago's art and architecture are diverse, mixing buildings and structures that have made Chicago one of the great cities of the world for sightseeing. Similar to its host city, the 2020 DRI Insurance Coverage and Claims Institute promises to provide an incredible array of presentations, topics, and networking opportunities, making this program a mandatory event for every insurance law practitioner and claims professional. Click here to view the brochure and to register for the program.

The FDA and CBD-Infused Products: Understanding the Rules of the Road, January 22, 2020, 12:00 pm–1:00 pm CST

Since the legalization of hemp, we have seen explosive growth in hemp production, specifically the production of hemp-derived CBD products (e.g., food, beverages, topicals, dietary supplements, cosmetics, and much more). However, the US Food and Drug Administration (FDA), the Federal Trade Commission (FTC), states and localities, and plaintiffs' attorneys have not been shy about going after products in this space. In this exciting and interactive session, Jonathan Havens, a former FDA regulator and Capitol Hill staffer, will discuss the current CBD regulatory and litigation landscape and how they might change. Click here to register.

DRI's New Young Lawyer Membership Package—Get More for Less

Click here to take advantage of DRI's new Young Lawyers Membership Package—"*One Ask*."

Did you know that DRI's new membership package *One Ask for Young Lawyers* is designed specifically for young lawyers who are within five years of their bar date, ready to renew their DRI membership, and plan to complete CLE credits for the coming year?

The *One Ask* membership package makes it easy to make **one ask** of your firm administrator to renew your DRI membership and save your firm (or your wallet) **up to 20 percent off the registration fees** for DRI's renowned Annual Meeting and seminars.

With **One Ask**, you pay your membership dues and lock-in reduced registration fees for DRI's Annual Meeting and seminars.

Choose from two packages.

- **Package 1**: Young Lawyers Renewal Membership and the Annual Meeting and seminar discount combined: your cost is $1,500, and your saving is $455.
- **Package 2**: Young Lawyers Renewal Membership and two seminars combined: your cost is $1,500, and your saving is $435.

Designed by DRI young lawyers for young lawyers.

Oregon

State Membership Chair

Elizabeth E. Lampson, Shareholder, Davis Rothwell Earle & Xochihua

Areas of Practice: Commercial and professional liability defense.

DRI member since 2010.

Elizabeth's experience with DRI: "My involvement with DRI started with attending conferences where I found excellent content as well as rewarding networking with peers, locally and nationally. The quality of the resources available as a DRI member has helped my practice stay current with the always-changing legal landscape. My leadership role with DRI has been equally rewarding in being able to serve this organization and in collaborating with actively engaged defense counsel colleagues."

Fun Fact: "When not lawyering, I enjoy getting outdoors as much as possible in the beautiful Pacific Northwest. My young days were often spent impersonating college journalists to earn interview time with touring indie rock bands in San Francisco. My favorite interviews were with the Cure and the English Beat.

State Representative

Mary-Anne S. Rayburn, Of Counsel, Gordon & Polscer LLC

Areas of Practice: Civil litigation, construction defense claims, and other tort claims.

DRI member since 1991.

New Member Spotlight

Alexander R. Saunders, Irwin Fritchie Urquhart & Moore LLC

Alexander R. Saunders is a member of the **Irwin Fritchie Urquhart & Moore LLC** firm in New Orleans, Louisiana. He has broad trial and appellate experience in both state and federal courts as well as experience in mediation and arbitration. Mr. Saunders has extensive deposition experience and has managed several cases for trial. He has handled matters concerning third-party casualty claims, construction-defect claims, toxic tort exposure claims, complex commercial litigation, traumatic brain injury claims, and first-party coverage litigation.

Mr. Saunders earned his bachelor's degree from Tulane University, and his J.D. from Loyola University New Orleans College of Law in 2003. He is licensed in Louisiana and New York.

Quote of the Week

"Write it on your heart that every day is the best day in the year."

—Ralph Waldo Emerson.