



Pro-life Healthcare Alliance

July 19, 2013

PHA Monthly

Newsletter for the Pro-Life Healthcare Alliance

Welcome to the first edition of PHA Monthly, the new monthly e-newsletter for the Pro-life Healthcare Alliance. This newsletter provides another opportunity for the PHA to share information about current end-of-life issues, PHA events, contributions from members and other relevant information.

Please [share](#) your ideas and suggestions with us.

WHAT HAVE WE BEEN DOING?

- Dr. Ralph Capone, Dr. Kenneth Stevens, Julie Grimstad, and Ron Panzer co-authored "The Rise of Stealth Euthanasia," an article published in the June 2013 *Ethics & Medics*, the monthly circular from The National Catholic Bioethics Center (NCBC). NCBC describes the article as "excellent," stating "[it] follows and exposes the arguments and false logic health care workers employ to mask or gloss over the 'intentionality to kill patients in end-of-life care settings.'" This article is available at: http://www.illinoisrighttolife.org/NCBC_EM_June2013%20The%20Rise%20of%20Stealth%20Euthanasia.pdf.
- Sara Buscher, J.D., is a member of a committee of the Catholic Medical Association that published a White Paper, "The POLST paradigm and form: Facts and analysis." Published in *The Linacre Quarterly*, 80 (2) 2013, this scholarly and extremely important paper analyzes Physician Orders for Life-Sustaining Treatment forms. The authors state that "we believe that the use of POLST forms will create unacceptable risks from both the perspective of good medical decision-making and good ethical decision-making." The committee recommends that the POLST paradigm be abandoned and advocates for "Preparation for In-the-Moment of medical need decision-making" instead of POLST. http://www.cathmed.org/issues_resources/blog/cma_issues_white_paper_on_polst/.
- On 7/11, Sara Buscher, J.D., was interviewed about POLST by a writer for *USA*

Today.

- PHA Speakers Bureau members' engagements:
 1. Sara Buscher, J.D.: Apr. 13, Catholic Medical Association (CMA), St. Gianna Molla Guild of Northeast WI, Green Bay; July 16, CMA, St. Gianna Molla Guild, Neenah, WI; Jan. 19 - July 10, gave talks at five Wisconsin parishes.
 2. Elizabeth Graham: June 27 and 28, National Right to Life Convention, Dallas, TX; Jan. - July 12, addressed various audiences-legislators, stakeholders, media-numerous times, Austin, TX
 3. Julie Grimstad: April 10, Colorado Springs Chapter of Legatus, Colorado Springs, CO
 4. Mary Kellett: Jan. 21, Minnesota Youth for Life Conference; Mar. 8 and 9, Women of Genius Conference, Green Bay, WI; Mar. 15, Annual Family of Trisomy Celebration, Edina, MN; Apr. 22, Mother-Daughter Dinner, Church of St. Boniface, St. Boniface, MN; Apr. 23, St. Paul's Seminary, St. Paul, MN; May, Knights of Columbus, Bloomington, MN; June 11, Prenatal Partners for Life Conference, St. Paul, MN
 5. Cristen Krebs, DNP-ANP: Apr. 23, St. Gianna Sodality, Greensburg, PA; May 16-17, Conference on Palliative Care and Ethics, Duquesne University-Center for Healthcare Ethics, Pittsburgh, PA; June 9, Holy Family Society, Latrobe, PA
 6. Alex Schadenberg: Jan. 11, Seattle Washington; Feb. 2, McGill University, Montreal Quebec; Feb. 5, Ottawa Ontario; Feb. 18, EPC International meeting in Rome, Italy; Feb. 19, EPC Europe founding meeting in Rome; Mar. 6, Vancouver British Columbia; Mar. 7-8, Edmonton Alberta; Mar. 13, Queens University, Kingston Ontario; Mar. 14, Brampton Ontario; Mar. 21, Ottawa Ontario; April 5-6, Toronto Ontario; April 11, Ottawa Ontario; June 20, Montreal Quebec; June 29, Great Falls, Montana.

Members have also answered calls and e-mails from many people seeking information and needing advice in crisis situations.

And, as always, we continually pray for renewal of reverence for life within healthcare. In particular, we have designated Thursday as a special day of prayer for the mission of the Pro-life Healthcare Alliance. St. Paul tells us in Philippians 4 to "not be anxious about anything, but in everything by prayer and petition, with thanksgiving, present your requests to God." We invite you to join us each Thursday by pausing to ask God to guide and bless the PHA and all its members and supporters. Thank you.

Texas

Elizabeth Graham, Texas Right to Life director and member of the PHA, has worked tirelessly and successfully for life at the state Capitol in Austin. The 83rd Texas Legislature convened in January and adjourned on Memorial Day. Governor Perry called the Legislature back for two special sessions to address pro-life initiatives that were blocked during the regular session.

During the regular session, Senate Bill 303 passed the State Senate and died in the House Public Health Committee. SB 303 would have amended the already unjust and draconian Texas Advance Directives Act. The current law allows doctors and hospital-appointed committees to

deny "life-sustaining treatment," including nutrition and hydration, to patients against their wishes. Admittedly the law needs reform, but SB 303 would have expanded involuntary euthanasia by denial of treatment through a number of provisions.

SB 303 clearly authorized physicians to write do-not-resuscitate (DNR) orders on patients without their consent, forcing patients who objected to appeal to the hospital's own committee, which would have made the final decision. The DNR section of SB 303 also provided complete legal immunity for physicians who issued such DNR orders.



SB 303 would not have corrected the main objection to current law: once a patient is notified that treatment will be discontinued, insufficient time is allowed for the patient/surrogate to find a facility or physician who will comply with the patient's wishes for continued treatment and move the patient. Furthermore, SB 303 would have done nothing to right the terrible injustice that vulnerable patients and their families/surrogates are forced to defend their right to make their own medical decisions and their right to life before a committee of strangers appointed by the very hospital that seeks to deny them treatment.

Texas Right to Life and other patient advocacy organizations educated the public and rallied the troops, including families whose ailing loved ones have fallen victim to the current law, to come to Austin and testify. Those who testified in opposition to SB 303 outnumbered supporters more than 3 to 1 (47 against and 13 in favor). Registered, but not testifying, were 65 against and 10 for the bill. The House Public Health Committee hearing lasted until 2:30 a.m., with Elizabeth Graham the last to testify.

In the second special session which began on July 1st, House Bill 2, the pro-life omnibus bill, was considered and successfully passed. HB 2 included four provisions: one to ban abortions at five months (with a limited exception for fetal anomaly) when medical science recognizes that preborn children feel pain, and three provisions that improve health and safety standards at abortion clinics. Elizabeth and the Texas Right to Life team spearheaded the passage of this measure. Despite protestors and vulgar antics from the abortion crowd who were paid occupiers at the Capitol, HB 2 finally passed at 12:01 am on July 13th. Governor Perry signed the life saving measure Thursday July 18th.

Note:

The PHA, as do all who are pro-life, defends the right to life of every human being, including every preborn human being regardless of stage of development or condition. We long and pray for the day when the laws in every state recognize the personhood of every human being, born and preborn, and provide equal protection to all. As we celebrate the victory for life in Texas, let us resolve never to rest until every human being's life is protected under the law. The battle over the Texas omnibus pro-life bill, HB 2, received national attention. The violent tactics and callousness of the abortion lobby were exposed for all who have eyes to see and ears to hear. To borrow words from Penny Young Nance of Concerned Women for America, "Please remind me again why pro-abortion activists want healthy five-month pregnant women to abort their healthy child in dirty, unsafe abortion clinics? Their 'pro-woman' case just doesn't add up." (Nance: Planned Parenthood, big abortion and the battle to save lives in Texas, <http://www.cwfa.org/cotent.asp?id=224231>)

POLST: What is it and why does the PHA oppose it?

The POLST (Physician's Orders for Life Sustaining Treatment) form is a standard document that, when signed by a designated healthcare professional, dictates whether to withhold or administer certain treatments and/or care, such as cardiopulmonary resuscitation (CPR), antibiotics, nutrition and hydration, etc. POLST is known by different acronyms in various states (MOST, MOLST, POST, etc.). Although it is promoted as an addition to a patient's advance directive for healthcare, in practice, it carries more weight than a patient's previous, carefully prepared advance directive because the completed POLST form is a physician's orders.

A brightly colored form that becomes the first page in a patient's medical chart, POLST has boxes to check off refusing or accepting specific forms of medical treatment/care. Trained "facilitators" discuss treatment options with patients and/or their decision-makers. POLST involves a coaching process. The Respecting Choices Program (La Crosse, WI) teaches facilitators how to change the patient's "existing beliefs" by "explicitly discussing the limitations, or consequences of adhering to and acting on those beliefs." Often witnesses are not required to verify that the boxes checked by the facilitator are the actual wishes of the patient and that the patient was not coerced or manipulated.

Once signed by a designated healthcare professional, the POLST form constitutes medical orders that travel with the patient from one healthcare setting to the next and even home to be followed by EMT's in the event of a medical emergency. The first sentence in many POLST-type forms is "FIRST follow these orders, THEN contact Physician, Advanced Practice Nurse, or Physician Assistant for further orders if indicated." [Quote from Colorado Medical Orders for Scope of Treatment (MOST).]

POLST is tilted toward non-treatment and can encourage premature withdrawal of treatment from patients who, but for the denial of treatment, would not die. POLST presents options for treatment as if they were morally neutral, even though certain decisions may lead to euthanasia by omission.

POLST is strongly supported by right-to-die groups. Compassion & Choices (formed by the merger of Compassion in Dying-a Hemlock Society spin-off-and End of Life Choices) endorses POLST on its website. This is a big RED FLAG.

Watch out for POLST in your state. William Beckman, Executive Director of Illinois Right to Life Committee and a member of the PHA, reports on a new form which has been released for use in Illinois. Called the "Uniform DNR Advance Directive," it incorporates the POLST form into the Illinois DNR (do not resuscitate) form. He warns, "Having the DNR/POLST form in place makes it too easy for medical care providers to make decisions without current interaction with the patient or the patient's agent (the medical decision-maker chosen by the patient)....Even though the patient's agent knows what the patient wants, the choices declared on the DNR/POLST form override any input from the agent to the decision-making process on what course of treatment is appropriate."

No state yet mandates that patients complete POLST forms. Completing any advance directive or POLST-type form is always voluntary. Mr. Beckman advises, and the PHA concurs, "Do not allow any health care facility to push you into completing a DNR/POLST form by claiming it is required to have this form in your medical record."

To be continued...

Case in Point

The Pro-life Healthcare Alliance offers compassionate understanding, as well as medically and morally sound answers to anyone who calls or e-mails us for help in a critical medical situation. Sometimes we have to frankly tell the caller that their loved one may be in danger of being a victim of stealth euthanasia and they must move quickly to rescue the patient. At other times, we are able to assure them that the medical treatment their loved one is receiving is appropriate. The following case illustrates the latter situation. (Names have been changed to protect privacy.)

5/23/2013: Burt called and talked to Jo Tolck, Executive Director of Human Life Alliance, after finding HLA on the internet. His wife Kelly and he were very concerned about her 96-year-old mother who fell earlier in the month and sustained a brain bleed. The doctor thought she would die momentarily, but she didn't. She was sent home to her assisted living apartment and was able to walk and seemed to be doing better. She fell again, sustaining another bleed in a different area of the brain.

Kelly's sister had Mother's power of attorney for healthcare. Mother and family decided against brain surgery because she had type-two diabetes, weighed 90 pounds, and was not a good candidate for surgery. Also, she would have had to be transferred to a hospital in another town for surgery. She went home for one night and then to a nursing home on 5/9. She recovered her alertness, walking and conversing 5/10-14. On 5/15, she was administered morphine and Ativan due to agitation. 5/18, she went into a "sleep state." She did not have any water after 5/17.

Mother received 5 mg of morphine eight times on 5/20, as well as Ativan 5 times. The next day she received one dose of morphine, no Ativan. On 5/22, morphine was administered 3 times, no Ativan.

HLA contacted Ron Panzer, the president of Hospice Patients Alliance and a member of the PHA. He spoke with the family and said that 5 mg is a very low dose of morphine, although, if it's not needed, it could be problematic. His understanding was that Mother was agitated and in pain, so the medication seemed appropriate. Ron also said her respiration rate of 30-40 (normal is 12-20) indicated she was in the end stages of life.

The family was greatly comforted by their conversation with Ron.

Vermont

On Monday, May 20, 2013, Vermont Governor Peter Shumlin signed into law the "Patient Choice and Control at End of Life Act," which the state legislature had passed the previous week. Now Vermont doctors, like those in Oregon and Washington, will be able to prescribe lethal doses of medications to patients for state-sanctioned self-destruction. Nancy Valko, RN, spokesman for the National Association of Pro-Life Nurses and a member of the PHA Advisory Committee, submitted a poignant letter to the editor of the Wall Street Journal. It was not published.



Dear Editor,

I lost my beautiful 30 year old daughter to suicide 3 1/2 years ago. She used a technique she found on assisted suicide websites and it was horrendous both for her and us. She was not terminally ill but rather a brilliant, loving woman who battled for years with substance abuse problems. Unfortunately, she is considered mere collateral damage for leaders in the assisted suicide movement who believe that the so-called right to kill oneself with the assistance of health care professionals should ultimately be expanded to include anyone who perceives himself or herself to be suffering.

Personally, and as a nurse for 44 years, I will do anything for suffering people, except kill them. And, I will not discriminate against anyone-the elderly, disabled, depressed, terminally ill, etc.-when it comes to suicide prevention and treatment. I don't regret the many years I spent trying to save my daughter. When she died, I would have spent her last minutes still trying to save her rather than holding her hand and telling her I supported her decision while she asphyxiated.

Suicide is a tragedy to be prevented not a noble "choice" to be celebrated. The assisted suicide movement's gauzy, feel-good assisted suicide scenarios are a myth and Oregon, the first state to legalize assisted suicide, has seen that state's "regular" suicide rate rise 35% above the national average.* Misguided attitudes and laws have consequences, especially when we are considering-to put it bluntly-privatized, legal killing.

As a mother, an ICU nurse and a former hospice nurse, I believe the public deserves a patient-safe health care system they can trust with ethical doctors and nurses who will take their hands, not their lives.

Nancy Valko, RN

*"Rising suicide rate in Oregon reaches higher than national average." Oregon Public Health Report, September 9, 2010. Online at: <http://www.oregon.gov/DHS/news/2010news/2010-0909a.pdf>

Announcements

Preventing Stealth Euthanasia Conference

Saturday, November 9, 2013 8am - 5pm
Benedictine University, 5700 College Road, Lisle, IL 60532

You do not want to miss this full-day conference that will focus on the expanding threats to human life for patients facing serious health issues, and offering steps to prevent this creeping stealth euthanasia. Get details and strategies from experienced speakers who have been working in response to this expansion of the culture of death. Become informed so you can effectively address these important life and death decisions.

Topics to be covered include:

- how to protect yourself with (and from) advanced directives,
- the role of and need for patient advocacy,
- why POLST forms are dangerous,
- fighting for infants who are threatened with euthanasia,
- recognizing quality hospice care versus the hijacked variety that hastens death,
- getting fully informed about organ donation

Our exceptional speakers include:

Peter Breen, executive director and legal counsel at Thomas More Society, Chicago
Julie Grimstad, LPN, director of Life is Worth Living and chair of the PHA
Bobby Schindler, Executive Director at Terri Schiavo Life & Hope Network
Mary Kellett, founder and president of Prenatal Partners for Life
Cristen M. Krebs, DNP, ANP-BC, Catholic Hospice Founder / Executive Director

Sponsoring organizations include: Illinois Right to Life Committee, Thomas More Society (Chicago), and Pro-life Healthcare Alliance

Nursing CEU's will be available.

Euthanasia Symposium 2013: Hope

November 8, 7:00 pm - 9:00 pm and November 9, 9:00 am - 5:00 pm
Renaissance Marriott Hotel, Toronto

We face many challenges world-wide. The Symposium speakers represent that reality.

Margaret Dore - Choice is an Illusion USA
Dr. Kevin Fitzpatrick - Euthanasia Prevention Coalition Europe
Amy Hasbrouck - Toujours Vivant-Not Dead Yet Quebec
John Kelly - Second Thoughts USA
Derek Miedema - Ottawa, ON
Dr. David Richmond - Euthanasia Debate New Zealand
Tim Rosales - Californians Against Assisted Suicide
Paul Russell - HOPE Australia
Dr. Peter Saunders - Care Not Killing Alliance UK
Alex Schadenberg - Euthanasia Prevention Coalition
And more.

More details at www.epcc.ca.

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Pro-life Healthcare Alliance

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