Pro-life Healthcare Alliance

Sept 19, 2013

PHA Monthly

Newsletter for the Pro-Life Healthcare Alliance
Third edition

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

Please share your ideas and suggestions with us.

Visit our website at www.prolifehealthcare.org for more information.

WHAT HAVE WE BEEN DOING?

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.

Mary Kellett: Aug. 2-4, several talks at the Midwest Catholic Conference, Wichita, KS; Sept. 8, spoke for the Duluth Chapter of Pro-life Action Ministries in remembrance of babies aborted in the Duluth, MN area in the past year; Aug. 10, interviewed on Voices in the Faith, St. Michael's Broadcasting (cable TV).

Julie Grimstad: POLST article published by LifeSiteNews, LifeNews, et al.: http://www.lifenews.com/2013/09/03/patients-beware-problems-with-polst-physician-orders-for-life-sustaining-treatment

Nancy Valko, RN: Article entitled "Kermit Gosnell: Truths and Repercussions," Voices Online Edition, Vol. XXVIII, No. 3, Michaelmas 2013; http://www.wf-f.org/13-3Valko.html

PHA welcomes new committee members:
Advisory Committee: Judie Brown, president of American Life League
Working Committee: Barbara Frances Delo, RN

Please visit the PHA website for more information about committee members: http://www.prolifehealthcare.org/about.html

PREYING ON THE DISABLED?

By Mark Davis Pickup

I came across a headline that posed a bold idea: "Killing MS Patients VIA Assisted Suicide to Harvest their Organs?" As a theoretical question for provocative bioethicists to ponder or advocate, it may be interesting, but I live in the real world far from academia. The real world is being asked to answer that very question, by a woman with advanced MS.

Michigan resident Sherri Muzher (43) recently told a Fox news affiliate that she wants to have an assisted suicide and donate her organs for transplantation. She said it would be a "nice legacy to give" and that "We ought to be able to make our own decisions, and if that collateral effect means helping others, why would anyone have a problem with that?" Sherri's proposal sounds so altruistic, so selfless and generous beyond measure.

Although the media said Sherri is terminal, MS cripples its victims but rarely kills them. I have had MS for nearly twice as long as Sherri; mine has reached an advanced stage too. If Sherri's wish for an assisted suicide and donation of her organs were to happen, it would have awful implications for her in the short term and ominous implications for the futures of other seriously disabled people like me, particularly with organ shortages intensifying.

Let's examine the reality of Sherri's assisted suicide proposal: If done by poisoning, there would be a high likelihood of contaminating her organs making them unusable for transplantation. But let us pretend that somehow she was poisoned but her organs were not. There are some medical realities once she dies. After death there is no heartbeat, circulation or respiration, thus no oxygen for her organs. Without oxygen, irreparable damage would begin to occur to her liver and heart within 4-5 minutes and her kidneys by 30 minutes, quickly making them useless for transplantation.

A highly renowned medical authority I consulted for this column stated, "To make use of her organs the transplant team would have to insert tubes into her while she was very much alive." This would be painful. They would hover near Sherri, monitoring for her moment of death, then immediately plunge a scalpel into her chest and abdomen making an incision from collar-bone to pubis. The clock would be ticking.

Once they artificially oxygenate Sherri's organs, it would take about 30 minutes to remove her kidneys, 3 hours to remove her liver and about an hour to remove her heart. Recipients would probably be waiting in adjacent operating rooms.

Okay, take poisoning out of the scenario. If Sherri's death was achieved by organ removal while she has a beating heart, circulation and respiration, it would not be an assisted suicide as she presently envisions; it would be imposed death by a transplant surgeon. Altruistic romance and sterile operating rooms are not a good mix, especially when death is the goal. Sherri's death would be achieved only upon the final removal of her heart. Her gutted and mutilated body would be returned to her family for burial or cremation.

The Sherri Muzher case would create the thin edge of a bloody wedge in North America. It would begin to establish a precedent for organ procurement programs to view people with severe disabilities as sources of much needed organs. In case you think I'm drawing an extreme case, let me inform you that it's already happened in Belgium.

National Review columnist Wesley J. Smith chronicled this in an August 30th column entitled "Hunt on for Disabled "Euthanasia Organ Donors"". He quoted a document from the 21st European Conference on General Thorasic Surgery that was held in the U.K. last May. The document detailed how doctors euthanized "patients suffering from an unbearable neuromuscular or neuropsychiatric disorder with explicit wish to donate organs. Euthanasia was executed by an independent physician in a room adjacent to the operating room in the absence of the retrieval team." In other words, suicidal people with physical or mental disabilities were killed by one set of doctors then their warm bodies quickly wheeled across the hall to another operating room where a different set of doctors began the harvest.

Will people with severe disabilities (like me) be considered commodities rather than patients in our own rite? If this happens, people who are comatose will be at even greater risk and their families pressured to stop life sustaining treatment or impose death.

The Sherri Muzher case would create a darker cultural deviation and open a Pandora's box society will ultimately wish had never been opened. It will put other vulnerable lives at great danger and further strip our increasingly secular society of the ideal of the sanctity of every human life.

We must understand a truism of history: Human descent into the abyss of depravity and death is taken one step at a time. It might begin with good but misguided intentions but eventually ends with twisted evil intent masquerading as good.

Source: *Western Catholic Reporter,* September 16, 2013

Mark Davis Pickup maintains a blog, *Human Life Matters*, which deals with life issues surrounding abortion, euthanasia, assisted suicide, ethics pertaining to end of life care, and other bioethical issues. He is also a member the PHA Advisory Committee.

http://www.humanlifematters.org/

Florence Nightingale had a vision
by Germaine Wensley

Florence Nightingale was a strong, independent woman born of a wealthy family during a time in the 1800s known as the "Dark Ages of Nursing." She was drawn to nursing the poor and sick despite vehement family opposition to this unheard-of behavior from a woman in her social position.

Miss Nightingale, with her brilliant mind and genius for organization, became the world authority on the scientific care of the sick. She brought about much needed reforms to the nursing profession which gave it respectability. She instituted formal training schools for nurses and insisted they must not only teach the mind but also form character. Moral training permeated all phases of her program which included the novel idea of disease prevention in addition to care of the sick.

Florence was fondly dubbed the "Lady with the Lamp" by wounded Crimean War soldiers as she walked the halls of their hospital wards at night, lamp in hand. The high standards and strict discipline she demanded, along with true care and compassion, made nursing more than an occupation - nursing became a true profession. Thus her lamp became the symbol of the nursing profession.

We seek to uphold the Nightingale vision

California Nurses for Ethical Standards seeks to maintain and restore the Nightingale vision of ethics and moral integrity as the foundation of health care, disease prevention, and health education.

We believe, as Florence Nightingale did, that health care must be for 'the good of the patient.' We pledge not to assist in the taking of a human life in the course of our professional duties, nor to advocate any philosophy that would accomplish that end.

Germaine Wensley, RN, BS is founder and current vice-president of California Nurses for Ethical Standards. For more information: *http://www.ethicalnurses.org*

Case in Point

"...this guilt rips over my heart."

This email was sent June 10, 2013 to Hospice Patients Alliance: patientadvocates@hospicepatients.org

I write this with a very heavy heart...

I was raised by my grandparents. After a battle with stage 4 ovarian cancer (she lived 9 additional years when drinking Essiac), my grandmother said she was tired and wanted to pass away. Hospice was called in upon her last release from the hospital. I was asked to care for her

by my aunts and uncles, who could not bring themselves to do it. I, of course, was happy to assist my grandmother as we were very close, more like mother and daughter than grandmother and granddaughter. I had made a promise to her years earlier to hold her hand as she died, because she was scared. I thought this was my way of keeping that promise.

I thought I would be assisting in making her comfortable only! However, after a brief few days of her being alert, her liquid morphine was increased. I was told by the hospice nurse, who came in every couple of days in the mornings, to steadily increase the dosage. When I expressed concern about the amounts, I was told that it was not harmful and that it would be inhumane to let her continue in pain. (How do you gauge pain levels when the patient is unconscious?) After this steady increase, she went into a coma after only a few days. One morning, I recall with clarity, when she groaned as though she were waking, I was told by the hospice nurse who was there at the time that it was a groan of pain and I should yet again increase the dosage! My grandmother clenched her teeth as I tried to administer this under her tongue. I was told once again to force the medication under her tongue! I did what I was told. After only a few days (maybe four to six) my grandmother passed away.

As I thought back over the whole experience a few months later, I was struck with the realization that I had killed my grandmother, who I loved so dearly! I have written logs of when each dose of morphine was given and I was certain that administering that much liquid morphine would actually cause the death instead of easing the pain. I have terrible days at times when this guilt rips over my heart.

Hospice should not be allowed to continue placing such guilt on unsuspecting family members who must then live with this knowledge!

Sincerely,
Granddaughter's signature

An Invitation to

HEALTHCARE PROFESSIONALS WHO EMBRACE THE CULTURE OF LIFE

The Pro-life Healthcare Alliance was created to renew reverence for life within healthcare. All physicians, nurses and other healthcare professionals who embrace the Culture of Life, who are concerned about the inroads the Culture of Death continues to make into every facet of healthcare, are invited to join us. You are extremely important allies in combat against the policies and actions of those who have been misled or corrupted by the Culture of Death. Yes, this is combat-a war between two opposing worldviews-being waged by the PHA to protect the lives of your patients and defend your conscience rights.

While we realistically recognize the problems, we also see the promise of a better tomorrow for vulnerable patients and pro-life healthcare providers alike.

Abortion takes millions of lives every year worldwide, but most physicians and nurses do not perform abortions. Euthanasia and assisted suicide are becoming common practices in some countries and states, but most physicians and nurses do not participate in killing patients. A recent survey of readers of the New England Journal of Medicine showed that roughly 2 in 3 respondents (most appearing to be physicians)oppose physician-assisted suicide.* The majority of healthcare professionals are certainly not in favor of either assisted suicide or euthanasia.

Stealth euthanasia is being done in many hospice and palliative care settings, but most physicians and nurses are not knowing or willing participants. There is great promise in the fact that the vast majority of medical professionals are not and do not want to be involved in abortion, euthanasia, assisted suicide or stealth euthanasia.

The PHA is proud to have among its members a number of dedicated pro-life healthcare professionals. Ralph A. Capone, MD, FACP, a board certified hospice and palliative care physician, is a member of the PHA Working Committee and Cristen Krebs, DNP, ANP-BC, Executive Director/Founder of Catholic Hospice, Pittsburgh, is a member of the PHA Advisory Committee. One of the purposes of the PHA is to encourage the growth, availability and provision of pro-life healthcare services-services that never hasten or impose death. The specialty of Palliative Medicine was officially recognized in 2006. Dr. Capone assures us, "It has been taken seriously by both physicians and non-physicians (patients, administrators, etc.) who have absolutely no investment in or allegiance to euthanasia."

Nevertheless, we must face the truth, however unsettling. Today, many hospice programs have been hijacked by advocates of euthanasia and practitioners of stealth euthanasia. And, it is a historic fact that both Culture of Life and Culture of Death forces were involved in creating the new specialty of Palliative Medicine. The leadership of the official hospice and palliative care organizations is overwhelmingly composed of euthanasia proponents, thus the Culture of Death is very influential in the delivery of both hospice and palliative care in the field.

Dr. Capone advises, "This new specialty is most often centered on end-of-life decision matters. This reinforces why we need to cultivate and collaborate with physician colleagues in Hospice and Palliative Medicine and not accuse them all of being part of a conspiracy to rob patients of their lives and families of their loved ones, generalizing and slandering many good healthcare providers, and, frankly, many good patients who have been helped by palliative care doctors and hospice."

Let's not see problems where there are none because, if we do, we may alienate our natural allies and miss the opportunity for enlisting their help in addressing the problems where they are.

"Some among our greatest pro-life champions may disagree," Dr. Capone states, "but I am certain, from 30 years as a practicing physician, that most physicians do not want to see their profession as a 'tool of death.' The evidence is clear: we can ease physical suffering with drugs without killing. Let the euthanasia leaders own up to their real intention-to end life, not suffering."

Again, we invite all healthcare professionals who are dedicated to the protection and defense of human life to join the PHA. It is urgent that you reach out to, educate and hopefully enlist your colleagues in this struggle for the "soul" of western medicine. Help make the promise of a better tomorrow for your patients and yourselves a reality.

If you wish to accept this invitation, please go to www.prolifehealthcare.org, read the PHA Mission Statement and, if you agree with it, sign up at http://www.prolifehealthcare.org/pha-membership-request-fillable-form.pdf.

Julie Grimstad
Chair of the Pro-life Healthcare Alliance

*http://www.medscape.com/viewarticle/810859?nlid=33503_1882&src=wnl_edit_dail

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.

Program Schedule:

8:00-8:30 Registration and coffee
8:30-8:40 William Beckman, Illinois Right to Life Executive Director, **Welcome**
8:40-9:40 Peter Breen, Vice President and Senior Counsel at Thomas More Society, Chicago: **How to Protect Yourself with (and from) Advance Directives**
9:40-10:40 Julie Grimstad, LPN, Director of Life is Worth Living & Chair of Pro-life Healthcare Alliance: **Precautions are in Order: POLST Forms and Organ Donation**
Break
10:55-11:55 Bobby Schindler, Executive Director of Terri Schiavo Life & Hope Network: **The Hard Cases: Feeding Tubes, PVS Diagnosis, and Futile Care Declarations**
Lunch
12:35-1:35 Julie Grimstad: **The Role of and Need for Patient Advocacy**
1:35-2:35 Cristen M. Krebs, DNP, ANP-BC: **Hospice in the 21st Century: Recognizing Life Affirming Hospice Practices**
Break
2:50-3:50 Mary Kellett, Executive Director of Prenatal Partners for Life: **Prenatal and Infant Euthanasia and Hospice**
3:50-4:50 Elizabeth Wickham, Ph.D., Co-founder and Executive Director of Lifetree, Inc.: **Transforming Traditional Care to Palliative Care-Repackaging Death as Life**
4:50-5:00 **Close**

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

Registration Information: Contact Ann at aolson@humanlife.org or call 651-484-1040

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.

For more information contact The Euthanasia Prevention Coalition

The Euthanasia Prevention Coalition is seeking sponsorships for students. Please consider donating $129.00 to enable a student to attend the Euthanasia Symposium in 2013.

NOTE:

The Pro-life Healthcare Alliance wishes to bring conferences to locations in all parts of the United States and Canada, and eventually, the world. We invite you to work with us to make this happen. In 2014, we already have conferences scheduled in Des Moines, Iowa on March 29, 2014 and Minneapolis, MN on May 3, 2014.

DVDs of our first conference, "Imposed Death 2012," held in New Brighton, MN, June 2, 2012, are available from Human Life Alliance. To order, call 651-484-1040.

Join the
Pro-life Healthcare Alliance

Pro-life Healthcare Alliance

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