Pro-life Healthcare Alliance

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PHA Monthly

Newsletter for the Pro-Life Healthcare Alliance
Twenty-Seventh Edition

Welcome to the twenty-seventh 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.

PRO-LIFE HEALTHCARE ALLIANCE MISSION STATEMENT

Promoting and developing concrete "pro-life healthcare"* alternatives and advocating for those facing the grave consequences of healthcare rationing and unethical practices, especially those at risk of euthanasia and assisted suicide.

*"Pro-life healthcare" means medical care in which the life and safety of each person comes first, where each person receives medical care across their lifespan based on their need for care, regardless of their abilities or perceived "quality of life."

FROM THE EDITOR'S DESK
By Julie Grimstad

The ethics guiding medical practice are undergoing a drastic change**.**

- **Traditional, historic medical ethics**, based on Judeo-Christian principles, hold the *sanctity of human life*as their core principle and are quintessentially pro-life. They aim to protect and preserve the patient's life until natural death--regardless of the patient's age, mental or physical abilities, or usefulness to society.

- **Modern bioethics**, which emerged in the 1960s, embrace a secular, utilitarian philosophy. Their core principle is *quality of life*. According to secular bioethicists, medical decisions should be based, at least in part, on a cost-benefit analysis. If a patient lacks a certain arbitrarily defined "quality of life," caring for the patient is considered a "waste of resources."

This month's feature article is authored by Dr. Ralph Capone, a member of the Pro-life Healthcare Alliance. He told me, "As I was writing this essay on palliative care, I was thinking about how physicians working from a Christian framework would be mightily sought after, even by patients without any faith tradition, due to these physicians' complete fidelity to the patient and their needs."

Ponder that thought.

Then consider the words of German philosopher Friedrich Nietzsche, a utilitarian ahead of his time. In 1888 (*Twilight of the Idols)*, expounding on "morality for physicians," Nietzsche wrote, "The sick man is a parasite on society. In a certain state it is indecent to live longer." He decried "the wretched and revolting comedy that Christianity has made of the hour of death."

Lest you think it an exaggeration to quote a radical 19th-century philosopher to illustrate the mindset of those who now embrace utilitarianism in the guise of ethics, consider the words of a modern-day change agent, George D. Lundberg, MD. A prominent physician and former editor of the *Journal of the American Medical Association*, Dr. Lundberg is also a cheerleader for the pro-death movement. He recently wrote,

To accomplish medical and cultural change, one needs to work at the levels of moral beliefs and ethical standards with professional and individual leadership. Subsequent changes in state and federal laws and regulations may be needed. Economic drivers can move it along. But first, you have to get their attention. ("Good News about Dying in America," Medscape, January 4, 2016, accessed January 14, 2016,

He also describes the actions of Dr. Jack Kevorkian, who, beginning in 1990, used the suicide machine he invented to end the lives of more than 100 people, as "the right message writ large but by a deeply flawed messenger."

This is chilling. We are in a medical, legal, and cultural war and, at present, we are not winning. Secular bioethics wield tremendous influence in our healthcare system today. Christian bioethics (as some now refer to traditional medical ethics) hold little sway.

If the sanctity of life is not the basic principle guiding the medical profession, and if America's foundational concept that all human lives have equal value is abandoned, not one of us is safe from the consequences of others' arbitrary assessment of our worth.

Indeed, we will seek after pro-life physicians "working from a Christian framework" when we or our loved ones are at the mercy of a healthcare system dominated by secular bioethics. The question is, **Will there be any pro-life physicians available when we need them?** There is increasingly less tolerance for medical professionals who respect the sanctity and equal value of each and every human life. Many conscientious pro-life physicians are leaving or being forced out of the medical profession.

We invite you to support the efforts of the Pro-life Healthcare Alliance to develop an alternative healthcare system. We have had some success in creating a resource network of healthcare professionals who put the lives and the needs of their patients above all other considerations, but it is critically important to identify and enlist many more. This network benefits patients, physicians, and other healthcare providers. It connects people seeking pro-life healthcare with pro-life healthcare professionals and other resources.

If you know of any pro-life physicians, nurses, hospitals, hospices, nursing homes, etc., please send us their contact information. We will invite them to become vitally important members of the PHA's resource network.

***Stephanie Hopping**, a very talented and meticulous editor, volunteered to help with the production of this newsletter several months ago and has already devoted many hours to the task. You, our readers, have probably noticed improvement in the quality of the editing. Stephanie is the reason. I am profoundly grateful for her assistance and the gift of her time and expertise.*

Stephanie states, "The PHA is in a category by itself "because it not only helps fill a huge gap in pro-life activism and education, it also takes concrete steps to help people cope with life-and-death situations. That is a very powerful combination!"
- Julie Grimstad, Editor

Available now!

10 QUICK REASONS FOR OPPOSING THE LEGALIZATION OF ASSISTED SUICIDE (http://www.prolifehealthcare.org/PhysicianAssistedSuicide_OpposingArguments.pdf)

For your copy contact Human Life Alliance at feedback@humanlife.org

Palliative Care: A Physician's Perspective Informed by Christian Faith and Traditional Professionalism

By Ralph A. Capone, MD

Palliative care is both a new medical specialty and an approach to patient care that is much discussed today. It is an elusive and provocative topic for patients and health care professionals alike, because its meaning is determined by which of two broad perspectives is under consideration.

One view of palliative care incorporates the traditional patient-centered role of physicians. This heritage directs doctors to address each patient one at a time, attending to their individual needs. In this way, the physician*directly* benefits the patient and only *indirectly* advances the overall health of society and the common good. From this perspective, authentic palliative care is a legitimate approach to caring for patients who are seeking assistance to alleviate their suffering. Benefit accrues to both the individual patient and the common good when practitioners of palliative care promote a medical culture that values each patient's decision-making authority.

The alternative perspective considers palliative care to be primarily a means for *directly* supporting the common good. This perspective strikes fear in those who realize that palliative care is misused when it becomes a tool for reducing health care expenditures by limiting patient care. They observe a palliative care system in which physicians target patients with poor prognoses and/or poor functional ability and those approaching end of life, thereby placing the elderly and chronically ill at risk.

These physicians' primary allegiance is not to individual patients, but to serving some other goal or objective. This is additionally harmful to patients when the common good begins to encompass a societal strategy that overrides the patient's right to make his or her own health care decisions in order to achieve other aims, for example, resource allocation and conservation.

The benefits of authentic palliative care

The World Health Organization defines palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."[1]

Unlike hospice care, palliative care happens while patients are receiving active medical treatment for their underlying diseases. For example, lung cancer patients receiving chemotherapy and radiation could (and should) receive palliative care. Palliative care seeks to discover and effectively treat patients' symptoms arising from their disease as well as from the treatment itself.

In fact, studies have shown that patients with lung cancer who receive palliative care while receiving standard cancer therapy have fewer episodes of depression, experience better pain control, make fewer visits to the emergency department and may even live longer than those not given palliative care.[2] Therefore, authentic palliative care done well is patient-centered and aims to alleviate all aspects of human suffering, not just physical pain. By doing so, physicians respect the inestimable worth and dignity of every human life.

Christians should neither fear nor calumniate palliative care. Rather they should work together--both professionals and non-professionals--to insure this patient-centered approach becomes the shared perspective that ends confusion about the practice of palliative care.

The physician's primary responsibility

Christian morality teaches that each person in the doctor-patient relationship encounters the other as fully dignified and worthy of each other's respect. The patient is the one who initiates this meeting, which becomes the first step toward building a genuine, trusting relationship. The patient seeks out the professional whose assistance is necessary for addressing perceived or real threats to their health.

The physician becomes God's minister, easing suffering and dispensing God's love to the patient. For Christians, a physician's service is indeed vocational, a calling from God. The physician's "yes" in response to this transcendent call advances the physician's own journey to holiness by concretely demonstrating his or her love of God and love of neighbor.

Even nonreligious physicians understand that the service they render--caring for and curing human beings--is traditionally directed toward the individual patient. Unlike physician-scientists, whose research directly benefits society through the accumulation of new knowledge, the practicing physician, using his skills and knowledge, benefits society by focusing his complete attention on patients, one at a time. Any conflict regarding where the physician's fidelity should reside--with the individual patient or society's common good--ought to be resolved in only one way: a physician's primary ethical responsibility is with his or her patient.

This standard principle of serving patients according to their needs once informed much of the work of physicians and the medical profession. It was a norm incorporated into the system of medical education. It helped to prepare students for their work of encountering persons in need by becoming better-equipped professionals predisposed to serve others.

In 1980, Dr. Therese Southgate, then editor of the *Journal of the American Medical Association*, addressing a convocation of medical students at the University of Missouri School of Medicine at Kansas City, remarked, "As a physician your charge will be not to cure, but to *attend* your patient, a far more difficult task."[3]

"To attend" to our patients and to their needs, first consider the verb's linguistic origin borrowed from two Romance languages. The French verb *attendre* and the Italian verb *attendere* both mean "to wait for" or "to wait on." In other words, "to attend" means "to serve." It calls to mind our duty to pay attention to, to listen to, and to hear what our patients want to tell us. Therefore, the designation "attending physician" is rich with meaning, since it sends the physician on a mission that must ultimately be patient-centered.

Dr. Southgate told the students that learning the science of medicine is extremely important, but "attention is the art of receiving and that this art must be learned [too], and that both of these qualities, knowledge and attention ... are the difference between being a good physician, which is only the minimum demanded of you, and being a great physician."[4]

The very best physicians--the great ones--know this and demonstrate it daily in their patient care. They understand that competence is more than technical expertise and that their essential obligation is to pay attention to the one requesting help. This can be accomplished only by focusing on the needs of the

patient, not the needs of society as a whole. Dr. Southgate emphasized this to the students when she said this is the "far more difficult task ... to meet the patient and to care for him where he is, not where you are."[5]

For Christian physicians their calling and subsequent mission comes from God; thus, their work is holy and commendable. A great source of guidance is The Charter for Health Care Workers, issued by the Pontifical Council for Pastoral Assistance to Health Care Workers in 1995. The Charter states that the health care worker's activity is "a form of Christian witness."[6] Palliative care done as "Christian witness" attends to the needs of the patient through professional competence and expertise directed toward *palliating* patient suffering. This meaning of palliative care is not elusive. Misuse of palliative care to create a tool for advancing some other objective ultimately creates misunderstanding and fear.

Those physicians whose primary allegiance is not directed toward serving their patients are not attentive to their patients' needs. Likewise, doctors who use palliative care directly to control expenses and the common good too often do this at the expense of individual patients' needs. They badly distort both the nature of palliative care and the essential character of the medical profession, which at one time presumed in favor of life and fought for the gift of life. Finally, these physicians also destroy the trust that is essential between doctors and their patients, further weakening the ideal of the "attending physician."

Regardless of the importance of finding a more just way to distribute precious or scarce resources, the physician guided by faith must help to lead his colleagues back to the mission of caring for each patient, one human life at a time.

Dr. Ralph A. Capone has many years of experience in internal medicine as well as hospice and palliative care; he is board-certified in both. Dr. Capone is also an adjunct faculty member at Saint Vincent College in Latrobe, Pennsylvania, where he has taught Catholic bioethics for several years.

[1] Elizabeth Davies and Irene J. Higginson, eds., *The Solid Facts: Palliative Care* (Copenhagen, Denmark: World Health Organization Regional Office for Europe, 2004), p. 14, accessed December 18, 2015), http://www.euro.who.int/__data/assets/pdf_file/0003/98418/E82931.pdf
[2] Jennifer S. Temel, MD, et al., JS, et al., "Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer,"*The New England Journal of Medicine* 363, no. 8 [see http://www.nejm.org/toc/nejm/363/8/] (August 19, 2010): 733-742, accessed January 13, 2016, http://www.nejm.org/doi/full/10.1056/NEJMoa1000678#t=articleTop .
[3] M. Therese Southgate, MD, "Simple Gifts," *The Journal of the American Medical Association* 245, no. 17, 1981: 1733-1735. [see http://jama.jamanetwork.com/article.aspx?articleid=374816]
[4] Ibid.
[5] Ibid.
[6] The Pontifical Council for Pastoral Assistance to Health Care Workers, *The Charter for Health Care Workers* (Vatican City, 1995), accessed January 14, 2016, https://www.ewtn.com/library/CURIA/PCPAHEAL.HTM.[see http://www.vatican.va/roman_curia//pontifical_councils/hlthwork/documents/rc_pc_hlthwork_doc_19950101_charter_en.html]

ANNOUNCEMENTS

Nancy Valko, RN, **will be speaking at the Cardinal O'Connor Conference on Life** at Georgetown University on Jan. 23, 2016 on "How the Culture of Death Affects People with Disabilities" from the beginning to the end of life.

Mark Davis Pickup will address the Adult and Family Rally and Mass for Life in Washington on Jan. 22, 2016. For information and/or registration: http://www.humanlifematters.org/2016/01/adult-and-family-rally-and-mass-for.html

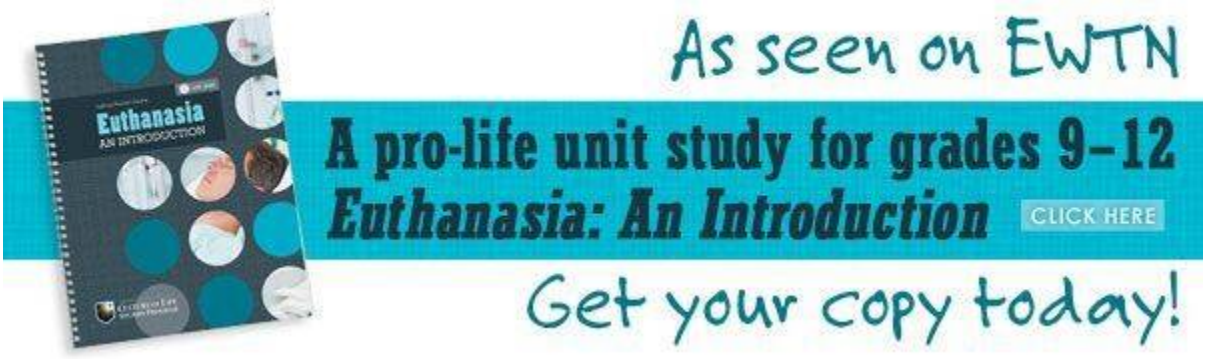
The European Institute of Bioethics (based in Brussels, Belgium) report discussing the integration of medical killing into medical practice and the problems that have arisen is available in English at www.ieb-eib.org/en/pdf/20151126-euthanasie-et-soins-palliatifs-english.pdf. This report must be distributed widely and given careful consideration so that we avoid the tragic errors of Belgium and Holland. Please share this information with everyone you know.

"So-called "safeguards" for the practice of medical killing/euthanasia are now known to be ineffective. We cannot regulate evil! Either a society prohibits evil and criminal acts that arise from it, or it embraces evil. Medical killing is an evil that undermines everything health care is about!" -- Ron Panzer for Hospice Patients Alliance, http://www.hospicepatients.org/

The Culture of Life Studies Program presents:**Euthanasia: An Introduction**

Euthanasia: An Introduction examines the complex topic of euthanasia by peeling back the layers of rhetoric to help high school students see what is really at the heart of end-of-life issues. The supplement provides students with a basic understanding of the Catholic Church's teachings on euthanasia and gives students the tools they need for defending those teachings against cultural attitudes and pro-euthanasia arguments. Through the use of discussion questions, essays, and small-group work, students gain an understanding of the topic and learn how to articulate their belief in respect for the dying. The one-class session supplement concludes with a case-study discussion which contrasts Brittany Maynard, Lauren Hill, and Terri Schiavo.

Package includes the Instructional Guide and a CD-ROM containing PDF files of all student handouts and multimedia instructional material. Cost: $19.95 + shipping, but on sale through January for $15.96 + shipping. Visit http://www.all.org/euthanasia-an-introduction/ or www.cultureoflifestudies.com to purchase your copy today!



CASE IN POINT

Texas, a State Where Patients' Wishes Don't Matter

Two days before Christmas, forty-six-year-old Chris Dunn died at Houston Methodist Hospital. Chris was a loving son, brother, and friend. He served his local and national communities as an EMT, police dispatcher, and employee at the Department of Homeland Security. If his name sounds familiar, it is because his family actively brought media attention to Chris' case when Methodist Hospital decided his life was not worth living and wanted to "pull the plug"--that is, remove him from the ventilator he needed to breathe. Chris, his family and friends vehemently disagreed.

An unjust law and a medical system cruelly stacked against seriously ill patients caused Chris Dunn and his family weeks of anxiety and anguish. They fought back, and, in the process, many people were made aware that the Texas Advance Directives Act (TADA) permits **medical tyranny**. [Note: No other state has as merciless a statute as the Texas Advance Directives Act. Only Virginia has a similar law, which, unlike in Texas, remains rarely, if ever, invoked.]

Also known as "the death panel law," TADA (Section 166.046) authorizes a hospital-appointed ethics committee to decide that it is *futile* to provide a patient with life-sustaining treatment based on the committee's assessment of the patient's *quality of life*,disregarding the patient's and/or family's values and treatment wishes. Once this "death panel" gives the family written notice of its decision, the family has a mere 10 days to find a facility able and willing to care for the patient and move him there. Failing that, under TADA, "the physician and health care facility are not obligated to provide life-sustaining treatment."

Texas attorney Kassi Marks, who has carefully analyzed TADA, notes:
"... among the biggest concerns about this law overall is the lack of due process for the patient and his or her family when TADA is invoked and that TADA imposes a death sentence on a patient against their will and by means that are inhumane or in opposition to their faith. Do not lose sight of that. A patient has no right to have the underlying decision of the doctor or panel reviewed under the law. Once the medical professionals determine that care will be terminated for any reason, there is nothing more to do but to try to find another facility - and fast. Sometimes a judge will grant some additional time. But that is the only recourse to court a victim of TADA has, begging for more time. The underlying decision cannot be challenged. Also, there is total immunity for a facility and doctor as long as they operate under TADA." [kassiblog.blogspot.com, 12/30/2015]

The facts in Chris Dunn's case

Chris's family wisely sought help from Texas Right to Life (TRTL) when they were notified of the hospital committee's decision to deny him treatment. Having assisted more than 250 patients who have been victimized by TADA since the law's passage, TRTL's staff has more experience with these cases than any other entity in the state. In fact, the Pro-life Healthcare Alliance's patient advocate in Texas calls TRTL every time she receives a plea for help from a family whose loved one is "under the gun" of a 10-day countdown.

The following facts are gathered from reports by those with first-hand knowledge of Chris Dunn's case, namely Texas Right to Life staff members who were directly involved in helping the Dunn family, and the TRTL website.

- On December 2, a video made in Chris's hospital room records a visit from two attorneys brought in by his mother. One of them, Joe Nixon, asks Chris, "Do you want us to help you? Do you want to stay alive?"

Chris folded his hands as if in prayer or pleading for his life while nodding his head, "Yes." He could not speak because of the ventilator tube in his throat, but he was conscious, alert and answered questions.

- The first week of December, the hospital petitioned a court to allow them to usurp the authority of Chris's mother as his Medical Power of Attorney and instead name an unknown staff member at Houston Methodist as Chris's custodial guardian--all in an effort to ensure his demise.
- On December 10, TRTL reported, "We have been working to secure care at a different facility, but the law inhibits this process by imposing impossible deadlines and the hospital has abandoned efforts to treat Chris, further delaying the transfer. ... Essentially, the law not only allows Chris to be killed against his will, but also hinders our ability to help him live."
- Also on December 10, TRTL reported, "Many have asked what Chris's medical diagnosis is. In short: no one--including his doctors--knows. This is not because Chris is suffering from an inexplicable illness, but simply because his physicians refuse to investigate his symptoms to find a cause. Chris was admitted with a mass on his pancreas which, to date, the hospital has not biopsied. ... Chris's condition may be treatable, but the hospital has discriminated against Chris by ruling treatment futile based on an arbitrary "quality of life" judgment, and they have done this without even investing due diligence in diagnosing him."
- Texas Right to Life Senior Legislative Associate Emily Horne said at a press conference on December 22 that, during a recent visit to see Chris and his family in the hospital, Chris opened his eyes and waved to her when she greeted him, despite the fact that his hands were tied to the bed. She asked how the hospital could see fit to end Chris's life against his will if he were clearly alert enough to need to have his hands tied.
- One month after Houston Methodist Hospital determined that Chris's life was not worth living and that his condition was not even worth diagnosing or treating, Chris succumbed to his illness.
- The legal efforts of Chris's family and his lawyers to stall the state-sanctioned, involuntary euthanasia proved effective. Not only was Chris's death not imposed by the hospital, but he and his family also raised unprecedented awareness of the unconstitutional and unjust nature of the Texas Advance Directives Act.

For more complete information on this case and/or on the Texas Advance Directives Act, these sites have numerous accurate articles and commentaries:
www.texasrighttolife.com
http://kassiblog.blogspot
http://abyssum.org

Texas Right to Life is willing to help if you or a loved one is experiencing treatment discrimination or denial-of-treatment from a hospital or physician, stating, "We can connect the family with a patient advocate who will stand by your side as you navigate the hospital system. Together, we can bring awareness to the injustice inflicted on so many Texans
--past, present, and future--by the Texas Advance Directives Act. And together, we can overturn the Texas Advance Directives Act." http://www.texasrighttolife.com/a/1944/Chris-Dunns-was-not-a-singular-case-of-injustice-in-Texas#.Vph0fo-cGUk

Take Action

In spite of heroic and persistent efforts made by pro-life organizations and individuals, the stark reality is that the healthcare system itself has become an ever-increasing threat to the well-being and lives of the preborn, the young, the old and the disabled and ailing of any age.The PHA is dedicated to renewing reverence for life within healthcare. For some excellent information about current and historical issues regarding abortion, contraception, euthanasia, stealth euthanasia, hospice, advance directives and other pertinent topics, please check out these resources.

Join the Pro-Life Healthcare Alliance **http://www.prolifehealthcare.org/pha-membership-request-fillable-form.pdf**

Pro-life Healthcare Alliance **http://www.prolifehealthcare.org/**

Hospice Patient's Alliance **http://www.hospicepatients.org/**

Euthanasia Prevention Coalition **http://alexschadenberg.blogspot.com/**

Patient's Rights Council **http://www.patientsrightscouncil.org/site/**

Prenatal Partners for Life **http://www.prenatalpartnersforlife.org/**

Read Stealth Euthanasia: Health Care Tyranny in America by Ron Panzer
http://www.hospicepatients.org/this-thing-called-hospice.html

American Life League **http://www.all.org/**

The Pro-life Healthcare Alliance needs your support. The suggested PHA membership donation is $25 per year. Please renew your membership or join today. Be a part of this vitally important work and help the PHA continue and grow.

Pray for renewal of reverence for life. In particular we have designated Thursday as a special day of prayer for the mission of the PHA.

STAY CONNECTED

Pro-life Healthcare Alliance

a program of Human Life Alliance
1614 93rd Lane NE, Minneapolis, MN 55449
Tel 651.484.1040