



Pro-life Healthcare Alliance

A Program of Human Life Alliance

Jan. 23, 2014

PHA Monthly

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

Welcome to the 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.

On the 41st anniversary of the infamous *Roe v. Wade* decision, we remember with deep sorrow the 57 million babies whose lives have been cut short by abortion and the women and families who suffer because of the devastation abortion causes. Please pray for an end to this crime against humanity.

The Pro-life Healthcare Alliance, founded in June 2012, is striving to:

Establish a support network of healthcare providers, organizations and individuals who subscribe to the "pro-life healthcare philosophy." (See PHA Mission Statement at www.prolifehealthcare.org.)

- Encourage the growth and availability of pro-life healthcare services for all.
- Respond to persons needing pro-life healthcare or seeking reliable information about medical decision making.
- Educate the public by articulating principles guiding the care, support, and protection of the life and dignity of all human beings, including those who are preborn.

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.

WHAT ARE WE DOING?

Jo Tolck attended the Minnesota Youth for Life Conference, Sacred Heart Church, Robbinsdale, MN, January 20, 2014, at which she made available our new publication, ***Informed: A guide for critical medical decisions*** to the youth directors and other adults present. Also in January, Jo sent packets of PHA information, including *Informed*, to 25 national pro-life leaders at their request (See the review of *Informed* in this PHA Monthly.)

Nancy Valko, RN, held a workshop entitled "**Embracing Life in the Hard Cases**" at the St. Louis Archdiocese Respect Life Convention, October 27, 2013.

Brian J. Kopp, DPM, will address the Saint Gianna Sodality for the Sanctity of Human Life, Our Lady of Grace Parish, Greensburg, PA, February 25, 2014, 7:00 PM. Topic: "**Contraception: The forgotten keystone of the culture of death**"

BIASED "FACT SHEETS" MAY LEAD PATIENTS TO REFUSE LIFE-PRESERVING ORDINARY CARE

Recently, several educational documents regarding medical care decisions were brought to the attention of the Pro-life Healthcare Alliance. These "fact sheets," created by Respecting Choices^[1]/Gundersen Lutheran Medical Foundation, Inc., are being given to hospice patients and their loved ones at Hospice of Cincinnati. [Tube Feeding: What you should know](#) and [BiPAP and Ventilators: What you should know](#) utilize terminology that goes beyond education necessary for informed consent. These documents appear to have been designed to bias patients and their families against treatment alternatives that have traditionally been seen as ordinary care.

Educational materials biased against treatments are increasingly common in the hospice and palliative care field. The use of such tactics calls into question the integrity of the process under which POLST orders are being obtained in this and other settings.

Members of the Pro-Life Healthcare Alliance have written to Bernard Hammes, Ph.D., the director of Respecting Choices, to express their deep concern about these documents, with over 40 signatories from other concerned pro-life leaders and medical professionals.

Pertinent excerpts from "Tube Feeding: What You Should Know"

Does a tube feeding work?

Tube feeding may or may not work for you.

Tube feeding works best if:

- * You are healthy.
- * You need tube feeding for a short time to recover from surgery or a sudden illness.

Tube feeding does not work as well if:

- * Your body is becoming weak from chronic health problems.
- * You have an illness that can no longer be treated.
- * You are older and weak.

You may have fears about not getting food or water. You may think you will starve or be uncomfortable. This is not true. When food and water are not given, you will die naturally from your chronic illness. You will not feel hungry, and you will receive good care to make you comfortable.

Tube feeding can have these side effects:

- * Food can spill over into your lungs and cause infection.
- * If your body is not working well, it can't use food and water, and fluids can build up.

- * Fluids that can build up in your lungs, stomach, hands, and other places can be uncomfortable.
- * Your hands may need to be tied down so you don't pull the feeding tube out.

Pertinent excerpts from "BiPAP and Ventilators: What you should know"

A ventilator or BiPAP will work best if:

- * Your lung problem can be fixed.
- * You are using either device for a short time to get better after surgery or a sudden illness.

A Ventilator or BiPAP will not work as well if:

- * Your body is shutting down from long-lasting health problems.
- * You have an illness that can no longer be treated.
- * You are not able to stand the air pressure required to move oxygen in and out of your lungs.

Letter to Dr. Hammes:

December 15, 2013

Bernard Hammes, Ph.D.
Director of Medical Humanities and Respecting Choices
Gundersen Health System
1900 South Avenue
La Crosse, WI 54601

Dear Dr. Hammes,

We, the undersigned, members of the Pro-life Healthcare Alliance (PHA) and other concerned individuals who provide or advocate for ethical healthcare, are writing to express our deep concern over the Gundersen Health Care System Respecting Choices advance care planning documents entitled "Tube Feeding: What You Should Know" and "BiPAP and Ventilators: What you should know."

These fact sheets are biased and discourage individuals from employing two specific means to preserve their lives - tube feeding and ventilators. Your statement, "Think about what being alive means to you," introduces a false "quality of life" argument which is an affront to human adaptability, ingenuity and passion for life. Finally, these documents assault the gift of life.

Chronically disabled individuals lead lives of inestimable worth. Some have made important contributions to society while burdened by chronic disease requiring nutritional or ventilatory support (e.g., Stephen Hawking). Your fact sheets are misleading because of underlying pernicious assumptions: self-worth is a measure of one's "usefulness" and "usefulness" is essential for a good life. Life is both a gift and a great good even for those who suffer greatly or who bear incredible burdens.

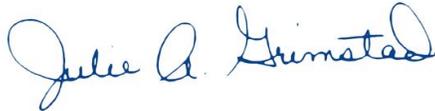
Human dignity is immanent and never fades even among those patients whose circumstances are indeed undignified. In the course of our lives most of us will become disabled for shorter or longer periods (except for those, approximately, 20% of us who will die suddenly). At some point we all will become dependent upon others, needing the assistance of families and communities. Rather than discouraging those who are sick and in need of constant help and support; rather than intimating their lives are worthless, or worth less than others; rather than insinuating they have a duty to die; and, finally, rather than discharging our duty with these most uncharitable fact sheets, we ought to rally support for and remain in solidarity with them, keeping in mind that their plight is, ultimately, our plight.

The PHA's mission is to ensure that society does not unfairly burden any particular group. A just

society would care always and especially for those having the greatest need. Your fact sheets uniformly discourage those "older and weak," afflicted by disease or by incurable illness from using technology that may serve them and preserve their lives. As such, your approach is both ageistic and prejudicial against the disabled. Furthermore, it is unjust, unfair and unethical. As always, judgments of benefits and burdens should be left to individual patients and their surrogates assisted with medical guidance from physicians and spiritual guidance from their faith tradition.

In summary, the Pro-life Healthcare Alliance and all the undersigned believe that human dignity inheres in each individual person. As such, each is worthy of respect. This is not contingent upon the presence or absence of specific human qualities. There is no defect in the physical or mental domain that would diminish or end our respect for and defense of all human life. We ask you to reconsider your position and to remove these documents from circulation.

Sincerely,



Julie Grimstad, Chair
Pro-life Healthcare Alliance

Note to PHA Monthly readers: If you would like a list of the signatories, please contact Julie at crti@sbcglobal.net or Ann at feedback@humanlife.org.

[1] Respecting Choices has provided training, consultation, and materials regarding advance (medical) care planning to organizations and communities around the world. Respecting Choices is a primary promoter of the POLST Paradigm Program, educating and certifying POLST "facilitators." [For information on POLST, see PHA MONTHLY July 19, 2013 and August 27, 2013 at www.prolifehealthcare.org.]

Case in Point

By an Anonymous physician

I first met Fr. Gerard in 1998 while doing a house call for his mother. A brief initial conversation revealed that he was retired and living in a small apartment only a block from my office, and that we shared many Catholic and pro-life interests. Fr. Gerard soon became a close friend, and we met frequently for meals. I assisted him with various tasks around his apartment, and he called me often simply to talk. He got to know my wife and children well and relied on us for help, as his only sibling lived out of state. Fr. Gerard eventually developed Parkinson's disease. We offered to take him into our home, but knowing the chaos of our homeschooling household he politely declined, and entered a local nursing home. We continued to visit him often and took him out to dine at his favorite restaurants.

In late 2007 and early 2008, Fr. Gerard's health declined rapidly. He left a voice message on my cell phone late on a Wednesday in April 2008, asking me to stop and visit. By the time I was able to visit him two days later, he had been admitted to a local hospital for aspiration pneumonia, and had been diagnosed as "terminal" by the treating physician. He was transferred to the palliative care unit from the ER and the treating physician insisted that according to his Living Will, Fr. Gerard wanted no "extraordinary care" to prolong his life.

I was shocked that he was receiving no water, food or IV, only Morphine by slow IV drip. His

Parkinson's was certainly advancing and the aspiration pneumonia was a serious crisis (aspiration pneumonia has a 20 to 60% mortality rate), but food and water did not constitute extraordinary care. We were permitted to wet a sponge to moisten his lips, and he would try to suck all the moisture from the sponge, but we were forbidden to give him a drink of water, because of the "risk of further aspiration pneumonia."

Fr. Gerard had shared with me his opposition to passive euthanasia in the past, and he was trying to talk to me, but he had become so dehydrated that he could not form words. When the attending physician made rounds, I told him my concern that Fr. Gerard was receiving no food or water. The physician asserted that "their hospice rules forbid IVs" as it only "prolonged the process." He then stated, "The public has a misconception that death by dehydration is torturous, but that's not true. It's the most humane way to do this, with the least discomfort. We will control any discomfort with the Morphine. That's what we're going to do."

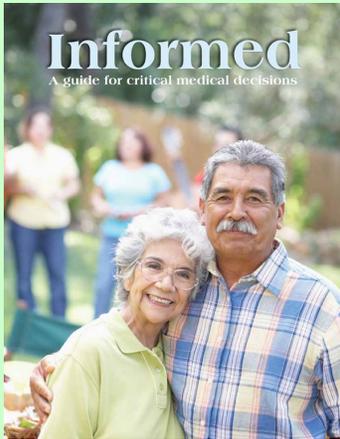
With that the attending physician, a Catholic father of six, looked me in the eye defiantly, turned on his heels and left. I was speechless. The next day I pleaded with his sibling that Fr. Gerard would never have consented to passive euthanasia by dehydration, explaining that if he died now it would be due to dehydration, not the aspiration pneumonia or the Parkinson's, but to no avail.

I have always been pro-life. I had even attended pro-life conferences about euthanasia and had sat on the medical ethics committees of two hospitals, both in the mid 1990's. I had staff privileges at the hospital in question. But in April 2008, in Fr. Gerard's specific case, I simply did not know what to do. I called four good pro-life priests locally, begging for advice. They all agreed that something must be done but none could offer any specific advice, and because his sibling held power of attorney none could personally intervene to help their fellow priest.

Another priest I consulted recommended I request a medical ethics committee consultation. Late on a Thursday evening, eight days after Fr. Gerard had left the voice message on my cell phone, I spoke with a physician assistant who was on call for the ethics committee. I told her that he was a good priest and a faithful son of the Church who would never agree to being passively euthanized, and I discussed with her the relevant documents from the Vatican, the USCCB and the state bishops' conference. She asked me to enter these documents in Fr. Gerard's chart, and the medical ethics committee would be happy to review the case Friday morning on rounds.

Relieved that there was something I could finally do for this good priest, I went to the hospital Friday morning at 7:00am, asked the unit clerk to formally enter the documents into his chart for the ethics committee consultation, and headed down the hall to visit him.

His room was already empty. Fr. Gerard had died of dehydration several hours earlier.



Informed: A guide for critical medical decisions

The Pro-life Healthcare Alliance, a program of Human Life Alliance (HLA), announces HLA's publication of a new magazine, *Informed: A guide for critical medical decisions*. Designed as an introductory tool to help patients, families and surrogates more fully participate in interactions with doctors and other healthcare professionals, the contributing writers and editors of "*Informed*" tackle the most pressing issues people face when making healthcare decisions for themselves or their loved ones:

- An Advance Directive That May Save Your Life
- Understanding POLST
- "Medical Futility"
- Know Your Facts About Ventilators And CPR
- Signs And Symptoms Of Approaching Death
- Prenatal Partners For Life: Replacing Fear with Love
- Death By Dehydration Is Death Without Dignity
- Interviewing A Hospice Agency: What Questions Should I Ask?
- Stealth Euthanasia Warning: WATCH OUT FOR MISUSE OF OPIOIDS AND SEDATIVES
- Pain Management: A Primary Purpose Of Medicine
- Pain Control Q & A

In the introduction, Julie Grimstad, Chair of the Pro-life Healthcare Alliance, sums up the challenges we face and the role of this new publication:

Medical situations are often complex and require both medical information from healthcare professionals and a moral framework for good decisions.

...Historically, governments, health care providers, and societies in general shared the presumption in favor of life. Regrettably, we can no longer consistently rely on this to be the case. Therefore, we strive to renew reverence for life--that is, to create an environment in which every person's life is respected and protected by healthcare providers, by law, and by society.

We all have a responsibility to do good for ourselves and others.

We must prepare people to fully participate in decisions about their own healthcare. You can perform an essential role in this regard. First educate yourself. Then reach out to educate others.

Written in a concise and clear style that is both easy to digest as well as engaging, *Informed* fills a void in pro-life literature at a time when political and economic forces are combining to threaten the practice of medicine as well as the well being, and the very life, of the patient. It will serve as a valuable educational resource for patients, their families and friends and all those who care for them and about them.

For more information or to obtain copies of this new publication, contact Human Life Alliance at 651-484-1040 or humanlife.org

Announcements

March 29, 2014, Des Moines, IA-- Imposed Death: A Conference on Stealth Euthanasia, [New Hope Assembly of God](#)

Student Center
6800 Townsend Ave, Urbandale, IA, 50322
(515) 254-9094

Schedule

8-4:30

Speakers and Topics

[Alex Schadenberg](#), (1) US and Worldwide Overview of Euthanasia Studies (2) Assisted Suicide

[Cristen Krebs](#), (1) Stealth Euthanasia (2) Hospice

[Julie Grimstad](#), (1) Advance Medical Directives and POLST (2) Organ Donation and Patient Advocacy

[Mary Kellett](#), Infant and Prenatal Euthanasia

Registration: \$30/individual or \$50/couple

Registrations by phone: toll free 1.877.595.9406

email: iowa@iowaRTL.org or through Iowa Right to Life website: www.iowaRTL.org

We can take registrations by credit card payment over the phone or on our "donate" page on the website.

By mail: Iowa Right to Life, 1500 Illinois Street, Des Moines, IA 50314

May 3, 2014, First National Symposium on Euthanasia and Assisted Suicide Prevention, Minneapolis, MN. Details forthcoming at imposeddeath.org

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.

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.

[Join the Pro-Life Healthcare Alliance](#)

STAY CONNECTED



Pro-life Healthcare Alliance

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