



Pro-life Healthcare Alliance

Feb. 26, 2016

PHA Monthly

*Newsletter for the Pro-Life Healthcare Alliance
Twenty-Eighth Edition*

Welcome to the twenty-eighth 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

This edition of *PHA Monthly* is all about love. Often, we view our work in defense of life from a negative perspective. We focus so much on fighting the evils of the culture of death which has invaded health care that we may forget our most important task-to love one another. Without love, people who are suffering may succumb to the false idea that their lives are not worth living. With love, even the most intense suffering can be endured and every last drop of life treasured.

Dr. Wes Ely's "Last Stand" is a testament to the power of love, as is the Unexpected Recovery we chose to feature this month. Treat yourself to your beverage of choice, sit back and enjoy reading about true love!

PHA REFERRAL NETWORK CASE

On February 3rd, Julie Grimstad received a call from John Seago, Legislative Director for Texas Right to Life and a patient advocate. Parents of a baby with trisomy 18* had called him seeking help to find a cardiologist they could consult concerning their son's heart defect. Julie put John in touch with Mary Kellett, founder of Prenatal Partners for Life. Mary got the family's contact information from John and talked to them that night. She reported, "I gave them a lot of information and then contacted a family in their area who has a boy with t-18 who called them. They will provide great support and know many of the doctors in the area. Julie said, "I am sending the family our gift of love and will follow up with them next week. ...they are Christians and would like prayers for their baby." Julie followed up by emailing our PHA Prayer Warriors and asking them to pray for this child and family.

This is the way the PHA Referral Network is supposed to work! Julie said, "I am so grateful for John and Texas Right to Life, for Mary and the Prenatal Partners for Life network, and that the Prolife Healthcare Alliance Referral Network was able to be of assistance to this family."

The PHA invites anyone who is interested to sign up to be a PHA Prayer Warrior. All we need is your name and email address and you will be contacted whenever we receive a prayer request.

*Trisomy 18 is caused by an extra chromosome, like Down syndrome. Unlike Down syndrome, the developmental issues caused by Trisomy 18 are associated with more medical complications that are more potentially life-threatening in the early months and years of life. Nevertheless, with appropriate medical care and a loving family, many children with Trisomy 18 live far longer-even years longer-than some doctors predict.



From the Chairman's Desk

By Jim Hentges

I would like to extend a warm greeting to all of our *PHA Monthly* readers. It is wonderful to see the growing interest in the work of the Pro-life Healthcare Alliance.

Because this is my first column for the newsletter, I should begin by introducing myself. Although I have only recently succeeded Dr. Kopp as Chair of the PHA, my association with the work of the PHA goes back to its origin. For the past decade I have served as Director of Administration and Accounting for Pro-Life Action Ministries. The sphere of my work includes much collaboration with the team at Human Life Alliance, PHA's parent organization. When HLA sensed a need to dive deeper into end-of-life issues and formed the PHA, I was a strong supporter behind the scenes. Over time, my involvement evolved from advisor to working committee member, and now Chair.

Activism has always been the driving force of my life. I have worked to advance the life agenda in political and church arenas and, for many years, by directly working in and with many pro-life organizations. I am thrilled to have the opportunity to assist in advancing the critical work of the PHA. Creation of the PHA shows incredible insight on the part of the Board and leadership team at HLA. Regardless of the way legislation concerning health care issues develops in the various states, in the increasingly pagan culture of the United States, Canada and much of Europe, the Pro-Life Healthcare Alliance will be a vital necessity.

The Alliance will form the vanguard ensuring the continued existence of the traditional approach to healthcare, which always seeks to heal the sick and to protect every patient's life, never to terminate a human life. Working together to build the network of healthcare professionals which forms the backbone of the Alliance, we can make this vision a reality. The growth which the PHA has experienced in only 4 years is a stunning testimony to the importance of this work. Events in the nation are moving swiftly, so time is of the essence. Applying our energies to this cause will have untold benefits for humanity.

I look forward to working with all of you in the days ahead, as together we power the PHA to reach its full potential.

Available now!

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

[\(\[http://www.prolifehealthcare.org/PhysicianAssistedSuicide_OpposingArguments.pdf\]\(http://www.prolifehealthcare.org/PhysicianAssistedSuicide_OpposingArguments.pdf\)\)](http://www.prolifehealthcare.org/PhysicianAssistedSuicide_OpposingArguments.pdf)

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

Quality of Life

By Mark Davis Pickup

"Let me tell you something about quality of life. It is a moving target. It changes with time, circumstances and perspective. When I was twenty-five, if some clairvoyant told me that within a few years I would go from being healthy, able-bodied and athletic to being chronically ill with an incurable degenerative disease, that I would lose my upwardly mobile career and be forced to live on a modest disability pension, all before the age of forty - I would have said there's no quality of life in that. I don't want a life like that. Yet today, in my sixties, my life has quality. Why the difference? My standard for quality of life changed. Today what gives my life quality is to love and be loved.



At this point someone may be thinking, "That's fine for you but what about people who are not loved, and have no connection to a community of concern?" Precisely! What about them! Is our response to help them kill themselves or do we offer them love and help them search for community and meaning?"

--Mark Davis Pickup, *Keynote Address to the Adult & Family Rally at St. Matthew's Cathedral, Washington, DC, delivered prior to the 2016 March for Life on January 22nd.* Transcript of his full speech: <http://www.humanlifematters.org/2016/01/what-i-said-in-washington.html>

Last Stand



By E. Wesley Ely, MD

The first time I saw Jessa, she lay crumpled in the ICU bed, paralyzed, expressionless and unable to speak. A military veteran, she had fought in Desert Storm, but she now was facing a deadlier and more inexorable foe: amyotrophic lateral sclerosis (ALS), aka Lou Gehrig's disease.

This disease causes progressive loss of muscle control, and Jessa was unable to speak, eat or breathe on her own. Her only means of communicating was through small facial movements--opening and closing her eyes or mouth, raising her eyebrows.

A dozen people made up her ICU team: three interns, three residents, a pharmacist, a nurse, a respiratory therapist, a social worker, a hospital chaplain and myself--the lead physician, or intensivist.

My intensivist mind, trained to seek solutions, skitters down a patient's problem list in search of answers. And Jessa's list was extensive: she needed a feeding tube, IV fluids, diapers and a special bed to prevent bed sores, antibiotics for a newly contracted pneumonia, intermittent sedation to ease anxiety and narcotics for chronic back pain.

But now, listening to the respirator pumping air into Jessa's lungs and feeling her intense cobalt gaze on me, I saw one thing clearly: any concerns about antibiotics or nutrition took second place to a larger question.

"What do we know of Jessa's wishes about staying on a ventilator, now and in the coming weeks and months?" I asked the team when we stepped outside the room to confer.

"Her chart says that she wanted to be placed on a ventilator when she couldn't breathe on her own," said one resident.

"Look how long Stephen Hawking has lived that way," the nurse chimed in.

"I don't think we should look at someone else's life," another resident burst out, clearly frustrated. "She's suffering. I'd never want to live like this. She probably didn't know it would be this way when she requested life support."

I listened, having no strong opinion of my own as yet.

At that moment, Jessa's husband Zach walked into the ICU. We shared our concerns about Jessa's situation and asked him about her wishes.

Calmly, he replied, "Doctors, while it wouldn't necessarily be my choice, Jessa does want life support so that she can have as much time as possible with me and the people around her. She was raised to

believe that all life, however frail, is sacred. It might seem paradoxical, but that was a key reason she joined the military--to defend life and freedom."

Later that morning, he shared his own wish: "Just make sure Jessa knows that she's not a burden, and that serving her is our privilege."

This conversation led to others over the next two weeks, and they sparked what I now see as a transformative period in my growth as a physician and in my understanding of patients like Jessa.

The next day, Zach told us more. "Jessa was born in Germany; she's bilingual. We've been married for twenty-seven years. We have no living children--we had several miscarriages. I'm all the family she has."

It had been Jessa's dream to serve as an American soldier. After they married, she enlisted and was deployed to Iraq as a diesel mechanic--one woman among over 1,000 men. "She got caught under a tank once and smashed her head getting out," Zach recounted. "They flew her to an army hospital in Germany, and she recovered and went back. She's tough as nails."

More than twenty years later, he said, she was diagnosed with ALS. "I've learned a ton from her about serving without concern for self," he added. "And now I'm learning even more. The amazing way she adjusts to whatever life throws at her....She's constantly recalibrating my vision of how to make the most of every moment. Like today, she's on that breathing machine, and she just smiled at me with her eyes."

In those few minutes, Zach revealed our silent, nearly motionless patient as a heroic person--someone I admired not only for her technological skills but for her pioneering attitude and resolve. I got an inkling of why she was fiercely holding onto the time she had left.

Still, some team members continued to see her quality of life (or QOL) as unacceptable. More than once, they called it "hellish."

When I told Zach this, he said, "Jessa once said she believes hell to be the absence of hope, just as cold is the absence of heat and darkness the absence of light. Now that you're getting to know her, can you see that she doesn't consider her illness hellish?" He whispered, "She's surrounded by love."

These discussions, as difficult as they were, marked a major shift in my understanding. I began to see how often I impose my own QOL standards onto patients--a fundamental clinical error.

Researching the empirical data, I learned that ALS and other "locked-in" patients often rate their QOL as acceptable despite their physical debility. Their focus shifts to less tangible qualities--transcendence, spirituality and security. Pondering this, I realized more and more clearly how, in this particular situation, it was Jessa's values and perceptions that mattered, not mine.

Our role, I saw, was to dive into the chaos of Jessa's life and offer her care and comfort despite our inability to cure her.

Over the next week, we worked with our palliative-care team to ease Jessa's pain, anxiety and

delirium (which receded along with her pneumonia).

Every day, I made a point of remembering bioethicist Edmund Pellegrino's words: "Healing can occur when the patient is dying even when cure is impossible." With this in mind, I asked Zach if Jessa would enjoy being read to, as our team had done with other patients.

"Doc, she loves poems and the Psalms," he said immediately. We began to take turns reading to her every day.

On Jessa's last day with us before she was to leave for a long-term care facility, I chose Edna St. Vincent Millay's Sonnet XXX.

"Love cannot fill the thickened lung with breath, nor clean the blood, nor set the fractured bone; yet many a man is making friends with death, even as I speak, for lack of love alone...."

As I read, Jessa's mouth opened wide, in a smile brighter than any we'd yet seen from her.

The medical student across the bed from me began to cry. "From joy and amazement," the student later said.

Seeing Jessa's smile and the student's tears, I felt my mind stop in its tracks. Time stood still.

Jessa had lifted us above the physical realities of our existence and into something mystical. I can't explain it, and I almost don't want to try. Let's just say that she gave us a private treasure, one that I will always savor as a gift I never expected or deserved.

I squeezed Jessa's hands, holding her eyes with mine. Finally she looked away and up to the ceiling, and I stood in thought beside her.

Although my team and I loomed over Jessa as she lay in her bed, I knew that in spirit she soared high above us.

About the author:

E. Wesley Ely is a professor of medicine at Vanderbilt University School of Medicine and associate director of aging research for the Tennessee Valley VA Geriatric Research Education and Clinical Centers. He has authored more than 275 peer-reviewed articles. He and his wife, Kim Ely, a surgical pathologist at Vanderbilt, have three lovely daughters. His reflective writing has appeared in the *Wall Street Journal*, *JAMA*, *Annals of Internal Medicine* and elsewhere. "I got into writing as an outgrowth of being raised by a single mom, Diana Ely, who was an English teacher and director of Shakespeare. Without this form of reflective writing, I'd never be able to process the immense gift of being immersed in the lives of countless wonderful patients, each of whom has a unique story and path."

Reprinted with permission of the author. "Last Stand" was originally published in Pulse: voices from the heart of medicine, 24 July 2015, <http://pulsevoices.org/index.php/archive/stories/508-last-stand>

Comment: I have been privileged to know this great writer and doctor, Wes Ely. As a nurse, I wish

that every doctor could be a doctor like Dr. Ely with great clinical skills, but more importantly, great humanity and understanding. - Nancy Valko, RN

Unexpected Recovery

In order to introduce you to people who have recovered after supposedly "hopeless" diagnoses, we periodically feature the stories of surprising survivals/recoveries. Hopefully, these true stories will give you reason to pause before accepting a medical prediction that a loved one will never recover consciousness or have a "meaningful life."

On July 11, 2011, 22-year-old **Matthew Davis** struck a parked car while merging on a highway. He suffered multiple broken bones, a lacerated liver, and a brain injury. Matthew was in a coma and doctors believed he had only a 10% chance to regain consciousness and an even smaller chance to fully recover. Despite pressure from medical professionals to call it quits, Matthew's wife Danielle refused to give up hope. Many surgeries and treatments later, Matthew opened his eyes and eventually began tracking people in his room. Danielle brought her husband home, where she continued to care for him. His condition began to improve dramatically. Matthew regained movement in his arms and legs and, after three months, awoke from the coma, but couldn't remember the previous three years of his life, including their wedding. Matthew told his wife, "You fought for me so hard and, if you really think about it, that's the reason that I'm here today." Their faith was also important. "He put her in my life, so God knows what he's doing," Matthew added. They plan to have another wedding to replace the one Matthew forgot. ["Wife Ignores Pressure to Take Comatose Husband Off Life Support, He Recovers Weeks Later," Steve Ertelt, *LifeNews.com*, 4/07/2015]

Recommended Reading

"**Against Colorado's Proposed Assisted Suicide Bill**" by Dana Palmer, a long-term survivor with Glioblastoma-terminal brain cancer (same cancer as Brittany Maynard had): <http://m.gazette.com/guest-column-against-colorados-proposed-assisted-suicide-bill/article/1569190>

A "friend of the court" legal brief to the U.S. Supreme Court on behalf of the Little Sisters of the Poor, in defense of their conscience rights:
www.scotusblog.com/wp-content/uploads/2016/01/Families-of-Residents-Brief.pdf

"**Living with 'Living Wills'**" by Nancy Valko, RN: <http://nancyvalko.com/2015/11/22/living-with-living-wills/>

"**The death of Terri Schiavo**":<http://abyssum.org/2015/12/08/the-horror-the-horror-the-death-of-terri-schiavo/>

Resources

Euthanasia: An Introduction, a unit study for high school students which is part of American Life League's CULTURE OF LIFE STUDIES PROGRAM. For more information: www.cultureoflifestudies.com

Embrace the Journey: Finishing Life God's Way, an eight-week series addressing aging and dying which is user-friendly and easy for your church to implement, developed and published by Anglicans for Life, www.AnglicansforLife.org. To order: email Info@AnglicansforLife.org or call 412-749-0455.

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 unborn, 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) <http://www.prolifehealthcare.org/pha-membership-request-fillable-form.pdf>

[Pro-life Healthcare Alliance](http://www.prolifehealthcare.org/) <http://www.prolifehealthcare.org/>

[Hospice Patient's Alliance](http://www.hospicepatients.org/) <http://www.hospicepatients.org/>

[Euthanasia Prevention Coalition](http://alexschadenberg.blogspot.com/) <http://alexschadenberg.blogspot.com/>

[Patient's Rights Council](http://www.patientsrightscouncil.org/site/) <http://www.patientsrightscouncil.org/site/>

[Prenatal Partners for Life](http://www.prenatalpartnersforlife.org/) <http://www.prenatalpartnersforlife.org/>

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

[American Life League](http://www.all.org/) <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



a program of [Human Life Alliance](http://www.humanlife.org) (www.humanlife.org)
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