



Aug. 22, 2014

PHA Monthly

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

Welcome to the thirteenth 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."

WHAT ARE WE DOING?

Recent Activities

August 8: Julie Grimstad spoke in Keller, TX at a Fridays for Life event sponsored by St. Elizabeth Ann Seton Respect Life Committee. Julie's topic was Catholic Medical Decision-Making.

August 17: Mark Davis Pickup spoke at Calvary Community Church in Edmonton, Ontario at the Sunday 9:30 and 11:00 services. Mark's topics were Euthanasia, Assisted Suicide and A Christian Perspective on Suffering.

Upcoming Events

Please attend and share this information!



For questions and registration please call Human Life Alliance at 651 484 1040

August 23: Dr. Brian Kopp, Bobby Schindler, Mary Kellett and Julie Grimstad will be interviewed by Barbara McGuigan on her program "The Good Fight" on EWTN Radio. The program will air from 2:00-4:00 pm EST.

October 4: The Euthanasia Prevention Coalition (EPC) Euthanasia Symposium 2014 will be held from 9:00am - 5:00pm at the Best Western Plus Gatineau-Ottawa Hotel. Register by contacting EPC at: 1-877-439-3348 or by emailing EPC at: info@epcc.ca.

October 4: Texas Leadership Coalition and Texas Right to Life are co-sponsoring the Advancing the Culture of Life in Texas! San Antonio Conference. This one-day conference will be held at the Knights of Columbus Council Banquet Hall, 6909 Camp Bullis Road, San Antonio, TX 78256. Julie Grimstad will be one of several dynamic speakers addressing a wide range of life issues. Watch for more details in September. Contact: philsevilla@att.net.

October 26: Nancy Valko, RN, will be speaking at the St. Charles Convention Center for the annual St. Louis Archdiocese's Respect Life Committee Conference. Nancy's talk will be based on her article "Then and Now: The Descent of Ethics" (online at: <http://www.wf-f.org/12-2-Valko.html>)

News

August 1: Dr. Brian J. Kopp took over as Chair of the Pro-life Healthcare Alliance on August 1, 2014, when Julie Grimstad stepped down after having served as Chair through PHA's first two years. Thank you, Brian, for your willingness to lead us through the next phase of PHA's growth.

September: Dr. Ralph A. Capone's article "Patient Virtue and Healthcare Decision-Making" will be published in Ethics & Medics, September 2014, Volume 39, Number 9.

October 15: The Supreme Court of Canada will hear a case that would strike down Canada's assisted suicide law and legalize euthanasia. The Supreme Court granted the Euthanasia Prevention Coalition (EPC) intervenor status in this case and the EPC is currently preparing its legal submission. For more information: <http://www.alexschadenberg.blogspot.ca/2014/01/euthanasia-prevention-coalition.html>

An alternative to anti-life coverage found in health insurance

by William Beckman
PHA Advisory Committee Member

Over the last 10 years many states have passed laws requiring that health insurance fully cover contraceptives, including abortifacients like Plan B and Ella. With the passage of the Federal "Affordable Care" Act in 2010, more requirements were issued for full coverage of sterilization, abortion-inducing drugs, and contraceptives under the HHS Mandate. Health insurance policies available through the insurance exchanges in most cases are making it almost impossible to learn which policies do not cover abortion.

In this anti-life health insurance environment, are there any alternatives that provide a means to prevent your health insurance premiums from funding attacks on pre-born life?

One avenue to consider is making a switch to a healthcare sharing ministry as an alternative to health insurance. While this approach may not be a good solution for everyone, it is certainly an option to evaluate. Healthcare sharing ministries offer the benefit of not funding anti-life drugs and procedures, but also offer lower monthly expenditures for many families. Savings are achieved because these ministries only accept Christians who practice moral principles that lead to more healthy lives.

The two most prominent healthcare sharing ministries are Medi-Share (from Christian Care Ministry) and Samaritan Ministries. Details about Medi-Share can be found at <http://mychristiancare.org/medi-share/>. Learn more about Samaritan Ministries at <http://samaritanministries.org/>.

Fortunately, even the Affordable Care Act made an accommodation for healthcare sharing ministries. The Affordable Care Act contains a special provision for members of healthcare sharing ministries, making members exempt from the mandate requiring citizens to purchase insurance starting in 2014 or face financial penalties.

Unlike health insurance where you pay a premium to a company, healthcare sharing ministries each establish a community of Christians who share each other's medical bills. Members' share dollars are never used for unbiblical procedures or treatments like abortion or the morning after pill. Members know their share dollars are going directly to help fellow members pay eligible medical bills. Members also pray for and send notes of encouragement to each other, supported by an organization that provides health education and promotes biblical living.

Healthcare sharing ministries have a 20 year track record of success. My family has relied on Medi-Share for a number of years. Now that we qualify for Medicare, we are using Senior Assist from Medi-Share in place of other supplemental insurance options from traditional insurance companies. I know people who have relied on Samaritan Ministries and have been satisfied with them as well. A comparison of Medi-Share and Samaritan Ministries can be found at:

http://www.healthcaresharing.org/wp-content/uploads/2012/06/Health_Care_Sharing_Ministry_Comparison.pdf

About the author: William Beckman is retired executive director at Illinois Right to Life Committee (IRLC) in Chicago. In that role he has covered and researched topics on a wide variety of life issues including abortion, contraception, stem cell research, in vitro fertilization, assisted suicide, euthanasia, hospice, brain death, and other end-of-life issues.

Suffering

By Julie Grimstad

The problem of suffering has confronted mankind ever since Adam and Eve lost paradise. Suffering - physical, mental, emotional, and spiritual - is an inescapable element of human life. Fortunately, modern medicine is able to relieve physical pain, or at least reduce it to a tolerable level in nearly all cases. People hurt physically less in this generation than ever before.

Ironically, just as we are making real progress in pain management, as well as in addressing the needs of the total person, "death control" is being proposed and, in fact, practiced as a solution to the problem of suffering. Numerous organizations exist with the primary goal of making it legal for someone who is suffering to request and receive assisted suicide or euthanasia. Proponents of euthanasia and assisted suicide claim that death is fundamentally a matter of choice. Those who oppose "choice in dying" have been accused of wanting to force people to suffer unbearably. Is this true? NO!

The mental anguish, loss of control, social isolation, economic hardship and other sufferings that often accompany serious illness and debility are more likely to undermine a patient's will to live than is physical pain. Our culture glorifies health and self-sufficiency. It treats suffering as a thing without value, which must be eliminated at all costs. This climate makes it difficult for people with incurable conditions not to despair. Beneath all the talk about "choice" is the (usually unspoken) view that those who are very ill, old, or disabled should be put out of their (and our) misery. This attitude may be a loaded gun pressed into the hand of a person, who, at a time of great vulnerability, feels that he is a burden to others.

It is not easy to resist the popular mindset that some people are "better off dead." Often, however, selfishness is what makes this idea appealing. True compassion means sharing another's pain; it does not kill the person whose suffering we cannot bear or whose needs we don't want to concern ourselves about. Genuine concern requires that we saturate the suffering person with love and care, thereby assuring them that their lives are valued and they are worthy of protection. Those of us who are sick or old must in turn be willing to humbly accept the care we need - medical care, of course, but also the personal care that our families, friends and communities offer us. Our human task, whether healthy or sick, is to cherish each other.

Both giving and receiving care demonstrate genuine respect for human dignity.

Case in Point: POLST Revisited

This report is from an attorney in Wisconsin, who has "heard many stories like this":

True story as relayed to me by a nurse who witnessed it. A woman came to the Emergency Department at a local hospital. The woman was in such respiratory distress that she could not talk. While waiting for a doctor, she was approached by the unit clerk who wanted to complete a POLST with her. The nurse who had brought the woman to the hospital intervened and stopped the POLST process. The ward clerk said it was their policy to do a POLST on any one with respiratory problems. The woman's problem was an allergic reaction to a new medication. An Epi-Pen injection completely restored her to her current state of health. The woman is in her forties.

We have warned against POLST in several past editions of the PHA Monthly, but it is worth revisiting because it is quickly becoming a standard document in the healthcare industry, and you need to know about it.

POLST means Physician Orders for Life-Sustaining Treatment. Its name and acronym (e.g., POST, MOLST, COLST, etc.) vary from state to state.

POLST is hazardous to your life.

A POLST is a brightly colored, one-page, two-sided form which reduces complicated medical decisions to a "check the box" format with choices to refuse or accept medical procedures, e.g., cardiopulmonary resuscitation (CPR), antibiotics, artificially provided nutrition and hydration (tube-feeding, IV), etc. POLST is a cross between a patient's advance directive and medical orders. It is tilted toward refusal of treatment and can encourage premature withdrawal of treatment.

Some of the concerns the PHA has about POLST

1. The National POLST Paradigm website (www.POLST.org) states:

"The POLST form is for seriously ill patients for whom their physicians would not be surprised if they died in the next year, not for all patients." However, as the *Case in Point* demonstrates, POLST's reach has been vastly expanded to include patients who are relatively healthy.

2. Dr. Robert L. Fine, Director, Office of Clinical Ethics and Palliative Care, Baylor Health Care System, recently promoted POLST to GETAC (Governor's EMS and Trauma Advisory Council) Medical Directors in Texas. The title of Dr. Fine's presentation was "A POLST form for Texas: What is it and why is it important?" He listed three reasons why POLST should be supported, two of which greatly concern the PHA.

"High amounts of unacceptable suffering with 50% of patients having severe pain at the end of life." PHA comment: If true, this fact indicates an urgent need to improve pain management, not a need for yet another type of advance directive that gives patients the "choice" to die rather than suffer.

"High costs in the last year of life with 28% of Medicare dollars spent in the last year and 14% spent in the last 2 months of life." PHA comment: When are older people most likely to utilize medical treatment and care? When they are healthy? And no one can accurately predict that it is a person's last year or even last two months of life. That can only be known after a person has died. Is euthanasia by omission the right way to cut Medicare spending?

3. POLST is unlike any other advance directive (i.e., a Directive to Physicians or a Durable Power of Attorney for Healthcare). It requires the signature of a designated medical professional (which no other advance directive requires) and, once signed, becomes immediately actionable medical orders. Some states don't require a patient's signature for a POLST to be effective. In many states, a POLST form is valid without witnesses or notarization. How can there be reasonable certainty that a POLST is truly a patient's wishes if there are no patient signature and/or no witnesses?

Completing a POLST form is **always voluntary**. Do not allow anyone to push you into it. When approached with a POLST form, our advice is to firmly state, **"I have a Durable Power of Attorney for Health Care* which will go into effect if ever I need my agent to make decisions for me. Until such time, I want to discuss my condition and treatment options with my attending physician as needed. Please respect my**

wishes."

*The Durable Power of Attorney for Health Care which PHA recommends is the **Protective Medical Decisions Document** (PMDD) available from the Patients Rights Council, P.O Box 760, Steubenville, OH 43952. Phone: 740-282-3810 or 1-800-958-5678.

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](#)

[Pro-life Healthcare Alliance](#)

[Hospice Patient's Alliance](#)

[Euthanasia Prevention Coalition](#)

[Patient's Rights Council](#)

[Read Stealth Euthanasia: Health Care Tyranny in America by Ron Panzer](#)

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](#)
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