



Pro-life Healthcare Alliance

Sept. 25, 2015

PHA Monthly

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

Welcome to the twenty-fourth 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."

ANNOUNCEMENTS

Human Life Alliance's Sixth Annual Gala will be held October 26 at Edinburgh USA in Minneapolis. **Julie Grimstad**, patient advocate and former Pro-life Healthcare Alliance chair, will speak on the growing threat of physician-assisted suicide. For more information: <http://humanlife.org/sixth-annual-gala-2/>

Nancy Valko, RN, ALNC, spoke at the Archdiocese of Chicago Conference "Gearing Up for Parish Respect Life Ministry" on Sept. 13, 2015. She addressed end-of-life issues. Nancy invites you to **check out her new blog**: www.nancyvalko.com

QUOTE FOR THE MONTH

"The further society drifts from the truth, the more it will hate those who speak it." - George Orwell

FROM THE EDITOR'S DESK



IS IT TOO LATE?

Do we simply accept the persecution of medical professionals who refuse to cooperate with the advancing death culture in medicine? Is it too late to mount an effective resistance?

The Pro-life Healthcare Alliance's answer to the first question is an adamant "no!" The PHA was founded to promote pro-life healthcare. We define "pro-life healthcare" as "medical services in which the life and safety of each person takes precedence and all receive medical care based on their need, regardless of their abilities or perceived 'quality of life'."

Alex Schadenberg, executive director of the Euthanasia Prevention Coalition, states that "the only way to protect people is by protecting the conscience rights of physicians." He adds, "When physicians have the right to say--I will not kill you--then they also have the right to say--I will protect you in your time of need." (Read: <http://alexschadenberg.blogspot.ca/2015/08/canadian-medical-association-rejected.html>)

Without pro-life healthcare providers, pro-life healthcare will not be available to any of us.

To the second question, our response is a qualified "no." Qualified because an effective resistance requires that millions of people rise up to defend the conscience rights of pro-life healthcare providers BEFORE IT'S TOO LATE. Though we remain hopeful, we don't know if it is possible to arouse this sleeping giant in time.

What we do know is that, while the vast majority of people simply ignore or remain ignorant of this persecution, it is growing into a monster of a problem for both healthcare professionals and patients who believe in the sanctity and inviolability of human life.

Therefore, we are asking you to not just read this newsletter, but to send it to everyone you know with a recommendation that they subscribe to it. (It's free.) We ask you to pray for the PHA and all organizations and individuals who are continuously working to renew reverence for life within healthcare. Drop us an email reverence4life@prolifehealthcare.org to encourage us by letting us know that you're praying.

The PHA also needs financial support to further our educational efforts. For example, are you able to help cover the cost of printing and distributing *Informed: A guide for critical medical decisions* or help pay the expenses for a speaker at one of our conferences? We need small and large donations. Please make [donations](#) to Human Life Alliance, designating them for the PHA.

Together, we can educate and mobilize the millions of people needed to effectively resist the persecution of pro-life healthcare providers and protect the right to life of those at risk of medically-imposed death.

SUICIDE PREVENTION AWARENESS MONTH

September is Suicide Prevention Awareness Month. The Pro-life Healthcare Alliance encourages people to get involved in suicide prevention and, in particular, to contact suicide prevention organizations and urge them to take a public stand against the legalization of assisted suicide.

Every year since 2003, September 10th has been set aside as World Suicide Prevention Day (WSPD), an initiative of the International Association for Suicide Prevention (IASP) and the World Health Organization, which co-sponsors meetings and events related to WSPD.



Suicide Prevention Awareness Month and World Suicide Prevention Day call individuals and organizations to get involved in preventing suicide. This year, the theme of WSPD was "**Preventing Suicide: Reaching Out and Saving Lives.**"

Out of concern for people who live with suicidal ideation, the IASP brochure states: *It is hard to imagine the extreme psychological pain that leads someone to decide that suicide is the only course of action. Reaching out to someone who is struggling can make a difference. The act of showing care and concern to someone who may be vulnerable to suicide can be a game-changer.*

All aspects of suicide and suicide prevention are addressed by suicide prevention organizations. Yet, on the topic of preventing physician assisted suicide there is only silence. Does this indicate that suicide prevention organizations make exceptions, that is, that they consider some suicides acceptable?

The National Suicide Prevention Lifeline (NSPL) website states: *No matter what problems you are dealing with, we want to help you find a reason to keep living.*

Let's reach out to IASP, NSPL and other suicide prevention organizations, calling on them to save lives by taking a no-exceptions stance. If they will not take a public position against legalizing physician assisted suicide, ask how it will be possible to convince people that suicide is not the answer to their problems when the law says it is?

For contact information:

IASP: <https://www.iasp.info/index.php>

NSPL: www.suicidepreventionlifeline.org

Update on Assisted Suicide

First, the good news

Britain: On Sept. 11, the Assisted Dying Bill of Labour MP Rob Marris was soundly defeated by a vote of 330 to 118. This was the eleventh attempt in twelve years to legalize physician-assisted suicide (PAS) in Britain. It is noteworthy that this vote against assisted suicide came one day after World Suicide Prevention Day. <http://pjsaunders.blogspot.com/2015/09/defeat-of-marris-assisted-dying-bill.html>

Conservative Party MP Nadine Dorries, a former nurse, spoke eloquently against the bill, warning: "There are people all over the country who do not have a family member or relative as their next of kin. They do not have loved ones. For them, the next of kin is the state. It sends a shiver of fear down my spine to think that such a Bill might be legislated for and approved when so many people who are protected by the law may not have such protection in future because their next of kin is the state. When they feel that they are a burden or they feel under pressure, who will coerce them and who will feel the budgetary constraints involved in looking after them?"

New Mexico: Last month, the New Mexico Court of Appeals handed Compassion & Choices (leader of the pack promoting assisted suicide) and allies a stinging defeat when it reversed a lower court ruling that would have allowed doctors to assist patients to commit suicide. The state Supreme Court is scheduled to hear an appeal on Oct. 26.

The lesson to be learned from New Mexico is that we must never accept defeat. No court decision or law permitting physician-assisted suicide is set in stone. Even though we may become battle weary, we cannot rest. The way to defeat Compassion & Choices plans is to be more persistent in defending the inalienable right to life than they are in pursuing death as a choice.

Quebec, Canada: While it is not good news that Quebec adopted legislation in 2014 to permit PAS, it is good news that palliative care physicians and hospice administrators are resisting. With time running out before Dec. 10--the date that patients can begin requesting PAS--nearly all of Quebec's 29 hospices have taken the position that palliative and hospice care does not include "medical aid in dying."

Dr. Susan MacDonald, president of the Canadian Society of Palliative Care Physicians, says the sentiment among end-of-life specialists across the country is no different than those in Quebec. "We have concerns about the safeguards and the qualification of the people who will do this practice and what training they have, because there's no physician in Canada currently trained to go around killing people," she said. <http://www.thestar.com/news/canada/2015/09/06/quebecs-split-over-euthanasia-a-warning-for-canada.html>

The bad news

Canada: On Feb. 6, the Supreme Court of Canada unanimously voted to decriminalize physician-assisted death. Federal legislators must regulate the practice by Feb. 6, 2016. Until then, the ban on PAS stands. If the government does not write a new law, the Court's decision stands.

In January of 2014, Parliament enacted a suicide prevention strategy. Parliament's action and the Supreme Court's decision are incompatible, to say the least.

Holland: In May, a Dutch appeals court cleared Albert Heringa of any criminal responsibility for helping his 99-year-old mother take her life in 2008. Judges said he should not be prosecuted because he had to make a decision between obeying the law and his "unwritten moral duty" to help his mother achieve her wish for "a painless, peaceful and dignified death."

Assisted suicide and euthanasia, when facilitated by a physician, have been legal in Holland for many years, but assisted suicide not under the direction of a physician is still illegal. This case was designed to create a legal precedent for a friend or relative to assist a suicide without risking prosecution - more grease on the slippery slope. <http://www.ctvnews.ca/health/dutch-court-clears-son-who-helped-his-99-year-old-mother-die-1.2371769>

"[In the Netherlands], 1 in 30 deaths are now assisted. **A private charity operates mobile euthanasia units**, which travel from one care home to another - door-to-door - to help anyone to die who has been denied the opportunity by a doctor. They only visit each home once a week to relieve the potential psychological burden - but it must still be quite a shock when a group of smiling nurses turn up at your door and politely ask if you'd like to die today." - Dr. Tim Stanley <http://blogs.telegraph.co.uk/news/timstanley/100239650/door-to-door-death-units-belgium-and-holland-abandon-humanity-as-they-embrace-euthanasia/>

California: On Sept. 9, a bill to legalize PAS narrowly passed in the California Assembly which had rejected assisted suicide legislation earlier this summer. Two days later, the Senate approved the bill. If it is not vetoed by Governor Jerry Brown within 31 days of its passage, the most populous U.S. state

will become the fourth to have legalized physician- assisted suicide. (Oregon, Washington and Vermont are the three states that have legalized PAS. In Montana, case law gives doctors who assist a suicide a defense, but the doctor can still be charged with homicide.)

Having failed in the normal session of the legislature, proponents rammed this bill through in an Extraordinary Session called by Governor Brown to address an expected \$1 billion shortfall in funding next year for Medi-Cal. How reassuring for the sick and suffering poor that they may soon be allowed to ask for doctor-prescribed drugs to kill themselves when funding for their medical care runs out.

The deceptively named "End of Life Option Act" was sold as offering choice and control, but it is unsafe, particularly for those who are vulnerable to outside pressure to end their lives, whether poor or rich.

PAS is not the answer

Margaret Dore, an attorney and national expert on assisted suicide and euthanasia, commented, "In my law practice, I started out working in guardianships, wills and probate, and saw abuse of all kinds, especially where there was money involved (where there's a will, there are heirs)." Dore explained that the bill "sets up the perfect crime: your heir can actively participate in signing you up for the lethal dose and once the lethal dose is in the home, there's no oversight --not even a witness is required. If you resisted or even struggled, who would know?" ([For more information:http://www.choiceillusion.org](http://www.choiceillusion.org))

On Sept. 16, The American College of Physicians (ACP), the largest medical specialty organization and the second-largest physician group in the United States, wrote Governor Brown urging him to veto the California PAS bill. The ACP wrote, "We are deeply sympathetic to the concerns and fears patients and their families have at the end of life. However, PAS is not the answer and in fact, ACP sees it as abandonment of the dying patient. It is not the role of the physician to give individuals control over the cause and timing of death-the medicalization of suicide. ...The physician must always act in the best interests of the patient as healer, comforter and trusted advisor. PAS undermines trust in patient-physician relationships and trust in the profession of medicine." The ACP also stated, "PAS is especially troubling in an environment of cost control in health care and continuing disparities in care."<https://www.acponline.org/newsroom/brown.htm?hp>

Rather than focusing on assistance in dying, the Pro-life Healthcare Alliance focuses on assistance in living. We believe that every person has a life worth living and that death is in God's hands, not ours.

Suggested for additional reading on this subject:

<http://www.firstthings.com/web-exclusives/2015/09/will-progressives-require-doctors-to-kill>

<http://www.cbc.ca/news/canada/montreal/palliative-care-dying-with-dignity-quebec-1.3212672>

<http://www.humanlifematters.org/2015/08/supreme-courts-usurping-democracy.html>

<http://dailysignal.com/2015/05/18/assisted-suicide-how-one-woman-chose-to-die-then-survived/>

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

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 consenting to organ donation or accepting a medical prediction that a loved one will never recover consciousness.

Carina Melchior: A car crash put this 20-year-old Danish woman in a coma. Doctors told her parents that she could not recover and persuaded her parents to shut off her life support and donate her organs. Carina's father, Kim Melchior, asked if there was any chance of "a small miracle anywhere." None, the medical staff at Aarhus University Hospital replied. But Carina did recover consciousness. A few days after being taken off the ventilator she opened her eyes and began to move her legs. She woke up and expressed confidence that she would recover and get on with her life. The hospital admitted that medical staff had been premature in requesting organ donation. (Sources: "Danish Teen Wakes From the 'Dead' Just as Doctors Prepare to Harvest Her Organs," Christine Hsu, medicaldaily.com, 10/18/2012; "Just Before Organ Harvesting, Comatose Patient Recovers," Steve Weatherbe, *National Catholic Register Daily News*, 11/15/2012)

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) <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>

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



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