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## PHA Monthly

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

Welcome to the twenty-fifth 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](http://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



#### **POLST and Other Health Care Advance Planning Strategies**

By Julie Grimstad

In the first ever issue of the *PHA Monthly*, June 19, 2013, I addressed POLST and have done so several times since. It is wise to revisit this controversial issue from time to time because few people understand what POLST is and why they should be wary. Even fewer are aware of other strategies being proposed and implemented to engage patients in advance care planning discussions that may not be in their best interests.

POLST stands for Physician Orders for Life-Sustaining Treatment (the name and acronym vary from state to state - e.g., POST, MOLST, MOST, COLST). A POLST is a one-page, two-sided form, usually printed on bright pink paper, which reduces complicated medical decisions to a "check the box" format.

### **POLST is a hybrid - a health care advance directive and medical orders combined.**

A health care professional or trained facilitator fills out a POLST form by asking a patient questions, discussing the options on the form, and putting check marks in boxes next to the patient's selections. Once signed by a designated health care professional, the POLST becomes the first page of medical orders in the patient's records. And, like other medical orders, these orders are immediately actionable. That is, unlike an ordinary advance directive, the patient does not have to be unable to make his/her own health care decisions for the POLST to become effective. In other words, if you have a POLST, you may be excluded from any future decisions about your medical treatment regardless of your decision-making capacity.

State advance directive laws generally stipulate that the most recently made directive takes precedence over other directives. Because a completed POLST is an advance directive, it may override a patient's Health Care Power of Attorney. What this means is, if you have a POLST form in your medical records and become mentally incapacitated, the person you chose to make healthcare decisions for you may be excluded from the decision-making process on your behalf.

All other advance directives require witnesses when they are filled out and signed. Most POLST forms do not. Unsuspecting patients are susceptible to undue influence or coercion, particularly from those they trust or view as experts. How can we be reasonably certain that a POLST expresses the patient's own wishes if there are no witnesses? Who would know if the POLST was falsified? Furthermore, in many states, the signature of the patient is merely recommended, not required.

POLST is not needed to request treatment because the form states, "Any section not completed implies the most aggressive treatment for that section." So, the only real purpose for POLST is refusal of certain kinds or levels of treatment. Even artificially provided nutrition and hydration can be refused in advance simply by checking a box.

It is very dangerous to refuse medical treatment in advance of a medical crisis. No one can foresee what treatments might be beneficial or desired in the future.

### **Consider the money factor.**

There is abundant evidence that POLST is as much a strategy for cost-containment as a means to ensure that patients' health care wishes are recorded and respected. I encourage you to do your own investigation, but here are two pieces of evidence:

- Dr. Robert L. Fine, Director of the Office of Clinical Ethics and Palliative Care, Baylor Health Care System (TX), answered the question "Why should we support POST?" One reason he gave was: "High costs in the last year of life with 28% of Medicare dollars spent in the last year and 14% spent in the last two months of life." ["A POLST form for Texas: What is it and why is it important?" A presentation to GETAC Medical Directors, Robert L. Fine, MD, FACP]
- The Gundersen Health Systems, La Crosse, WI, has been promoting a model for advance health care planning - the Respecting Choices program - since 1991. The program promotes POLST and trains POLST facilitators. A recent article advertising Respecting Choices stated, "Partly due to Gundersen's Respecting Choices program, end-of-life medical costs in La Crosse are nearly half the national average."

[*Modern Healthcare*, 6/11/2015, "'Revolutionary' change for life's final choices would reduce unwanted care," by Andis Robeznieks]

This month, the *New England Journal of Medicine* published an article by Scott D. Halpern, M.D., Ph.D., entitled "Toward Evidence-Based End-of-Life Care." Dr. Halpern observed that "more than two thirds of U.S. states have implemented

Physician (or Medical) Orders for Life-Sustaining Treatment (POLST/MOLST) programs despite the absence of compelling evidence that they improve patient outcomes. Even less evidence is available to support such well-intentioned private initiatives as the Institute for Healthcare Improvement Conversation Project, the efforts of the Coalition to Transform Advanced Care, the Gundersen Health System's Respecting Choices program, the widely used Five Wishes advance directive of the Aging with Dignity organization, and the services provided by for-profit companies such as Vital Decisions and Common Practice. <http://www.nejm.org/doi/full/10.1056/NEJMp1509664?query=TOC>

That is a startling revelation since advance directives, POLST, and other strategies to entice people to record their health care preferences proactively have become standard in the health care industry. And, even though there is little evidence that these strategies effectively "improve patient outcomes" (which can mean different things to different people), an agency of the federal government is promoting more of the same and even proposing to pay for it. (I suspect the cost-savings claims of Respecting Choices, et al, have tickled the ears of bureaucrats in Washington.)

The Centers for Medicare and Medicaid Services (CMS), in its draft of the next Medicare fee schedule, proposes reimbursing physicians for engaging patients in advance care planning discussions, starting Jan. 1. This proposal resurrects a provision that was removed from the Obama administration's health care reform legislation in 2009 due to criticism that it would create "death panels" and was intended to ration healthcare.

It is important to recognize that, if the CMS plan is implemented, this would be a way to mandate POLST nationwide.

Just thought you should know.

And, one last thing. Regardless of what anyone tells you, filling out a POLST form or any other advance directive is always voluntary.

**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))

For your copy contact Human Life Alliance at [feedback@humanlife.org](mailto:feedback@humanlife.org)

## **Her last three words were 'Water, water, water'**

By Lillian Zedalis

Three years ago, I was forced to helplessly witness the brutal, torturous, barbaric and horrific suffering my mother experienced as a result of being sedated and dehydrated to death under hospice care in California. Mom died not from a terminal illness, but rather from a carefully planned cocktail of medications that both sedate and eventually dehydrate, causing cardiopulmonary arrest.

This happened even though Mom entered hospice with her durable power of attorney for health care (DPAHC), an advance health care directive which had been created with a law firm's help a few years earlier when my parents created their estate plan and trust.

## **A betrayal of trust**

Mom's agents were well versed on her health care wishes. She had tried her best to prepare so that, in the event she could no longer speak for herself, there would be others who knew her views. Above all, Mom viewed every day of life as a precious gift from her Creator, God.

Mom trusted in a medical profession motivated by a compassionate desire to ease the sufferings caused by birth, sickness, old age and death. Mom believed it was still a profession abiding by the precept "First, do no harm." But my 84-year-old mother's trust was betrayed. The wishes of others took precedence over her right to life and her stated hospice goal to "live till I'm 92."

Mom had no idea hospice values and practices had changed over the years and that, in many hospices, there is no room for those who find merit, benefit or joy in illness and old age. Mom had no idea that hospice personnel would view her health care directive as a convenient means for legally ending her life.

After being under hospice care for 19 days, another DPAHC was created for Mom, but kept secret from the agents she had named in her original document. This one was not created at her request, nor under the watchful oversight of a legal professional or medical professional qualified to attest to Mom's competence to create a new document. On this new directive, Mom's birth date was wrong, her signature was perfect, and her initialed choices were barely legible. Furthermore, the two witnesses were complete strangers to her, and yet they vouched for her identity and soundness of mind!

My father had been diagnosed with advanced dementia several years earlier, as was well documented in the hospice medical record and his primary care doctor's notes. His DPAHC stated that his guardian/ conservator was to be my mother, and upon her death, that power defaulted to the individuals listed as successor trustees of their trust. However, on the same day these strangers vouched for Mom's soundness of mind to create a new DPAHC, they also created a new document for Dad. His original agents didn't know about this new document until later, when guardian/conservator protection was pursued for him in court.

## **A horrific death**

This plan to end Mom's life was kept secret from us until less than 72 hours before her death, when we began to be suspicious as to why she couldn't have the "water, water, water" she was requesting when she briefly emerged from her cocoon-like, medication-induced slumber. Instead of providing her with water, more medication was immediately administered. The sheriff was called to escort me, her daughter, off the property when I attempted to give Mom water and seek help for her. The hospice simply said its policy was to honor the most recently dated directive. Clearly, the legitimacy of the directive was of no concern.

Mom's attempts to fight back by kicking her legs and trying to climb out of bed were met by hospice personnel aggressively administering more and more medications until there were no more attempts to climb out of bed or kick her legs. Mom's fight for her life was over.

All of this happened not because Mom was dying, but because someone wanted her dead! There is insufficient documentation in her hospice record to prove what type of medications were being forced on her, but there is evidence that she was verbally declining the offer of medications and not suffering from any acute pain.

## **Betrayal's grim aftermath**

Despite my request, the local adult protective services agency did not investigate the wrongdoing surrounding my mother's death because it's presumed that people go to a hospice to die. It matters not how that is achieved when one is guided by "tick-box" directives (such as the Physician Orders for Life-Sustaining Treatment [POLST] form).

The sheriff's department did call the Centers for Medicare and Medicaid Services (CMS) to investigate Mom's hospice medical record, but they reported no violations. I personally filed over 15 complaints with CMS, citing specific violations of Medicare policies regarding hospice patient standards, but they agreed to cite the hospice for only one violation: failure to provide physical therapy as mandated in Mom's initial hospice assessment. CMS is like the proverbial fox guarding the hen house. Their main interest is saving Medicare money, and the deaths of elderly people save money.

Since my mother's death from terminal sedation and dehydration, three years of litigation have ensued as a result of undue influence on an elder with dementia (my father) to change documents establishing successor trustees and durable powers of attorney for property. To date, these actions have cost my parents' trust over \$100,000 in legal expenses alone. It seems the only parties that have profited are lawyers. Thus far, the legal system has proven to me that there is a whole cottage industry capitalizing off of vague boundaries defining end-of-life choices. These same vague boundaries allow for very loose interpretations of advance health care directives.

### **Lessons learned**

This painful ordeal made me aware of just how much suffering can be inflicted on others as a result of laws promoted by those who believe euthanasia is the heart of compassion. But you will almost never hear of these cases in the news.

I want to warn everyone how easily advance health care directives can be changed without the patient's informed consent. There is, apparently, no accountability for changing a directive without the patient's full consent.

I recently wrote to Compassion & Choices (the leading proponent of euthanasia and assisted suicide in the United States). I described the horror, pain and suffering my mother's death caused her and her family and asked to be removed from its mailing list. Here is how I ended my letter to Compassion & Choices:

I do not support anything you represent or stand for. Your core values are that of the Hemlock Society. . . . You are part of the problem in what happened to my mother; it was you, CC [that] promoted living wills, knowing [that] in the future the interpretation of tick-box medicine would change. It was you, CC [that] has tricked society into your realm of thinking regarding quality of life. You teach it in schools of medicine and nursing, psychology, social services, hospice care, and places of worship. You are clever, deceitful and capitalizing on your desire to control life by seeking to control death. . . .

I . . . have had my eyes opened and [have] turned into an advocate for everyone's right to a life that is valued and respected. . . . I also have made a solemn vow to do all I can to make sure no one faces what happened to my mother at the end of her life, and no one ever has to suffer the pain brought on by terminal sedation and dehydration.

My mother's death demonstrates with what indignity a human life can be treated when our hearts have gone to a place so dark and evil we no longer are capable of seeing life as precious or recognizing the purpose of its existence. Do we look at old age merely as a period of decline ending in death, or as a period in which we have the opportunity to attain our goals and complete our lives in a rewarding and satisfying manner? Birth, aging, sickness and death come to us all. We human beings can transform these into treasures that add dignity and splendor to our lives and to our farewells. My mother had death imposed upon her by those whose message is a perversion of "death with dignity." She was unjustly and cruelly deprived of her final farewell to those she loved.

*Lillian Zedalis is a registered nurse and certified legal nurse consultant. She writes from Pahoehoe, Hawaii.*

### **Quote for the Month**

"Just as rape is not about sex, euthanasia is not about comforting the dying. It is about power. What is intolerable to the [assisted suicide advocate] is not suffering or dying, but not having control over life and death." -- Dr. Eric Chevlen, a diplomat of the American Boards of Internal Medicine, Medical Oncology, Hematology, and Pain Medicine and director of Palliative Care at St. Elizabeth Health Center in Youngstown, Ohio

## Rest in Peace Maggie Karner, Champion for Life

On September 25, 2015, Dr. Margaret Ann (Maggie) Karner, 52, died from brain cancer, which she had bravely battled while squeezing every last drop out of life.

Maggie lived in Bristol, Connecticut with her husband of 30 years, Rev. Kevin Karner, and their three daughters. She served for 12 years as director of LCMS (Lutheran Church Missouri Synod) Life and Health Ministries. She led medical mission teams and worked on relief projects in 11 countries, ministering to the poorest of the poor and the sickest of the sick.

A prominent voice in the church, Maggie defended life from its very beginning to its natural end. However, this compassionate humanitarian is best known for the letter she wrote to Brittany Maynard, the young woman who had moved to Oregon last year in order to kill herself with a legally prescribed lethal dose of barbiturates.

In the spring of 2014, Maggie was diagnosed with a stage-four glioblastoma multiforme brain tumor, the same cancer Brittany had. In her letter, Maggie passionately pleaded with Brittany to "cheat this beast of a cancer for as long as we can...and, in the meantime, we can spend precious moments with the people we love." Nevertheless, unlike Maggie, Brittany ended her life Nov. 1, 2014, in a much-publicized "assisted suicide."



In an article entitled "Cancer Will Likely Kill Me, but There's No Way I'll Kill Myself," Maggie Karner poignantly wrote:

*Dignity lies in love. But there isn't any dignity in cancer or other debilitating illness. In my own treatment, I've been poked, prodded, radiated, chemotherapied, and cut open so many times that I stopped worrying about being dignified quite some time ago. Instead, I prefer to get my dignity by appreciating the dear people who care for me with their individual expressions of love and prayers on my behalf.* <http://thefederalist.com/2014/10/10/brain-cancer-will-likely-kill-me-but-theres-no-way-ill-kill-myself/>

Maggie told Brittany that the world would "lose some of its beauty if you take your life." This world is a more beautiful place because of Margaret Ann Karner's life well-lived until the moment God called her home.

## 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



Pro-life Healthcare Alliance

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