



PHA Monthly

Newsletter for the Pro-Life Healthcare Alliance Fourth Edition

Welcome to the 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.

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/mission-statement.html).
- 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.

WHAT HAVE WE BEEN DOING?

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.

Recent Activities:

Cristen Krebs: DNP-ANP: September 28, spoke at a conference arranged by Michigan Nurses for Life, entitled "The Changing World of Hospice Care." Her topic was "Hospice Care in the 21st Century." Founder and director of the pro-life Catholic Hospice and Palliative Services of Pittsburgh, PA, Cristen has 20 years of experience in hospice and, over the course of her career, has witnessed many changes in the delivery of end-of-life care. October 12, Cristen spoke at the NCCW Pro-life Breakfast in Greensburg, PA on issues facing end-of-life care.

Sara Buscher, Esq.: Gave talks on "End of Life Decisions" September 24 at St. Paul Parish in Locks, WI, and September 28 at St. Joseph Parish, Wautoma, WI. October 1, Sara addressed "Sanctity of Life v. Quality of Life" for the Fox Valley Conservative Forum, Appleton, WI.

Also, September 28, Sara's fledgling group, Friends for Life Alliance, had a booth staffed by RNs at the Vanishing Freedoms event in Oshkosh, WI, at which they distributed information about POLST, Pro-life Wisconsin's (PLW) Protective Power of Attorney for Health Care and the Life is Worth Living brochures written by Julie Grimstad and produced by PLW. (This was funded by an anonymous donor.)

William (Bill) Beckman: September 23, gave a presentation entitled "Christian Preparation for End of Life" at St. Bernard's Parish, Homer Glen, IL.

Upcoming Events:

Nancy Valko, RN: October 27, will speak at the Archdiocese of St. Louis 37th Annual Respect Life Convention. Her topic is "Embracing Life in the Hard Cases." Drawing from personal experience, as well as cases like Kermit Gosnell, she will cover the three main issues of abortion, infanticide and euthanasia to show attendees that pro-life principles work in real life for the person at risk, their families and society itself. Nancy will also give workshop attendees some practical resources for dealing with life in the hard cases.

Jo Tolck:

October 18-19, will be manning a table at the Life, Dignity and Disability Conference in Omaha, sponsored by Human Life International, Nebraska Bishops' Pro-Life Office and the Archdiocese of Omaha Respect Life Apostolate. In addition to Human Life Alliance educational publications, Jo will display Pro-life Healthcare Alliance information.

Upcoming conferences: See announcements in this PHA monthly.

ObamaCare is to Euthanasia What Roe v. Wade was to Abortion By Dr. Brian J. Kopp

When Roe v. Wade was decided in 1973, we were caught off guard. We had to build a pro-life infrastructure almost from scratch to provide alternatives for women with crisis pregnancies. We now find ourselves at a similar point with euthanasia. We know that stealth euthanasia is here, that it is essentially legally protected already, and its prevalence is going to explode. We need to warn and educate the public. We also must identify and network with pro-life healthcare providers who are striving to provide ethical end of life care within a healthcare system that is becoming increasingly comfortable with prematurely ending the lives of certain patients. We urgently need to build the pro-life infrastructure that is still missing, but which is essential to providing concrete alternatives to stealth euthanasia.

Taking Stock

As we swiftly move toward the close of 2013, with the full implementation of the Affordable Care Act (ACA) on the immediate horizon, it is prudent to take stock of where the pro-life movement stands. Despite measures in the ACA which will undeniably increase the overall rates of abortion (with estimates that new abortion coverage under the ACA will result in taxpayers subsidizing up to 111,500 abortions each year^{1}), the culture at large is becoming more pro-life. Abortion clinics are closing at record rates and health care providers have no interest in entering the abortion field. Gallup polls in 2012^[2] revealed that Americans now self identify as pro-life at record rates. The pro-abortion movement is horrified to see the graying of its own movement as America's youth reject the pro-abortion agenda and swell the ranks of the pro-life movement. On the issue of abortion, there is great reason for hope. Anyone attending the March for Life each year in Washington, DC witnesses this heartening change. Looking at the opposite end of the life spectrum, there is cause for grave concern. In the USA, approximately 2.5 million people die annually from all causes. Approximately 1.7 million patients receive hospice care annually (with more than 200,000 discharged alive from hospice care each year). With each passing year, a higher percentage of total yearly mortality occurs within the context of hospice and palliative care. The roots of hospice care are thoroughly Christian, based on the corporal and spiritual works of mercy and dating back a thousand years to the times of the Crusaders in the Holy Land. In the 20th century, hospice care was a continuation of the work of Irish and French nuns dedicated to the care of the sick and dying, and furthered by Mother Teresa of Calcutta's global efforts. Modern hospice care, with its interdisciplinary approach and modern methods of

alleviating physical, emotional and spiritual suffering, was the brainchild of Dame Cecily Saunders, an Evangelical Christian who came to her faith in a study group founded by C.S. Lewis at Oxford University. When hospice care is provided by professionals who still strive to uphold these Godly roots, it can be an awesome resource for the patient and loved ones, with nothing to fear. Unfortunately, the overall picture today does not reflect the roots of hospice philosophy. Of the 1.5 million who die annually under hospice care, a growing number are dying premature deaths due to "stealth euthanasia," primarily via over-medication, terminal sedation and withdrawal of hydration and nutrition. Furthermore, hospice Medicare fraud is soaring. Most of the large corporate hospice providers have been accused of millions, and in some cases billions, of dollars in insurance fraud, often certifying patients for hospice care who were not actually dying, while profit-driven negligence in patient care has hastened the deaths of many. Because death records never list over-medication, terminal sedation, deliberate dehydration or neglect as the immediate cause of death, it is very difficult to obtain concrete data regarding the number of those dying in such circumstances. However, having spoken with pro-life leaders in the end of life care field, I think it is safe to say that the numbers are not small and that they are increasing rapidly. A very conservative estimate would be that about one out of five patients under the care of the hospice and palliative care industry are caused to die premature deaths at present. That is 300,000 deaths by stealth euthanasia yearly. Many in the hospice and palliative care field are trying to make terminal sedation the standard of care. Those who are terminally sedated cannot take food and water, and the end of life care industry rarely provides assisted nutrition and hydration. As terminal sedation becomes more prevalent, the number of those dying by euthanasia will increase steadily.

ObamaCare Rationing

Unfortunately, health care rationing is going to contribute to the increasing number of premature deaths in healthcare settings. The Independent Payment Advisory Board (IPAB), the "death panel" being instituted under the ACA that Sarah Palin warned us about, will be tasked with rationing health care spending and making life and death decisions for enrollees. During the 2008 Presidential campaign, Obama telegraphed where health care rationing is heading when he said that the elderly needed to be encouraged to forgo expensive care in the last years of their lives, choosing instead palliative or hospice care. When directly questioned about refusing an elderly women needed surgery, he responded, "Maybe this isn't going to help. Maybe you're better off not having the surgery, but taking the painkiller." Those whose surgical procedures or expensive medical plans of care are deemed by the IPAB to be "futile" will be sent home or to the nursing home, hospice or palliative care unit to "take the painkiller." Stealth euthanasia will become the norm. Most laws that directly prohibit physician assisted suicide also protect physicians whose use of opioids, sedatives and antipsychotics for pain management or alleviation of agitation might also hasten death. Thus stealth euthanasia, under cover of law, is little different than the outright legalization of abortion through nine months of pregnancy that was the result of Roe v. Wade. The pro-life movement is at a crossroads. As the total number of surgical abortions has dropped to approximately 1.1 million per year, the number of stealth euthanasia cases has rapidly increased. As the total percentage of those who die in the USA within the context of hospice and palliative care climbs and the cultural acceptance and general practice of stealth euthanasia increases, we could see deaths by euthanasia surpass deaths by abortion within a generation. It is indeed urgent that we build the pro-life infrastructure necessary to provide ethical alternatives to euthanasia.

About the author: Brian J. Kopp, DPM, is a podiatrist in private practice in Johnstown, PA. He has written articles on a range of subjects, primarily the culture of life, medicine, and ethics, that have been published in the L'Osservatore Romano (English Edition), New Oxford Review, The Wanderer National Catholic Weekly, LifeSiteNews.com, World Net Daily, and Podiatry Today magazine. Dr. Kopp is assisting Catholic Hospice of Pittsburgh to expand their pro-life hospice care services and will serve as Spiritual Care Liaison for Catholic Hospice of Greensburg. DR. Kopp recently became a member of the PHA. [1] "Affordable Care Act Could Fund Over 100,000 Abortions," Christine Rousselle, Townhall.com, 9/26/2013 [2] "'Pro-Choice' Americans at Record-Low 41%," Lydia Saad, Gallup.com, 5/23/2012

Case in Point- 2013

This is a condensed version of an e-mail trail of correspondence to Nan Weber (co-founder of Loreto on the Plains Personal Care Home in Hartley, TX) from a caregiver in California who worked at an "assisted living" facility for dementia patients and hospice patients, among others. This caregiver believes that trying to expose what happened there would result in a total belittling of the situation and denial that such murders occurred (and probably continue to occur), but she has urged PHA, "Get my story out there." Be forewarned, these incidents are difficult to read-the stuff of nightmares.

August 11: I was going over in my head what occurred last evening and doing some research online. My resident received 20 mg (1 ml) of Oxycodone every hour for 6 hours on my shift alone, plus liquid Ativan. Every hour they gave 1

ml of Oxycodone and every 4 hours gave a dose of 2 mg liquid Ativan. But, I think there was an extra dose of Ativan given in there because a family member said he was "agitated." (I never saw that--he was "sleeping" when I checked him every ½ hour or so.) Doing some quick math here: 120 mg Oxycodone and at least 4 mg Ativan in 6 hours.

Yeah, it was cold-blooded. Caused respiratory depression...and the guy was still having breathing problems due to COPD. He was fine as far as respiratory function, a cough with some raspiness...then went into full congestion and stuff as the night went on and that is why the family member said, "He is agitated." Sure. He was fighting for his life and the meds were snuffing him out. He never had a chance.

August 12: I spoke to my manager...was told, among other things, as a Catholic I am too sensitive. The hospice that was used by our facility is owned by a church denomination...so figure that! (Quoting the manager) "Honey, God wants them to get home to Him quick, so what we do here is not unlawful, there is no sin--if the denomination did not believe hospice was a good thing, would they be in this business? Now come on, you just keep doing the wonderful job we see you doing with all that sweetness and love, and I will see you tomorrow, okay?" ...Oh and she says I am getting a raise with the new company and I shot back at her, "Is it 30 silver coins by chance?" Completely went over her head!

A friend of mine walked out about a year ago. A guy on hospice (cancer) was on heavy doses of narcotics and got out of bed. He fell, broke 4 teeth on top and was bubbling blood out of his mouth. Because he was on hospice, caregivers were not allowed to call 911...This happened at 8:30 pm. They picked him off the ground, put him in bed like nothing happened. We came on at 10:00 pm. They said: Mr. "X" fell, but he is fine, no visible injuries, etc. The med aide gave him his narcotic and he was screaming in pain and said he could not breathe...very distressed. So hospice was called and they said to give him another dose of his medicine. That was done...still screaming. Called again...same directions. Around 12:30 am, my fellow caregiver goes in. He screams into the radio, "I need someone up here right now!" I run out of the Alzheimer's unit, tear up the stairs. It looks like a scene from the Texas chainsaw massacre...blood...awful... everywhere, like Mr. "X" had projectile vomiting while in bed. He is deader than dead. I damn near fainted. The other med aide came from my unit and ran to the restroom and threw up. We called the med aide from the shift before and woke him up. They had not told us everything or written down anything either. Seems he was complaining of pain around the ribs from the fall, but they just gave him pain meds and let it go.

So, hospice comes, mortuary comes, body goes. Next morning, the carpet was taken out, things were cleaned up--smelled like the mob did the bleach and paint job. A couple days later, the daughter from out of town comes to collect his stuff--the four teeth were on the windowsill. This woman was out of her mind with grief--was not there to say good bye to her dad. Because of a backlog, Dad was not cremated yet, so she had an autopsy done. Two ribs ripped into his lung and he bled to death. State was called...investigation started. Notes from that shift were missing mysteriously and they had cut the page from where the meds given were recorded so it looked like only a certain amount was given, put it together and photocopied it. Went over the signatures in black pen--made it look legit. Got caught because the toxicology report came back--he was so over medicated it was ridiculous.

My friend who was med aide that night talked to the director of the facility by phone (after the state had done its thing) about the situation and the cover-up. The director told her, "It was his time, dear. It is a good thing that he is gone. Our asses are covered because he was on hospice." My friend had it, hung up on the director and walked out of the place at midnight during the shift and never returned. She woke me up at 1:30 am and told me what happened. I have nightmares to this day and can still see his open eyes and the mess.

Oh, I have more horror stories. We were giving a lady on hospice water instead of her liquid narcotic. No one could figure out why she was shrieking in pain. Someone was taking the drug and filling it back up with water with some Koolaid because it was red color. She died an agonizing death. We found out when the hospice nurse came to destroy the narcotics. She compared the open and unopened bottles. No one fessed up and no drug tests were done.

There will be no love lost when I leave and I will not even look back. There are a few that I feel I am still working there to show love and care, and when they go, I am outta there!

August 14: I have not slept. The guy across the hall died the next day during AM shift. The people who came in at 6 am were saying, "It'll be a month before the c*nt (his wife) dies (they have her in hospice now, too)...because she does not like pain meds." (I felt like saying, "You guys just cannot get enough of this, huh?")

A lady on the other hall had a massive stroke and they are hoping to get her back. The facility has already talked to the Power of Attorney to put her in hospice. You would think they were giving away money the way they tout hospice and make it sound so nice.

August 18: It has been one HELL of a week! ...This past week, I tried to be as kind and loving to my residents as humanly possible. But, when I got in my car each morning, I was bursting into tears because I felt guilty about leaving them.

In the past week, 3 good people were put down like dogs, but at least dogs get one shot of meds. These people got a dose every hour until they were killed. It is a slow painful death and they cannot fight back as the drugs suck the life from them by slowing down their ability to breathe and function.

Saturday am, I got violently ill--vomiting, diarrhea, and a blistering headache and sweating profusely. I thought I was having a stroke or a heart attack or something, but went home at 6:30 am and crashed. Took my temp--101 plus--and I was experiencing more symptoms...called in sick. I was in a feverish, painful dream state the rest of the night and felt like the Lord was allowing this to get me to finally realize that this job was literally killing me...I cannot go on like this. I am at peace with my decision and realize that healthcare has taken a turn for the worst--I just cannot participate in it. The people I am leaving behind will soon be dead also, and I cannot do a thing to stop it.

I am going to put my shirts in a plastic sack on the door of the Director and slide a Letter of Immediate Resignation under her door.

August 20: I turned off my answering machine. They were calling me every 45 minutes.

August 30: Applied at _____--a non-profit that has 20 houses and a main campus for people with moderate to severe disabilities. Had my interview yesterday, got the job offer...Happy to have gotten a job.

Incoming

Dear Julie,

I can't tell you how helpful and timely your article on POLST (*LifeSiteNews*, 8/30/2013) has been for me. I am now living with and caring for my elderly and increasingly frail parents. On a sibling's advice, I recently enrolled them in a new program for seniors whose basic concept seems very good: They send doctors or nurses to the home for situations in which the emergency room isn't necessary and/or when a senior can't get to their doctor's office (or not without difficulty and discomfort). They're available by phone for advice 24/7. This reduces costs all around, and I have no problem with reducing health care costs that way. But I now believe the other purpose of this program is to push POLST and that this program may well be one of the new programs created for that purpose, as you mentioned in your article.

The nurse pushed it at enrollment, and the first time we had a nurse come to the home for a medical problem, she pushed it again - very aggressively. They don't demand it (not yet at least), and they back off somewhat when we explain that my parents already have an advance directive (American Life League's Loving Will) and that they have given me health care power of attorney.

On the second visit, the nurse took me aside and explained stroke risk, and then asked if we want to have - or not have - medical treatment for stroke. I believe she thought she was more likely to get a yes to non-treatment from me than my mother. But she was wrong. She also made a point of explaining that when catastrophic events occur, many people in advanced old age don't want to go to the hospital or have life support (she specifically mentioned "intubation" here). They stress they'll do whatever the patient wants, but I sense they're trying to push toward non-treatment for catastrophic events. At the enrollment session, the nurse brought up what a bad quality of life most patients have after receiving CPR - clearly intending to discourage it. (I realize that it's not immoral to decline truly extraordinary treatment, but it's quite another matter to push patients to choose this.) They are open about the fact that this program was created in

collaboration with a local palliative care organization, so that was the first red flag.

I printed out a copy of your article as well as the Wisconsin Catholic Bishops' statement in opposition to POLST and gave these to the nurse who did the enrollment. They clearly jolted her. She said she was a devout Christian and didn't want to do anything unethical. She also stated that she would bring this up at their next staff meeting. I think this planted a seed in her. And after the second visit, I now realize I will need to print out more copies and have them ready to give to any program staffer who brings up the POLST form again.

I can't applaud you enough for the much-needed work you're doing!

Blessings,
Ann

NOTE: POLST is the acronym for Physician Orders for Life Sustaining Treatment. It is also known by other acronyms, such as MOLST, POST, MOST, COLST, etc., and is sometimes designated with a DNR, e.g., DNR/COLST (as it is called in Vermont). The Catholic Bishops of both Minnesota and Wisconsin have issued pastoral statements opposing POLST. The Wisconsin Bishops, July 25, 2012, warned: "Due to the serious and real threats to the dignity of human life that POLST and all similar documents present, we encourage all Catholics to avoid using all such documents, programs and materials."

Announcements

Preventing Stealth Euthanasia Conference
Saturday, November 9, 2013 8am - 5pm
Benedictine University
5700 College Road, Lisle, IL 60532

You do not want to miss this full-day conference that will focus on the expanding threats to human life for patients facing serious health issues, and offering steps to prevent this creeping stealth euthanasia. Get details and strategies from experienced speakers who have been working in response to this expansion of the culture of death. Become informed so you can effectively address these important life and death decisions.

Program Schedule:

8:00-8:30 Registration and coffee

8:30-8:40 William Beckman, Illinois Right to Life Executive Director, **Welcome**

8:40-9:40 Peter Breen, Vice President and Senior Counsel at Thomas More Society, Chicago: **How to Protect Yourself with (and from) Advance Directives**

9:40-10:40 Julie Grimstad, LPN, Director of Life is Worth Living & Chair of Pro-life Healthcare Alliance: **Precautions are in Order: POLST Forms and Organ Donation**

Break

10:55-11:55 Bobby Schindler, Executive Director of Terri Schiavo Life & Hope Network: **The Hard Cases: Feeding Tubes, PVS Diagnosis, and Futile Care Declarations**

Lunch

12:35-1:35 Julie Grimstad: **The Role of and Need for Patient Advocacy**

1:35-2:35 Cristen M. Krebs, DNP, ANP-BC: **Hospice in the 21st Century: Recognizing Life Affirming Hospice Practices**

Break

2:50-3:50 Mary Kellett, Executive Director of Prenatal Partners for Life: **Prenatal and Infant Euthanasia and Hospice**

3:50-4:50 Elizabeth Wickham, Ph.D., Co-founder and Executive Director of Lifetree, Inc.: **Transforming Traditional Care to Palliative Care-Repackaging Death as Life**

4:50-5:00 **Close**

Sponsoring organizations include: Illinois Right to Life Committee, Thomas More Society (Chicago), and Pro-life Healthcare Alliance

Registration Information: Register online at

http://r20.rs6.net/tn.jsp?f=001a830E4wNfC3L2S7VH_9OOZWLcVGiY291Y6I0TfEWj_JoRnPgC1XgApBoBiUyugYqJmm7ZYCBob4-gkUeWWxPQoCVMPZNYcQig-kSMYJNUO1JheGcBalO-JmFHIMalx4hyhFEunDOF_vipNSRlxsFomhSdOpUN6e1j0t3tCn1zLw=&c=nsh10fvMFcyG4yiMvvwWdxOAn9AXr11kG3KKTHP6lzl9oyhKZDby2Q==&ch=FeQKvTNqaM3fj9G6_YOGcBrmdpGANmASDh89SBnj7ODQB_pbljtg== or contact Ann at aolson@humanlife.org or call 651-484-1040

Euthanasia Symposium 2013: Hope

November 8, 7:00 pm - 9:00 pm and November 9, 9:00 am - 5:00 pm

Renaissance Marriott Hotel, Toronto

We face many challenges world-wide. The Symposium speakers represent that reality.

Margaret Dore - Choice is an Illusion USA

Dr. Kevin Fitzpatrick - Euthanasia Prevention Coalition Europe

Amy Hasbrouck - Toujours Vivant-Not Dead Yet Quebec

John Kelly - Second Thoughts USA

Derek Miedema - Ottawa, ON

Dr. David Richmond - Euthanasia Debate New Zealand

Tim Rosales - Californians Against Assisted Suicide

Paul Russell - HOPE Australia

Dr. Peter Saunders - Care Not Killing Alliance UK

Alex Schadenberg - Euthanasia Prevention Coalition and more.

For more information contact [The Euthanasia Prevention Coalition](#)

The Euthanasia Prevention Coalition is seeking sponsorships for students. Please consider donating \$129.00 to enable a student to attend the Euthanasia Symposium in 2013.

Stealth Euthanasia Symposium

Is your loved one dying...or being killed?

Saturday, November 23, 2013 8 am - 5pm

Biola University, 13800 Biola Ave., La Mirada, CA 90639

Learn how to protect your loved ones and yourself. National and international experts discuss hospice trends, palliative sedation, assisted suicide, advance directives, end-of-life issues, and more.

Cost: \$35 - Includes lunch, parking, materials, and CEUs

\$25 - Students or persons with disabilities

\$45 - At the door

Register: On line:

http://r20.rs6.net/tn.jsp?f=001a830E4wNfC3L2S7VH_9OOZWLcVGiY291Y6I0TfEWj_JoRnPgC1XgApBoBiUyugYqvgt69RWg-v5teraN2udmri6D-1mErIU3giDTI1qbAGQ01uWr3Fv8E1wNfiJBCzoxr3mfVkh-jj7TSGf10zORSKSAGgQsWkP-lh_LexoXFWojYm1K7pEOPD1tDahKbSB&c=nsh10fvMFcyG4yiMvvwWdxOAn9AXr11kG3KKTHP6lzl9oyhKZDby2Q==&ch=FeQKvTNqaM3fj9G6_YOGcBrmdpGANmASDh89SBnj7ODQB_pbljtg==

By mail: Make check payable to Scholl Institute of Bioethics, 18930 Brookhurst St.,

PMB 372, Fountain Valley, CA 92708

Questions? 714-963-4753 or Info@SchollBioethics.org

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. In 2014, we already have conferences scheduled in Des Moines, Iowa on March 29, 2014 and Minneapolis, MN on May 3, 2014.

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.

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