



Pro-life Healthcare Alliance

Nov. 25, 2014

## PHA Monthly

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

Welcome to the sixteenth 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."

### **IF ASSISTED SUICIDE IS LEGALIZED, WILL SERIAL KILLERS GET AWAY WITH MURDER?**

**By Sara Buscher, Esq.**

If assisted suicide is decriminalized, will serial killers get away with murder? That's the thought that ran through my mind while I listened to Barbara Mancini on 60 Minutes last October (<http://www.cbsnews.com/news/ending-life-barbara-mancini-end-of-life-debate/>). She is the Pennsylvania emergency room nurse who was charged with assisting a suicide for allegedly helping her 93-year-old father kill himself while the two of them were alone in his

home. Here's part of her interview.

Barbara Mancini: He asked me to hand him the bottle [of oral morphine] and I did. I had the dosing syringe in my hand. He took the cap off and he drank what was remaining in the bottle.

Anderson Cooper: Could you have stopped him?

Barbara Mancini: I could have, I think. I mean he did it pretty quickly. But no, I didn't try to stop him.

Anderson Cooper: What'd you think when you saw him drink it?

Barbara Mancini: I said, "Well, I think you just drank a lot of morphine there." And he said, "I want to go to sleep." And I just sat down next to him. And I held his hand. And he laid back and we started to talk.

Anderson Cooper: Did you think at all about calling a hospital or...

Barbara Mancini: No.

Anderson Cooper: ...calling a doctor?

Barbara Mancini: I would not have done that because it was expressly against his wish. And I promised him I would honor his wishes.

When the hospice nurse arrived, Mancini told her what had happened. She had not called 911 or for an ambulance. She was waiting for her father to die. The hospice nurse called the police. Mancini was arrested and her father taken to the hospital. In the emergency room he was given a drug that reversed the morphine overdose effects. He revived and lived another four days. His death certificate listed morphine toxicity as the cause of death.

In January 2000, Dr. Harold Shipman, M.D., an English general practitioner, was convicted of murdering 15 of his patients by lethal injections of morphine, then falsifying their medical records, and requesting cremation of their remains ([http://news.bbc.co.uk/2/hi/uk\\_news/england/manchester/4210581.stm](http://news.bbc.co.uk/2/hi/uk_news/england/manchester/4210581.stm)).

In at least three cases, Shipman made no attempt to resuscitate patients who died in his presence. In at least three cases, Shipman claimed to have called an ambulance, but telephone billing records indicated no such calls had been made. (<http://murderpedia.org/male.S/images/shipman-harold/reports/shipman-clinical-practice.pdf> )

An inquiry, after he hanged himself in prison, found him responsible for 218 patient deaths, "making him one of the most prolific serial killers in recorded history" (<http://murderpedia.org/male.S/s/shipman-harold.htm>). According to the Inquiry's Report, most of Dr. Shipman's victims were elderly women whose deaths Shipman certified were caused by conditions such as stroke or old age. Shipman was more likely to be present at the deaths of his patients, while relatives or caregivers were less likely to be present.

Interestingly, none of the criminally convicted medical serial killers listed in the on-line

encyclopedia, Wikipedia, were from countries or states where assisted suicide is legal ([https://en.wikipedia.org/wiki/List\\_of\\_serial\\_killers\\_by\\_number\\_of\\_victims](https://en.wikipedia.org/wiki/List_of_serial_killers_by_number_of_victims)). Which leads again to my question: If assisted suicide is decriminalized, will serial killers get away with murder?

A court dismissed the assisted suicide charge against Mancini, saying the prosecution had not proven that her father was trying to kill himself. He may have accidentally overdosed or he may have been seeking more pain relief. Had Mancini also been charged with homicide, only her goal, not his, would have mattered. The court decision is available at: [https://pennstatelaw.psu.edu/sites/default/files/documents/pdfs/Commonwealth\\_v\\_Mancini-Pearson.pdf](https://pennstatelaw.psu.edu/sites/default/files/documents/pdfs/Commonwealth_v_Mancini-Pearson.pdf). The lack of evidence proving the morphine dose was lethal also troubled the court. The prosecution failed to provide testimony of a forensic expert to interpret lab results about the man's morphine blood level after he arrived at the hospital.

Of course, no one except Barbara Mancini knows whether her father voluntarily drank the oral morphine or how much had been in the empty bottle police found in his kitchen. Assuming a forensic expert would say the lab tests indicated a lethal or potentially lethal level of morphine in Mancini's father's blood, it seems likely a homicide charge would have gone to trial.

Mancini is an ER nurse who would know that a drug overdose of morphine could be reversed by another drug readily available in a hospital ER. If the amount of morphine he ingested could be proven to be the cause of his death from morphine toxicity, then a jury could infer Mancini knew or should have known he lethally overdosed. Yet, she did not call 911, an ambulance or try to get help for him. She just waited for him to die, not unlike Dr. Shipman.

So, I have to wonder. If Dr. Shipman had claimed his victims wanted to die and he had been charged with assisting suicides rather than homicide, perhaps he would not have been convicted.

About the author: Sara Buscher, a member of the Pro-life Healthcare Alliance Advisory Committee, is an Attorney and Certified Public Accountant who has served the elderly and people with disabilities throughout her professional career. A regular columnist on healthcare decision-making in the State Bar of Wisconsin's ElderLaw News, she has also written articles about end of life decision-making. Sara is an Alliance Defending Freedom (ADF) allied attorney. She currently serves on a litigation team with Disability Rights Wisconsin and on the POLST Work Group of the Catholic Medical Association and is a member of the Catholic Medical Association, the National Catholic Bioethics Center, the St. Gianna Molla Guild, and a volunteer with the Diocese of Green Bay (Wisconsin) Dignity of Life Office.

## FROM THE CHAIRMAN'S DESK

The conference ***Do Not Delete: Defending Life at Risk in a Throwaway Culture*** was held Saturday November 15th at the beautiful mountain-top campus of St. Francis University in Loretto, Pennsylvania. It was sponsored by the Pro-Life Healthcare Alliance in conjunction with Counselors For Life, a pro-life group based in Blair County, PA, and the Sister Servants of the Most Sacred Heart of Jesus, Sacred Heart Province, Cresson, PA. Attendance was very good, including many religious sisters in full habit, priests, physicians, lawyers, nurses, college students and local pro-life leaders.

**Julie Grimstad, LPN and Patient Advocate**, Executive Director of Life is Worth Living, Inc. and past chair of the Pro-life Healthcare Alliance, spoke on *Medical Futility and Patient Advocacy* as well as *Pennsylvania Advance Directives Law and Brain Death*. **Cristen M. Krebs, DNP, ANP-BC**, Catholic Hospice Founder and Executive Director, presented *Hospice in the 21st Century: A Life Affirming Model*. **Loren Kirchner, MD**, an internist at the Cleveland Clinic who also serves in the US Army,

discussed *Medical Oaths in the Present Day*. Keynote speaker **Marie T. Hilliard, JCL, PHD, RN**, Director of Bioethics & Public Policy of The National Catholic Bioethics Center, gave a well received talk on *POLST and Basic Principles of Catholic Medical Ethics*. **Ralph A. Capone, MD, FACP**, board-certified in Internal Medicine, Hospice and Palliative Medicine, completed the day with a beautiful reflection on *Patient Virtue and Healthcare Decision-Making* which attendees praised as a "good ethical foundation for the entire seminar" and a "wonderful spiritual touch."

Conference attendees filled out feedback forms. These are a few of their comments:

*"This should be duplicated for a broader audience.... Thanks!"*

*"Glad I came!"*

*"Let me know when and how I can be an active participant."*

*"More colleges should be here!!"*

*"Very insightful. I will be able to apply everything I learned in my school and back home. Thank you!"*

*"I am praying for all of you! Please keep up the great job."*

Several students from Franciscan University of Steubenville's pro-life group attended and were very enthusiastic about the subject matter. They have asked PHA to offer a similar conference at FUS this coming spring. They also asked how they could assist the PHA in its efforts. As a result, PHA is considering ways college pro-life groups could help us to identify pro-life healthcare providers and institutions by making contact with local, state and national pro-life groups.

## Case in Point

Editor's note: Media coverage of Brittany Maynard's decision to kill herself and her subsequent suicide on November 1st has been intense. This young woman took her own life by ingesting deadly drugs prescribed by a doctor in Oregon, where physician-assisted suicide is legal. Nancy Valko, RN, spokesperson for the National Association of Pro-life Nurses ([www.nursesforlife.org](http://www.nursesforlife.org)), commented: According to the World Health Organization's publication "Preventing Suicide-A Resource for Medical Professionals" ([http://www.who.int/mental\\_health/prevention/suicide\\_resource\\_media.pdf](http://www.who.int/mental_health/prevention/suicide_resource_media.pdf)), the media should "Avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems" and "Provide information about where to seek help" among other recommendations. None of that was done in the weeks of reporting when Brittany Maynard was standing on a virtual window ledge while so many people shouted their support for her "right" to jump.

Some media outlets used language preferred by Compassion & Choices, referring to assisted suicide as "death with dignity." Ending one's own life is called suicide. That's what it is. And it's tragic, not dignified.

Two days before Maynard's suicide, Jakki Jeffs, Executive Director of Alliance for Life Ontario ([www.allianceforlife.org](http://www.allianceforlife.org)), posted the following thoughts on Brittany's case to the People Magazine website. (People Magazine, 10-17-2014, ran a cover story interview with Brittany Maynard sympathetic to her decision (<http://www.people.com/article/terminally-ill-brittany-maynard-decision-to-die>.) Mrs. Jeff's post, slightly edited for this newsletter, is reprinted with her permission.

## CHALLENGE SOCIETY FOR MORE THAN SUICIDE PILLS

Jakki Jeffs

I am not involved in any type of suicide counseling or support but, after an email to my office the day before yesterday, I found myself looking for help for someone who wants to commit suicide. I was told how important it is to remind the person that they are part of a family life circle, a central cog in the family wheel and in society. The death of any family member is always tragic, but when it is suicide it can make a break which can rarely be healed. It is highly important, I was counseled, to remind the

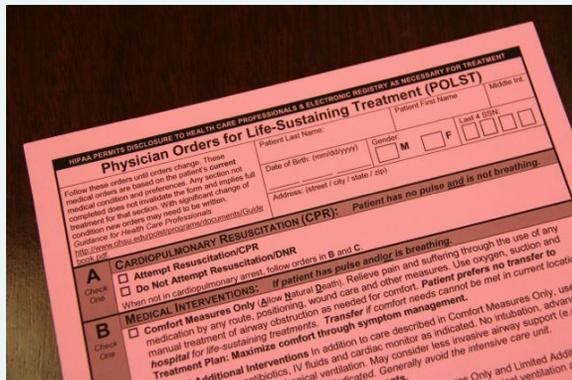
individual of the status they hold in that family, the need that family has for her to live, and how important it is for them to let her know they want her to live.

Death by suicide leaves a very big and deep scar in the family, the community and society as a whole. This experience made me read this article and wonder why we have a different attitude to Brittany. Every person, it seems, who contemplates or successfully carries out suicide has a barrier they consider insurmountable or circumstances beyond their control which they "feel" can only be controlled by their suicide. It never is though - they are just dead and the family, community and society are left to pick up the pieces. [In response to statements made by a palliative care physician who opposed her assisted suicide] Brittany commented that her "personal health" should not be used to push an agenda - yet it is so obvious that it is pushing one agenda. Otherwise why [did she] go public? (<http://www.people.com/article/Brittany-Maynard-death-with-dignity-Ira-Byock>)

I know that folks have tried to reach out to Brittany, but I find myself sad at what appears to me to be a "shout out" to all of us about the rotten and tragic situation in which she finds herself and the answer from her family and many others to party and kill yourself. Brittany will commit suicide assisted by the State, while we watch like ghouls. I wonder what effect this will have on the people, many young, who are contemplating suicide right now and how many copycat suicides will happen among them.

Brittany, if I were in your family, I would hold you tight, I would love you forever, I would rage at the unfairness and challenge society for more than suicide pills. I would fight for your care, search for a cure and give you hope to live until you die, reassure you about your dying and watch everything you do, hear every word, feel every breath until the last, see every smile and tear and I would always have hope and I would never give up and nor would you. Now that would be worth a party!

## RECOMMENDED READING



**"POLST: Physician Orders for Life Sustaining Treatment,"** is a new brochure created by California Nurses for Ethical Standards (CNES). Easy to read and factual, this brochure explains why it is wise to be wary of this form which is "very different from other health care advance directives." Don't be led down the proverbial garden path. Be informed, be aware! One free sample or multiple copies at very reasonable rates can be ordered by emailing your request to [info@ethicalnurses.org](mailto:info@ethicalnurses.org) or calling (310)413-1542.

## 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.

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.

[Join the Pro-Life Healthcare Alliance](#)

[Pro-life Healthcare Alliance](#)

[Hospice Patient's Alliance](#)

[Euthanasia Prevention Coalition](#)

[Patient's Rights Council](#)

[Prenatal Partners for Life](#)

[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



Pro-life Healthcare Alliance

a program of [Human Life Alliance](#)  
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