



Pro-life Healthcare Alliance

Dec. 4, 2015

PHA Monthly

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

Welcome to the twenty-sixth 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."

From the Editor's Desk



By Julie Grimstad

Combating Change Agents Who Are Transforming Health Care into Death Care

Our civilization is in crisis. One sign of this crisis is the increasing loss of reverence for human life.

For thousands of years, physicians embraced the Hippocratic ethic: "I will give no deadly medicine to anyone, nor suggest such counsel." Physicians understood that their mission was to save lives, not end them. If the sanctity of human life is not the basic ethical principle guiding the medical profession, no one is safe. Vulnerable patients will be offered assisted suicide or euthanasia as just another "treatment option".

Today, the sanctity of life principle is under assault by change agents who are working relentlessly to legalize medical killing.

Some of these change agents are large organizations with tons of money. For example, the Robert Wood Johnson Foundation and George Soros' Open Society Foundation have pumped at least 40 million dollars into transforming healthcare for the vulnerable into death care.

"Right to die" organizations with nice-sounding names are also change agents. Compassion & Choices (formerly known as the Hemlock Society) is the well-funded leader of the assisted suicide push in the United States. Compassion & Choices (C&C) campaigns to legalize assisted suicide are currently underway in numerous states. For instance, in Minnesota, C&C speakers are traveling around the state advocating for assisted suicide. They are securing speaking engagements by offering to talk about advance directives for healthcare as the bait and then switching to promotion of the legalization of assisted suicide. In New Jersey, on December 7, C&C is holding a "Lobby Day". Their invitation to NJ citizens reads: "On lobby day, you can visit your state senator's office, thank them for their support of the death-with-dignity legislation and share why this bill is important to you and your loved ones. It's an important opportunity to build support with face-to-face interactions and personal testimonies. We'll use lobby day to demonstrate to New Jersey Senators the momentum we've built for aid-in-dying legislation both here in the Garden State and nationally."

To combat C&C's influence on citizens and legislators, we urge everyone to be on the alert for efforts to legalize assisted suicide in your state. It is important to be proactive by

identifying other groups and individuals who oppose legalization of assisted suicide in order to form an alliance and a plan to defeat C&C when it invades your state promoting its deadly agenda. If C&C is already targeting your state, find out its plans and resist or neutralize them. For example, in New Jersey, citizens who oppose assisted suicide could hold their own "Lobby Day."

This is an urgent matter of life and death. Defend life!

When we grow old or sick and we are tempted to lose heart, we should be surrounded not by those who say, "I can help you kill yourself," but by people who ask, "How can I help you?"

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)

For your copy contact Human Life Alliance at feedback@humanlife.org

Assisted Suicide Update

California: On October 5, California became the 4th state (after Oregon, Washington and Vermont) to legalize physician-assisted suicide when Governor Jerry Brown signed it into law. Under the 'End of Life Option Act', starting sometime in 2016, physicians will be allowed to prescribe lethal drugs to adults diagnosed with terminal illnesses who are expected to die within six months and request assistance to end their lives.

Quebec, Canada: Quebec adopted legislation in 2014 to permit 'medical aid in dying', but there is good news to report. On December 1, Justice Michel Pinsonnault of the Quebec Superior Court decided to stop the law from going into effect as scheduled on December 10, 2015. The case was brought by the Coalition of Physicians for Social Justice, who sought to obtain an injunction and to have the Quebec law declared unconstitutional.

The Quebec government has declared it will appeal the decision, suggesting that the judge made an error in finding that 'medical aid in dying' constitutes euthanasia. According to the CTV news, Québec Justice Minister Stephanie Vallee said: "There is a clear difference

between euthanasia and medical aid in dying." Alex Schadenberg, Executive Director and International Chair of the Euthanasia Prevention Coalition (EPC), which intervened in the case, responded, "The comments by the Québec government defy logic. It is one thing to devise political 'talking points' to hide the fact that 'medical aid in dying,' which includes death by lethal injection, is euthanasia, it is another thing to appeal a court decision based on a talking point."

Justice Pinsonnault wrote, "It must be concluded at this stage that 'medical aid in dying,' in the present context, corresponds *prima facie* to the euthanasia of a human being at his express request..." and "Adding the word 'medical' to the expression 'aid in dying' is alone not enough to protect provincial legislation that is incompatible with federal criminal legislation." Euthanasia is not currently permitted in the criminal code of Canada.

"EPC will intervene at the Court of Appeal in this case," said Alex Schadenberg. "We will urge the Court to employ the same clear thinking as Justice Pinsonnault did in his Superior Court decision."

<http://alexschadenberg.blogspot.ca/2015/12/medical-aid-in-dying-in-quebec-is.html>

United Kingdom:

In September, the British Parliament overwhelmingly defeated a bill that would have legalized physician-assisted suicide.

Germany: In November, the German parliament passed a law legalizing some assisted suicides. As Reuters News reported: "*The bill, which was upheld with 360 out of 602 votes, criminalizes organizations that assist patients in terminating their own lives for profit. It is meant to prevent the commercialization of the procedure as a 'suicide business.'* However, *single instances of suicide assistance - by a doctor or relative - do not contradict the new law. A husband who helps his terminally ill wife to die would not be prosecuted.*"

If efforts to stop the German law fail, assisted suicide, without a doubt, will expand beyond the original boundaries of the law as has happened in other European countries which have legalized euthanasia and assisted suicide.

WE MUST NOT EXCLUDE THE SPIRITUAL

By LMK from Minnesota

In my experience as a hospice nurse, I have had many opportunities to be with the dying during their last days, hours, and sacred last breaths on earth. I want to share two of the most memorable moments in the stories that follow. (The names have been changed to Jane and Mary.)

Jane

Jane was a widow and the mother of two daughters who faithfully visited her as she spent her last days alert, cheery, and bedridden in the hospice where I work as a nurse. Jane rarely admitted to having pain and said that she was afraid to die-that she was "not ready." She came to the hospice with a history of chronic breathing crises (related to chronic obstructive pulmonary disease or lung cancer, I believe). During her stay, well-managed medication alleviated her breathing problems. She was compliant with her medication schedule until one day . . .

Just starting my shift, I was informed that Jane was refusing her 7 a.m. medications, which were scheduled to help prevent a breathing crisis during her morning bed bath. I finished rounds and then went to see Jane. Her brow was deeply furrowed, so I gently asked if there was something I could do for her. She replied that she was just tired of all this suffering and wanted it to end. After listening to her and her daughter's concerns, I explained that her medications were designed to help her breathe. Once her daughter told her those meds might help her die sooner [This is not a likely side effect.-Ed.], she quickly consented to taking them, but I could tell this was not the real problem.

Jane and her daughter cried and hugged as if to say good-bye. I invited them to pray. The daughter led a prayer. Then, praying from my heart, I asked Jesus to help Jane with peace and hope, her family with comfort, and her nurses with wisdom to know what was best for her.

I couldn't hold back a tear as I watched Jane's angry, fearful frown turn into a peaceful smile. Then she said, "A little longer." Her daughter looked puzzled, so I asked Jane what she meant. With a grin, she responded, "Jesus wants me to stay a little longer." Next, Jane began to speak some names, as if she were identifying people. I whispered, "Are those people who have passed?" The daughter nodded and then spoke to Jane excitedly, "Do you see Grandma and Grandpa?" Jane, with eyes closed and a beaming smile, nodded. "Do you see Daddy?!" Again, Jane nodded, smiling even brighter.

Such a moment of joy-filled grace! Jesus' presence felt so close and warm.

Jane opened her eyes and looked at me, asking what to do. Wide-eyed, I heard myself unhesitatingly tell her, "Well, if Jesus wants you to wait a little while, there must be a reason. Maybe He wants you to use this time as a sacrifice and pray for others. So, I would just ask Him to give you all the grace you need to wait a little longer." Jane closed her eyes again and asked God for that grace.

Hugs were shared. Then I stepped out of the room and let the rest of the family come in to share in the gift of life that Jesus continued to give Jane. Jane's daughter later told me that Jane had said we called Jesus; she didn't. As mysterious as that is to me, I take it to mean that we have a duty to pray for those who can't or won't or don't, for whatever reason.

It was clear to me that the love Jane experienced supernaturally was transformational in helping her to accept her lot-her suffering-for "a little longer." The rest of her journey was embraced, not rejected or shortened to avoid the hardships she faced.

Jane was kept comfortable with medicine as symptoms arose. She died peacefully of natural causes about a week later, surrounded by God, her loving family, and the communion of saints, I am sure.

We must not exclude the supernatural when we speak of death, for He who gives life will take it in His own providential time. He alone knows when each one of us is ready.

Maria

Maria was brought to our hospice because it was getting very difficult to care for her at home. She had Parkinsonian syndrome, which causes the extremities to become very rigid with contractures and also causes difficulty in swallowing. Her level of consciousness was hard to assess at first. When her family visited, she seemed interactive, answering their simple questions with appropriate one-word responses. But the first time I met her, she simply kept repeating a phrase she had just heard, or she defaulted to "Help me, help me, help me."

Some staff members seemed to be irritated by Maria's continuous requests for help. When asked if she had pain, wanted a drink, needed to be repositioned or changed, or was hungry, she clearly said, "No," and then resumed her monotone plea.

I tried to think of Maria's request as a song that just needed new words. I've often found this method helpful while working with individuals who have conditions (dementia, stroke, mental illness, brain injury, etc.) that cause difficulty in expressing oneself. Instead of trying to alleviate their suffering by killing them, we have the duty to try to understand them and

help them communicate in other ways. I wanted to introduce a simple song to replace Maria's "Help me" song. "Jesus Loves Me" popped into my head, but all I had to do was ask her if she liked to sing, and she immediately broke into "Jesus Loves Me"! We sang it together wholeheartedly.

The next time I worked with Maria, I was inspired to try to understand how I could help her better when she sang her "Help me" song. I asked, "Maria, are you in pain?" "No," she replied with eyes tightly closed. "Is there anything I can do for you? Water, snack, open the shade?" Again, "No" was her reply. Then I said, "You know, Maria, when you keep calling out for help, it is hard for us to know what to do for you. Are you calling out to us, or to Jesus?"

Maria was silent. She opened her dark brown eyes, looked at me, and said with a huge smile, "Jesus!"

I continued, "Can I ask you something?" She smiled in consent. "It appears that you are suffering very much with your condition. Does God give you special graces to carry the cross you now have?" She nodded. "Does He give you visions of beautiful things to encourage you and give you hope?" She nodded slightly and said, "Yes." I took a deep breath and asked, "You know, Maria, today some people think those who suffer would be better off dead, and they even think that euthanasia would relieve the suffering a family has when watching those who struggle. What would you say to people who think that way?" Even before I finished my question, she said, "NO, NO, NO, NO, NO!" And then she was silent.

I assured her that she was a treasure, that we loved her, and that no such thing would be done to her. She agreed to pray for those who are trying to force euthanasia into our land. We sang "Jesus Loves Me" together again, and I tucked her into bed for the night, thanking her and promising my prayers.

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 accepting a medical prediction that a loved one will never recover consciousness or have a "meaningful life".

On September 11, 2005, 11-year-old Haleigh Poutre's adoptive mother and stepfather beat her into a coma, then brought her to an emergency room. A short time later, doctors decided she had zero chance of recovery. On Sept. 19, the state sought a court order authorizing removal of her life-sustaining care. At a hearing on Sept. 30, two doctors stated that Haleigh had irreparable brain damage with no chance for a meaningful life. On Jan. 17, 2006, the Massachusetts Supreme Judicial Court affirmed a lower court ruling approving the removal of Haleigh's ventilator and tube-feeding to "let her die with dignity." Fortunately, Haleigh began showing increased alertness before the hospital removed her life-sustaining care.



This case demonstrates how little evidence is required for a court to approve removal of care and treatment that is sustaining a person's life.

In Dec. 2008, Haleigh was released from a rehabilitation hospital and placed with a foster family who adopted her in 2010. Haleigh regained her ability to speak and, 10 years after she made what doctors called a miraculous recovery, Haleigh's adoptive dad says, "On a daily basis Haleigh is a pretty happy-go-lucky kid whose heart is just full of love and we are blessed to be the recipients of that."

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 unborn, 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

a program of [Human Life Alliance](http://humanlife.org/) (<http://humanlife.org/>)
1614 93rd Lane NE, Minneapolis, MN 55449
Tel 651.484.1040