



Pro-life Healthcare Alliance

Dec. 19, 2014

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## PHA Monthly

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

Welcome to the seventeenth 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."

## "Pro-Life" Hospice Care?



Dr. Brian Kopp

There was a time, not long ago, when the idea of designating a hospice care program as "pro-life" would have seemed absurd. Most hospice care programs in the US in the 1970s and 1980s sprang from roots in Christian ministry to the sick and dying, and the sanctity of human life was always paramount in these grassroots hospices. To understand why things have changed, we need to understand the Christian roots of hospice care philosophy and how the hospice industry has deviated from those origins.

In the Middle Ages, many Christians made pilgrimages to the Holy Land. They frequently became sick on the long and arduous journey. Pilgrims who were unable to complete the journey home were admitted to the care of the Knights Hospitaller in their hospice in Jerusalem. Christian care was provided to fulfill the Corporal and Spiritual Works of Mercy, and hospices were subsequently founded along pilgrimage routes in other regions. In France, the Daughters of Charity of St. Vincent de Paul opened hospices in the 17th century, and the Irish Religious Sisters of Charity opened a hospice in Dublin in the late 19th century. Churches led the way in the care of the dying well into the 20th century, which saw the emergence of two great leaders in the hospice field.

Most know of Mother Teresa and her pioneering work among the dying in India's poorest regions, her establishment of the first hospices for AIDS victims in the 1980s, and her uncompromising pro-life stance. England's Dame Cicely Saunders began her career in nursing, transitioned to social work and eventually completed medical school in order to help the development of modern hospice care. She also developed a lively faith as a result of joining a Christian study group founded by C.S. Lewis at Oxford University. She took a keen interest in the needs of the dying, recognizing that their physical, mental, emotional, and spiritual needs and sufferings were simply not being met in the medical system of the first half of the twentieth century. Dame Saunders was fully committed to the sanctity of human life and strongly opposed euthanasia and assisted suicide.

The early grassroots hospice programs that started in the late 1970s in the USA took as their foundation the Christian philosophy of the sanctity of life held so dear by Mother Teresa and Cicely Saunders. Most hospice work was volunteer-based and primarily provided as Christian works of mercy. Unfortunately, the federal government's introduction of a Medicare hospice benefit in 1986, while providing stability and a revenue stream for these hospice pioneers, also introduced the profit motive.

Within two decades, big for-profit corporate hospice providers had completely displaced these grassroots non-profit community based hospices in many markets. Today, all of the large for-profit corporate hospice providers have been credibly accused of massive amounts of fraudulent hospice billing; the largest for-profit corporate hospice provider stands accused of a billion dollars per year in fraudulent insurance billing for the last ten years.

Most of this fraud consists of admitting patients to hospice who aren't actually terminal, thus billing for inappropriate care, or billing for higher levels of care than patients actually need. Fraud by neglect and by withdrawal of routine chronic medications is common. Also, omissions (e.g., inappropriate withdrawal of food and water) or commissions (e.g., over-medication) frequently lead to premature deaths. We call these deaths "stealth euthanasia" whether they are deliberate or not.

Sometimes these deaths occur simply because of greed. For instance, hospices commit fraud by not providing services and supplies to which patients are entitled, by denying patients medications for chronic conditions such as heart disease or diabetes, or by over-medicating patients to make them

appear sicker than they are in order to bill more for higher levels of care. Sometimes, as in the case of Terri Schindler Schiavo's death at the hospice in Florida, deaths are caused deliberately. The pro-life movement needs to recognize, understand, and fight against "stealth euthanasia."

It is also imperative that the pro-life movement help develop and support "Pro-Life Hospice Care."

Dr. Brian Kopp  
Johnstown, PA  
Chairman, Pro-Life Healthcare Alliance  
Faith Community Liaison, Catholic Hospice, Greensburg

## CASE IN POINT



By Margaret Dore, Esq., MBA

A few years ago, the owner of an elder care facility told me about one of its residents. He was an older gentleman who was a slow eater, but he had never choked or aspirated on his food. His doctor arranged for a swallow test, which he failed. To prevent aspiration, the doctor said "Nothing by mouth." The man had previously signed a health care directive saying that he would not want artificially provided food or water. So this meant nothing at all. Moreover, the man's son sided with the doctor.

Over the next few days, the man said that he was hungry and that he wanted something to eat, until he got too weak to say anything at all.

He was not allowed to change his mind and it was a horrible awful death.

So much for compassion and choice.

Be careful what you sign.

Note: This Case in Point was excerpted from a 12/1/2014 commentary regarding Compassion & Choices' new campaign to reduce patient choice in healthcare, which can be read at <http://www.margaretdore.org/2014/12/compassion-choices-has-new-campaign-to.html>

About the author: Margaret Dore is President of Choice is an Illusion, a nonprofit 501(c)(4) human rights organization opposed to assisted suicide and euthanasia. She is also an attorney in Washington State where assisted suicide is legal. See [www.margaretdore.com](http://www.margaretdore.com) and [www.choiceillusion.org](http://www.choiceillusion.org)

## From the Chairman's Desk

*This commentary was written by Raissa Federline of McMurry, Pennsylvania, an attendee at the Pro-life Healthcare Alliance (PHA) conference held at St. Francis University in Loretto, PA on November 15, 2014. Raissa has long been involved in pro-life work in her area. However, her comments here illustrate the value of, and the need for, educating not only the public but the pro-life community itself about "defending life at risk in a throwaway culture," one of the central missions of the Pro-Life Healthcare Alliance.*

*In addition to holding conferences, the PHA has a Speakers' Bureau. If you would like to have an excellent pro-life speaker on healthcare issues at your event, please call 651-484-1040. To learn more about our speakers and the topics they address, see the article about the PHA Speakers' Bureau in this newsletter.*

### Defending Life at Risk in a Throwaway Culture

When I first registered for the "Do Not Delete" conference, I thought I was going in support of Catholic Hospice. They had guided my family through my mother's last two months of her 91 years. Their gift of prayerful service is something we will never forget. After I registered, I began wondering why I was going to a health care conference when I have no medical degree or professional experience other than caring for my elderly mother the past 13 years.

The conference was amazing. Thank you for encouraging me to attend. Not only was each speaker incredibly intelligent and full of great information, but meeting the other attendees renewed me with great conviction. I met couples and individuals who have battled on pro-life front lines for years. Unfortunately, they are but a remnant of the pro-life movement. Most people who consider themselves 'pro-life' only consider the abortion issue in their work. This conference solidified the sacredness of the entire spectrum of life in my mind.

Julie Grimstad, LPN, explained Medical Futility and Patient Advocacy in a powerful way. I experienced several such instances in caring for my own mother that were confusing and pressuring us to fill out the 'required' paperwork. I often asked what if she had no one to ask questions, no one to seek another answer? Julie opened my eyes to the need for a Befrienders' Advocacy Program.

Cristen Krebs, DNP, ANP-BC, stirred up many memories of our final journey with my mother. Again, we were able to be served by Catholic Hospice in the Pittsburgh area. What of those who had no pro-life hospice to care for them? A nationwide pro-life end of life resource list would meet that need and help everyone recapture the sanctity and reverence of caring for the dying.

Loren Kirchner, MD, opened my eyes to the fact medical oaths are not legally binding and vary among medical schools. These oaths, once sworn to a higher power, are now pledged to the service of humanity. As a lay person I never would have imagined such a thing.

Marie Hilliard, JCL, PhD, RN, solidified my reason to attend when she opened her talk by explaining the laity is called to live in the world and be the ones who make a difference. We are the ones who, by embracing and offering up our sufferings with Christ, can make that difference.

Ralph Capone, MD, FACP, encouraged us to live virtuously so we will die virtuously. Virtue enables us to know what is good. By living the virtues we can restore the dignity, autonomy and authority to the patient, and their families.

A lot of education has to happen before our culture gets turned around. We need to continue sharing the information we learned with our own families, our own friends, our own churches and clergy, with anyone who will listen. I am thankful I was able to attend and plan on sharing the information with everyone I can.

-- Raissa Federline

## PHA SPEAKERS' BUREAU

The following members of the Pro-life Healthcare Alliance are available to speak anywhere on the healthcare topics indicated. If you are planning an event, please consider inviting one or more of these excellent, well-informed speakers on crucially important matters of life and death. Call 651-484-1040 or email [reverence4life@prolifehealthcare.org](mailto:reverence4life@prolifehealthcare.org)



William (Bill) Beckman, retired Executive Director, Illinois Right to Life: *"Choosing Advanced Directives and Scope of Medical Treatments (including a focus on the Catholic perspective)," "Dangers of Hospice Care (including real life case examples)," "Brain Death and Organ Donation," "The True Agenda of Planned Parenthood," "ObamaCare Threats to Religious Freedom," "Stem Cell Research," "Pro-Life Activism"*



Ralph A. Capone, MD, FACP (University of Pittsburgh School of Medicine) is board-certified in Internal Medicine and Hospice and Palliative Medicine with over 30 years of clinical experience and an abiding interest in American bioethics, its impact on the medical profession and on society: *"Patient Virtue in Healthcare Decision-making"*



Elizabeth Graham, Director, Texas Right to Life since 1998, has experience in public policy on the myriad life issues, patient advocacy and guiding patients and families on life-affirming health care decisions, and helping pregnant women, and has spearheaded the passage of historic prolife legislation in Texas: *"Death Panels in Texas," "Denial of Treatment," "Futilitarianism"*



Julie Grimstad, Executive Director, Life is Worth Living and former Chair of the PHA, has been a pro-life patient advocate for 28 years: *"The Urgent Need for Patient Advocates and Befrienders," "Medical Decision Making/Advance Directives and POLST," "Medical Futility: Quality of Life v. Sanctity of Life," "Brain Death, Organ Donation and Transplantation"*



Mary Kellett, Executive Director, Prenatal Partners for Life: *"A Poor prenatal diagnosis," "Prenatal Testing," "The Gift of a Child with Special Needs," "Prenatal Hospice," "Peter's Story," "Euthanasia in Children with Special Needs," "Pressure to Abort Children with Special Needs," "Pressure to Not Treat Children with Special Needs"*



Cristen Krebs, DNP, ANP-BC, Catholic Hospice Founder / Executive Director, is a graduate of Robert Morris University's Doctor of Nursing Practice Program with twenty years of end-of-life care experience: *"Pro-life Hospice and Palliative Care," "End-of-life Care and Challenges," "Fraud in Hospice," "Misconceptions of Hospice Care/ What to look for when choosing Hospice Care"*



Mark Davis Pickup, Human Life Matters: *"I Am More Than My Disability," "Suffering, Disability, and the Sanctity, Dignity and Equality of All Human Life," "Abortion, Euthanasia, Assisted suicide," "Ethics Pertaining to End of Life Care," "Bioethical Issues," "Grief"*



Alex Schadenberg, International Chair, Euthanasia Prevention Coalition: *"Euthanasia," "Assisted Suicide," "Eugenics," "Eugenic Euthanasia," "Disability and Euthanasia"*



Jo Tolck, Executive Director of Human Life Alliance (an international pro-life organization based in Minneapolis, Minnesota), has been actively involved in the pro-life movement since before Roe v. Wade and was a founder of the North Side Life Care Center: *"Non-persons': From Abortion to Euthanasia"*



Nancy Valko, RN, Advanced Legal Nurse Consultant, spokesperson for the National Association of Pro-life Nurses and past president of Missouri Nurses for Life, has been a nurse for 45 years working in such specialties as critical care, hospice and home health, dialysis, and oncology: *"The Dark Heart of Euthanasia - Selling Death," "Whatever Happened to Common Sense at the End of Life?," "Then and Now - The Descent of Ethics," "Are Pro-life Healthcare Providers Becoming an Endangered Species?," "The War Against Children with Disabilities,"* as well as numerous other titles addressing assisted suicide, bereavement, organ donation, etc.

## 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



a program of [Human Life Alliance](#)  
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