



Pro-life Healthcare Alliance

**March 23, 2016**

### PHA Monthly

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

Welcome to the twenty-ninth 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



### ORGAN DONATION: A FEW FACTS TO CONSIDER

By Julie Grimstad

The source of most vital organs (heart, lungs, liver, kidneys and pancreas) for transplantation is patients who have been declared dead. Are they truly dead? The answer to this question is crucially important, for, if organ donors are not dead, removal of their vital organs will kill them.

**Donation after brain death (DBD):** The majority of "dead" donors suffer severe head trauma and are determined to be "brain dead." "Brain death" is defined as the *"irreversible cessation of all functions of the entire brain, including the brain stem"* [Uniform Determination of Death Act (UDDA)]. However, DBD donors do not meet this standard since they do retain some essential brain functions, for instance, the secretion of hormones by the hypothalamus and certain functions of the brain stem, such as regulation of body temperature. These brain functions, apparently, are simply ignored in the pursuit of organs. Also, some functions of the brain may be only temporarily lost and recover over time, if the patient is given time to recover them. Consider:

- "Brain dead" patients have signs of life - vital signs. They are warm and pink, have a beating heart and blood pressure, and breathe with the support of a ventilator.
- Their wounds heal, they grow and mature sexually, digest food and excrete waste.
- Many cases of recovery after "brain death" diagnoses have been reported.\*

In order to determine "brain death," an **apnea test** is required. The ventilator is turned off for up to 10 minutes to see if the patient will breathe spontaneously. Carbon dioxide increases to toxic levels that can increase brain damage and may even cause death. *The apnea test only proves the patient needs a ventilator to assist respiration; it does not prove he is dead.*

**Donation after circulatory death (DCD):** DCD allows patients who are ventilator-dependent, but not "brain dead," to be organ donors. A patient or family agrees to stop life-support and a do not resuscitate (DNR) order is written. Then they consent to organ donation. The patient is removed from the ventilator. The medical team waits until no pulse or breathing can be discerned. A short 2-5 minutes later the patient is pronounced dead and organ removal begins. The definition of death used to justify DCD is the *"irreversible cessation of circulatory and respiratory functions"* [UDDA]. "In DCD, the common meaning of irreversible--"not capable of being reversed"--is abandoned. The intent in DCD is to not attempt reversal by resuscitation, but that does not mean loss of circulation is irreversible nor that the patient is dead yet. Like DBD, DCD involves sleight of hand.

**The Uniform Anatomical Gift Act was revised in 2006 and most states have adopted it.** Everyone who has not explicitly refused to be an organ donor is now considered a "prospective donor." This means that, if you are "at or near death," your hospital must notify an Organ Procurement Organization (OPO). While the OPO searches for a "reasonably available" family member or other person who can legally consent or refuse to donate your organs, the medical team can treat you like a donor, subjecting you to medical procedures--not beneficial to you--solely to make certain your organs are in tip-top condition for the potential recipient.

Before organ transplantation was possible, physicians waited long enough to be certain that circulatory and respiratory functions had *irreversibly* ceased. Death was declared only when there were no vital signs--the body was cold, blue and stiff. Today, however, in the haste to procure vital organs before they begin to deteriorate due to loss of circulation, death is often declared to enable organ transplantation, not to protect the donor from a death-dealing mistake.

**Protect yourself.** Human Life Alliance (HLA) recommends signing and carrying a "Refusal to be an Organ Donor" wallet card at all times. To request cards, call HLA, 651-484-1040.

\*Examples of recovery after "brain death" diagnoses: Zach Dunlap, Stephen Thorpe, Abigail Kopf, Hanna Lottritz, George Pickering III, Jimi Fritze, Colleen S. Burns, John Cordero, Madeleine Gauron

## From the Chairman's Desk

**By Jim Hentges**

In Minnesota, the battle over physician-assisted suicide has been intensifying. Over the past year, Compassion and Choices, along with its allies in the State Senate, has held an informal legislative hearing and four listening sessions around the state. Last week, there was a more formal hearing on the proposed bill in the Senate Health, Human Services and Housing Committee. I am pleased to report the result.

The articulate presence of a large number of citizens opposed to the legislation undoubtedly impacted the outcome. Opponents represented a broad spectrum of the populace and far outnumbered those who testified in favor of assisted suicide. Sensing she did not have the votes, the author withdrew the bill, so it is likely dead for the duration of this legislative session.

In an effort to continue to halt the advance of physician-assisted suicide in Minnesota, a broad coalition of organizations has been formed. These groups represent a wide variety of interests, and professions, all of whom share the same recognition that physician-assisted suicide is not desirable in Minnesota - or anywhere else.

Through the utilization of carefully obtained research, this coalition's objective is to penetrate multiple levels of Minnesota society in an effort to educate and motivate both the citizenry at large as well as key professional segments within society. The goal is to bring about clarity of understanding on this issue and a strengthened resolve to oppose it.

If you live in a state where this battle has been successfully waged and would like to share insights you have gained, please send them to us at [reverence4life@prolifehealthcare.org](mailto:reverence4life@prolifehealthcare.org)



Together, our efforts can help to ensure that, through the Pro-Life Healthcare Alliance, health care will be available for us and for future generations which will respect the sacredness of life --healthcare that seeks to cure and care, not to destroy lives from a misguided sense of compassion.

**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)

## **ASSISTED SUICIDE UPDATE**

**Canada:** In February 2015, Canada's Supreme Court unanimously struck down the nation's laws against assisted suicide and euthanasia, giving Parliament and the provincial legislatures a year to enact legislation "consistent with the constitutional parameters set out" by the Court "should they so choose." The time limit has since been extended until June 6, 2016. Note that legislators have a choice. They are not required to enact legislation endorsing and regulating the practice of medical killing. Nevertheless, such a law is in the works and it will be a disaster for both vulnerable patients and conscientious health care providers.

Recently, the Special Joint Committee on Physician-Assisted Dying submitted its final recommendations to Parliament (<https://www.documentcloud.org/documents/2721231-Report-of-the-Special-Joint-Committee-on.html>). The Committee, consisting of MPs and senators, recommends eligibility for "physician-assisted dying" be given to a broad range of people, including mature minors and mentally ill people. It also recommends establishing the right to make an "advance request" for a medically imposed death after being diagnosed with certain debilitating, but not necessarily terminal, conditions (e.g., dementia). A law incorporating these recommendations would put the most vulnerable patients at even greater risk because killing them would be easier and less costly than caring for them.

People who want to die usually have treatable depression, need better care, or fear what will happen when they can no longer care for themselves. Every person needs to be loved and cared for generously. No one needs a right to be killed.

Regarding "a process to respect health care practitioner's freedom of conscience," the Committee's report states, "At a minimum, the objecting practitioner must provide an effective referral for the patient." Also, the Committee recommends the government "ensure that all publicly funded health

care institutions provide medical assistance in dying." Canada's 1982 Charter of Rights and Freedoms states, "Everyone has the fundamental freedom of conscience and religion." Nevertheless, if the Committee's recommendations are incorporated in the law, doctors who object on religious or moral grounds will be required to refer their suicidal patients to physicians willing to kill them and all hospitals and nursing homes, including religious health care institutions, will be forced to permit assisted suicides and euthanasia in their facilities. Resistance may mean being forced to close their doors. Physicians, physician's assistants, nurses, pharmacists and other health care providers who refuse to comply with this draconian law will be forced to either get out of medical care or get out of Canada.

Clearly, such a law would violate "freedom of conscience and religion."

As Mark Davis Pickup has commented, "It's wide open euthanasia and assisted suicide beginning in 2016. Guidelines will be a ruse, mere formalities to give an air of respectability to murder." (<http://www.humanlifematters.org/2015/12/euthanizing-canada.html>)

**The United States of America:** So far this year, assisted suicide bills have been defeated in nine states: Arizona, Colorado, Hawaii, Iowa, Maryland, Nebraska, New Jersey, Utah, and, most recently, Minnesota. We owe a great debt of gratitude to the diverse groups -- medical, disability, pro-life, etc. -- that have so effectively testified to the dangers of these bill in state after state. On the down side, California's "End of Life Options Act" legalizing assisted suicide and euthanasia, enacted last year, officially goes into effect June 9th.

**Assisted suicide gets assist from CBS's "60 Minutes":** "In the March 13, 2016 TV '60 Minutes' segment titled "Aid in Dying" (retitled "Should the terminally ill control how they die?" in the [online transcript](#)), the vaunted investigative news show crossed the line from presenting facts to enthusiastic advocacy." - Nancy Valko, RN, ALNC (<http://nancyvalko.com/>)

*Death is unexplored territory from which there is no turning back. The choice to end one's life is irrevocable even should one discover that it was a really bad choice.* -JG, Editor

## **MINNESOTA BILL "STACKED AGAINST PATIENTS" IS TABLED**

*On March 16th, a hearing on a bill to legalize physician-assisted suicide was held by the Minnesota Senate's Health, Human Services and Housing Committee. Compassion and Choices brought Dan Diaz, Brittany Maynard's husband, to Minnesota to make an emotional appeal for passage of the bill. He told the tragic story of his wife's choice to legally end her own life because she had brain cancer. Mr. Diaz sanitized suicide by calling it "gentle passing." Thankfully, opposition to assisted suicide was strong.*

*The bill was tabled, but its author, Senator Chris Eaton, has vowed to bring it back in the fall. Similar bills are pending in other states. Therefore, this press release explaining what the Minnesota measure actually says and would do is a real eye-opener that we urge our readers to share far and wide.*

3/15/2016, St. Paul, MN -- Attorney Margaret Dore, president of Choice is an Illusion, which has fought assisted suicide legalization efforts in many states and now Minnesota, made the following statement in connection with the legislative hearing on a bill seeking to legalize assisted suicide and euthanasia in that state. **(SF 1880, hearing Wednesday, 3/16/16 at 12 PM).**

"There is a bill pending before the Minnesota State Senate, which seeks to legalize physician-assisted suicide, assisted suicide and euthanasia as those terms are traditionally defined," said Dore. "The bill is described as 'aid in dying,' but its reach is not limited to dying people. 'Eligible' persons may have years, even decades, to live."

Dore said, "The bill is a recipe for elder abuse. The patient's heir, who will financially benefit from the patient's death, is allowed to actively participate in signing the patient up for the lethal dose. There is no oversight over administration." Dore elaborated, "No doctor, not even a witness, is required to be present at the death. Even if the patient struggled, who would know?"



"Another way to look at it," said Dore, "the bill is sold as assuring patient choice and control, but when you look at what it actually says and does, the bill is stacked against the patient. Patients are sitting ducks, legally, under the proposed bill."

The bill seeks to legalize assisted suicide and euthanasia for people who are "terminal," which is defined as a doctor's prediction of less than six months to live. In real life, such persons can have years, even decades, to live.

"Doctors can be wrong about life expectancy, sometimes way wrong," Dore said. "This is due to actual mistakes and the fact that predicting life expectancy is not an exact science. A few years ago, I was met at the airport by a man who at age 18 had been diagnosed with ALS and given 3 to 5 years to live, at which time he was predicted to die by paralysis. His diagnosis had been confirmed by the Mayo Clinic. When he met me at the airport, he was 74 years old. The disease progression had stopped on its own."

"If the Minnesota bill becomes law, there will be new lethal paths of elder abuse, which will be legally sanctioned," said Dore.

Dore concluded, "People with years, even decades to live, will be encouraged to throw away their lives. Even if you like the concept of assisted suicide and euthanasia, the proposed bill has it all wrong."

**Note:** Choice is an Illusion is a nonprofit corporation. Contact Margaret Dore, (206) 697-1217.

[www.margaretdore.com](http://www.margaretdore.com)

[www.choiceillusion.org](http://www.choiceillusion.org)

For more information, see:

1. Memo from Margaret Dore, Esq., MBA, to the Minnesota State Senate Health, Human Services and Housing Committee, dated February 14, 2016, at the following links: <https://choiceisanillusion.files.wordpress.com/2016/03/dore-mn-memo-sf-1880-03-14-16.pdf> and <https://choiceisanillusion.files.wordpress.com/2016/03/dore-mn-memo-attachments-sf-1880-03-14-16.pdf>
2. Margaret K. Dore, "'Death with Dignity': What Do We Advise Our Clients?" King County Bar Association, *Bar Bulletin*, May 2009, <https://www.kcba.org/newsevents/barbulletin/BView.aspx?Month=05&Year=2009&AID=article5.htm>
3. Nina Shapiro, "Terminal Uncertainty: Washington's new "Death With Dignity" law allows doctors to help people commit suicide--once they've determined that the patient has only six months to live. But what if they're wrong?" *Seattle Weekly*, 01/14/09, available at <https://choiceisanillusion.files.wordpress.com/2015/08/terminal-uncertainty-w-o-ad.pdf>

## CASE IN POINT

3/10/2016

To Whom It May Concern,

Today is my mother's Birthday! Our family is not able to celebrate with her, however we are blessed to know she is in Heaven.

Uncomfortable as it is to write this and bring it to public awareness, I know in my heart that, for the sake of others, this is a responsibility I cannot avoid.

On January 27, 2016, my mother, Maxine, was admitted to an in-patient hospice facility for pain medicine regulation. The plan was to transfer her back to the family home once her pain was under control. She had several health issues, but her vital signs were good. Upon entering the facility, she was sitting up, talking, eating and drinking. Unfortunately, a couple of days earlier, she had been diagnosed with tumors in her spine. That, along with severe osteoporosis, was causing her extreme pain. One round of radiation was administered in the hope that, along with regulating her Medicine, she would get relief. We agreed the best plan would be to get her pain under control at the hospice before taking her home.

However, without even talking with or examining my mother, apparently only having read her chart and considered statistics, the hospice doctor ordered intravenous pain medications and sedation. She had already been given her pain meds that evening in the hospital before being admitted to hospice, but the hospice nurse said it did not matter... It would not hurt her. Mom was completely sedated and did not wake up until 10:30 the next morning. She asked for something to eat, Boost and water, but we were instructed by the staff, per doctor's orders, not to give her anything!

It was our understanding that, even though she could not be cured, the hospice would regulate her pain medicine, but **we were never advised that she would be heavily sedated and given no nourishment whatsoever.**

The pain meds and heavy sedation continued for several days. We stayed with her 24 hours a day, never leaving her side. Rarely did a doctor come in to even look at her. Each time we questioned why she was being given certain medications, we were patronized with generic answers and statistics. The most common reply was: "It's doctor's orders." My nephew, a pharmacist, took an entire day off from work to evaluate/review her condition and the medication being given. He requested to speak to the doctor, but waited all day to no avail. My nephew finally had to leave late that night.

The hospice, it was apparent, had no intention of regulating medication just to control her pain. When they started doubling up on medicine to keep her sedated, we finally realized they were intentionally shutting her body down. From the moment our mother entered through the hospice doors, she was sedated. Because of this, we never got to have a final conversation with her. She died six days after being admitted.

Although several friends and family have benefitted from in-home hospice care, it saddens me that it appears this hospice is practicing euthanasia under "doctor's orders."

As we sat with our mother for six days, we saw one stretcher after another being wheeled out by the coroner's office. I would highly recommend careful consideration before agreeing to admit your loved one to a hospice.

Sincerely,  
Nancy Strickland  
Orlando, Florida

Editor's note: While there are good hospices, the PHA has heard many stories similar to Nancy Strickland's. We advise anyone considering hospice to do your homework. Our publication ***Informed: a guide for critical medical decisions*** provides questions you should ask a hospice agency (page 12). It is essential you interview a hospice prior to signing on for care. *Informed* can be viewed on our website, [www.prolifehealthcare.org](http://www.prolifehealthcare.org), or call 651-484-1040 to order your free copy. (A donation is welcome, but not required.)

## Resources

Euthanasia: An Introduction, a unit study for high school students which is part of American Life League's CULTURE OF LIFE STUDIES PROGRAM. For more information: [www.cultureoflifestudies.com](http://www.cultureoflifestudies.com)

**Embrace the Journey: Finishing Life God's Way**, an eight-week series addressing aging and dying which is user-friendly and easy for your church to implement, developed and published by Anglicans for Life, [www.AnglicansforLife.org](http://www.AnglicansforLife.org). To order: email [Info@AnglicansforLife.org](mailto:Info@AnglicansforLife.org) or call 412-749-0455.

## 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>

[American Life League](http://www.all.org/) <http://www.all.org/>

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.



*a program of [Human Life Alliance](#)*  
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