Pro-life Healthcare Alliance

April 20, 2016

PHA Monthly

Newsletter for the Pro-Life Healthcare Alliance
Thirtieth Edition

Welcome to the thirtieth 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

Acceptance of Medical Killing Opens Doors to Things Even More Sinister

By Julie Grimstad

In this 30th edition of *PHA Monthly* are three articles which highlight the far-reaching, sinister effects of employing medical means to kill patients, whether with or without their request. The PHA's concerns about the consequences of euthanasia and assisted suicide being accepted as "treatment options" are twofold: the **immediate** and the **long-term** effects on individuals, their families and society.

To be absolutely clear, let's define terms:

Euthanasia: Any action (e.g., administering a lethal overdose of drugs) or omission (e.g., withholding food and fluids) which intentionally causes the death of a sick, disabled, or elderly person, whether to eliminate suffering or for some other purpose.

Physician-assisted suicide: A physician provides a patient with the means to commit suicide (e.g., a lethal dose of barbiturates and information about how to take it), but the last act (e.g., ingesting the drug) is done by the patient.

From opposite sides of the desk - patient and doctor - Mark Davis Pickup, a Canadian with a serious disability ["A Letter to My Doctor Not to Kill Me"], and Dr. Karl Benzio, a psychiatrist ["Testimony Opposing SB426 (Assisted Suicide/Euthanasia Commission) ..."], address their opposition to physician-assisted suicide and euthanasia. Both men are concerned that, due to intense stress, sick people often have impaired thinking which leads to irrational decisions-decisions they would not make if they were in their "right mind." Mr. Pickup's letter to his doctor is a poignant plea to protect him from himself should he ever request assisted suicide.

In addition to Dr. Benzio's concern for the immediate dangers legalized medical killing poses to patients, he paints a vivid picture of the dire social consequences that result from the devaluation of human life. "Psychologically," he warns, "PAS has many dangerous slippery slope effects on our society."

Finally, this month's **Case in Point** is a detailed account of how Jackie McGiboney's family rescued her from a hospice where, against her expressed wishes, she was overdosed with a cocktail of Roxanol (morphine) and Ativan. Involuntary euthanasia, especially disguised as pain management, is becoming more and more common. Carly Walden, Jackie's granddaughter, hopes that their story "will open eyes in a huge way." She says, "If we can help save other families from this invisible holocaust, we will be forever grateful."

The devaluation of some human lives affects all of us, because, sooner or later, every one of us will be under a microscope examining our value.

Now is the time to protest assisted suicide and euthanasia, while you still have the mind and voice to do so.

Readers, please send us your questions about euthanasia, assisted suicide, and other healthcare issues that concern you. Let us know what issues you would like addressed in future editions of PHA Monthly. *Thank you*.

Available now!

10 QUICK REASONS FOR OPPOSING THE LEGALIZATION OF ASSISTED SUICIDE
http://www.prolifehealthcare.org/PhysicianAssistedSuicide_OpposingArguments.pdf)

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

A LETTER TO MY DOCTOR NOT TO KILL ME

Source: http://www.humanlifematters.org/2016/04/a-letter-to-my-doctor-not-to-kill-me.html

I knew this day was coming to Canada. First reading of a bill to legalize physician assisted suicide was introduced into the Canadian Parliament on April 13, 2016. In anticipation of this dark day, I gave my family doctor a letter at the end of 2015 to put on my file instructing her to never allow or cause me to be euthanized regardless of what I request. The text of that letter is below.

Dear Dr. __:

I can hardly bring myself to write these words, but a dark reality in Canada requires it. I am referring to legalizing physician assisted suicide scheduled to begin in 2016. For over 20 years I have feared that a time such as this would come to my country and the Common Good of society at large. I have spoken across Canada and America against euthanasia and assisted suicide.

Should I ever request assisted suicide, I want you to refuse to help me. On this point I am emphatic. Presume that I am speaking out of depression or that multiple sclerosis has begun to affect my mental state. I would not make such a request in my right mind. If, in your judgment, I am suffering from depression, please get me the counselling I need; if the MS is affecting my mind, protect me from myself or others who would take my life before my natural death. Regarding my end of life care, I ask you to provide treatment in accordance with my Roman Catholic faith (see Catechism of the Catholic Church, Nos 2276-2282).

I have such deep respect for you and the proper application of your profession (in its Hippocratic tradition), I would not ask you to stop being my healer and become my killer, unless my mental faculties were impaired by depression or disease.

Sincerely,
Mark Davis Pickup

About the author:
Mark Davis Pickup, a Canadian citizen, developed degenerative and aggressive multiple sclerosis in 1984. Mr. Pickup writes the *Human Life Matters* blog, serves on the Pro-life Healthcare Alliance's Advisory Committee, and is a member of the PHA Speakers Bureau. Topics he addresses include: "*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*," and "*Grief*."

New Hampshire: Testimony Opposing SB426 (Assisted Suicide/Euthanasia Commission) Euphemistically called Aid in Dying, but is really Permission to Kill.

Note: Dr. Benzio's testimony has been condensed for this newsletter.

Hello. My name is Karl Benzio. I am the Pennsylvania Director for the American Academy of Medical Ethics, and the Founder and Clinical Director of Lighthouse Network, an international Behavioral Healthcare nonprofit organization integrating Body, Mind, and Spirit principles to improve treatment access and outcomes for patients with addiction and mental health struggles.

For 25 years, I've been a licensed physician and practicing psychiatrist. I've successfully treated tens of thousands of patients, many being critically or terminally ill. I've worked with brutally traumatized victims of Joseph Kony in Uganda and, at the request of the Iraqi government, with severely traumatized, abused, and highly suicidal patients in war-torn Iraq. I see desperate people in unimaginable pain. No matter their circumstances, contemplating suicide does not occur lightly and is complex.

But, allowing anyone, especially doctors, to kill or help kill a person, is too dangerous to patients, doctors, the healthcare system, and society, especially when much better and safer options are available. The real solution is providing proper expertise and true compassion.

The most immediate danger, obviously, is to patients. According to medical definition, suicide is the destruction of one's own life and prospects. We view this person as having impaired thinking and distorted judgment leading to compromised decision-making. This view contradicts physician-assisted suicide (PAS) proponents' claim that suicide can be "rational." In fact, every jurisdiction in the U.S. compassionately has laws to detain the suicidal person against their will in order to ensure life-saving protection and treatment. Standard protocol and human compassion dictate treating until the suicidal intent is gone.

I have training, expertise, and experience working with suicidal patients, some forced against their will to

submit to treatment. When a person is suicidal, they feel unable to control their life and are experiencing significant psychological and spiritual pain. Intense feelings of being a burden, a failure, disconnection, isolation, fear, brokenness, and losing control start to play tricks on their mind. They can be easily manipulated by those with ill intent or be overly sensitive to innocent comments regarding the negative impact their situation is having on others.

The suicidal person experiences psychological pain and desires shortcuts to numb this pain. Callous, insensitive or ignorant people reduce the suicidal person's value to that of a suffering pet and kill them. But people with compassion, real compassion, recognize the suicidal person's humanity and the value each person has. They come alongside this person, bear their burden with them, and provide protection, love, hope, connection, value, and purpose. This compassionate response is then coupled with the sound psychiatric evaluation and treatment we, as physicians, have vowed and been trained to deliver to every patient, especially the judgment-compromised suicidal patient.

Suicide, you see, is a permanent solution to a temporary problem. Suicidality is a very treatable condition, but severe cases require a holistic spirit-mind-body approach. Depression, post- traumatic stress disorder (PTSD) from the trauma of receiving a life-threatening diagnosis, and underlying psychological issues cause suicide. Studies show primary care doctors poorly recognize and treat behavioral health issues, especially in the terminally ill, even though terminally ill patients respond well to treatment. Sadly, in 2014, only 2 percent, and probably less because of poor reporting requirements, of the 155 patients in Oregon who killed themselves under the state's PAS protocol were referred for psychiatric evaluation.

All of life's seasons are valuable, especially the last one. In our last days, great relational, spiritual, and psychological richness comes to the individual and loved ones. We have all seen people outlive hospice predictions, be cured, or reconciled with a family member. Don't rob people by imposing a premature finish line.

I have treated many suicidal patients, who, after being stopped from suicide and appropriately treated, were grateful for the extended and enjoyable life they were blessed to live. [Ed. - Here, Dr. Benzio provided a descriptive list of patients he has successfully treated.]

Having said all this, if people really want to kill themselves, ultimately that is a choice between them, their Creator, and their loved ones. Killing themselves is logistically easy if that is their desire. I can't stop them. But, they shouldn't need to involve anyone in their act, especially a physician, a trained healer who has vowed to not give anyone help to commit suicide. Bringing in another person shows their ambivalence and fear about this tragic decision. PAS ignores the patient's ambivalence while critically endangering the doctor-patient relationship. It undermines the bedrock trust and accountability society needs to have in the physicians to whom they entrust their lives.

Psychologically, PAS has many dangerous slippery slope effects on our society. We wonder why extreme abuse or tragic mass killings occur more and more frequently. When the top of our society, lawmakers, tasked with being role models in charge of protecting and serving, enact edicts that devalue human life, why are we surprised when our society, and especially the youth, do the same? Bullying, abuse, violence, murder, self-injury like cutting, depression, suicide, and addiction will increase if PAS legislation is passed. In fact, the Oregon suicide rate is now #2 of the 50 states, with an increase of 41% since PAS legislation was enacted there. The increased numbers are non-PAS suicides due to the subliminal message that suicide is

an answer and life is not valuable.

PAS is not a new idea; doctors before Hippocrates both cured and killed. The problem was that a patient didn't know which a physician would do to them. If someone else paid them more, the doctor would kill the patient and no one would be the wiser. Hippocrates realized medicine could not thrive like that, so he required medical students to take an oath before their future colleagues and the community detailing how they would use the powerful knowledge passed on by their teachers. The phrase in the Hippocratic Oath is:

"Nor shall any man's entreaty prevail upon me to administer poison to anyone; neither will I counsel any man to do so"

Over the next few hundred years, patients voted with their feet and Hippocratic medicine became the standard. It is the foundation on which Western healthcare has grown and prospered. Legalizing physician-assisted suicide would take us back 2,500 years.

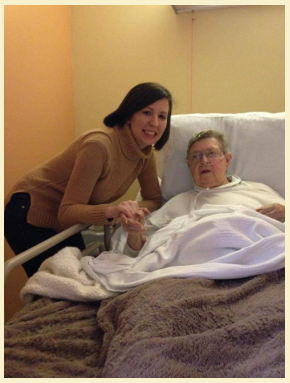
I thank you for your time and service and hope my expertise and insights have helped you see readily available safer options can help those in pain continue living rewarding lives. Which society would you like to live in? The society that comes alongside, extending compassion, hope, possibility, connection, and love while showing society we value and prolong a person's life? Or the society that is cold and callous, treating people like a commodity, terminating them quickly, cheaply, and quietly without documentation, conscience, or accountability? If you are unsure, as a psychiatrist, I implore you, err on the side of caution and safety and protect life when deciding on legislation that has moral, deadly, and long-reaching tentacles.

Thank you,
Karl Benzio, MD

CASE IN POINT

"WE CAUGHT ON TO WHAT THEY WERE DOING, PULLED HER OUT, AND SAVED HER LIFE."--Carly Walden

Family members often feel powerless and hopeless when they realize that a loved one in hospice care has been put on the pathway to a speedy death. This is a story of one family's vigilance and timely action, which saved Mrs. Jackie McGiboney's life.



"My grandmother has been alive for almost a year since our horrible overdose experience with the hospice," Carly Walden wrote to the Pro-life Healthcare Alliance (PHA) on February 8, 2016. Carly aims to do everything possible to warn others about the invisible murders happening in many hospices and encourage others to save the lives of their loved ones when faced with similar circumstances.

Events leading to hospice admission

On December 12, 2014, Jackie fell at home. She was taken to an emergency room and, after being diagnosed with congestive heart failure and stage-4 chronic kidney disease, Jackie was admitted to a hospital in Covington, Georgia. Upon discharge from the hospital on December 16, she was moved to a nursing home rehabilitation center, where she remained until February 14, 2015. Her family visited her three times a day at the rehab center and noted that the only time a doctor saw Jackie was upon admission. Carly believes "the reason she was sick when she came home is because the medical director never came to see her in the two months she was there."

On February 23, nine days after Jackie returned home, Carly again called 911 because Jackie was experiencing shortness of breath and very congested coughing spells. After admission to the hospital, she was diagnosed with congestive heart failure exacerbation and possibly some form of dementia.

When Jackie was due to be discharged, she was still sick and more than normally congested, so the family requested another X-ray. Subsequently, they were told she had bilateral pneumonia, for which she was treated until discharge on February 27. She was sent home to complete treatment with antibiotics, and a short-term rehabilitation program was suggested.

Jackie's primary care physician (PCP) spoke with Carly on March 4, stating that her grandmother was never a candidate for a short-term rehabilitation program because the patient has to have an "achievable" or "attainable" goal, which she did not. According to Carly, the PCP also told her that, if her grandmother were hospitalized again, she would likely die. Thus he suggested that she be placed in hospice care.

The family discussed the seriousness of the doctor's prediction and took Jackie to visit him on March 5. Carly writes, "We do not know if he reviewed personally any of her medical records from [the hospital]; however, we do know that he did not do any further testing and only examined her with a stethoscope that day. There was no blood work, X-rays, or any testing done. At the conclusion of this visit, Mrs. Jackie M. McGiboney received a prescription that stated, 'Please initiate Inpatient Hospice Placement,' with the diagnosis of 'End Stage Cardiomyopathy, Renal Failure, and Pneumonia.'"

Family assured that the hospice does not "dope them up"

The following day, Jackie's family contacted a hospice, which sent out a community liaison to educate them about the facility. The family told the liaison they wanted Jackie to "remain on her medications" and "not be overly medicated in any form or fashion." The liaison responded, "If they need a little something for pain, we will give it to them." Carly recalls, "At that time my father stated, 'You all do not just dope them up, correct?'" The liaison assured him the hospice did not do that and that this would be a very short-term stay, with possible follow-up at home.

"During this consultation, my grandmother was alert and fully aware of the conversation and actually had to have a bowel movement," Carly reports. "She was able to complete this task by herself with the help of her walker. [The liaison] commented that she does very well.

"My grandmother understood that this program would be for rest and comfort, and she would be able to continue all of her medications because they have an in-house pharmacy. Should she require a doctor's visit, it could also be arranged. My grandmother agreed to the program. She was admitted that night and, as instructed, brought along all her medications.

"Upon arrival, we spoke with Mrs. T at the hospice, and she stated that my grandmother told her to talk to me and my father about all of her medications. Again, we specifically requested that she be retained on all present medications. Mrs. T agreed, but said, should she have pain, they may administer 'a little morphine.' That shocked us because my grandmother never takes any pain medication. We questioned this, and Mrs. T, in a very defensive manner, claimed it helps the elderly with breathing. She then said we would be surprised what a few nights [of] good rest could do for a person."

The family's questions and mounting concern

After getting Jackie checked in and settled, the family went home that night. The following day they noticed a catheter had been placed in her. They were baffled because she had been using the restroom by herself at home, with no problems. They expressed concern because her urine was a dark tea color. At home, her urine had been yellow. Carly observed, "A [certified nurse's aide] went into the room with some sort of bottle, shut the door, came back out, and advised them that she did not have a urinary tract infection."

The family also noticed a change in Jackie's mental state and behavior. She was slow to speak. Carly states, "We were assured that she was okay, and were told to go home and get some rest and let them do their job." On the following day, March 8, the family found her so groggy that she dropped her soup spoon into the bowl, and did not finish eating or drinking.

When a nurse came in with a syringe and squirted a clear liquid into Jackie's mouth, Carly asked what it was for and was told it was for leg pain. At home, Jackie simply sat up when her legs hurt. Carly also noted, "We did not see any walkers or wheel chairs in the facility, and we did not see anyone on a walker or in a wheelchair. Everyone was bed-bound."

Told that Jackie was being given a mixture of morphine and Ativan, Carly reports, "I asked how she could be

given a dose of morphine and Ativan without a physician examining her. The physician would not be there until Monday, March 9. The nurse explained that all she had to do was e-mail their medical director for orders." The nurse also told them to quit worrying; Jackie was not going to die today. Carly asked how could she tell and recounts that the nurse stated they can predict the time of death within hours. Again, the family was told to go home and let the hospice staff worry about Jackie.

Watchfulness and quick action save Jackie's life

At home, Carly did some research and found that the mixture of morphine and Ativan can be "a lethal drug cocktail" when given to a patient who is not experiencing severe pain or agitation. The family immediately returned to the hospice, arriving around 10:30 p.m. on March 8.

"We found her in her bed, completely unresponsive to verbal attempts to rouse her and physical slapping of the hands and face," Carly reports. "For several hours we attempted to wake her. We were not having any success and this was totally out of the ordinary for my grandmother, so we decided to call 911. We thought she had been severely overdosed. The dispatcher sent an ambulance and police officers. We discharged her and had her transported to a hospital in Monroe, Georgia. The paramedic's summation was that she had been chemically sedated with an unknown amount of morphine."

After admission to the hospital, the hospitalist stated the patient was lethargic and listless, most likely due to analgesics with opiates and benzodiazepine administered in the hospice. Another physician, Dr. M, discovered Jackie had a severe urinary tract infection. According to Carly, Dr. M also saw an order from the hospice for Ativan and forty milligrams of Roxanol (an unusually large dose of orally administered liquid morphine, particularly for a patient who is not experiencing severe pain) and felt this needed to be investigated, as the hospital has referred patients to this hospice.

Upon receiving further testing and proper medication, Jackie's chronic kidney disease was upgraded to stage-1, meaning her kidney function had vastly improved. All of her blood tests came back perfectly normal for her age. The family was pleased with the care and diagnostics at the hospital in Monroe. Dr. M also told the family that Jackie was not at the end stage of cardiomyopathy or renal failure, and no longer had pneumonia.

"It is unfathomable to us how a person--with a two-day admission to hospice--can be given lethal doses of Roxanol and Ativan, when the person refuses to take Tylenol on a regular basis!" Carly states. "We feel that she was being euthanized by the hospice." Carly has submitted a report to the Georgia Composite Medical Board and has asked for an investigation.

Jackie's son, Mike Walden, a former police captain, adds this piece of advice: "Always get second or third opinions from doctors, preferably pro-life doctors, because misdiagnoses are a large part of this problem."

Carly concludes, "The night we called 911 from the hospice, the paramedics told us to kiss her good-bye because they were not sure she would make it to the hospital. Off the record, they referred to this hospice as the 'morphine hotel.' There is so much that could be added to this story. But, most importantly, I questioned everything the hospice workers were doing." She adds, "People need to make sure the patient's healthcare power of attorney agent is always on hand, protecting and advocating for the patient, watching everything!"

The PHA advises interviewing a hospice agency before enrolling (see Informed: A guide for critical medical decisions, p.12). Also, even after admission to a hospice, follow the Walden family's example: ask questions, remain vigilant, and be prepared to act quickly to save a life. Your loved one's survival may depend on you.

Recommended Reading

"**Against Colorado's Proposed Assisted Suicide Bill**" by Dana Palmer, a long-term survivor with Glioblastoma-terminal brain cancer (same cancer as Brittany Maynard had): http://m.gazette.com/guest-column-against-colorados-proposed-assisted-suicide-bill/article/1569190

A "friend of the court" legal brief to the U.S. Supreme Court on behalf of the Little Sisters of the Poor, in defense of their conscience rights: www.scotusblog.com/wp-content/uploads/2016/01/Families-of-Residents-Brief.pdf

"**Living with 'Living Wills**'" by Nancy Valko, RN: http://nancyvalko.com/2015/11/22/living-with-living-wills/

"**The death of Terri Schiavo**":http://abyssum.org/2015/12/08/the-horror-the-horror-the-death-of-terri-schiavo/

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

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 . To order: email 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**

Pro-life Healthcare Alliance **http://www.prolifehealthcare.org/**

Hospice Patient's Alliance **http://www.hospicepatients.org/**

Euthanasia Prevention Coalition **http://alexschadenberg.blogspot.com/**

Patient's Rights Council **http://www.patientsrightscouncil.org/site/**

Prenatal Partners for Life **http://www.prenatalpartnersforlife.org/**

American Life League http://www.all.org/

Read Stealth Euthanasia: Health Care Tyranny in America by Ron Panzer
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

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