



Pro-life Healthcare Alliance

A Program of Human Life Alliance

Oct. 4, 2016

PHA Monthly

*Newsletter for the Pro-Life Healthcare Alliance
Thirty-fourth Edition*

Welcome to the thirty-fourth 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

Considering Some Consequences of Government-Sanctioned Assisted Suicide



By Julie Grimstad

A 2015 poll conducted by the Pew Research Center found that 68 percent of Americans favor decriminalizing physician-assisted suicide (PAS) for painful and incurable conditions.^[i] Apparently, many people are influenced by the propaganda of PAS advocates (e.g., Compassion & Choices, formerly known as the Hemlock Society), with the support of elite opinion makers and members of the media, who play on everyone's natural fear of pain and suffering. But, have the majority of Americans made a serious effort to consider the pitfalls of allowing medical participation in killing?

Not the solution to human suffering

It may be counter-intuitive to assert that making it legal for doctors to assist patients to commit suicide is detrimental to solving the problem of suffering. Nevertheless, the Pro-life Healthcare Alliance dares to do just that, because legal and social approval for killing oneself with medical assistance actually worsens a number of problems. Consider the observations of people who have studied and contemplated the immediate and long-term consequences of government-sanctioned assisted suicide.

Mark Davis Pickup, a Canadian pro-life activist disabled by multiple sclerosis, comments on Canada's legalization of PAS:

There are a vast array of modern pain control medications and techniques to eliminate suffering without hastening death. That is not the intent of the new law. In fact, I assert the new law for assisted suicide will ultimately discourage advances in end-of-life care.

This is what happened in the Netherlands where assisted suicide has been practiced for decades. In their 2015 book *It's Not That Simple: Euthanasia and Assisted Suicide Today*, palliative care nurse Jean Echlin and Ian Gentles write about Holland's virtual abandonment of palliative care: "That country [Holland] has now a total of only 70 palliative-care beds, in contrast to the many thousands of such beds in Britain, which has not legalized euthanasia." It stands to reason that assisted suicide and euthanasia discourage proper end-of-life care."^[ii]

Richard Weikart, author of *The Death of Humanity: And the Case for Life*, is concerned about "the way that our intellectual culture has promoted the view that humans should be treated like animals." He writes,

Ironically, however, proponents of assisted suicide are trying to take the moral high-ground by insisting that

their position gives humans more dignity.

The crucial question then is: Does assisted suicide for terminally ill patients really provide a "Death with Dignity"? Or, is it a bold step downward into the depths of degradation by treating our fellow humans as just another animal?[iii]

Another very important fact is that pain is not reported as a major factor in decisions to request assisted suicide. An examination of the recently released *Washington State Department of Health 2015 Death with Dignity Report* [iv] is revealing. A participant of the Death with Dignity Act is defined in this report as "someone to whom medication was dispensed in 2015 under the terms of the act." There were 213 reported participants, 166 of whom have reportedly died by ingesting the doctor-prescribed lethal medication. The health department received After Death Reports for 197 participants who had died (some from natural causes). Here are the concerns they expressed to their healthcare providers:

- 86 percent had concerns about loss of autonomy.
- 69 percent had concerns about loss of dignity.
- 86 percent had concerns about loss of the ability to participate in activities that make life enjoyable

Neither actual pain nor fear of pain was reported as a concern of these participants!

Opens the door to a host of evils

Richard M. Doerflinger, associate director of the U.S. Conference of Catholic Bishops' Secretariat for Pro-Life Activities, pointing out that PAS can easily be perpetrated as a form of elder abuse, cautions,

What age group in America is least supportive of legalizing assisted suicide? In many polls it is those aged 65 and over. In a national poll commissioned by the U.S. bishops' conference in 2014, for example, only 46% of seniors supported the idea. Strongest support (60%) was found among their grown children--35 to 44 year-olds, the "sandwich generation" now often caring and paying for both children and aging parents.

How tempting it might be, for those in this situation with no strong moral compass, to believe that assisted suicide is a new "freedom" for one's parents.

Eighteen years ago Derek Humphry, Hemlock's founder, wrote in his book *Freedom to Die* that "in the final analysis, economics, not the quest for broadened individual liberties or increased autonomy, will drive assisted suicide to the plateau of acceptable practice." C&C wants to draw the curtain over this aspect of its agenda. The rest of us, especially seniors, need to open our eyes and see through the masquerade.[v]

Charles Lane, opinion writer for *The Washington Post*, examining the progression of "physician-assisted dying" (a euphemism for assisted suicide and euthanasia) in Belgium and the Netherlands, states:

Next door in the Netherlands, which decriminalized euthanasia in 2002, right-to-die activists opened a clinic in March 2012 to "help" people turned down for lethal injections by their regular physicians. In the next 12 months, the clinic approved euthanasia for six psychiatric patients, plus 11 people whose only complaint was being "tired of living," according to a report in the Aug. 10, [2015] issue of *JAMA Internal Medicine*.

If you find this sinister, I agree. Bioethicists Barron H. Lerner and Arthur L. Caplan, who reviewed the data from the Low Countries in *JAMA Internal Medicine*, observe that the reports "seem to validate concerns about where these practices might lead." [vi]

Paul Stark, Communications Associate for Minnesota Citizens Concerned for Life, is concerned about the phenomenon of suicide contagion:

Suicide is a scourge and a tragedy. It is one of the leading causes of death in the United States--40,600 Americans killed themselves in 2012--and its frequency has only increased in recent years. Suicide affects not only those whose lives are lost, but also families, schools, communities, and society as a whole. Advocating or legalizing assisted suicide makes this devastating problem worse. It says that suicide isn't always bad. It influences vulnerable people. And more lives are lost as a result. [vii]

Finally, physicians must be reminded that their time-honored Hippocratic Oath states, "I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan." Physician participation in killing patients was evil 2,400 years ago, and it is evil still.

I don't believe the majority of Americans would *intentionally* support evil. I do believe most people are genuinely sympathetic to those who suffer. They simply don't know what they are doing when they support PAS. It is up to us, who have examined the facts and thoroughly considered the consequences of decriminalizing PAS, to speak up *now*--before the majority, in their ignorance, vote based on their fears rather than the facts.

[i] Michael Lipka, "California legalizes assisted suicide amid growing support for such laws," Pew Research Center, October 5, 2015, <http://www.pewresearch.org/fact-tank/2015/10/05/california-legalizes-assisted-suicide-amid-growing-support-for-such-laws>.

[ii] Mark Davis Pickup, "Christian Responses to Medical Killing," *Human Life Matters* (blog), July 31, 2016, <http://www.humanlifematters.org/2016/07/christian-responses-to-medical-killing.html>.

[iii] Richard Weikart, "Assisted Suicide Is 'Putting People Down,'" *Townhall*, May 7, 2016, <http://townhall.com/columnists/richardweikart/2016/05/07/assisted-suicide-is-putting-people-down-n2159246>.

[iv] Washington State Department of Health 2015 Death with Dignity Report Executive Summary, <http://www.doh.wa.gov/portals/1/Documents/Pubs/422-109-DeathWithDignityAct2015.pdf>.

[vi] Richard M. Doerflinger, "The True Face of Assisted Suicide," *Life Issues Forum*, United States Conference of Catholic Bishops, February 26, 2016,

<http://www.usccb.org/about/pro-life-activities/life-issues-forum/the-true-face-of-assisted-suicide.cfm>.

[vii] Charles Lane, "Europe's Sinister Expansion of Euthanasia," *The Washington Post*, August 19,

2015, https://www.washingtonpost.com/opinions/euthanasias-slippery-slope/2015/08/19/4c13b12a-45cf-11e5-8ab4-c73967a143d3_story.html

[viii] Paul Stark, "Assisted Suicide and Contagion: How assisted suicide advocacy and legalization threaten the lives of vulnerable people," Minnesota Citizens Concerned for Life, May 2015,

<http://www.mccl.org/assisted-suicide-contagion.html>.

Update on Assisted Suicide

In 2016, bills to legalize doctor-prescribed suicide have been proposed in the following states: Arizona, Colorado, Hawaii, Iowa, Maryland, Michigan, Missouri, Nebraska, New Hampshire (study bill only), New Jersey, New York, Rhode Island, and Utah. The Patient's Rights Council has made the text and information about these bills available on its website at <http://www.patientsrightscouncil.org/site/2016-doctor-prescribed-suicide-bills-proposed/>.

The bills to pay special attention to are in Colorado, the District of Columbia, and New Jersey.

Colorado: On November 8, the "Colorado End of Life Options Act" will be put to a vote of the people. Having failed in their efforts to get the Colorado Legislature to decriminalize physician-assisted suicide, proponents collected enough valid signatures to place this measure, Prop. 106, on the ballot.

Washington, D.C.: Compassion & Choices is in Washington, D.C. working to gain approval for assisted suicide. A vote on the bill is scheduled to be held in the DC Council's Health Committee on October 5. The outcome is uncertain.

New Jersey: For the third time in six years, NJ legislators have introduced a bill to permit physician-assisted suicide: Assembly Bill No. 2451, "Aid in Dying for the Terminally Ill Act." There will be a public hearing in an Assembly Committee on October 6.

New Mexico: HUGE VICTORY! On June 30, 2016 the NM Supreme Court rejected the claim that there exists a constitutional "right" to assisted suicide, a claim made by proponents of assisted suicide in the 2012 case of *Morris v. Brandenburg*. The high court unanimously voted to uphold an appeals court finding that District Court Judge Nan Nash had erred in 2014 when she struck down the New Mexico law (enacted in 1963) which prohibits assisted suicide. The NM Supreme Court presented compelling reasons to uphold this state law: "to protect the integrity and ethics of the medical profession; to protect vulnerable groups including the poor, the elderly, and disabled persons from the risk of subtle coercion and undue influence in end-of-life situations, including pressures associated with the substantial financial burden of end-of-life health care

costs; and to protect against voluntary or involuntary euthanasia because if physician aid in dying is a constitutional right, it must be made available to everyone, even when a duly appointed surrogate makes the decision, and even when the patient is unable to self-administer the life-ending medication." The decision may be found at <http://www.nmcompcomm.us/nmcases/nmsc/slips/SC35,478.pdf>

New York: In the May 12, 2016 edition of this newsletter, we reported a victory in New York: "On May 3, 2016, the NY Appellate Division, in *Myers v. Schneiderman*, found no constitutional right to assisted suicide, affirming the NY Supreme Court's previous decision (10/16/2015) to dismiss the appellants' case." Unfortunately, the Court of Appeals has agreed to hear the appeal by End of Life Choices New York (EOLNY). EOLNY plaintiffs, who are seeking to make assisted suicide available in New York, have until November 15, 2016 to submit their brief. New York Attorney General Eric Schneiderman must then respond by December 30, 2016. Then the plaintiffs have until January 17, 2016 to submit their reply to the state's arguments against assisted suicide.

<http://endoflifechoicesny.org/news/>

Call to Action:

The current version of the American Medical Association's *Code of Medical Ethics* condemns physician-assisted suicide (PAS): "Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks." [AMA Code, "Physician-Assisted Suicide," opinion 5.7] Nevertheless, the AMA is set to reconsider this long-standing opposition to PAS at its annual meeting in July 2017, where its members will discuss taking a neutral position on assisted suicide.

Four states--Oregon, Washington, Vermont, and California--have already legalized PAS. The AMA's opposition to PAS has been a crucially important factor in stopping the spread of these dangerous laws to other states.

Please urge the American Medical Association to retain its position against assisted suicide. Contacts: Dr. Andrew W. Gurman, MD, AMA President, phone 312-464-5618, andrew.gurman@ama-assn.org and Bette Crigger, PhD, AMA Council on Ethical and Judicial Affairs Secretary, phone 312-464-5223, bette.crigger@ama-assn.org

Great Resource: Physician Assisted Suicide Fact Sheet

10 QUICK REASONS FOR OPPOSING THE LEGALIZATION OF ASSISTED SUICIDE

INCOMPATIBLE WITH GOOD

Legalization of assisted suicide conflicts with the purpose of a good government, which is to protect the lives of all people, in particular those vulnerable due to age, illness, poverty, disability, etc.

ELDER ABUSE

Assisted suicide laws are not written to prevent abuse, specifically toward the elderly.

DUTY TO DIE

Assisted suicide laws lead to a "duty to die" mentality. Concerns about healthcare costs or fear of being a burden to others may put pressure on patients to request lethal drugs.

BAD MEDICINE

Assisted suicide is bad medicine. It is inconsistent with the role of the physician as a healer. Often the best medicine a doctor can offer is hope. When patients are offered assisted suicide, hope is taken away from them.

DOCTORS MAKE MISTAKES

No one, not even doctors, can predict a person's life-expectancy with certainty. Some patients who are given terminal diagnoses recover.

FINANCIAL AGENDAS

Financial interests are often behind assisted suicide laws. Legalization of assisted suicide puts poor and elderly people at risk.

A FALSE SOLUTION

Legalizing assisted suicide gives societal approval to suicide and teaches that suicide is an acceptable solution to human problems, thereby undermining the efforts of suicide prevention. The position of The National Suicide Prevention Lifeline Network is, "we see suicide never being a solution to any problem due to the permanent forfeiture of the victim's future."

COOPERATIVE PRESSURE

Doctors and nurses may find themselves under pressure to cooperate in their patients' suicides.

IT IS UNNECESSARY

The argument that assisted suicide is necessary to relieve unbearable pain and suffering is not tenable. If someone is suffering from great pain, they do not need suicide, they need a new doctor. One who is an expert in managing pain and symptoms.

Assisted suicide laws remove the incentive for continued medical research, esp. in the area of pain control.

DIGNITY & COMPASSION

Human beings, including those with life-threatening illnesses and disabilities, have dignity and need our compassion. Assisted suicide is neither dignified nor compassionate. Seriously ill or disabled people require love, inclusion, and medical care that values their lives, not hastens their death.

*The duty to care for one another
and to relieve suffering to the very
end of life and the inalienable right
to life are*

**UNCHANGING NORMS FOR A
TRULY CIVILIZED SOCIETY.**

humanlifealliance
www.humanlifealliance.org

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CASE IN POINT: If only we had known

By KM

In-home hospice care is extremely common today; yet this form of end-of-life care is often dangerous and deadly.

Typically, the hospice agency delivers a bed and a big package of medications. Often, the patient's family is encouraged to start administering morphine (a strong pain reliever) and Ativan (a strong sedative) immediately--regardless of the patient's current health status, and whether or not the patient is experiencing pain. This can create tremendous turmoil among family members, who are torn between what they witness and what the hospice recommends. Though their loved one may not even be close to death's doorstep, hospice representatives often push heavy dosages of morphine and Ativan, which can mean that, in their own home and at the hands of their own family members, the patient will be comatose within 24 hours and dead shortly thereafter.

Of course, not every hospice program operates this way, but such was our family's experience.

Two preventable tragedies

My mother had liver cancer and a life expectancy of about two months when she enrolled in a hospice program. My father was not terminally ill. He had been admitted to the hospital for fluid buildup and was ready for discharge to a rehabilitation facility. My sister wanted him to go to a specific facility, but it didn't have an open bed.

The doctor suggested palliative care so Dad could be discharged from the hospital. My sister (who didn't mean any harm) thought palliative care and hospice were the same thing, so Dad signed up for home hospice care from a local nonprofit provider. I was attending school out of state and arrived home the day he was discharged from the hospital. Hospice workers came to our home just a few hours later.

Neither my mother, who died four years ago, nor my father, who died in May of this year, was in pain or on any pain medication prior to hospice coming into our home. When we contacted the hospice agency, concerned about our parents' unresponsiveness after receiving morphine and Ativan, in both cases we were encouraged to continue regular administration of these two drugs.

Family members all had different ideas about the right thing to do. We counted on the hospice staff's expertise to guide us in providing the best care for our parents. Instead, the hospice's only advice was to continue with (what we now know were) the drug-induced murders of our parents. Both Mom and Dad were dead within 72 hours of beginning hospice "care."

For brevity, I will concentrate on my father's case. As a nursing student three months away from receiving

my bachelor of science in nursing, I watched this entire process with absolute horror. I tried to convince my five siblings that what was happening was wrong, but they, like most people, trusted the healthcare industry. Denial and disbelief that we might be killing our father were far easier for my distraught siblings than attempting to stop that process, especially when they had no idea of how to do so.

My oldest brother, who held Dad's power of attorney, was out of state during this process. He trusted the hospice's advice, and I was powerless. There is a medication that corrects morphine toxicity, but it was not available to me, and I had no means by which to provide fluids.

Recently, in one of my nursing classes, we studied emergency interventions in trauma care. Trauma patients, barely conscious as a result of massive blood loss (a condition called hypovolemia), clamp their lips around moistened mouth swabs to extract whatever liquid the sponge holds. They are literally dying of thirst. The professor confirmed what I had suspected about my father's cruel death.

Dad was heavily sedated and unable to respond in any way; yet, every time we swabbed his mouth, his lips clamped down on that little pink sponge and he sucked every drop of water he could from it. He had chronic kidney compromise due to his age, but that isn't what killed him. What killed him was being so sedated that he couldn't ask for the fluids he so desperately needed.

It is vitally important for families to understand what is happening when their loved one clamps down on a mouth swab and sucks. It is a huge red flag. It means the patient is dehydrated and craves water.

Many people in hospice programs live for months when they receive appropriate care, and some are even able to leave hospice programs. That could have happened to my father. But once the morphine-Ativan regimen is started, a patient dies quickly.

It looked very calm and pretty to my siblings, thanks to the Ativan that the hospice used to mask his symptoms of distress. But denial of fluids and the lack of an antidote to reverse morphine overdoses make one question the purpose of home hospice.

Providing fluids to patients as needed is simply basic care. And, given that hospices place strong medications in the hands of people not trained in their proper administration, it would seem that they should also provide the means to correct overdoses in emergency situations.

I should mention that we contacted the hospice agency to request a suction device like the one used in the hospital that very morning to clear extra secretions from my father's throat. The hospice tried to convince us that Dad was struggling because he did not have enough morphine in him. Nevertheless, at our insistence, they delivered a suction device and it helped immensely. That was the only time anyone from the hospice agency came to our home following the initial visit.

After both my mother's death and my father's death, the only support we received from the hospice was a letter saying, "If you ever need help, feel free to contact us."

Education is key

Death is so hard on those left behind, and, in our case, the hospice program only succeeded in adding remorse to our burden. The realization that both of our parents died prematurely at our own hands is

difficult to bear.

We were unprepared to believe that hospice workers would engineer our parents' death. We were in denial.

Death and denial go hand in hand. People need to be educated to recognize when loved ones are in danger of having their lives prematurely ended in healthcare settings and learn how to defend vulnerable patients' lives in such situations. To accomplish this, I believe that educational tools, such as this newsletter as well as the *Informed: A guide for critical medical decisions* magazine and the *Informed: Life Is Worth Living* video series, must be used to alert the public to the dangerous scenarios that can occur in home hospice care, as my family experienced. Furthermore, deaths in hospice settings should be routinely evaluated through rigorous research and the findings published widely.

I'm sharing our story because I don't want others to share our regret: "If only we had known then what we know now"

Note from the editor: There are still some hospice programs that respect the sanctity of life and are safe havens for patients in need of excellent end-of-life care. However, the Pro-life Healthcare Alliance hears from many people who have stories like KM's. That is why our magazine *Informed: A guide for critical medical decisions* includes a list of questions to ask a hospice agency (see page 12) before letting hospice workers into your home. *Informed: A guide for critical medical decisions* is available at prolifehealthcare.org. *The Informed: Life Is Worth Living* video series is available [online](https://www.prolifehealthcare.org/informed-life-worth-living/) at <https://www.prolifehealthcare.org/informed-life-worth-living/> or can be ordered in DVD format at humanlife.org.

Announcement: Conference in Texas

A one-day conference, **Texas Health Care in Crisis**, will be held on November 19, 2016 at Our Lady of Atonement Catholic Church, 15415 Red Robin Road, San Antonio, TX 78254. This conference will specifically address the serious challenges in healthcare facing Texans. However, the information presented by expert speakers will be helpful for people who live throughout the United States. Everyone is welcome.

PROGRAM

7:30 AM: Holy Mass celebrated by Father Christopher Phillips

8:30-9:00: Registration

Opening prayer by Fr. Phillips

Introduction by Phil Sevilla, Texas Leadership Coalition

What You Need to Know about the Healthcare Crisis, Julie Grimstad

Brain Death and Organ Transplantation (video presentation), Bishop Rene Gracida

Medical Futility and the Texas Advance Directive Act (TADA), John Seago

The Face of Jesus in Hospital and Hospice Care, Deacon Robert Correa and Jesse Tovar

The Gift of Redemptive Suffering: Hildebrand, Stephanie Block

Patient Advocacy: Saving Lives One Person at a Time, Julie Grimstad

Testimonies/Witnesses to Abuses in Health Care Institutions

In 1993, Dr. Ezekiel Emmanuel, the future architect of Obamacare, wrote in the *American Journal of Medicine*: "[I]ncreasingly it will be our collective determination as to what lives are worth living that will decide how incompetent patients are treated."

Every life is worth living! Come and learn what you need to know to be prepared to protect your life and the lives of those you love.

For more information or to register, contact Phil Sevilla, 210-784-0518.

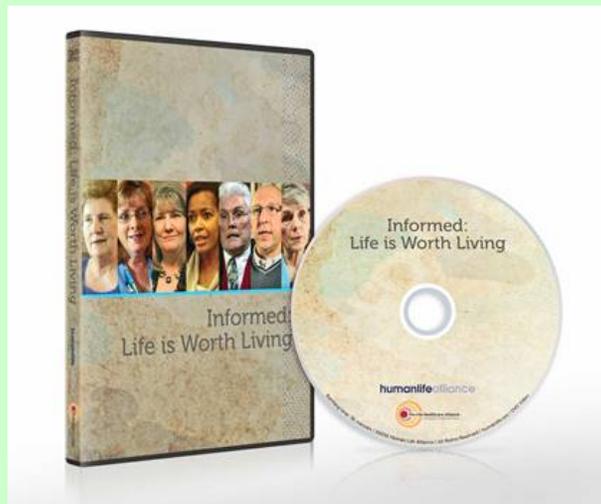
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Facebook Orders: <http://www.facebook.com/events/339684073046342>

NEW VIDEO ADDRESSING END-OF-LIFE QUESTIONS RELEASED



Human Life Alliance (HLA) and the Pro-life Healthcare Alliance (PHA) announce the release of a new video magazine *Informed: Life is Worth Living*.

"This comprehensive video series on end-of-life decisions is the primer people need to navigate today's healthcare systems," remarked HLA Executive Director Jo Tolck.

From understanding living wills and living with a terminal diagnosis to knowing about physician-assisted suicide and disabilities, *Informed: Life is Worth Living* helps people comprehend the complexities of end-of-life topics.

"The vision behind this new series is much like HLA's groundbreaking magazines and advertising supplements," commented Tolck. "People need to understand the broad implications of healthcare decisions in the 'Obamacare' world."

The title, *Informed*, echoes one of HLA's most popular printed pieces. Tolck explained, "It's a guide to making critical medical decisions and every family should keep a copy on hand."

Informed: Life is Worth Living is an essential resource to communicate pro-life healthcare information. Viewers will learn about the dangers inherent in today's end-of-life decisions. They'll be equipped with information from individuals who have first-hand experience in navigating these crucial choices. Chapter titles include:

- Understanding Critical Medical Decisions
- Peter's Story: When a Child Dies
- Brain Death: Jennifer Hamann's Story
- The Hidden Story about Organ Donation
- Living With a Deadly Diagnosis
- Facing the Disability Challenge
- Understanding Depression and Dying
- Hospice: Making an Informed Decision
- What about Food and Water
- The Myth of Physician Assisted Suicide Safeguards

Available in DVD format or online, "*Informed*" includes interviews with leading pro-life advocates such as Julie Grimstad (*Life is Worth Living*), Mary Kellett (Prenatal Partners for Life), Jennifer Hamann (CA Nurses for Ethical Standards), Dana Palmer (cancer survivor), Mark Davis Pickup (disability rights advocate), Dr. Karl Benzio (Lighthouse Network), and Jo Tolck (Human Life Alliance).

More than just a sound bite, at a runtime of 56:49, this video offers an introduction to end-of-life decisions with depth. "It provides densely packed information. Viewers will want to watch this series more than once to get the full message," Tolck pointed out. "*Informed: Life is Worth Living* will save lives. This informative series is perfect for churches, small groups, and all of us who need to make critical medical decision."

Available in DVD format or online at humanlife.org.

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/>

[Pro Life Wisconsin](https://www.prolifewi.org/) <https://www.prolifewi.org/>

[American Life League](http://www.all.org/) <http://www.all.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](#)
1614 93rd Lane NE, Minneapolis, MN 55449
Tel 651.484.1040