



Pro-life Healthcare Alliance

A Program of Human Life Alliance

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PHA Monthly

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

Welcome to the thirty-seventh 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 Chairman's Desk

By Jim Hentges



Our society today is focused on freedom of choice. One key point to keep in mind when dialoguing with someone about assisted suicide is that having the legal option to kill oneself with the assistance of a physician is not an expansion of choice, but rather a restriction of choice.

In states which have legalized physician assisted suicide, insurance companies have moved swiftly to adopt this low cost alternative as the only option they will pay for in many cases where traditional care, though it may be effective in resolving the health issue, would be more expensive. This type of financial bullying coerces some people to choose to end their lives against their wishes. Not freedom of choice, restriction of choice.

This is one example of how to reflect on assisted suicide and present it to people in ways that speak to their concerns in light of society's priorities.

Human Life Alliance is excited to announce:

APPLICATION FOR
CME CEU
APPROVED

HUMAN LIFE ALLIANCE & WISCONSIN CATHOLIC MEDICAL GUILDS PRESENT

DIGNITY AT THE END OF LIFE
FROM SUFFERING
TO HOPE

SATURDAY, MARCH 4, 2017
WYNDHAM GARDEN

FITCHBURG, WI
NEAR MADISON, WI
8:30 A.M. - 4:30 P.M.

[Dignity at the End Of Life: From Suffering to Hope](https://www.humanlife.org/product/dignity-life/)

(<https://www.humanlife.org/product/dignity-life/>) to be held Saturday, March 4, 2017 in Fitchburg, Wisconsin (near Madison). This full-day conference boasts a line-up of exceptional speakers covering a wide range of end-of-life topics.

Things have changed dramatically within our health care system. To protect yourself and your loved ones, you need to be informed. The information you receive at this conference may be life-saving and it will certainly be life-affirming.

Those that attend will hear talks on perinatal hospice, grief, compassion, hope, patient advocacy and new pathways to care by expert speakers.

Both Medical and Nursing continuing education credits have been approved for this conference!

Register here: <https://www.humanlife.org/product/dignity-life/>

Please join us and could you help us spread the word?

QUINLAN: FIRST "RIGHT TO DIE" CASE'S FAR-REACHING CONSEQUENCES

By Julie Grimstad

Recently, I had reason to go look through through the collection of book reviews I've written over the years, searching for one on Karen Ann Quinlan's mother's autobiography. I have resurrected that review and reprint it in this edition of the *PHA Monthly* for two reasons: (1) The 1976 Karen Ann Quinlan "right to die" case is often misrepresented as a case of physician paternalism versus a patient's right to refuse unwanted, overly zealous medical treatment. I'd like to set the record straight. (2) A recent court decision confirms, once again, the prediction--by those who, in 1976, lamented the court's decision and disagreed with its reasoning--that the decision in the Quinlan case would have far-reaching grave consequences.



During the 1960s and 70s, as a young nurse, I did not see physician paternalism (i.e., authoritarianism) so much as I observed doctors faithful to the Hippocratic Oath who respected the sanctity of life and the dignity of every patient. Back then, when we were sick, we found it consoling to have a doctor caring for us who could be trusted to use his knowledge and skills to preserve our lives. The physician-patient relationship was based on mutual respect.

It was the "right to die" movement's claim, however, that many patients, against their will, were being kept alive endlessly on machines by paternalistic physicians. This canard was repeated over and over again until people began to believe it. This was a ploy to gain social and legal acceptance of the "right to die" by urging people to sign Living Wills in order to refuse "unwanted" life-sustaining medical treatment.

Perhaps there were instances where doctors were overly zealous in treating some patients (though I did not see it), but it was hardly a problem that needed to be solved by legalizing the "right to die."

The attorney representing Karen Ann Quinlan's parents was Paul W. Armstrong. He was recently in the news again as the judge in another "right to die" case. Superior Court Judge Paul Armstrong (Morristown, New Jersey) ruled on the case of a 29-year-old, severely anorexic psychiatric patient. He decided that this young woman could not be given artificially

administered nutrition against her wishes.

Anorexia is a psychiatric disorder in which a person literally starves herself and which causes her to refuse treatment, knowing this will cause death.

Paul Armstrong, the first U.S. attorney to defend a patient's "right to die" in court, now, as a judge, has granted a mentally ill person's desire to die of her disease, that is, to die of starvation while receiving palliative care to keep her comfortable. This is euthanasia (by omission) presided over by physicians. Judge Armstrong just took us a giant step closer to physician-assisted suicide for psychiatric patients.

<http://www.dailyrecord.com/story/news/2016/11/21/judge-rules-anorexic-morris-county-woman-cannot-force-fed/94032374/>

The following book review (mentioned in my introductory paragraph) was originally solicited by American Life League and published in ALL's Celebrate Life magazine in 2005 or 2006. (I've forgotten the exact date).

Karen Ann's Mother Remembers:

MY JOY, MY SORROW

By Julia Duane Quinlan

St. Anthony Messenger Press (2005)

A book review by Julie Grimstad

MY JOY, MY SORROW is Julia Quinlan's autobiography woven around the story of the touching and tragic life and death of her daughter, the young woman at the center of the first "right to die" court case: *In the Matter of Karen Quinlan, An Alleged Incompetent*.

On March 31, 1976, the Supreme Court of New Jersey appointed Karen's father, Joe, as her guardian and concluded that he could assert her "right of privacy," thus granting him authority to seek withdrawal of her "life-support system." Subsequently, Karen was weaned from a ventilator, but unexpectedly clung to life for nearly 10 years. She finally succumbed to a bout of pneumonia for which "No antibiotics were administered."

In spite of its overly sentimental style and numerous grammatical errors, the book holds one's attention. The personal perspective and intimate details, which only a mother could supply, will interest readers who want to know what really happened to Karen Ann Quinlan and her family. As Mrs. Quinlan says, "Others may have written about it, but they did not live it."

For those interested in history, the author accurately recounts the many ways in which the *Karen Quinlan* case has had worldwide impact. Unfortunately, Mrs. Quinlan uses this opportunity to promote the agenda of the "right to die" movement, seemingly unaware that she is advancing the "culture of death" which Pope John Paul II urged all people of good will to resist. The frequent mention of the Quinlan family's Catholic beliefs and Christian ethics is misleading, making this a dangerous book for the unwary.

Referring to April 15, 1975, the date Karen was admitted to Newton Memorial Hospital in an unconscious state, her mother writes in the Introduction, "Despite what many people say or believe, my beautiful, vivacious daughter died that night. Yet her withered body lived on for ten years." That chilling description of Karen echoes the dehumanizing language frequently used to justify killing in the name of compassion.

While Karen was still alive, Joe and Julia Quinlan appeared on television in France, Belgium and England "with doctors who talked openly about euthanasia and physician-assisted suicide." Later she writes, "Joe and I strongly disagreed with physician-assisted suicide," but makes no such disclaimer about euthanasia. The Quinlans also spoke at many Death and Dying Conferences, sharing the podium with other heroes of the "right to die" movement such as Patricia Brophy and Pete Busalacchi. Mrs. Brophy, with court permission, presided over the dehydration and starvation death of her husband Paul in 1986. Mr. Busalacchi did the same to his daughter Christine in 1993. Julia Quinlan makes no distinction between removing a ventilator and withholding food and fluids. She states, "We all had one thing in common: We had to fight for the right of our loved one to die in peace and with dignity."

The most profound tragedy is that Julia Quinlan, devout Catholic, believes, "The New Jersey Supreme Court decision on March 31, 1976, was a gift to humanity." She proudly notes, "Today I concentrate on the benefits that we have all received from this landmark decision. It was there for the hundreds of cases that followed." Indeed, the first "right to die" case did set the stage for untold numbers of people like Terri Schiavo to be intentionally killed by withholding from them the basic necessities for sustaining life. Ask Terri's devout Catholic parents if the Quinlan legacy is a gift or a curse.

CASE IN POINT: Who will be encouraged to consider assisted suicide?

By Dr. Virginia Stark-Vance MD

Physicians are under increasing pressure to not offer patients care. Sometimes this pressure comes from the hospital or medical staff, sometimes from the insurance company. One medical staff chief tried to force me to withdraw from the hospital staff because the nursing staff had complained to him that taking care of brain tumor patients is "depressing." Another hospital tried to prevent my patients from being admitted to the ICU because "it's a waste of resources." I have had numerous calls from insurance case managers wanting to know why my patients were admitted instead of being referred for hospice. One of my patients, a thirty year survivor, was told by his insurance company that he should "consider" hospice. And this is a man who has a KPS (measure of a patient's ability to carry out daily activities) of 90 and has been in remission for over 25 years!

You heard it here first: the uninsured, underinsured, lower socioeconomic white and minority groups who have no family support will be "encouraged" to consider assisted suicide when it becomes legal. Why? Because those are the same people who are being neglected and murdered by our healthcare system now.

Virginia Stark-Vance, MD, is a medical oncologist specializing in the field of neuro-oncology (the treatment of brain and spinal cord malignancies). She is from Texas. Dr. Stark-Vance co-authored the book 100 Questions and Answers About Brain Tumors.

See: http://www.neurosurgerydallas.com/3_2_4_1.php

UPDATE ON ASSISTED SUICIDE

Washington, DC: In November 2016, the D.C. Council voted 11 to 2 to legalize assisted suicide. The legislation was signed by Mayor Muriel E. Bowser in December. It was sent to the U.S. Congress on January 6, 2017 for review. Rep. Jason Chaffetz (R-Utah), chairman of the House Oversight and Government Reform Committee, which oversees District affairs, told reporters that he will invoke congressional authority to block this law.

https://www.washingtonpost.com/local/dc-politics/dc-bill-to-let-terminally-ill-patients-end-their-lives-faces-new-hurdle-congress/2017/01/09/47cf148e-d6b9-11e6-b8b2-cb5164beba6b_story.html?utm_term=.5eaf37f510db

Canada: Euthanasia and Assisted Suicide are now legal throughout Canada. A Do Not Kill Me wallet card is available from the Euthanasia Prevention Coalition upon request or by donating to EPC. Sign the back of the card.

<http://alexschadenberg.blogspot.ca/2015/04/do-not-kill-me-i-oppose-euthanasia-and.html>

DO NOT KILL ME

I Oppose Euthanasia
and Assisted Suicide

Mexico City: On January 4, 2017, Mexico City's Constitutional Assembly approved a measure to legalize euthanasia, making the city the first entity in Mexico to enact such a law. The new "right" will go into effect in 2018 as Article 11 of the Mexico City's new Constitution. (Mexican President Enrique Pena Nieto signed a law which permitted Mexico City to adopt its own constitution one year ago.)

www.globaltimes.cn/content/1027445.shtml

The Netherlands: A bill proposed by MP Pia Dijkstra last month would legalize assisted suicide for anyone with an 'intrinsic and consistent' wish to die. In October 2016, Parliament was told by health minister Edith Schippers that the government was considering the legalization of assisted suicide for elderly people who were "suffering from life." Opposing such an expansion of Holland's euthanasia law, Gert-Jan Segers, leader of the ChristenUnie party, said: "In what kind of society do we want to live? What's the answer to loneliness? I can't accept that it's giving someone a pill." <http://www.dutchnews.nl/news/archives/2016/12/assisted-dying-could-be-legalised-for-over-75s-who-have-had-enough-of-life/>

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.

[Texas Right to Life](https://www.texasrighttolife.com/) <https://www.texasrighttolife.com/>

[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



a program of [Human Life Alliance](#)
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