Pro-life Healthcare Alliance
A Program of Human Life Alliance

March 24, 2017

PHA Monthly

Newsletter for the Pro-Life Healthcare Alliance
Thirty-ninth Edition

Welcome to the thirty-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 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: It's Time to Take Action!

By Jim Hentges

"You are being selfish!" This is what some families hear when they merely request readily available care for a seriously ill loved one--a patient whom the medical establishment, often for greed driven reasons, considers undeserving of care. Instead of caring for the patient, healthcare providers recommend "allowing" the patient to die by the withholding or withdrawal of life-sustaining treatment, or even "assisting" the patient to die by more direct means.

This very tragic and rapidly proliferating scenario has provided the impetus for several concerned organizations, including the Pro-life Healthcare Alliance, to join together to counter the anti-life sentiment in American medicine today. We have a vision for one option to protect patients threatened with imposed death. We call this option "Safe Havens."

A Safe Haven is a state of the art pro-life medical facility staffed and equipped to provide competent and compassionate care for patients who want life-sustaining treatment, but are denied such treatment at other medical facilities." The primary purpose of a Safe Haven facility is to save the lives of patients who would otherwise die due to the denial of life-sustaining treatment. When admission to a Safe Haven facility is requested by a patient, family, or another person acting on behalf of a patient, the patient's/family's ability to pay for treatment and whether or not the patient's care will be covered by insurance shall not be a factor in the decision to admit the patient to a Safe Haven. A Safe Haven will be supported mainly by private donations and volunteers who assist paid staff in caring for patients and office work.

This national coalition is in the early stages of working together to make the vision of Safe Havens a reality. If you represent an organization which may be interested in joining the coalition, please contact the Pro-Life Healthcare Alliance for more information.

The Safe Havens project is but one example of the ways in which individuals and organizations, who believe in the inviolable right to life, will need to swiftly begin working outside the system in order to defend and actualize such a right for patients at risk. The time for diplomacy is past. Now is the time to take action!

CONFERENCE REPORT:

Wonderful Presentations and Excellent Information!

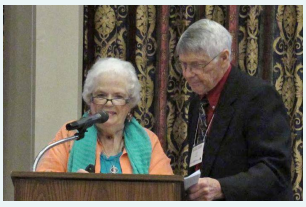
On March 4, 2017, the Pro-Life Healthcare Alliance, in partnership with the Catholic Medical Guilds of Wisconsin, held the "Dignity at the End of Life: From Suffering to Hope" Conference in Fitchburg, Wisconsin (near Madison). The conference was a great success and feedback from conference attendees was overwhelmingly positive.

Mark Davis Pickup powerfully detailed his journey through grief to meaning since his diagnosis of multiple sclerosis (MS) 33 years ago. A conference participant told us that he had attended many conferences and talks over the years, but Mark Pickup was the best he had ever heard. Others praised Mark as inspiring, articulate, and deeply insightful.
.

Julie Grimstad shared excellent information about patient advocacy, advance directives for healthcare, and POLST(Physician Orders for Life Sustaining Treatment), as well as life-threatening issues facing patients in various healthcare settings. She also encouraged attendees to initiate a Befrienders group--a volunteer effort to ease loneliness among the elderly--in one's church or community. Conference attendees commented on how useful and informative Julie's presentation was.

Dr. Byron Calhoun, expert in Perinatology, a branch of obstetrics concerned with the care of mother and fetus and the handling of high-risk pregnancies, spoke about perinatal hospice. Perinatal hospice is part of the care for a baby with a prenatal diagnosis of a terminal condition. Dr. Calhoun offered a model of compassion and true caring for mother and child as opposed to the more common solution offered--abortion. The primary focus of perinatal hospice is on the family--not the baby's diagnosis. The family is placed in the center of the care and there is a continuum of support from diagnosis, through the child's death and the family's grieving process.

Cristen M. Krebs, DNP, ANP-BC, Catholic Hospice Founder/Executive Director, with twenty years of end-of-life care experience, illuminated the history and current trends in hospice. Attendees appreciated her humor and expertise as she shared a wealth of information about palliative care and hospice.



Ed and Nan Weber, founders of Holy Family Ministry and Loreto on the Plains Personal Care Home, an outreach of that ministry, shared how they were inspired by God to build and manage Loreto on the Plains. Loreto is a loving home for the sick and dying elderly. Ed and Nan explained how residents of Loreto are treated as valued members of a family, as indispensable lives worthy of the time, money and materials needed for them to live in comfort, protected from harm. It is Nan and Ed's hope that others will hear about Loreto on the Plains and be inspired to care for the sick and aged in their own homes or start care homes in their communities.

Ramon Luzarraga, Catholic Moral Theologian, spoke to the meaning in suffering. The conference concluded after his powerful and beautiful presentation, which left attendees with rich content for deep reflection.

Conference videos will be announced when available.

THE GOLDEN RULE REVISITED

By Edwin Leap, MD

I wrote and published this several years ago. It first appeared in *Emergency Medicine News*, then in the *Focus on the Family* newsletter. It has been reprinted in several publications and websites. As we struggle with so many issues in medicine, I think the key may well be simple compassion. I offer this as a reminder to everyone.

God bless you immensely today and always.
Edwin

They lie there, breathing heavy gasps, contracted into a fetal position. Ironic, that they should live 80 or 90 years, then return to the posture of their childhood. But they do. Sometimes their voices are mumbles and whispers like those of infants or toddlers. I have seen them, unaware of anything for decades, crying out for parents long since passed away. I recall one who had begun to sleep excessively, and told her daughter that a little girl slept with her each night. I don't know what she saw. Maybe an infant she lost, or a sibling, cousin, friend from years long gone. But I do know what I see when I stand by the bedside of the infirm aged. Though their bodies are skin covered sticks and their minds an inescapable labyrinth, I see something surprising. I see something beautiful, and horrible, hopeful and hopeless. What I see is my children, long after I leave them, as they end their days.

This vision comes to me sometimes when I stand by the bedside of patients and look over the ancient form that lies before me, barely aware of anything. Usually the feeling comes in those times when I am weary and frustrated from making too many decisions too fast, in the middle of the night. Into the midst of this comes a patient from a local nursing home, sent for reasons I can seldom discern. I walk into the room, and roll my cynical eyes at the nurse. She hands me the minimal data sent with the patient, and I begin the detective work. And just when I'm most annoyed, just when I want to do nothing and send them back, I look at them. And then I touch them. And then, as I imagine my sons, tears well up and I see the error of my thoughts. For one day it may be. One day, my little boys, still young enough to kiss me and think me heroic, may lie before another cynical doctor, in the middle of the night of their dementia, and need care. More than medicine, they will need compassion. They will need for someone to have the insight to look at them and say, "Here was once a child, cherished and loved, who played games in the nursery with his mother and father. Here was a child who put teeth under pillows, and loved

bedtime stories, crayons and stuffed animals. Here was a treasure of love to a man and a woman long gone. How can I honor them? By treating their child with love and gentility. By seeing that their child has come full circle to infancy once more, and will soon be born once more into forever."

This vision is frightful because I will not be there to comfort them, or to say, "I am here" when they call out, unless God grants me the gift of speaking across forever. It is painful because I will not be there to serve them as I did in life, and see that they are treated as what they are: unique and wonderful, made in the image of the Creator, and of their mother and me. It is terrible because our society treats the aged as worse than a burden; it treats them as tragedies of time. It seems hopeless because when they contract and lie motionless, no one will touch them with the love I have for them, or know the history of their scars, visible and invisible. I am the walking library of their lives, and I will be unavailable. All I can do is ask, while I live, for God's mercy on them as they grow older.

And yet, the image has beauty and hope as well. Because, if I see my little boys as aged and infirm, I can dream that their lives were long and rich. I can dream that they filled their lucid years with greatness and love; that they knew God and served him well, and were men of honor and gentility. I can imagine that even if they live in their shadowland alone, somewhere children and grandchildren, even great grandchildren thrive. I can hope that their heirs come to see them, and care, and harass the staff of the nursing home to treat Grandpa better. I can hope that they dare not allow my boys to suffer, but that they hold no illusions about physical immortality, and will let them come to their mother and me when the time arrives. And best, I can know that their age and illness will only bring the day of that reunion closer.

My career as a physician has taught me something very important about dealing with the sick and injured, whether young or old. It has taught me that the Golden Rule can also be stated this way: "Do unto others as you would have others do unto your children." I think that this is a powerful way to improve our interactions with others, not just in medicine but in every action of our lives. And it is certainly a unique way to view our treatment of the elderly. For one day all our children will be old. And only if this lesson has been applied will they be treated with anything approaching the love that only we, their parents, hope for them to always have.

About the author: I live in South Carolina with my awesome wife, Jan. We have four children, ages 16-22. I have practiced emergency medicine for 24 years. Along the way I became a writer. (Who knew doctors could communicate?) I blog at www.edwinleap.com/blog, and write columns each month for the *Greenville News, Emergency Medicine News, the SC Baptist Courier* and *The Daily Yonder.*

UPDATE ON ASSISTED SUICIDE AND EUTHANASIA

The Prolife Healthcare Alliance maintains that assisted suicide and euthanasia are unacceptable in all circumstances. Laws permitting medical killing devalue human life, deny patients the

possibility of remission or recovery, and pose threats to patients whose lives are viewed by others as no longer worth living. Furthermore, such laws continually chip away at prohibitions against homicide and suicide as they are expanded to cover more and more classes of people. Also, while medical professionals may not be forced to kill patients themselves, they will be coerced to refer patients to doctors willing to put patients to death.

A stalwart defense of life must be mounted wherever and whenever assisted suicide and/or euthanasia legislation is introduced. We must educate the public about the dangers of such legislation and encourage legislators to reject these anti-life measures. If there is a coalition to resist assisted suicide and euthanasia legislation in your state, join it. If there is not one, form one. "Right to die" activists are wasting no time. We must be prepared to meet them head on and defeat their detestable agenda.

Hawaii: March 23rd, the Hawaii House Health Committee recommended delaying a bill to legalize assisted suicide and euthanasia (SB 1129, SD 2) with a vote of 7-0. This means the bill is probably dead for the year--a huge, hard-fought victory! The well-organized effort to defeat the bill rallied the people of Hawaii. Those who showed up to oppose the bill outnumbered proponents by at least 4 to 1. http://www.hawaiiagainstassistedsuicide.org/2017/03/we-won.html

Kansas: A resolution (Res. No. 5010) being debated in the Kansas House and Senate "strongly opposes and condemns physician-assisted suicide" and then states the legislature's reasons: "the legislature has an unqualified interest in the preservation of human life"; "anything less than a prohibition [of assisted suicide] leads to foreseeable abuses and eventually to euthanasia by devaluing human life, particularly the lives of the terminally ill, elderly, disabled and depressed whose lives are of no less value or quality than any other citizen of this state"; "assisted suicide eviscerates efforts to prevent the self-destructive act of suicide and hinders progress in effective physician interventions, including diagnosing and treating depression, managing pain and providing palliative and hospice care"; and "assisted suicide undermines the integrity and ethics of the medical profession, subverts a physician's role as healer and compromises the physician-patient relationship." The PHA encourages everyone, and especially all Kansans, to urge members of the Kansas Legislature to support Resolution No. 5010. http://www.lifenews.com/2017/03/09/kansas-and-oklahoma-tightening-laws-against-assisted-suicide/

Oregon: Two decades ago, Oregon was the first state to legalize physician-assisted suicide (PAS). Since then, Washington, Vermont, California, Colorado and Washington, DC have followed suit and, currently, many states have PAS bills on their dockets. And now, "right to die" activists in Oregon are set to lead the way to legal acceptance of active euthanasia. Legislators in Oregon have introduced Senate Bill 893. Section 3 of this bill reads:

An expressly identified agent may collect medications dispensed under [Oregon's Death with Dignity Act] and administer the medications to the patient in the manner prescribed by the attending physician if:

1. The patient lawfully executed an advance directive in the manner provided by [Oregon's Death with Dignity Act];

2. The patient's advance directive designates the expressly identified agent as the person who is authorized to perform the actions described in this section;
3. The patient's advance directive includes an instruction that, if the patient ceases to be capable after medication has been prescribed pursuant to [Oregon's Death with Dignity Act], the expressly identified agent is authorized to collect and to administer to the patient the prescribed medication;
4. The medication was prescribed pursuant to ORS [Oregon's Death with Dignity Act; and
5. The patient ceases to be capable.

Other U.S. States: Excerpts from the March 16th report by Barbara L. Lyons, Director of Patients Rights Action Fund Coalitions:

1. From the people on the ground in New Mexico yesterday: "Amazing! Bill died in senate tonight 22-20!" This was one of the hardest fights in the country and the bill is now dead. Kudos to New Mexico opponents.
2. The Maryland Senate bill was withdrawn, making it dead for the session. However, the House bill remains and is being monitored. Congratulations to the coalition for an outstanding job in a Compassion and Choices priority state.
3. Bills are now dead in Mississippi, Utah, Tennessee and Wyoming.
4. States to watch this spring: Hawaii (in dire condition) and Nevada (fight just beginning).
5. Other states to watch throughout the year: New York, New Jersey, and Maine.

Canada: In 2016, Canada approved a "Medical Aid in Dying" law that permits both assisted suicide and euthanasia. The National Post now reports that some physicians who originally agreed to participate have withdrawn their names from the "voluntary referral list of physician's willing to help people die." In Ontario, according to this report, 24 doctors have asked to be permanently removed from the list and 30 are on temporary hold. "Some doctors who have helped the gravely ill end their lives are no longer willing to participate in assisted death because of emotional distress or fear of prosecution if their decisions are second-guessed, ..." http://news.nationalpost.com/news/0227-na-euthanasia

Alex Schadenberg, director of the Euthanasia Prevention Coalition, said, "It's counter-intuitive to the human person to kill someone." He predicts "there will only be a few doctors in Ontario doing this euthanasia, or in Canada doing it, and all the other doctors will be forced to refer patients to them. And it doesn't take a lot of doctors to kill people." https://world.wng.org/2017/02/droves_of_canadian_doctors_opt_out_of_euthanasia

New Zealand: In June 2015, New Zealand's High Court denied a terminally ill woman's request for a doctor's help to end her life. The court ruled there was no such right under existing law. Subsequently, Labour MP Maryan Street and the Voluntary Euthanasia Society presented a petition to parliament to legalize doctor-assisted suicide. In response, the New Zealand government's Health Select Committee launched an inquiry. Mercatornet recently published a report regarding the amazing number of submissions--21,435--from citizens in response to this government inquiry on assisted suicide and euthanasia. The vast majority of respondents voiced strong opposition to the legalization of medical killing. Dr. Jane Silloway Smith, the Auckland-based Director of Every Life Research Unit, analyzed the submissions and found, "The most

commonly cited reasons for opposing euthanasia were:

1. That it is important that the law protects human life
2. The dangers legalised euthanasia pose to vulnerable people
3. That modern palliative care can address pain and suffering
4. The dangers legalised euthanasia would pose to the elderly, in particular
5. That it is important that we live in a society that gives care and support to those who are suffering
6. The mixed messages that legalising euthanasia would send about suicide being a solution to suffering"

Dr. Silloway concluded, "The petitioners asked, the Committee sought submissions, and the public has spoken: **3 out of 4 Kiwis say no to euthanasia**." [Emphasis added.]
https://www.mercatornet.com/careful/view/16000-voices-kiwis-say-no-to-euthanasia/19499

CASE IN POINT

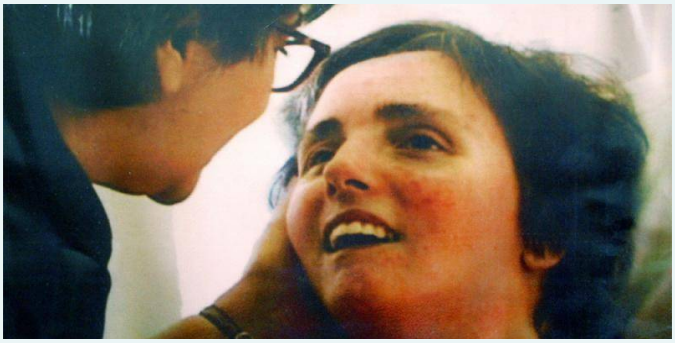
No penalty for Dutch doctor who committed involuntary euthanasia

A horrific case of involuntary euthanasia in the Netherlands has been brought to light. In spite of the fact that she had repeatedly stated, "I don't want to die," an unnamed elderly woman was euthanized, presumably because she "had earlier expressed a desire to have her life ended when she felt the 'time was right'." She was "suffering from dementia." As the doctor began to administer the lethal injection, the patient "fought desperately" against being killed, so the doctor ordered family members to hold her down in the bed while she killed her. The doctor was cleared of wrongdoing by a government panel. The *Telegraph* report stated, "Details of the case emerged as the Dutch consider changes in the law which would give anyone over 75 the right to assisted suicide."

http://www.telegraph.co.uk/news/2017/01/28/panel-clears-dutch-doctor-asked-family-hold-patient-carried/;Â

http://www.christianpost.com/news/netherlands-clears-doctor-wrongdoing-ordering-family-hold-down-woman-assisted-suicide-173910/

TERRI SCHIAVO REMEMBERED



This month we remember Terri Schiavo on the 12th anniversary of her death. On March 18, 2005, a court order to remove her feeding tube was enforced. For 13 days Terri was denied food and fluids in a Florida hospice until she died on March 31, 2005.

Terri Schiavo's Life & Hope Network is posting articles on its website sharing day-by-day accounts of what occurred as she lay dying in a Florida hospice. The Network announces: "For 13 days, ending on March 31st, the Life & Hope Network will mark the final, horrific days of Terri's inhumane death, not only to remember Terri, but also to keep in mind the countless people who, as we speak, are suffering slow, agonizing deaths in hospices, nursing homes, and hospitals in America and around the world." https://terrischiavo.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 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.

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/

Pro Life Wisconsin https://www.prolifewi.org/

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

Texas Right to Life https://www.texasrighttolife.com/

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

a program of Human Life Alliance (www.humanlife.org)
1614 93rd Lane NE, Minneapolis, MN 55449
Tel 651.484.1040