



April 19, 2017

PHA Monthly

*Newsletter for the Pro-Life Healthcare Alliance
Fortieth Edition*

Welcome to the fortieth 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:

The PHA Supports Conscience Rights for Healthcare Practitioners

By Julie Grimstad

In the face of mounting pressure on healthcare practitioners to be complicit in medical killing, the Pro-life Healthcare Alliance affirms our solidarity with doctors, nurses and others working in the healthcare system, who believe in the sanctity and inviolability of human life. They should be free, without fear of being penalized, to opt out fully from providing a legal "medical service" when they believe it is morally wrong and/or harmful to their patients. Furthermore, no conscientious objector should be required to refer a patient to another healthcare provider who will provide the objectionable "medical service."



Accordingly, in this edition of the PHA Monthly, Dr. Ralph A. Capone and I have contributed an article devoted to the timely and crucial issue of threats to the conscience rights of healthcare workers, including how the emergence of secular, utilitarian bioethics has corrupted medical ethics, and important reasons we must all be involved in defending conscience rights and, thereby, strengthening the integrity of the medical profession.

I also want to draw your attention to this month's *Case in Point*, a husband's account of his wife's imposed death in a hospice facility. This case is both heart-rending and instructive. I urge you to do your homework so you'll be prepared to recognize attempts to impose death and to take life-protective action whenever you or a loved one is admitted to any healthcare facility.

Our magazine *Informed: A guide for critical medical decisions* has information that may save a life. For instance, on page 12, "Interviewing a Hospice Agency" is a list of questions you should ask (and get the answers in writing) before signing up with any hospice. Order *Informed* by calling the Human Life Alliance office at 651-484-1040 or download it at

https://www.prolifehealthcare.org/wp-content/uploads/2016/04/Informed_lowRez.pdf

And when you have finished reading this newsletter or any of our other publications, Human Life Alliance and the Pro-life Healthcare Alliance would greatly appreciate your feedback. Let us know what was helpful and what kinds of articles and information you would like to read in the future. Thank you.

UPDATE ON ASSISTED SUICIDE AND EUTHANASIA

United States: Thus far in 2017, bills to legalize physician-assisted suicide (PAS) and euthanasia have been defeated in Indiana, Maryland, Mississippi, New Mexico, and Tennessee. Similar bills have stalled in Hawaii, Utah, and Wyoming, but could still be resurrected. And bills are constantly being introduced in various states. Alaska, Maine, Michigan, Nevada, and New York are among the states currently being targeted by Compassion & Choices (C&C) with bills to legalize PAS. C&C's goal is to transform assisted suicide into a legal, covered "medical service" in every state.

We must remain vigilant. Proponents of assisted suicide and euthanasia never rest.

In the April 12, 2017 issue of *BREAKPOINT DAILY*, Eric Metaxas ("The Assisted Suicide Freight Train Hits the Brakes") reported, "Dauneen Dolce, executive director of the Right to Life Committee of New Mexico, told the American Family Association that assisted suicide legislation likely will be introduced next year. Therefore, she said, those opposing the culture of death must remain 'actively involved in some way,' by 'educating yourself, or giving support to the organizations that are educating others, or [being] involved in the political arena. If you don't do that,' she added, 'you are handing over our state [and] our laws, and the culture of death will come to us--and that'll be from apathy.'" Whatever state you live in, this is excellent advice. As Metaxas warns, "Remember, when it comes to assisted suicide, apathy is deadly."

England: March 6, 2017, in Great Britain's House of Lords, Baroness Jay of Paddington, a pro-assisted suicide/euthanasia peer, raised a question for debate: "To ask Her Majesty's Government what assessment they have made of recent legislation on assisted dying in North America; and whether those laws provide an appropriate basis for legislation in England and Wales."

There were some excellent statements from peers opposed to assisted suicide/euthanasia, including a contribution from Baroness Tanni Grey-Thompson (CB), who is a Paralympic multiple gold medal winner in wheelchair racing. She has spina bifida. Given one minute to speak, Baroness Grey Thompson went straight to the crux of the matter:

My Lords, I raise the legitimate concerns of many people. The current US legislation and the concerns around it certainly impacted on the decisive vote in another place in 2015. [Editor's note: In 2015, the Rob Marris "Assisted Dying" Bill was defeated 330 to 118 in the House of Commons.] After the last debate in the Chamber I was told by a member of the public, as they looked me up and down, that I must have thought about killing myself many times. The answer is a resounding no, but I was shocked. I am resilient, but imagine if you are constantly told that you have no quality of life or you are persuaded that you are worthless.

The disability rights campaigner Liz Carr has said that, "euthanasia denies the value of people who have illness or disability". The noble and learned Lord, Lord Falconer, stated in his commission report that assisted suicide is not meant for disabled people, "at this point in time". If legislation in this area is passed, I and others like me are merely in the waiting room.

The full debate can be viewed at: <https://hansard.parliament.uk/lords/2017-03-06/debates/D4662B1E-E4DA-40BF-99F1-254F2E14D8FF/AssistedDying>

UNDER ATTACK! Conscience Rights Healthcare Providers' Right to Refuse to Kill

By Ralph A. Capone, M.D. and Julie Grimstad

Conscientious objection, when exercised by healthcare practitioners, is a refusal to provide a legal "medical service" (such as abortion or assisted suicide) that conflicts with their deeply held religious or moral convictions.

Calls to Exclude Conscientious Objectors from Medical Practice

On February 6, 2015, the Supreme Court of Canada struck down the federal law prohibiting assisted suicide and euthanasia. Subsequently, Canadian lawmakers passed legislation to permit "medical assistance in dying," the euphemism assisted suicide advocates employ to avoid the word "suicide." The law went into effect in June 2016. Many healthcare practitioners, exercising their conscience rights, have refused to participate.

The Journal of Medical Ethics, April 27, 2016, published an essay entitled "Why medical professionals have no moral claim to conscientious objection accommodation in liberal democracies." It was written by Udo Schuklenk and Ricardo Smalling, colleagues at Queens University in Ontario, Canada. Schuklenk is a professor of philosophy at Queens, but more importantly, he is co-editor of *Bioethics*, one of the world's leading journals in the field. Schuklenk and Smalling contend that "conscientious objection has no place in the practice of medicine." Their abstract states, "We discuss common counterarguments to this view and reject all of them." [i] In other words, there isn't a single reason they would accept for a healthcare provider to follow the dictates of their conscience in their practice of medicine.

This is genuine irony. It is almost impossible to believe that academia has become so blinded or hard-hearted that the authors' contention is, in fact, accepted by the "illuminated intelligentsia" and published in a once serious scholastic journal. A classically liberal democracy is one in which freedom is maximized for all. Nevertheless, Schuklenk and Smalling assert that such a liberal democracy tolerates no freedom for individuals who dare to dissent from the left's progressive agenda, better known as the culture of death.

In June 2016, a group of influential bioethicists and philosophers met in Geneva, Switzerland, to participate in a workshop on conscientious objection in healthcare. At its conclusion, more than a dozen bioethicists signed a ten-point "Consensus Statement." The "ethical guidelines" these bioethicists propose boil down to this: "Healthcare practitioners' primary obligations are towards their patients, not towards their own personal conscience." Further, they believe "a patient's desire for a legal, professionally sanctioned medical service" should override a healthcare practitioner's personal conscience. "When they have a conscientious objection," these bioethicists declare, "they ought to refer their patients to another practitioner who is willing to perform the treatment. In emergency situations, when referral is not possible, or when it poses too great a burden on patients or on the healthcare system, health practitioners should perform the treatment themselves." Even more troubling is their stance on training new practitioners: "Medical students should not be exempted from learning how to perform basic medical procedures they consider to be morally wrong." [ii] [Stress added by authors.] "Basic medical procedures" include abortion by various methods, terminal sedation accompanied by patient starvation and dehydration, and, wherever legal, prescribing drugs for assisted suicide and lethal injections.

These and other "ethical guidelines" proposed by bioethicists in the last few years demonstrate the escalation of efforts to coerce healthcare professionals to accede to immoral societal and patient demands. Those individuals who unwaveringly resist coercion will be either marginalized or disqualified altogether from carrying out their professional duties within a moral framework that values human life.

Secular Bioethics and the Corruption of Medicine

Just a few decades ago (within our memory), every person who joined the medical profession understood that intentionally killing patients is wrong. Medical ethics was initially based on natural law. This was articulated by

the ancient Greeks and codified by Hippocrates whose Oath prohibited the deliberate killing of patients because of the recognized inherent value of human life. Later, the work of the Church fathers (e.g., Augustine and Aquinas) Christianized this understanding of natural law. From their work several core principles were articulated, including human dignity--arising from man being made in God's image (*imago Dei*)--and the resultant concept of the sanctity of life. Secular society, too, protected human life, especially in the legal and medical professions. Historically, society revered human life based on the general consensus that human life, itself, is special. As such, the common good is best served by establishing laws, principles, and practices that value and safeguard each and every human life.

Bioethics, which emerged in the 1960s, has become a secular field of study, untethered from the theological roots of medical ethics. Efforts by Christian bioethicists to accommodate humanistic ethics and to influence it have mostly failed. Most affected is the concept of the dignity of the human person based upon inherent qualities (endowments from God) that cannot be taken away by governments or other third parties. The right to life is one of these intrinsic and inalienable qualities at much risk today. Further, since the advance of secular bioethics over the past 50 plus years, and especially with the legalization of abortion in many countries, the once high ideals of an independent medical profession have been steadily corrupted. The secular culture has co-opted medical ethics to serve its own purposes, hostile to God's authority and remarkably anti-Christian.

In fact, most bioethicists today embrace a secular, post-Christian, utilitarian (an unproductive person is a useless person) philosophy. Viewed through this "quality of life" lens, human lives burdened by advanced years, serious illness, or special needs are regarded as no longer worth protecting, nor worth the cost necessary to care for them. And lives judged "worthless" are disposable.

For example, in 1993, Dr. Ezekiel Emmanuel, the physician and ethicist who was to become the architect of the Affordable Care Act (a.k.a., Obamacare), wrote in the *American Journal of Medicine*: "...increasingly it will be our collective determination as to what lives are worth living that will decide how incompetent patients are treated. We need to begin to articulate and justify these collective determinations." [iii]

When patients who have never expressed a wish to die are judged incompetent (that is, unable to make their own decisions), bioethicists, like Dr. Emmanuel, want to rely on "collective determinations" to decide their fate. On the other hand, for those supposedly competent individuals who ask for help to commit suicide or to be killed, such bioethicists promote a radical personal autonomy, not a group decision. The bottom line is, if you fall in line with what the culture promotes, you get to decide. If you are unable to speak for yourself or if you resist what the culture promotes, then a "collective determination" is called for. There is so much wrong with this notion that it is hard to believe it was ever advocated. Talk about fascism!

This illustrates the often denied "slippery slope" that accompanies the legalization of euthanasia. The freedom of individuals to choose death for themselves gradually becomes a *duty to die* where others decide, in the words of Dr. Emmanuel, "what lives are worth living." Thus, the attack on physicians' conscience rights can extend to an assault on patients' conscience rights, as well as their right to life. This is just plain DANGEROUS for everyone.

Do we want a healthcare system in which the only doctors available are those willing and trained to kill us? And the only socially acceptable choice for physically or mentally incapacitated individuals is to unburden society by choosing their death?

Or, do we want a just healthcare system, one that protects patients, doctors, and other healthcare providers who value human life, and one that rejects expanding the scope of healthcare to include harming (i.e. killing) patients.

Combating Attacks on Conscience Rights

Dark days are imminent for Christian healthcare providers and others who stand firm in their belief that medical killing is immoral. These individuals risk legal, professional, and financial punishment. Nevertheless, there may be reasons for hope.

In Vermont, where assisted suicide was legalized (Act 39) in 2013, a federal court dismissed a lawsuit brought against officials at the Board of Medical Practice and the Office of Professional Regulation who interpreted Act 39 in a manner that infringes upon the conscience rights of healthcare workers. The Alliance Defending Freedom (ADF) is now exploring legal options for conscientious objectors.[iv]

Representing the Vermont Alliance for Ethical Healthcare and the Christian Medical and Dental Association, ADF Senior Counsel Steven H. Aden stated, "Vermont health care workers just want to act consistently with their reasonable and time-honored convictions without fear of government punishment." *LifeNews*, April 5, 2017, reported, "As the brief in support of the requested motion for preliminary injunction in *Vermont Alliance for Ethical Healthcare v. Hoser* explains, 'Vermont's Act 39 makes the State the first and only one to mandate that all licensed healthcare professionals counsel terminal patients about the availability and procedures for physician-assisted suicide, and refer them to willing prescribers to dispense the death-dealing drug. Act 39 coerces professionals to counsel patients about the 'benefits' of assisted suicide--benefits that Plaintiffs' members do not believe exist--and in addition stands in opposition to a federal law protecting healthcare professionals who cannot participate in assisted suicide for conscientious reasons.'"[v]

There is good news on another front. Last month (March 2017), Arizona's legislators approved a bill (SB 1439) "intended to protect medical professionals and the facilities where they work from discrimination if they refuse to assist in end-of-life procedures" (such as removing a feeding tube in order to cause or hasten a patient's death) and Governor Doug Ducey signed it. The bill was supported by the Legislature's Republicans and, unfortunately, opposed by Democrats.[vi] Assisted suicide is not legal in Arizona, but, presumably, this bill would protect objecting healthcare practitioners in the unhappy event that it is ever legalized in the state.

Call to Action

Let's speak out--loudly and clearly--in every state and every nation. Let's tell our leaders to enact laws that protect the conscience rights of doctors and all healthcare professionals, and to put teeth in those laws so they will be enforced.

We must do this to renew and strengthen the integrity of the once-revered medical profession.

We must do this because, if we do not, doctors, nurses and other healthcare providers of good conscience will be prevented from practicing in the future, leaving only those willing to dispose of a life--your life or the life of a loved one.

As important as the preceding reasons are, it is even more imperative that we do this to proclaim the truth of the immeasurable worth and dignity of every human life, now, in our lifetime, and to safeguard the splendor of this truth for our children and for all generations to come.

* * *

Note: "The Health Care and Conscience Debate" by Luke W. Goodrich, is an excellent explanation of federal law/regulations regarding the conscience rights of healthcare providers.[vii]

About the authors: **Ralph A. Capone, MD, FACP**, is board-certified in Hospice and Palliative Medicine and Internal Medicine, and presently teaches Catholic Bioethics at St Vincent College and for the Diocese of Greensburg, Pennsylvania. **Julie Grimstad** lives in Bedford, Texas, is executive director of Life is Worth Living, Inc., coordinator of St. John's Befrienders (outreach program to nursing home residents and homebound elderly), a speaker and writer on healthcare issues, and editor of the *PHA Monthly*. Julie has served as a volunteer patient advocate for 31 years.

[i] <http://jme.bmj.com/content/early/2016/04/22/medethics-2016-103560>

[ii] <https://www.bioedge.org/bioethics/bioethicists-challenge-right-to-conscientious-objection/11988>

[iii] American Journal of Medicine, January 1993, Vol. 94, p. 115

[iv] <http://www.lifenews.com/2017/04/05/this-state-is-trying-to-force-doctors-and-health-care-workers-to-give-patients-info-on-assisted-suicide/>

[v] Ibid.

[vi] <http://bvtnews.com/politics/gov-doug-ducey-signs-bill-allowing-refusal-of-dying-instructions.html>

[vii] file:///C:/Users/User/Downloads/20110603_GoodrichEngage12.1.pdf

CASE IN POINT: An Imposed Death in Hospice

Mr. Dennis Barry's wife, Lucy, age 90, was admitted to a hospice facility for a "respite" and died shortly thereafter. A little over a year after she died, Dennis called the Hospice Patients Alliance to tell her tragic story.

At a hospice, Lucy Barry was given Haldol (an antipsychotic drug), Ativan (an anti-anxiety drug), and hydromorphone (an opioid pain medication that is stronger than morphine). It was never requested or needed. The hospice never informed her or her husband what was being given, why it was being given, or that it would cause her death. Though Lucy had a terminal illness, she was not expected to die any time soon, and she was very lively.

According to Dennis' account, while having breakfast on September 23, 2015, Lucy slid off her wheelchair onto the kitchen floor. She was unhurt. However, at the time of the fall, Dennis was on the phone with a hospice social worker. (A few months previously, they had accepted home help from hospice.) The social worker heard

the commotion and suggested a three-day respite at their hospice facility. They accepted the offer.

Drugged into unconsciousness

An ambulance took them to the facility. Upon arrival, Lucy was hustled into her room. When Dennis started to follow her, a woman prevented it by telling him, "You can't enter into the room. Sit over there in the hallway." Dennis laments, "I never heard my wife's voice after that!"

Dennis noticed a lot of activity, with staff entering and exiting Lucy's room for about twenty minutes. Then he was allowed in. Lucy was flat on her back with her eyes closed. He could not rouse her. He was shocked. She appeared to have been drugged into unconsciousness. A short time later, a woman entered and said his wife would be okay, and asked how he was going to go home. He answered, "I just got here." She told him that a worker was leaving soon and could give him a ride home. He wanted to stay, but she pushed him to go home.

He returned the next day at about seven in the morning. He found Lucy in the same position and in the same state as the night before. She was unresponsive. When the doctor arrived at about one in the afternoon, Dennis told her he did not like the state his wife was in. The doctor was there for ten minutes or less and did nothing but visually examine Lucy while standing at the foot of the bed and talking to Dennis, assuring him Lucy would come out of the coma.

After the doctor left, a staff member gave Lucy some liquid medicine, but did not tell Dennis what it was. A couple of hours later, another staff member was going to administer another dose. Dennis asked why, since the last dose had been given only about two hours ago. At that, she did not give the second dose. Dennis recalled that the nurses did almost nothing for Lucy other than medicate her.

Dennis told a staff member who offered him a ride home that he wanted to stay overnight. She said he wouldn't want to do that. "All the while I was there," Dennis states, "I was constantly next to Lucy, holding her hands, kissing her occasionally on the lips or cheeks, showing her some affection in different ways. There was no response from her!"

Sudden death

The worker came to give Dennis a ride home, but his niece was there and offered to take him home that evening. The next day, September 25, 2015, at about 5:50 a.m., Dennis received a call from the hospice that Lucy had passed away about 5:47. "Why didn't you call me?" he asked. The caller said, "It happened very fast."

Dennis believes Lucy's death was an imposed death: "the drugs and dosage used were administered by hospice with sinister intent and not with a view to benefit her health in any way." Dennis did his research and concluded his tragic story:

I read that the FDA mandated a "black box warning" for Haldol, indicating that when it is given to elderly patients with dementia, the patients have almost a doubled risk of premature death than if they're not given that drug! I read, "Haldol is not approved for use in older adults with dementia because of increased chances of death during treatment" [see <http://www.rxlist.com/haldol-side-effects-drug-center.htm>]. My elderly wife had some dementia. She should not have been given it, she did not want it, and the hospice staff never asked our permission for it to be administered.

I note that a possible serious effect of Ativan (also administered to my wife at the hospice) is strong sedation, and my wife--who was completely alert before entering the hospice facility--was clearly in a medically-induced coma, which my niece, who is a nurse, verified....We never requested Ativan and she didn't need it. They never informed us it was going to be given.

I also see that hydromorphone (administered as well to my wife at the hospice) can sedate a patient, but also result in respiratory depression and death like any opioid given when not needed. We never requested it and she didn't need it. They never informed us it was being given to her.

For all these reasons, I would never recommend hospice to a soul. This was my experience with hospice. It was certainly not what we expected at all!

Read the full story, "My Dismal Experience with Hospice," by Dennis Barry, at <http://hospicepatients.org/dennis-barry-s-wife-lucy-hastened-to-death-in-hospice-in-09-2015.html>.

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/) <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/>

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

[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



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