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PHA Monthly

*Newsletter for the Pro-Life Healthcare Alliance
Forty-second Edition*

Welcome to the forty-second 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:

The Mindset of Mercy

By Jim Hentges



We have all seen this scene in an old western movie. There is a chase on horseback, the riders are moving too fast, the horse unexpectedly comes over a ridge and tumbles to the bottom of the embankment, and is now too injured to stand up. What happens? The rider shoots the suffering horse to put it out of its pain.

Unfortunately, in today's society, many have adopted this example as the best way to treat injured or debilitated people. They think it is an act of mercy to put people who are suffering out of their misery. Not only are there significant problems with this approach for people of faith and even many who don't believe there is a God, but it also shows a lack of understanding of the concept of mercy.

Suicide and "mercy killing" are both part of a selfish approach to suffering. Suffering plays an important part in human development. It leads to an increase in wisdom, patience, empathy, and courage both for the suffering person and for the family, care givers and others who come in contact with the person. Even if the people involved do not have a spiritual understanding of life, suffering serves to deepen awareness and develop strength for them on the emotional and psychological levels, allowing them to grow to greater fullness in their humanity.

Mercy should be acting with compassion toward another in such a way that benefits (spiritual, emotional, psychological, physical) will follow. Our shared humanity creates a symbiotic bond which enables the benefits of compassionate acts to flow out in multiple directions, touching many lives, which can start a chain reaction benefiting all of humanity.

Humans are not animals. We must be careful to avoid letting those who function as agents of the culture of death define our mindset.

IT'S A WONDERFUL LIFE



By Julie Grimstad

In the classic movie *It's a Wonderful Life*, George Bailey discovers how mistaken he was to wish that he had never been born. With the angel Clarence's guidance, George's whole perspective changes. He discovers that life is wonderful--adversities and all.

A human life is precious beyond all treasures. Most people have profound respect for human life, but adversity can test our reverence for life. Giving birth to a child with a chromosomal disorder or another disabling condition is one of those tests--both for the family and society.

Having a child with a seriously disabling condition can place considerable stress on a family, which is why the family needs to know it will have support from society to help their child live and ensure that their child is given the chance to live life to the fullest. Just like everyone else, disabled people have everything to live for.

Nevertheless, there are people who claim that certain imperfections make life not worth living. Generally, they're not speaking about their own imperfections or their own lives. Rather, they are projecting onto others their personal bias ("I wouldn't want to live like that") as well as society's preference for a certain "quality of life" and usefulness. Even some healthcare providers and policy makers assume that severe disability makes life intolerable. Less medical treatment for disabled patients is one unfortunate consequence of such prejudice.

I decided to research whether or not people with physical or mental disabilities, in general, find life intolerable. What follows is a small sampling of the evidence uncovered in my search.

A 2011 study published in the *American Journal of Medical Genetics* found that 99 percent of individuals with Down syndrome were happy with their lives, and that 97 percent of their parents and 94 percent of their siblings reported feelings of pride.

Tom Shakespeare, a sociologist born with a disability, researches disability studies, bioethics, and medical sociology. He writes,

If you think about it for a moment, you realize that people born with impairment have nothing to which they can compare their current existence. Someone lacking hearing or sight has never experienced music or birdsong, visual art or a sublime landscape. Someone with an intellectual disability may not consider themselves different at all. Someone like me, born with restricted growth, has always been that way. Even if life is sometimes hard, we are used to being the way we are.

He also reports, "Surveys reveal people with disabilities consistently report a quality of life as good as, or sometimes even better than, that of non-disabled people."

What about people who became disabled later in life? A study highlighted in *Psychology Today* suggests that "people who do well in the wake of disability are the same people who were doing well before." From that finding, it is reasonable to deduce that disabled people have a full range of personalities and emotions, just like everyone else. Some people simply enjoy life more than others, regardless of their comparative circumstances in life.

Frankly, I could find no convincing evidence that people who have physical or mental disabilities, regardless of their severity, are less capable of enjoying life or experiencing happiness than those who have perfect health, and full physical and mental prowess. If we remember this, perhaps we will be less prejudiced against people with disabilities.

Sources:

Brian G. Skotko, Susan P. Levine, and Richard Goldstein, "Having a son or daughter with Down syndrome: Perspectives from mothers and fathers," "Having a brother or sister with Down syndrome: Perspectives from siblings," and "Self-perceptions from people with Down syndrome," *American Journal of Medical Genetics Part A* 155, no. 10 (October 2011): 2335-2369.

Tom Shakespeare, "A Point of View: Happiness and disability," BBC News Magazine, June 1, 2014, <http://www.bbc.com/news/magazine-27554754>.

Christopher Peterson, Ph.D., "Life Satisfaction in the Wake of Disability: What one brings to a situation influences its impact," *The Good Life* (blog), *Psychology Today*, December 8, 2011, <https://www.psychologytoday.com/blog/the-good-life/201112/life-satisfaction-in-the-wake-disability>.

SIMON'S LAW

Three days after birth, Simon Crosier was given a diagnosis of trisomy 18. Six years ago, at the age of three months, Simon died from an apnea attack (i.e., he stopped breathing) while in the hospital. After his funeral, Sheryl and Scott Crosier discovered why no medical staff came to their son's rescue as they held him, waiting for help. While reviewing his medical chart, Sheryl and Scott found a secret do-not-resuscitate (DNR) order--which they had not approved--and discovered he had been given medications incompatible with his apnea attacks. They also found that their precious little baby was given only "comfort feeds," which meant he had been denied sufficient nutrition to grow and develop.



Baby Simon

Grief-stricken and angry, the Crosier's decided to do something to warn other families about hospital futile-care policies that dictate the issuance of DNR orders, and the withholding or withdrawal of lifesaving treatment from disabled children--without the knowledge or approval of their parents. Other parents, researchers, and doctors joined them in their quest to pass a law that would

- validate both the medical advisory role and parental rights,
- end secret DNRs based on "quality-of-life" judgments,
- uphold the dignity of children with disabilities,
- expose policies denying lifesaving care, and
- combat erosion of the sanctity-of-life ethic in our culture.

As the result of the grassroots campaign led by determined parents, "Simon's Law" passed the Kansas Senate on March 16 and the Kansas House on March 31 by overwhelming margins. It was signed by Governor Sam Brownback on April 7. Simon's Law is crucially important pro-life legislation that needs to be adopted by every state in order to prevent medical discrimination against children with disabling conditions and to ensure the inclusion of parents in every medical decision made for their children.

Sources:

Kathy Ostrowski, "Kansas hearing on Simon's Law: a tale of 2 little boys," *Kansans for Life Blog*, February 16, 2017, <https://kansansforlife.wordpress.com/2017/02/16/kansas-hearing-on-simons-law-a-tale-of-2-boys/>.

Kathy Ostrowski, "KS Gov. Brownback signs first-in-nation Simon's Law," *Kansans for Life Blog*, April 7, 2017, <https://kansansforlife.wordpress.com/2017/04/07/ks-gov-brownback-signs-first-in-nation-simons-law/>.

CASE IN POINT

If Peter had received the proper care, would he still be with us?

By Mary Kellett

Having a child die is a devastating experience for any family. Having a child die due to negligence, or discrimination in care or treatment, adds a whole new level of pain for families and loved ones.

Imagine finding out that a do-not-resuscitate order was put into your child's chart without your knowledge or consent, or finding out your child is receiving only "comfort feeds," and not enough nutrition for health and growth. Or how about finding out your child bled to death after a common surgery?

These are some of the situations families who have children with special needs have experienced. In addition, these children are often denied surgeries or other ordinary care that would be given to a child without special needs.

The heartache of finding out your child has special needs and health issues is often made so much worse by the negative and discriminatory attitudes of some medical professionals. In several states, including Idaho, Michigan, Oklahoma, Minnesota, Missouri, and Kansas, bills have been written to alert the public to the dangers posed by this widespread discriminatory bias and negligence.

My son Peter had trisomy 18, and he lived for six and a half years. Like many other families, we were told that ending his life by abortion was the answer to his disability. After he was born, we were pressured to "let him go," and not provide the care he needed to survive and grow. We were told he would never contribute to society and would be a horrible burden for our family. I was even told that if I wanted to be a good mother, I shouldn't bring Peter home from the hospital, and the hospital could make him comfortable as he died.

Peter died after having his appendix removed. We were told, after the surgery, that everything went great and there was no infection. After he died, we felt something was terribly wrong, so we had an independent autopsy done. We were shocked to find out that he bled to death. I asked the doctor who performed the autopsy, "Are you telling me Peter didn't have to die?" She responded, "I am sorry; I don't think Peter had to die." At those words, my heart broke into a million pieces.

After Peter died, my husband and I also discovered that the hospital had an internal futility-of-care policy that only select doctors knew about at that time. We worked with legislators to write a bill that would require hospitals to disclose such policies to the public. Much of the public is unaware that many (if not all) hospitals have policies granting to themselves the authority to deny life-

sustaining care and treatment to a patient, based on a physician's assessment that the patient's life is not worth preserving.

Was Peter a victim of the hospital's futility-of-care policy? Did someone base their treatment decisions on their own biased perception that Peter would "never contribute to society"? Did he die because someone thought it was "not worth the resources to keep him alive"? Did someone make the decision it was "time to let Peter go"?

We heard that same language throughout his life. It is profoundly disturbing and heart wrenching to have your child talked about in this way. We will live our whole lives wondering, "If Peter had received the proper care, would he still be with us?" We miss him terribly and would have happily taken care of him forever.



Peter was a joy to our family and a blessing to care for. He was never a burden. His 10 siblings all say that Peter's effect on our family was positive. His presence enhanced--not diminished--our family life. We will always think of him as our great gift that was taken from us too soon.

MEET A PHA PARTNER

HOSPICE PATIENTS ALLIANCE

Hospice Patients Alliance is a pro-life patient advocacy organization which promotes quality hospice services, whether a patient resides at home or in a facility. HPA works to protect the rights of patients, their families, and caregivers, the bereaved and hospice staff. To achieve this, HPA provides information about the standards of care governing the health care provided, the services required to be provided by law, standard industry practices, and how to obtain the very best hospice care available.

HPA provides information about hospice services, directly assists patients, families, and caregivers in resolving difficulties they may have with current hospice services, and promotes better quality hospice care throughout the United States of America.

The Mission of Hospice Patients Alliance

HPA's mission is to promote excellence in end-of-life care that relieves suffering while allowing a natural death in its own timing. HPA works with patients, families, and members of the professional health care community to improve conditions for patients and staff in hospices, palliative care units, and elsewhere within our society. HPA views assisted-suicide, stealth

euthanasia, and other methods of imposed death as completely incompatible with authentic hospice care. Authentic hospice care allows for the unfinished business at the end of life, including the healing of relationships within the family and spiritual growth.

HPA board members find it very important to listen to patients, families, and staff members who are victims of harmful or deadly hospice practices in order to assess their needs and provide guidance. By the time they contact HPA, family members, friends, and colleagues have turned away because they cannot bear the burden of such knowledge. They cannot understand what took place and why. It is very lonely when there is no one to hear what you have to say.

The most productive way to help those who contact HPA is to encourage them to review the materials on the HPA website so that they will better understand why our society has digressed to the point that such illegal and unethical behavior is condoned and often encouraged.

HPA Urges People to Speak Out, to Share Their Hospice Experiences

Well-funded media is conditioning the public to accept unethical ideas. There are very few people in this country who have not been touched by criminal medical conduct. Instinctively, people know that imposed death is wrong, but few know what to do to stop it.

People are encouraged to speak out about what, in reality, is happening. HPA is often able to demonstrate that today's hospice is a volume-based, federally-funded industry operating far from the intended original pro-life mission of hospice and significantly in violation of state and federal regulations governing hospice care. Personal stories back up these facts.

When HPA has the opportunity to save a life, words are not minced. When necessary, caregivers are bluntly informed that their loved one is being killed. Ron Panzer, President and founder of Hospice Patients Alliance, states, **"We do not mince words because time is of the essence and there is not the luxury of time for the person to come to an understanding in a few days or weeks. They must act immediately."**

It is very important to encourage all people to document and share their adverse experiences with hospice and healthcare in general. The more such testimonies are consolidated and stored in one location, accessible to all, the greater the chance that the general public will wake up and begin calling for an end to media-encouraged acceptance of euthanasia in any form and regardless of a person's condition or age.

HPA also strongly affirms the mission of our partner organization, the Pro-life Healthcare Alliance, because no pro-life organization can do it all alone. By combining our efforts, we see a greater chance of achieving our shared goal of restoring the naturally pro-life mission and practices within our healthcare system and healing the terrible damage done to our society by unethical and illegal healthcare practices.

Either healthcare is *pro-life*, or it is not really health care!

Contact information:

HOSPICE PATIENTS ALLIANCE, INC.

4680 Shank Street

Rockford, MI 49341

Tel. (616) 866-9127

www.hospicepatients.org

RECOMMENDED READING

"How to Recognize Stroke Symptoms and New Study Shows More Hope for People with Strokes" by Nancy Valko, RN: <https://nancyvalko.com/2017/06/14/how-to-recognize-stroke-symptoms-and-new-study-shows-more-hope-for-people-with-strokes/>

"Oregon Senate Passes Bill to Allow Starving Mentally Ill Patients to Death" by Steven Ertelt: <http://www.lifenews.com/2017/06/13/oregon-senate-passes-bill-to-allow-starving-mentally-ill-patients-to-death/>

RECOMMENDED VIEWING

Patients Rights Action Fund's important new video against assisted suicide:

Facebook Link: <https://www.facebook.com/PatientsRightsAction/videos/1278458512273302/>

Youtube Link: https://www.youtube.com/watch?v=CWrpr_5e4RY

Twitter Link: <https://twitter.com/PRAFund/status/869886940165935105>

DO NO HARM Documentary Film ("Doctors who take an oath to save lives are taking their own at an alarming rate, trapped in a toxic system that threatens ALL patients.") View trailer at: https://www.kickstarter.com/projects/965346530/do-no-harm-documentary-film-finishing-funds?inf_contact_key=ffc5ee550e483dd5c48780676eef68830183315de8f1e9809ecdd09188f5060c

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



a program of [Human Life Alliance](#)
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