



Pro-life Healthcare Alliance

A Program of Human Life Alliance

Sept. 28, 2017

PHA Monthly

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

Welcome to the forty-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



By Julie Grimstad

I enjoy poetry, mainly because it says concisely and cleverly what otherwise might take an entire essay. I thought a spooky poem would be appropriate with October upon us. In 1899, William Hughes Mearns penned this verse.

Yesterday, upon the stair,
I met a man who wasn't there.
He wasn't there again today,
I wish, I wish he'd go away.

The culture of death that has corrupted health care is not just some specter that we catch a glimpse of occasionally; it is a very real and constant threat to those who need life-preserving medical care. We cannot pretend it does not exist. Wishing will not make it go away.

In the past month, I have worked over 200 hours updating Human Life Alliance's publication *Imposed Death: Euthanasia and Assisted Suicide*. I've edited and helped write the articles for this publication since 1997. I'm tired and I'm certain the entire staff of HLA is tired too. But, we persist because of our profound reverence for human life and our deep appreciation for the gift of life.

I wish, I wish the culture of death would just go away. But, no amount of wishful thinking will make it--poof!--disappear. Action is needed. People must be educated about the threats to their very lives that they may encounter when they seek medical care. They also need to be motivated to personally protect human life and to protest whenever and wherever a person's life is devalued or in danger.

The new *Imposed Death: Euthanasia and Assisted Suicide* goes to the printer in October. **The *Imposed Death* publication will be an effective educational and motivational tool only if it reaches people.** You are a vitally important partner in this effort. Please help distribute this and other HLA publications. Just call 651-484-1040, place an advance order for *Imposed Death*, and get it into the hands of everyone you know. Thank you.

This month's newsletter is brief because both Ann Olson, HLA's Education Director, and I have been working on *Imposed Death*. So, it won't take long to read, but I guarantee you will enjoy it.

UPDATE ON ASSISTED SUICIDE AND EUTHANASIA

Great News!

The American College of Physicians opposes assisted suicide: The ACP has published an updated position on assisted suicide. The updated position continues to clearly oppose physician-assisted suicide while urging excellent pain and symptom management. For more information: <http://alexschadenberg.blogspot.it/2017/09/american-college-of-physician-opposes.html>

Members of the U.S. House of Representatives introduced a bipartisan resolution on the dangers of legalizing assisted suicide, H. Con. Res. 80. Here is the full text.

IN THE HOUSE OF REPRESENTATIVES

September 26, 2017

Mr. Wenstrup (for himself, Mr. Correa, Mr. Vargas, Mr. Langevin, Mr. Lipinski, Mr. Harris, Mr. LaHood, Mr. Abraham, Mr. Rothfus, and Mr. Suozzi) submitted the following concurrent resolution; which was referred to the Committee on Energy and Commerce

CONCURRENT RESOLUTION

Expressing the sense of the Congress that assisted suicide (sometimes referred to as death with dignity, end-of-life options, aid-in-dying, or similar phrases) puts everyone, including those most vulnerable, at risk of deadly harm and undermines the integrity of the health care system.

Whereas "suicide" means the act of intentionally ending one's own life, preempting death from disease, accident, injury, age, or other condition;

Whereas "assisting in a suicide" means knowingly and willingly prescribing, providing, dispensing, or distributing to an individual a substance, device, or other means that, if taken, used, ingested, or administered as directed, expected, or instructed, will, with reasonable medical certainty, result in the death of the individual, preempting death from disease, accident, injury, age, or other condition;

Whereas society has a longstanding policy of supporting suicide prevention such as through the efforts of many public and private suicide prevention programs, the benefits of which could be denied under a public policy of assisted suicide;

Whereas assisted suicide most directly threatens the lives of people who are elderly, experience depression, have a disability, or are subject to emotional or financial pressure to end their lives;

Whereas the Oregon Health Authority's annual reports reveal that pain or the fear of pain is listed second to last (25 percent) among the reasons cited by all patients seeking lethal drugs since 1998, while the top five reasons cited are psychological and social concerns: "losing autonomy" (92 percent), "less able to engage in activities that make life enjoyable" (90 percent), "loss of dignity" (79 percent), "losing control of bodily functions" (48 percent), and "burden on family friends/caregivers" (41 percent);

Whereas the United States Supreme Court has ruled twice (in *Washington v. Glucksberg* and *Vacco v. Quill*) that there is no constitutional right to assisted suicide, that the Government has a legitimate interest in prohibiting assisted suicide, and that such prohibitions rationally relate to "protecting the vulnerable from coercion" and "protecting disabled and terminally ill people from

prejudice, negative and inaccurate stereotypes, and 'societal indifference;'"

Whereas clearly expressing that assisted suicide is not a legitimate health care service, Congress passed, with a nearly unanimous vote, and President Bill Clinton signed, the Assisted Suicide Funding Restriction Act to prevent the use of Federal funds for any item or service, including advocacy, provided for the purpose of causing, or assisting in causing, the death of any individual such as by assisted suicide, euthanasia, or mercy killing;

Whereas a handful of States have authorized assisted suicide, but over 30 States have rejected over 200 attempts at legalization since 1994;

Whereas States that authorize assisted suicide for terminally ill patients do not require that such patients receive psychological screening or treatment, though studies show that the overwhelming majority of patients contemplating suicide experience depression;

Whereas the laws of such States contain no requirement for a medical attendant to be present at the time the lethal dose is taken, used, ingested, or administered to intervene in the event of medical complications;

Whereas such State laws contain no requirement that a qualified monitor be present to assure that the patient is knowingly and voluntarily taking, using, ingesting, or administering the lethal dose;

Whereas such State laws contain no requirement to secure lethal medication if unwanted or if death occurs before such medication is used;

Whereas such State laws do not prevent family members, heirs, or health care providers from pressuring patients to request assisted suicide;

Whereas such States qualify some patients for assisted suicide by using a broad definition of "terminal disease" and "going to die in six months or less" that includes diseases (such as diabetes or HIV) that, if appropriately treated, would not otherwise result in death within six months;

Whereas it is extremely difficult even for the most experienced doctors to accurately prognosticate a six-month life expectancy as required, making such a prognosis a prediction, not a certainty;

Whereas reporting requirements vary by State, but when required, rely on prescribing physicians or dispensing pharmacists to self-report;

Whereas such reporting is neither conducted by an objective third party nor of sufficient depth and accuracy to effectively monitor the occurrence of assisted suicide;

Whereas there is an astounding lack of transparency in the practice of assisted suicide to the extent that State health departments and other authorities admittedly have no method of knowing if it is being practiced within the bounds of State laws and have no funding or authority to make such a determination;

Whereas some State laws actively conceal assisted suicide by directing the physician to list the cause of death as the underlying condition without reference to death by suicide;

Whereas the confidential nature of end-of-life decisions makes it virtually impossible to effectively monitor a physician's behavior to prevent abuses, making any number of safeguards insufficient;

Whereas the cost of lethal medication is far less costly than many life-saving treatments, which threatens to restrict treatment options, especially for disadvantaged and vulnerable persons, as has happened in several known cases and presumably many more unknown in which insurers have denied and/or delayed coverage for life-saving care while offering to cover assisted suicide; and

Whereas access to personal assistance services such as in-home hospice and palliative care, home health care aides, and nursing care/nursing assistance is regrettably limited and subject to long waiting lists in many areas, placing systemic pressure on patients in need of such personal assistance services to resort to assisted suicide: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of the Congress that the Federal Government should ensure that every person facing the end of their life has access to the best quality and comprehensive medical care, including palliative, in-home, or hospice care, tailored to their needs and that the Federal Government should not adopt or endorse policies or practices that support, encourage, or facilitate suicide or assisted suicide, whether by physicians or others.

DON'T HESITATE TO CELEBRATE

By Margaret Pole

Whenever I see or hear the term "celebration of life" used as a euphemism for a funeral or memorial service, I wonder how well the deceased's life was celebrated *while he or she was alive*. In the case of those who lived to a ripe old age, I particularly wonder what, if any, celebrations they enjoyed in their latter years.

With the passage of years, an elderly person's loved ones often move away, become infirm, or die. Add to this the pervasive undercurrent of the culture of death, which views the disabled and the frail elderly as inconvenient and of little value. The result is that the elderly and disabled often suffer from isolation, loneliness, and depression.

Those of us who love and care for the elderly and disabled must affirm the God-given infinite value of their lives. A fun and rewarding way to do this is to celebrate birthdays, special events, and holidays in a way that is meaningful for them. Of course, activities need to be tailored to your loved one's physical and mental condition, and place of residence, but you can use your creativity to plan unique and enjoyable celebrations.

If your loved one has dementia, you might worry that they will not recognize guests you would like to invite to the celebration. Even if they don't, if your loved one has any significant level of awareness, they will enjoy your guests' presence, the festive occasion, and being the center of attention. Who can measure or put a price on the uplifting effect that such an experience could have on their psyche and their soul?

Celebrating Dad



My father turned 90 in 2014. Overall, he was still in relatively good shape, but was suffering from mild dementia, partial hearing loss, chronic back pain, arthritis, and mysterious occasional falls not caused by heart attack or stroke. Both he and my mother were no longer driving, and their physical stamina for attending social events outside the home had significantly declined. Nonetheless, they greatly enjoyed visits from family members, neighbors, and friends.

The last large gathering in Dad's honor was the big surprise birthday party our family gave him when he turned 70. So, we planned a surprise 90th birthday open house because we knew he would enjoy seeing not only family and neighbors, but also long-time friends he hadn't been able to see for years. We also sensed that this would probably be our best opportunity to do this for him. Also, it would be a good chance to let friends know how he was doing, even if they couldn't attend.

We had balloons, decorations, a banner, flowers, festive foods, a large decorated cake, tables set up outside, and so forth. We were amazed when almost double the number of people we expected showed up-70! Most importantly, Dad was surprised and delighted! He recognized each and every guest. Guests were asked to share memories in our guest book, and we displayed photos and memorabilia.

In the days following the open house, Dad didn't seem to have a clear recollection of the event itself, but he greatly enjoyed viewing the memorabilia, old photos, and photos of his party, as well as reading his guest book and birthday cards. We continued to display these items for quite a while afterward, as visible reminders of his special celebration. This also provided an ideal opportunity for us to ask him questions and learn more about his life experiences. I think this was a good mental exercise for him, as he was able to recall many details.

Two years later, shortly after he had received a terminal cancer diagnosis (see "Just to See Him Smile" in the June 24, 2016 issue of PHA Monthly), we held a family Valentine's Day party and, about a week later, a "pinning ceremony" for him, provided through our home hospice agency. The hospice offers these ceremonies to honor military veterans while providing an opportunity for family and friends to gather with and celebrate the hospice patient prior to death.

On very short notice, we managed to gather a few family members, along with almost 30 neighbors and close friends. Dad was noticeably weak by then, but his pain was well managed and he was still relatively alert and able to sit up in a chair or wheelchair for at least several hours per day. The hospice sent a representative of the military, who presented him with a pin and gave a nice little speech. A lovely patriotic-themed handmade quilt was donated by a local quilters guild. My nephew was touched when the military representative asked him to put the pin on Dad. Another very poignant moment was the arrival of a long-time close friend whom Dad hadn't been able to visit for a few years. He, like Dad, was in a wheelchair. As his caregiver wheeled him close to Dad, the two men smiled and stretched out their arms to shake hands. Dad couldn't speak much by then, but he seemed to be clearly aware that all these guests were there for him.

Those who couldn't attend the pinning ceremony appreciated being contacted, since we also updated them on Dad's condition. Those who attended welcomed the opportunity to gracefully and indirectly say goodbye to him before he died. We asked our guests to sign and write some kind words on decorated foam sheets. Dad enjoyed seeing these greetings after the event. Three weeks later, he passed away. We displayed these greetings, along with his other memorabilia, at his funeral reception.

Celebrating Mom

My mother turned 87 in 2014, several months after Dad turned 90. Although she then had no noticeable dementia and no known serious health problems, she seemed noticeably weaker than Dad. My sister and I doubted that she would reach her 90th birthday. So, we planned a big birthday bash for her as well.

Thanks to the talents of my sister and a friend, we put on an amazing ladies' Victorian-style tea party, complete with an elaborate menu and decorations. We had another large turnout, and many guests came dressed in tea party regalia. Mom was in seventh heaven and the ladies loved it!



Thanks to a timely diagnosis and a skilled surgeon, Mom survived a very inflamed gallbladder in 2015, and we were blessed to be able to celebrate her 90th birthday in July of this year.



At her open house, Mom was decked out in a tiara and an "official" birthday girl button. She basked in the glory of being the queen for a day. This event wasn't quite as fancy as her now-famous tea party, but it was a lot of fun and very festive. Once again, we were surprised by a larger-than-expected turnout--about 50 people! (Some of those who had attended Dad's 90th birthday had passed away or were in ill health and, therefore, could not attend.) Mom has moderate dementia now, but just like Dad, she recognized all of her guests.

Souvenirs of the party are pinned up on her bulletin board, which she greatly enjoys viewing while reminiscing about her party daily.

Strengthening bonds

Shortly after Dad and Mom's parties, we received several follow-up phone calls, cards, and visits from friends who had been unable to attend. These were all great morale boosters for both of my parents and hopefully for the friends as well.

Inviting guests to a celebration is beneficial for both your loved one and your guests. The open houses for my parents allowed friends and neighbors a pleasant way to reconnect with each other, and our family enjoyed learning what was happening in our guests' lives. On the invitations, we stated that no gifts were necessary to avoid imposing any financial burdens on our guests.

Transforming the ordinary

A memorable and enjoyable celebration for your loved one need not be large or elaborate. You can make it special even if it comprises just the two of you. **What matters most is that your loved one knows that their very existence is reason to celebrate and that you're making an effort to bring joy to their lives.** When I recently asked Mom what she enjoyed most about her parties, she replied simply, "Having the family there."

You can also look for ways to make ordinary days special. For Mom, I often use our good china and fancy napkins, and usually manage to have some fresh flowers around the house. While caring for both Mom and Dad, some of my happiest moments were our frequent Saturday pancake breakfasts and Saturday hamburger suppers followed by Dad's favorite, root-beer floats. Watching them enjoying themselves filled me with joy as well.

Celebrating the living

It is fitting that funerals and memorial services include such elements as beautiful music; kind words and gestures of honor for the deceased; cards, words, and gestures of comfort for surviving kin; memorabilia and photos honoring the deceased; beautiful flowers or other decorations; and special foods or refreshments. Moreover, as a firm believer in the communion of saints, I have a well-founded hope that the Lord permits our deceased loved ones to have some awareness that such events are taking place on their behalf--especially when they include Masses and prayers offered for their souls.

But, why wait until someone has died to do these things? Why not also do similar things to

celebrate, honor, and pray for our loved ones while they are still alive--especially when their time left on earth is short? Why not let them know how much we love and appreciate them while they are still with us? So, let us also have celebrations of life for the living. Don't wait until it's too late!

Margaret Pole is a freelance writer and editor. As she promised her late father, she now cares for her mother at home.

ANNOUNCEMENT:



Caring Not Killing: Protecting Yourself, Your Family, and Others
November 18, 2017 | 8am to 5pm
Biola University (Marshburn Hall)
13800 Biola Avenue, La Mirada, CA 90639

For more information: <https://caringnotkilling.wordpress.com/>
To register: <https://app.mobilecause.com/form/At1zgg>

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>

[View Human Life Alliance video INFORMED: Life is Worth Living](https://www.prolifehealthcare.org/informed-life-worth-living/)
<https://www.prolifehealthcare.org/informed-life-worth-living/>

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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a program of [Human Life Alliance](#)
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