



# Pro-life Healthcare Alliance

A Program of Human Life Alliance

Oct. 26, 2017

## PHA Monthly

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

Welcome to the forty-fifth 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](http://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: Home is where the heart is



By Julie Grimstad

Home is usually where one receives the greatest affection and feels comfortable and contented. Home is a place of fond memories and familiar surroundings. It is where most people say they would prefer to die.

As a patient advocate, I advise families who have loved ones in need of end-of-life care to keep them at home whenever possible. Depending on the ability of the family to contribute to the loved one's care, it may be less costly than a nursing home. If necessary, the family can hire outside help. When nursing care is not needed, there are people who will come in to do chores, run errands, etc. If nursing care is required, I recommend a home nursing agency rather than hospice. However, whether a home nursing agency or a hospice is chosen, check them out carefully before letting them into your home. (For more information, see *Informed: A guide for critical medical decisions*, <https://resources.humanlife.org/pdf/informed.pdf>)

Certain people need to be moved to a nursing home for care or to a secure care facility for their safety. In such cases, family members and friends should visit every day. It is wise to vary the times family members and friends visit and to be certain that someone is there to assist at mealtimes. Mealtimes are always more enjoyable with company and being there is the best way to be certain the person is eating and drinking enough.

Before admitting a loved one to any nursing home or medical facility, make certain visitors are allowed during the night. Get this and other assurances in writing and signed by the facility's administrator.

Home is where the heart is--whether it is a person's own home or a facility where the person is surrounded and protected by loving family and friends.

NOTE: HLA's new 16-page ***Imposed Death: Euthanasia and Assisted Suicide*** magazine unveils the tactics and goals of the "right to die" movement; explains the life-threatening attitudes and policies often encountered in various health care settings today; and highlights the experiences and opinions of those most intimately affected by health care policies and laws which endorse imposed death in its various guises. This publication will be an effective educational and life-saving tool only if it reaches people. YOU are a vitally important partner in this work. Please help distribute *Imposed Death*. To order copies, call 651-484-1040 or email [feedback@humanlife.org](mailto:feedback@humanlife.org).

## UPDATE ON ASSISTED SUICIDE AND EUTHANASIA

Compassion & Choices is worried: Last month, ten members of the U.S. House introduced a resolution to condemn the legalization and practice of assisted suicide. (To read the resolution, see the September 2017 issue of *PHA Monthly* at [www.prolifehealthcare.org](http://www.prolifehealthcare.org).) Compassion & Choices (C&C), the leader of assisted suicide promoters in the United States, in a letter to supporters, called this resolution "one of the most serious threats to our movement since Congress tried to challenge Oregon's law 20 years ago." Also, in September, the U.S. House voted, as part of a spending bill, to repeal Washington, DC's 2016 assisted suicide law, which went into effect in February of this year. C&C has further reason to be concerned. **Its movement is not moving.** According to C&C's own tracking (see <https://www.compassionandchoices.org/near-you/>), assisted suicide measures were introduced this year in 27 states, and not one of them was passed into law.

Maine: A petition drive is being launched for a referendum to legalize assisted suicide in Maine. There have been multiple failed attempts to pass a physician-assisted suicide law in Maine's Legislature. Still in the application stage, backers of this referendum effort have 18 months from the date the petition is issued to collect at least 61,123 signatures to get it on the ballot. <https://bangordailynews.com/2017/10/24/politics/maine-voters-could-be-asked-to-approve-doctor-assisted-suicide/>

Australia: This month, the Victoria Australia State Lower House voted 47 to 37 in favor of an assisted dying bill which will now go to the Upper House for debate. Michael Gannon, President of the Australian Medical Association (AMA), explained the AMA's position in *The Australian*, October 20, the same day as the Lower House approved the bill. In part, Dr. Gannon emphasized the AMA's clear position that "doctors should not be involved in interventions that have as their primary intention the ending of a person's life." "Euthanasia and physician-assisted suicide are at odds with modern and ancient codes of ethics for physicians," Gannon stated. "The Victoria Australia Upper House needs to reject the euthanasia bill."

Source: "*Australian Medical Association (AMA) opposes bill to legalize euthanasia and assisted suicide*," Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition, <http://alexschadenberg.blogspot.ca>, 10/22/2017

Canada: Health Canada published its second interim report on "medical assistance in dying" (euthanasia and assisted suicide) on October 6th. "The data indicates that 1,179 people died between January and June 2017, bringing the total deaths in Canada to 2,149 since the Québec program launched in December, 2015. All but five of those died by euthanasia. The January to June numbers represent 0.9% of deaths across Canada. This is more than the most recent percentages available for Oregon (0.37%) but less than the numbers for Belgium (1.83%) and the Netherlands (3.75%)."

*Information from the 10/20/2017 webcast by Toujours Vivant-Not Dead Yet. Source:*

<http://www.lifenews.com/2017/10/20/canada-euthanized-2149-patients-during-the-first-year-of-legalized-assisted-suicide/>

## **Response of the National Association of Pro-life Nurses to the Recent Policy Statement of the American Nurses Association on Voluntary Withholding of Food and Hydration**

September 28, 2017

The National Association of Pro-life Nurses (NAPN) is deeply saddened to learn of the recent position statement of the American Nurses Association (ANA) regarding the withholding of food and hydration as a means of hastening death.\*

Our organization had hoped that the announcement of the study of the issue would result in a better decision, but based on the ANA revised code of ethics of 2015, it does not come as a surprise. The ANA continues to show its complicity in promoting the culture of death.

The new position claims that "people with decision making capacity have the right to stop eating and drinking as a means of hastening death." (Termed VSED for "Voluntary Stopping of Eating and Drinking.")

Unfortunately, for us as pro-life nurses, that means that the ANA will expect that nurses will comply with this decision and "honor" this decision, making us complicit with this form of suicide. As with other positions, the ANA will not come to the defense of any nurse holding a conscience objection to this policy. The ANA has effectively given up its previous position, weak as it was, of opposing assisted suicide.

The entire list of recommendations regarding food and water reads:

*ANA Recommends that:*

- *Nurses recognize those situations when nutrition and hydration can no longer benefit a patient, and adhere to clinical standards that include **providing nutrition and hydration only to patients for whom it is indicated.***
- *Patients with decision-making capacity--**or their surrogates, who are relying on the patient's preference or have knowledge of the person's values and beliefs**--will be supported in decision-making about accepting or refusing clinically appropriate nutrition and hydration at the end of life.*

- *Nurses will have **adequate and accurate information to understand patients' cultural, ethnic, and religious beliefs and values regarding nutrition and hydration** at the end of life. Patients' views and beliefs should be respected.*
- *Nurses will support patients and surrogates in the decision-making process by providing accurate, precise and understandable information about risks, benefits and alternatives.*
- *Decisions about accepting or forgoing nutrition and hydration **will be honored**, including those decisions about artificially delivered nutrition as well as VSED.*
- *People with decision-making capacity **have the right to stop eating and drinking as a means of hastening death.** (All emphasis added)*

The ANA statement goes on to admit that "There is some consensus (**though not universal agreement**) that VSED can be an ethical and legal decision," but in regard to conscience rights, the document only states that "Nurses who have an **informed moral objection** to either the initiation or withdrawal of nutrition or hydration **should communicate their objections whenever possible, to provide safe alternative nursing care for patients and avoid concerns of patient abandonment.**" (Emphasis added)

Communication of the nurse's objection to compliance "whenever possible" leaves the pro-life nurse adherent to the patient's wishes if there is no other nurse to assume the task of the Grim Reaper. In cases where this is impossible, charges of "abandonment" can be filed resulting in loss of employment and or license and even to lawsuits.

The statement that "providing nutrition and hydration **only to patients for whom it is indicated**" is problematic in view of the removal of feeding tubes from the severely brain-injured like those said to be in the so-called "persistent vegetative state" and not dying [who] could be starved to death with impunity. (Emphasis added)

The ANA claims to be the "voice of nursing" and "the nation's only full-service professional organization that represents the interests of the nation's 3.6 million registered nurses." Yet, in reality, when the ANA last released its membership numbers in 2011, actual membership was less than 7% of registered nurses in this country.

The 2015 Annual Report does cite a 9% increase in membership, but no figures are available. They certainly do not speak for the numbers of us who do not share their disregard for the lives of the vulnerable.

At the very least, we health care professionals need our conscience rights honored and protected so that we can truly and ethically care for our patients. With positions like that of the ANA, nurses with a true respect for the sanctity of human life and the protection of it in all its forms are placed in a distinct disadvantage and are pressured to abandon our profession of caring.

For further information, please contact the NAPN Executive Director, Marianne Linane, at [director@nursesforlife.org](mailto:director@nursesforlife.org).

\* ANA Position Statement "Nutrition and Hydration at the End of Life," effective 2017, <http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Nutrition-and-Hydration-at-End-of-Life.pdf>

## We Should Value Life Until The End



By Edwin Leap, MD

Published on November 18, 2015, *Greenville News*  
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It's a well-known reality of health care economics that Americans spend a lot of money in the last year of life. I suppose that almost goes without saying, since serious illnesses and injuries that result in death are costly, at whatever age they occur. Being hit by a car and dying means you were hit by a car... in your last year of life. And that two weeks in ICU before you die is, obviously, expensive. But this truism is usually applied to Medicare dollars in the care of the elderly. This group often has protracted illnesses that require costly treatments, specialty care, hospitalizations and home-health, despite the fact that the improvements in outcome or length of life are often pretty limited.

When I was a young physician (younger...that's better) I sometimes jumped on the band-wagon and wondered why everyone wanted so much for so little gain. I was always surprised when elderly patients didn't want 'Do Not Resuscitate' orders, or other 'advance directives' to limit care. I would sit with other young physicians and we would ask each other, "What does he hope to gain?" Or of the family members, "Why don't they just accept the inevitable?"

That was then. I have taken care of the elderly for my entire career. And over the past year, especially, I have worked in some communities with especially high numbers of senior citizens. That, coupled with the fact that I see things differently since I'm, well, less young, has given me new insight. So let's re-frame the question. "Why don't the elderly want to simply give up and die without a fight?" To which the answer is, "They've lived long enough to know that every second is precious." Perhaps more importantly, they know that all of the people in their lives are precious.

I have watched elderly couples, 70s, 80s, 90s, and the way that they hold hands. The way they brush the hair from one another's faces. I have heard them whisper "I'm here" in the emergency room and

"I love you" in the ICU. I recently listened as an older patient called his wife on the phone from the hospital. "How are you? Well you sound fantastic! I'm fine." He encouraged her and comforted her, and wanted to simply hear her voice. They were anchors to one another in a treacherous, frightening world.

My son once reminded me of a saying, which I here paraphrase. "We die twice. Once when we breathe our last, and once when someone says our name for the last time." The elderly get this. They want to be with the people they love and to be remembered by them. And in particular, those with spouses hold on because that gray, infirm, frail woman or man whose hand they hold is the last repository of an absolute treasure trove of shared memories and stories. No one else knows the same subtle jokes, the same turns of phrase, the same looks that betray fear or joy. Nobody else remembers their trips to the beach or the way their children sounded when they splashed in the pool during vacation. Nobody else knows how to hold their hand just the right way. And no one else understands the importance of touching feet in bed under the sheets, or remembers their favorite restaurant now closed, or grasps the importance of that inexpensive ring worth more than a ten carat diamond.

Friends and children and grandchildren also hold such memories for the aged, or they hope to fill their descendants with those memories before they leave so that, for just a little longer, the stories will survive. They want their love, passion and experiences to remain, and not just in a box in a corner of an attic that may or may not survive the purge when the house is sold.

The elderly want to fight death the same way we all do. Because life is incredible. And in fact, we should want them around. They have navigated many decades and many challenges. They have wisdom and they have perspective to spare and to share.

This Thanksgiving, if you want to really grasp the holiday, sit down with your older friends, uncles and aunts, grandparents and parents and ask them what they're thankful for and what they love. (And watch the way they love.) Because odds are, you'll learn something magnificent and hear some stories that deserve to be treasured.

Then, those 'end of life' expenses might suddenly make more sense.

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 <http://edwinleap.com/> and write columns each month for the *Greenville News*, *Emergency Medicine News*, the *SC Baptist Courier* and *The Daily Yonder*.

## CASE IN POINT

### **VICTORY! Patient rescued from life-threatening "care"**

By Alexandra Snyder, Esq.

Life Legal Defense Foundation regularly receives calls from family members of patients who are mistreated or denied care in hospitals around the country. These are often extraordinarily difficult cases that require immediate, life-saving action.

#### **Over the weekend, one of my family members required Life Legal's intervention.**

On Saturday evening (October 7, 2017), I visited my sister's father-in-law Leon in the hospital. He suffers from Parkinson's disease and had broken his hip in a recent fall. I saw him in the hospital two days after his hip replacement surgery.

**When I entered his room, I was appalled.** This was not the same man I had seen at a family gathering just two weeks prior. His skin was yellow, he was gasping for air, and he was obviously in distress. I asked the family what was going on and they said the nurses told them his behavior was "normal."

#### **But I knew something was terribly wrong.**

I went to the nurses' station and got the brush off. "We're watching him," they said. But in the thirty minutes I had been there, no one looked in on him despite the family's repeated pleas for help.

When I checked on Leon again, he looked even worse. His breathing was shallow and his eyes were rolling back in his head.

#### **I decided it was time to pull out the attorney card. I asked for help again, saying the patient was my sister's father-in-law and that I am an attorney with experience in cases like this.**

Within minutes, a barrage of nurses and techs rushed into Leon's room. He was immediately hooked up to an oxygen mask, received a chest X-ray, and was on his way to another floor where he would be carefully monitored. Shortly afterward, his cardiologist and neurologist arrived for a thorough evaluation. This, despite the fact that the family had been begging the nurses to call his doctors for two days.

Clearly this hospital offered excellent care. But the family was unable to access that care on behalf of their loved one, in part because he was confused and unable to speak for himself.

What should have been a fairly routine recovery nearly ended in tragedy.

Patients and their advocates should not have to threaten legal action to get adequate care in a medical facility that is fully equipped to provide such care.

Please join Life Legal as we go to bat for patients who do not receive the life-saving medical care they need. We rely completely on your help to save the lives of people like Leon and others who cannot advocate for themselves.

Please pray for Leon's full recovery!

*This article was reprinted with permission from Life Legal Defense Foundation.  
For more information or to donate: <https://lifelegaldefensefoundation.org/>*

*Alexandra Snyder, JD, Executive Director of Life Legal Defense Foundation, has a background in public policy, having served as Legislative Counsel to a California Member of Congress in both Washington, D.C. and Sacramento, Calif. In that capacity, she handled a wide array of legislative and policy matters, including pro-life issues, bioethics, and the protection of human rights. Alexandra is also an adjunct professor at Trinity Law School in Orange County, Calif., where she teaches a course on the Right to Life. Alexandra received her JD from Trinity Law School and is a member of the California State Bar.*

## **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 click: <https://caringnotkilling.wordpress.com/>  
To register: <https://app.mobilecause.com/form/At1zgg>

STAY CONNECTED



## RECOMMENDED READING.

"How the Elderly Lose Their Rights" by Rachel Aviv, The New Yorker, October 9, 2017. "Guardians can sell the assets and control the lives of senior citizens without their consent-and reap a profit from it." <https://www.newyorker.com/magazine/2017/10/09/how-the-elderly-lose-their-rights>

## TAKE ACTION

In spite of heroic and persistent efforts made by pro-life organizations and individuals, the stark reality is that the healthcare system itself has become an ever-increasing threat to the well-being and lives of the unborn, the young, the old and the disabled and ailing of any age. The PHA is dedicated to renewing reverence for life within healthcare. For some excellent information about current and historical issues regarding abortion, contraception, euthanasia, stealth euthanasia, hospice, advance directives and other pertinent topics, please check out these resources.

[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.



a program of [Human Life Alliance](#)  
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