PHA Monthly

Official Newsletter for the Pro-Life Healthcare Alliance
49th Edition
May 2, 2018

Welcome to the forty-ninth edition of PHA Monthly, the e-newsletter for the Pro-life Healthcare Alliance. This newsletter provides another opportunity for the PHA to share pro-life information about current healthcare issues, PHA events, contributions from members and other relevant information.

Please share your ideas and suggestions with us.

Visit our website at www.prolifehealthcare.org for more information.

PRO-LIFE HEALTHCARE ALLIANCE MISSION STATEMENT

Promoting and developing concrete "pro-life healthcare"* alternatives and advocating for those facing the grave consequences of healthcare rationing and unethical practices, especially those at risk of euthanasia and assisted suicide.

"Pro-life healthcare" means medical care in which the life and safety of each person comes first, where each person receives medical care across their lifespan based on their need for care, regardless of their abilities or perceived "quality of life."

NOT DEAD YET
The Resistance

This Is A Call To Conscience!

NOT DEAD YET URGES THE AMERICAN ASSOCIATION OF SUICIDOLOGY TO REVERSE ITS STATEMENT THAT THROWS OLD, ILL, AND DISABLED PEOPLE OUT OF THE LIFEBOAT

On October 17, 2017, AAS issued a statement announcing that physician assisted suicide is not "suicide." The Executive Summary states:

"*The American Association of Suicidology recognizes that the practice of physician aid in dying, also called physician assisted suicide, Death with Dignity, and medical aid in dying, is distinct from the behavior that has been traditionally and ordinarily described as 'suicide,' the tragic event our organization works so hard to prevent. Although there may be overlap between the two categories, legal physician assisted deaths should not be considered cases of suicide and are therefore a matter outside the central focus of AAS."*

Welcome to your new sleeker AAS. For the first time, this organization has formally begun to narrow its mission--accomplished by declaring the suicides of some people to not be suicides at all. Sure, there's a debate today. But what's the point, really? The AAS position is already out. Shouldn't this debate have happened last year?

Speaking of the Statement, we urge you to read it carefully. Here are a few things to keep in mind as you read:

- It's claimed that there are strict safeguards mandating referral for psychological evaluation if "depression or other mental illness is [suspected of] playing a distorting role in the decision" by prescribing physicians -- who are mostly untrained in these areas. To date, fewer than 5% of patients seeking assisted suicide have been referred for evaluation in Oregon. One patient not referred, Michael Freeland, had a diagnosis of less than 6 months to live. He also had a history of depression and multiple suicide attempts. He got his prescription, but luckily found medical and other help. He lived for two more years, during which he reestablished his relationship with his estranged daughter.
- The reasons people request assisted suicide--feelings of loss of autonomy, abilities, dignity, being a burden on others--are relationship issues that can be addressed by counseling, services and support.
- The statement asserts that--on average--deaths by assisted suicide or euthanasia shorten lives by only a few weeks. What the statement doesn't reveal is that some people who don't soon take the lethal dose in Oregon outlive their 6-month terminal predictions every year. Moreover, "eligibility" has exploded in both Holland and Belgium. People with autism, depression, and elderly people "tired of living" are also candidates.
- For years, the main assisted suicide advocacy group in the US--Compassion & Choices (C&C)--has been promoting and romanticizing double suicides by elderly couples. They've done this in the promotion of VSED--Voluntarily Stopping Eating and Drinking-and lately in legalized assisted suicide.
- You might also want to know that the courts have not agreed with C&C's efforts to redefine assisted suicide.

None of this is surprising to disability advocates who have been following and opposing assisted suicide advocacy. The suicide prevention community has been determinedly silent when it comes to "aid in dying"--whether we're talking about legalization efforts or hundreds of news stories about the Final Exit Network

facilitating the suicides of people with non-terminal disabilities. The silence from your community can only be explained through some combination of moral cowardice, ageism, and ableism.

Lastly, you should recognize this is the beginning of a process of ceding control of important guidelines for your community to advocates of assisted suicide. The statement is mostly a list of talking points used by those groups.

Maybe that's OK with you. We're hoping it isn't. Please embrace the idea that all suicides are preventable tragedies. Defining us--the ill, elderly, and disabled--out of your "area of concern" isn't humane or rational. It's devaluing and dehumanizing people who are already devalued and dehumanized by too many in our society.

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a national grassroots disability rights group.

DO NOT RESUSCITATE (DNR) ORDERS: What do they mean?

The following is an excerpt from *Life, Life Support, and Death: Principles, Guidelines, Policies and Procedures for Making Decisions to Protect and Preserve Life*, a booklet written by 10 pro-life physicians and published by American Life League.

Resuscitation-Life Support

When it is directed by a patient or the patient's proxy that a medical treatment will not be administered, a specific order for that specific non-treatment must be written. Written orders must be as precise and clear as possible.

"Do Not Resuscitate" (DNR) and "No Code" are examples of imprecise and ambiguous orders widely--and wrongly--accepted by physicians and courts. Do these orders mean no maintenance of an airway, or no ventilation, or no cardiac resuscitation, as well as no new or additional treatment? Furthermore, in light of the weakness of human nature, once the course has been plotted by a DNR or a "No Code" order, there is a tendency to preclude, eliminate or reduce ordinary treatments, such as visits by physicians and care given by nurses and others. Therefore, broad orders of "Do Not Resuscitate," "No Code," and similar orders must be avoided. At no other time in medicine are treatment orders that are so broad and non-specific considered to be within the standard of care.

When it is anticipated that a patient could sustain a complication that would be immediately life threatening and not allow time for reflection and decision, specific orders to direct the Code Blue team response regarding use or non-use of a specific treatment can be written by the primary physician, provided they are also consistent with the life principles and policies discussed herein (a reference to the *Life, Life Support, and Death* booklet). For example:

1. In the event of cardiac arrest, use or do not use external cardiac massage, defibrillation, etc.
2. In the event of hypotension, use or do not use Dopamine, Levophed, volume expanders, etc.
3. In the event of respiratory arrest, use or do not use bag and mask ventilation, endotracheal

intubation, ventilator, etc.

A companion entry must be made in the medical record, including the diagnosis, prognosis, patient's wishes, recommendations of the treatment team or consultants with documentation of their names and the date. When the patient is unable to communicate for himself/herself, attempts must be made to obtain informed consent from a proxy.

NOTE: *This treasure-trove of medical wisdom and advice is available from American Life League, 540-659-4171.*

Imposed Death: Euthanasia and Assisted Suicide

HLA's new 16-page 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**. or see **https://resources.humanlife.org/imposed-death/**

CASE IN POINT:
TATTOOS ARE PERMANENT AND DESIRES ARE FLEETING

Ed Yong, at www.theatlantic.com, on 12/01/2017, reported:

"Earlier this May, Gregory Holt had just finished doing the morning rounds at Miami's Jackson Memorial Hospital, when he got a call about a new patient in the emergency room. He went down with seven colleagues to find an unconscious 70-year-old man with breathing problems and signs of septic shock... And when the doctors peeled back his shirt, they found a tattoo, running along his collarbones.

"It said: DO NOT RESUSCITATE.

"...Tattoos are permanent and desires are fleeting, so the team pondered whether the words actually represented the man's desires. And there's good reason to be cautious. Back in 2012, Lori Cooper at the California Pacific Medical Center was caring for a (conscious) patient who was going to have a leg amputated, when she noticed a 'DNR' tattoo on his chest. The man revealed that he got the tattoo after losing a poker bet many years ago, and actually, he would very much like to be resuscitated if the need arose. 'It was suggested that he consider tattoo removal to circumvent future confusion about his code status,' Cooper wrote. 'He stated he did not think anyone would take his tattoo seriously and declined tattoo removal.'"

UPDATE ON ASSISTED SUICIDE

Massachusetts: On March 22, Barbara Lyons, Coalitions Director, Patients' Rights Action Fund, reported a BIG WIN: "The Massachusetts Joint Committee on Public Health held a poll vote today and the result is that both the House and Senate assisted suicide bills were sent to a study committee, effectively killing the bills for this legislative session! This is a huge victory - Massachusetts was one of the big targeted states for Compassion and Choices. The odds were formidable: 40 bill sponsors, the media, and four full-time paid employees working for Compassion and Choices in the state. The Massachusetts Alliance did a commendable job in defeating the bills. ..."

Hawaii: In early April, Hawaii unfortunately joined the handful of other states that have legalized physician-assisted suicide. Hawaii's governor signed the legislation authorizing physician-assisted suicide after it was passed by both houses of the legislature. It will go into effect January 1, 2019.

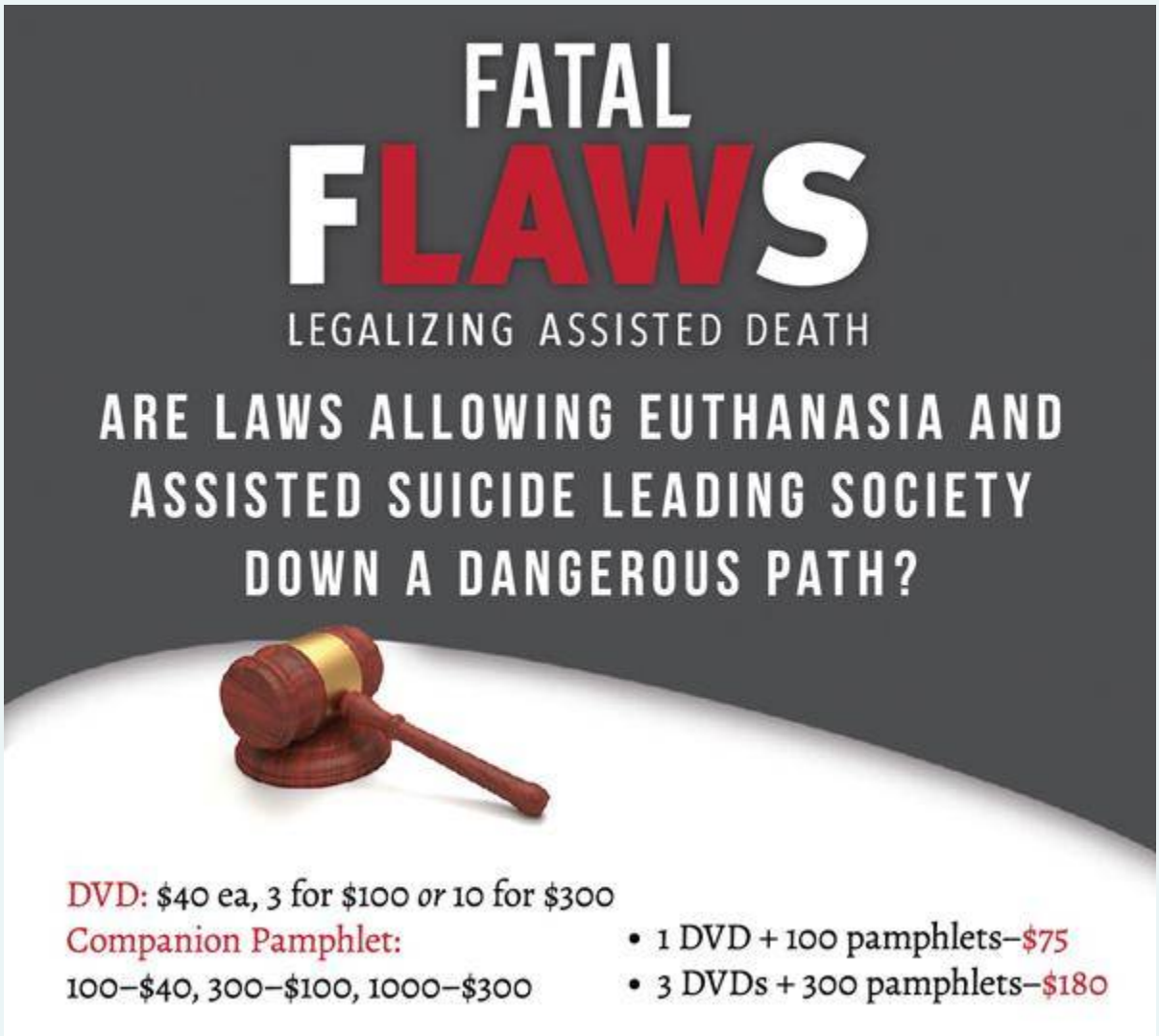
Washington, DC: According to a recent report by Fenit Nirappi, Washington Post, "Nearly a year after the District enacted a law allowing terminally ill patients to end their lives -- over the objections of congressional Republicans, religious groups and advocates for those with disabilities -- not a single patient has used it. And just two of the approximately 11,000 physicians licensed to practice in the District have registered to help patients exercise their rights under the law. Only one hospital has cleared doctors to participate." https://www.washingtonpost.com/local/dc-politics/a-year-after-dc-passed-its-assisted-suicide-law-only-two-doctors-have-signed-up/2018/04/10/823cf7e2-39ca-11e8-9c0a-85d477d9a226_story.html?utm_term=.ede2dfbd2125

Sweden/Oregon: A discussion about physician-assisted suicide is occurring in Sweden. Proponents of assisted suicide have recommended the Oregon Death with Dignity Act (DWDA) as a model for legislation in Sweden. Fabian Stahle, MSc, a Swedish citizen who is researching physician-assisted suicide, "sent the following question to the Oregon Health Authority (DWDA.INFO@dhsoha.state.or.us):
1. In the law, 'terminal disease' is defined as an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment (in the opinion of the patient's attending physician and consulting physician), produce death within six months.
2. Is this rule interpreted as 'without administration of life-sustaining treatment'?"

Mr. Stahle reports: "Craig New, Research Analyst, Oregon Health Authority, Center for Public Health Practice, Public Health Division, answered the question on 4 December, 2017: 2." Mr. New affirmed that Mr. Stahl's "interpretation is correct."

Whether a person refuses treatment or is denied treatment, Mr. Stahle is concerned that "assisted suicide laws of the Oregon type are potentially fatal to patients who could respond to treatment if

given the opportunity." He concludes: "Proponents want to sell the Oregon model along with the assurance that medically-assisted suicide only applies to dying patients where all hope is lost. But it is completely misleading. Surely vulnerable people in Sweden and all over the world deserve better than laws with such inherent dangers hiding beneath the surface."
https://www.mercatornet.com/careful/view/the-watertight-oregon-model-for-assisted-suicide-is-a-leaky-boat/20969



Contact the Euthanasia Prevention Coalition:
Call 1-877-439-3348 or email info@epcc.ca

www.fatalflawsfilm.com

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.

- **Hospice Patient's Alliance**
  http://www.hospicepatients.org/
- **Euthanasia Prevention Coalition**
  http://alexschadenberg.blogspot.com/
- **Patient's Rights Council**
  http://www.patientsrightscouncil.org/site/
- **Prenatal Partners for Life**
  http://www.prenatalpartnersforlife.org/
- **Pro Life Wisconsin**
  https://www.prolifewi.org/
- **American Life League**
  http://www.all.org/
- **Texas Right to Life**
  https://www.texasrighttolife.com/
- **Read Stealth Euthanasia: Health Care Tyranny in America by Ron Panzer**
  http://www.hospicepatients.org/this-thing-called-hospice.html

The Pro-life Healthcare Alliance needs your support.

The suggested PHA membership donation is $25 per year. Please renew your membership or join today. Be a part of this vitally important work and help the PHA continue and grow.

Pray for renewal of reverence for life. In particular we have designated Thursday as a special day of prayer for the mission of the PHA.

Pro-life Healthcare Alliance

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