

**PHA Monthly**  
Official Newsletter for the Pro-Life Healthcare Alliance  
50th Edition  
June 18, 2018



Welcome to the 50th 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."*

## MESSAGE FROM THE CHAIR

By Mary Merritt



### Stormy Weather

Earlier this year, I answered a phone call about becoming the chair of the Pro-life Healthcare Alliance. That call came just as we arrived safely home after my husband had driven three hours in snow, wind, rain, and ice with only a beam of light to penetrate the darkness. We had been in the northwest portion of our state, Iowa, presenting a talk about the dangers of assisted suicide and answering questions from a very large group of attendees. I'll never forget that day, not only because of the warm-hearted people desiring more information to stand strong for life, but that we needed to hurry home to beat the blizzard warning for that area and also because I said "yes" to starting a new chapter in my pro-life ventures.

My first response to any big decision is that I will pray about it. So, what were the reasons that I replied "yes"? The first and main one is that this is the path I knew I was to be involved with to further promote the sanctity of human life. Additionally, being involved in a reputable national and international (to our friends in Canada especially) organization was appealing and challenging. It is quite humbling to be listed among these faithful, solid, well-known advocates for patients whose well-being and very lives are endangered by unethical practices in healthcare settings. The individuals and organizations involved with the PHA have worked tirelessly for a long time and have developed a visible outreach that encompasses helping patients and their families in crisis as well as educating people about issues surrounding euthanasia and assisted suicide. Lastly, as a speaker, the newsletters, which include personal stories and valuable information, have expanded my resources and materials to share with others to warn them and to inform them. For these reasons and more, I am very proud to be associated with Pro-life Healthcare Alliance.

Many of you have battled stormy weather in the pro-life mission field for decades. Some have joined later, for whatever reason(s). But we all must stay focused despite current conditions. Our light will continue to penetrate the darkness of the culture of death until we arrive safely home. Stand strong. Let your light shine.

## DOCTORS FACE SCRUTINY ABOUT DEFINING "BRAIN DEATH"

By Nancy Valko, RN

June 1, 2018



*This article was originally posted on the author's blog (<https://nancyvalko.com>) and is reprinted with her permission. Nancy Valko has been a registered nurse for 47 years and is a spokesperson for the National Association of Pro-Life Nurses ([www.nursesforlife.org](http://www.nursesforlife.org)). She is also a speaker and writer on medical ethics and other health issues, and a legal nurse consultant.*

Most people who sign organ donor cards believe what organ donation campaigns tell us, such as:

A person who has sustained a severe brain injury, such as from an accident, stroke or lack of oxygen is put on artificial support.

Doctors work hard to save the patient's life, but sometimes there is a **complete and irreversible loss of brain function**. (Emphasis added.) The patient is declared clinically dead. Only then is donation an option.[1]

This is termed "brain death" and organs are harvested while the patient is still on a ventilator (breathing machine) and has a heartbeat.

As is revealed in a May 28, 2018 *Wall Street Journal* article--"When Are You Dead? And Who Decides? As more families challenge doctors who declare a loved one brain-dead, physicians are changing their approach"--the assumptions about brain death are now being challenged because of cases like Jahi McMath.[2] At age 13, Jahi suffered complications after a 2013 tonsillectomy in California and was declared "brain dead," but she is still alive in New Jersey because her parents refused to allow the ventilator to be removed.[3]

With this article as well as a February 5, 2018 *New Yorker* magazine article about the McMath case titled "What Does It Mean to Die?"[4], the public is becoming aware of the ethical, legal and medical controversies surrounding brain death and questions are being asked.

The *Wall Street Journal* article cited one doctor's remarks:

Dr. Ross believes states should adopt laws that would **allow people to choose their preferred definition**[of death]. One likely consequence would be that physicians wouldn't do the brain-death examination if an individual doesn't want death determined based on neurological criteria, she says.

**"For some of us, it is more about the quality of life rather than quantity of life,"** she says."

Alarming, the use of "quality of life" determinations as a basis for withdrawal of treatment decisions which are expected to end in death are already a serious problem when it comes to people with brain injuries or disabilities. This is particularly disturbing in light of articles by physicians, like Dr. Doyen Nguyen's "Brain Death and True Patient Care," which cite encouraging results regarding survival and even some good recoveries when severely brain-injured patients received newer treatments like body cooling and neuro-intensive care. [5]

## **My Journey to Discover the Facts about "Brain Death"**

Back in the early 1970s when I was a young intensive care unit nurse, no one questioned the new innovation of brain death organ transplantation. We trusted the experts. However, as the doctors diagnosed brain death in our unit and I cared for these patients until their organs were harvested, I started to ask questions. For example, doctors assured us that these patients would die anyway within two weeks even if the ventilator to support breathing was continued, but no studies were cited. I also asked if we were making a brain-injured patient worse by removing the ventilator for several minutes for the apnea test\* to see if he or she would breathe since we knew that brain cells start to die when breathing stops for more than a few minutes. [6]

I was told that greater minds than mine had it all figured out.

It was years before I realized that these doctors did not have the answers to my concerns either. After more investigation, I found that my questions were valid.

I also discovered that some mothers declared "brain dead" were able to gestate their babies for weeks or months to a successful delivery before their ventilators were removed [7] and that there were many cases of "brain dead" people who lived for months or years and who even grew proportionally and achieved puberty. [8]

Since the legal definition of brain death is "irreversible cessation of all functions of the entire brain, including the brain stem,"[9] these cases would seem to be impossible.

When I served on a hospital medical ethics committee, I was horrified when one doctor found a less rigorous set of brain death tests at another local hospital and proposed that we adopt this standard so that more of our patients could be declared "brain dead" for organ donation.

Investigating further, I also found near-miss cases like Zach Dunlap. Dunlap is a young man who was declared brain dead after an accident in 2007. Testing showed no blood flow to his brain and he was being considered for organ donation when a relative discovered a physical response. Four months later, Zach was making plans to return to work. In an interview, he said he heard a doctor say he was dead and it "just made me mad inside."

## **Conclusion**

In my article in the Spring 2016 *NCBC Quarterly* journal, "Brain Death: Do We Know Enough?" [11], I pointed out,

When cases like those of McMath and Dunlap are routinely dismissed instead of rigorously investigated to establish the facts, **medical certainty is not achieved** and medical integrity is undermined. In addition, when **hospitals set their own standards and policies for determining brain death** without external accountability, lives--as well as the essential and necessary trust in the health care system--can and possibly will be lost."

Personally, I am not against all organ donation. In the past, I have offered to be a living donor [12] for a friend who needed a kidney, watched my grandson cured of a rare disease through a bone marrow transplant [13] and told my family that I wanted to donate my corneas and any other tissues that can be taken after natural death.

I am open to new facts but, until then, I refuse an apnea test or any other test to specifically determine brain death if I have a severe brain injury.

And I will not sign an organ donor card.

-----  
\***Apnea test**: There are many different sets of criteria used to determine brain death. "Every set of criteria includes an Apnea Test. ("Apnea" means the absence of breathing.) This test is done by taking away the life-supporting ventilator for up to 10 minutes. This is medical suffocation. The patient can only get worse with this test. This test is commonly done without requesting permission."-Paul A. Byrne, MD, "Do Your Organs Belong to the Government" [http://www.lifeguardianfoundation.org/pdfs/organbelonggov\\_web.pdf](http://www.lifeguardianfoundation.org/pdfs/organbelonggov_web.pdf)

[1] <https://www.donatelife.net/types-of-donation/deceased-donation/>

[2] <https://www.wsj.com/articles/doctors-face-scrutiny-about-defining-death-1527559740?mod=searchresults&page=1&pos=2>,

[3] <https://nancyvalko.com/2016/01/07/do-we-know-enough-about-brain-death/>

[4] <https://www.newyorker.com/magazine/2018/02/05/what-does-it-mean-to-die>

[5] <https://www.ncbi.nlm.nih.gov/pubmed/27833207>

[6] <https://www.spinalcord.com/blog/what-happens-after-a-lack-of-oxygen-to-the-brain>

[7] <https://www.livescience.com/42589-can-brain-dead-woman-give-birth-to-healthy-baby.html>

[8] <https://pdfs.semanticscholar.org/d031/8f53d16688ab9635707007b5170a2f2de992.pdf>

[9] <http://leaving-well.org/legal-definition-of-death.php>

[10] [http://www.nbcnews.com/id/23768436/ns/dateline\\_nbc-newsmakers/t/dead-man-recovering-after-atv-accident/#.WxFs3loh2Uk](http://www.nbcnews.com/id/23768436/ns/dateline_nbc-newsmakers/t/dead-man-recovering-after-atv-accident/#.WxFs3loh2Uk)

[11] [https://www.pdcnet.org/pdc/bvdb.nsf/purchase?openform&fp=ncbq&id=ncbq\\_2016\\_0016\\_0001\\_0055\\_0059](https://www.pdcnet.org/pdc/bvdb.nsf/purchase?openform&fp=ncbq&id=ncbq_2016_0016_0001_0055_0059)

[12] <https://www.barnesjewish.org/Medical-Services/Transplant/Kidney-Transplant/Kidney-Transplant-Options/Living-Donor-Kidney-Transplant>

[13] <https://nancyvalko.com/2015/07/03/our-grandson-was-saved-by-an-adult-stem-cell-transplant/>

**REQUEST "REFUSAL TO BE AN ORGAN DONOR" WALLET CARDS.**

Call Human Life Alliance at 651-484-1040.

I, \_\_\_\_\_,

**REFUSE TO BE AN ORGAN DONOR.**

Do not perform an apnea test.

Do not take any organs for transplantation  
or any other purpose.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_



**REFUSAL**  
TO BE AN  
ORGAN DONOR

**MEDICAL DECISION-MAKING:**

**Helpful Articles from Previous Editions of the PHA Monthly**

*To find these articles, go to our website [www.prolifehealthcare.org](http://www.prolifehealthcare.org) and click on Newsletters.*

[Nutrition and Hydration and Other Life-Sustaining Measures](#)

Nov. 22, 2016, "QUESTIONS AND ANSWERS REGARDING ASSISTED NUTRITION AND HYDRATION," Chris Kahlenborn, MD

Aug. 25, 2017, "ACCELERATING DEATH BY STOPPING LIFE-PRESERVING MEDICATIONS," Nancy Valko, RN

#### Hospice and Palliative Care

Jan. 15, 2016, "Palliative Care: A Physician's Perspective Informed by Christian Faith and Traditional Professionalism," Ralph A. Capone, MD

Feb. 8, 2018, "PALLIATIVE CARE," Julie Grimstad, Patient Advocate

#### Do Not Resuscitate Orders

May 2, 2018, "DO NOT RESUSCITATE (DNR) ORDERS: What do they mean?"

#### Organ Donation Issues

Jan. 23, 2015 and Feb. 20, 2015, "Non-Brain Death Organ Donation," Part One and Part Two, Nancy Valko, RN, ALNC

June 24, 2016, "THE APNEA TEST USED TO DETERMINE 'BRAIN DEATH,' IT CAN CAUSE DEATH," Paul A. Byrne, M.D.

#### Medical Advance Directives

Oct. 16, 2016, "POLST and Other Health Care Advance Planning Strategies," Julie Grimstad

**We invite and encourage readers to search past newsletters for other valuable information that may be helpful in making medical decisions for themselves or others.**



## **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](mailto:feedback@humanlife.org). or click <https://resources.humanlife.org/imposed-death/>

## CASE IN POINT: TRENTON MCKINLEY'S RECOVERY FROM "BRAIN DEATH"

The doctors were certain that 13-year-old Trenton McKinley was dead--"brain dead" that is. He had suffered skull fractures and a traumatic brain injury in a vehicle accident last March. He reportedly passed all the tests for determining "brain death." Convinced her son was dead, his mother signed papers to donate his organs. Fortunately--some would say "miraculously"--he regained consciousness before his vital organs were removed. Trenton regained his speech and ability to move. He was taken off the ventilator and eventually went home. He is now not only conscious, talking and walking, he's playing basketball!



Trenton's awakening was likely not a miracle, not a resurrection from death. Cases of unexpected recoveries from "brain death" are increasingly common. These individuals are mistakenly declared dead. And, this is a deadly misdiagnosis! Trenton would certainly be dead now if his organs had been taken for transplantation. Thank God he regained consciousness in the nick of time.

Source: <http://www.ncregister.com/daily-news/the-miracle-boy-and-problems-with-the-brain-death-diagnosis>

## UPDATE ON ASSISTED SUICIDE

**California: California's assisted suicide law was overturned and later, unfortunately, reinstated while litigation is ongoing.** After failing to pass in the 2015 normal session of the California Legislature, the End of Life Options Act (ELOA), a law allowing assisted suicide, was enacted during a special legislative session intended to address health care funding. The sequence of events leading to the ELOA being struck down and then reinstated are as follows.

Life Legal Defense Foundation's Executive Director Alexandra Snyder reported, "Life Legal filed a lawsuit challenging the End of Life Option Act in June 2016, citing numerous concerns about the Act, including lack of patient safeguards and the unlawful manner in which the law was passed. In March 2018, we filed a motion for judgment on the pleadings seeking to have the law permanently enjoined and voided as unconstitutional." On May 15, 2018, Superior Court Judge Daniel Ottolia found that the assisted suicide law "is not a matter of healthcare funding" and was unconstitutionally enacted. Attorney General Xavier Becerra then filed a motion with the Fourth District Court of Appeal to stay (halt) Judge Ottolia's ruling. On May 23, the Court of Appeal denied Becerra's motion. On May 30, Judge Ottolia rejected a motion by Compassion & Choices to reverse his ruling. Alexandra Snyder cautions, "**Even though we have won the first round, the battle is far from over.** The Attorney General and the pro-suicide lobby have made it clear that they will stop at nothing to push their deadly agenda." On June 15, the Fourth District Court of Appeals ruled to allow the ELOA to stay in effect while litigation continues.

Sources: Life Legal Defense Foundation email communications, 5/16/18 and 6/3/18; <http://freebeacon.com/issues/judges-rejects-bid-vacate-assisted-suicide-ruling/>; and <https://www.upi.com/California-reinstates-medical-aid-in-dying-law/1871529154635/>

**Washington, D.C.:** On June 13, the House Appropriations Committee voted to send the Financial Services and General Government Appropriations bill to the full House for a vote. This bill includes a provision to block the use of federal and local funds to implement the D.C. assisted suicide law (Death with Dignity Act). Compassion & Choices is working overtime to prevent this provision from being included in the final legislation.

**Take action. Contact your Representative in Congress.** Request that he or she support the defunding of assisted suicide in our nation's capital.

**The United States:** Hawaii's Governor David Ige signed a bill to legalize assisted suicide on April 5, 2018. It will become legal in Hawaii next year, at which time [Hawaii](#) will join [Colorado](#), [California](#), [Oregon](#), [Vermont](#), [Washington State](#) and the [District of Columbia](#) as the only jurisdictions in the United States that legally allow assisted suicide. In 2009, the Montana Supreme Court ruled that state law does not expressly prohibit assisted suicide, but stopped short of deciding whether assisted suicide is a right under the state constitution. [Montana](#) law does not provide regulations for assisted suicide and doctors could still be prosecuted for helping patients kill themselves.

**The American Medical Association (AMA):** The AMA House of Delegates met this month and reconsidered its opposition to assisted suicide. The AMA has forcefully opposed assisted suicide since 1993, condemning the practice as "fundamentally incompatible with the physician's role as healer." The delegates did not reaffirm that position, instead they voted 56 to 44 to continue studying the question. This is an ominous development. "The mere fact that they're considering it again tells you that it's a changing climate," New York University School of Medicine bioethics professor Art Caplan told *Governing Magazine*.

**Take action. Use this development as an opportunity to educate your physicians** about the perils of assisted suicide, both for doctors and patients. Ask them to contact members of the AMA House of Delegates urging them to oppose any change to the AMA's long-standing opposition to assisted suicide. For talking points, use our fact sheet on assisted suicide.\*

Sources: <https://www.lifesitenews.com/news/top-us-medical-group-wont-renew-opposition-to-assisted-suicide-wants-more-s>; <http://www.governing.com/topics/health-human-services/american-medical-association-assisted-suicide-stance.html>

**Portugal:** On May 29, Portugal's parliament narrowly rejected legalizing voluntary euthanasia by a vote of 115 against to 110 in favor, with four abstentions. The Portuguese Doctors' Association opposed the proposal which was drafted by the ruling Socialists.

<https://www.reuters.com/article/us-portugal-euthanasia/portugal-parliament-rejects-euthanasia-legalization-idUSKCN1IU2DJ>

**The World:** Laws in [Belgium](#), [the Netherlands](#), [Colombia](#), [Luxembourg](#) and [Canada](#) allow euthanasia and assisted suicide. In [Switzerland](#), [Germany](#) and [Japan](#), assisted suicide is legal.

\*Fact Sheet: "10 QUICK REASONS FOR OPPOSING THE LEGALIZATION OF ASSISTED SUICIDE," *PHA Monthly*, Oct. 4, 2016, <https://www.prolifehealthcare.org/wp-content/uploads/2016/10/10-04-2016-newsletter.pdf>

## 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/)  
<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.



a program of [Human Life Alliance](#)  
1614 93rd Lane NE, Minneapolis, MN 55449  
Tel 651.484.1040