

PHA Monthly
Official Newsletter for the Pro-Life Healthcare Alliance
Edition 52
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IMPORTANT NOTICE: If you would like to continue to receive the PHA Monthly newsletter or, if you are not currently a subscriber but would like to be, please [click here](#). The PHA is updating its records.

Welcome to edition 52 of the *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."*

MESSAGE FROM THE CHAIR: A POWERFUL LEARNING EXPERIENCE

By Mary Merritt



Recently I attended the National Right to Life Convention in Overland Park, Kansas where I met Sheryl Crosier and heard her story at a break-out session. Her son Simon had Trisomy 18 and was in the hospital. The attending physician placed a "Do Not Resuscitate" order in Simon's medical records without his parents' knowledge. This led to his death. The outraged and heartbroken mother went into action and eventually was able to see the enactment of Simon's Law in Kansas. This

law mandates that doctors consult with parents about medical decisions for their children. [See: "The Story Behind Simon's Law and Parental Rights Over DNRS" by Sheryl Crosier in the July 3, 2018 *PHA Monthly*.]

Sheryl invited me to attend the 32nd annual International Conference of the Support Organization for Trisomy 18, 13 and Related Disorders (SOFT) where she again would be a speaker. Children's Hospital and Medical Center in Omaha partnered with SOFT to host this conference. Trisomy 18 and 13 are genetic disorders that usually lead to heart defects and airway complications.

This conference was a powerful learning experience for me as a pro-life advocate. It afforded me the opportunity to visit with parents and listen as they spoke about medical advice they had been given and their determination to advocate for their children. It was very encouraging to hear doctors who presented help and offered a lifeline to children with trisomies and their families when so many doors had been shut on them in the past.

One of the highlights for me was listening to a compassionate doctor who was close to tears as he presented his work assisting children with trisomies and other disorders. May he, his family, his coworkers, and his hospital be blessed for helping these vulnerable children.

In this newsletter's CASE IN POINT you'll read about little Oliver, who needed surgery to remove a large tumor in his heart and the difficulties his parents experienced as they fought for his life. (Spoiler alert: there is a happy ending.) We often feature stories about young patients who have been denied wanted treatment--Simon, Alfie, Jahi, Israel, Charlie, etc.--and, unfortunately, the list would be much longer if we added those whose stories we do not know, whose names have not gotten any publicity. All such cases involve grieving families. Please keep these families in your prayers and give thanks for the parents and healthcare professionals whose mission it is to care for the lives of these little ones.

May each of us continue to stand strong for the sanctity of human life!

DISGRACEFUL DENIAL OF MEDICAL CARE IN THE U.S.

A culture of death has infiltrated the healthcare system in the United States. As evidence of this, the PHA Monthly has carried articles exposing numerous cases of patients who have been denied wanted medical care in U.S. hospitals. Two-year-old Israel Stinson is one such case.



On April 1, 2016, Israel had an asthma attack and was admitted to a hospital in Sacramento. The next morning, he suffered a cardiac arrest. Staffers revived Israel, but he did not regain consciousness. He was placed on a ventilator and, soon thereafter, declared "brain dead." Next, he was refused further treatment against his mother's wishes. Even with many people helping to find another hospital somewhere in the nation that might agree to take Israel, no facility could be found, except one outside the USA.

Through the work of Life Legal Defense Foundation, as well as other organizations and individuals, Israel was airlifted to a hospital in Guatemala where brain scans showed he had active brain waves and did not meet the criteria for "brain death." There, Israel was provided the medical care and nutrition that he was denied in the U.S.

Because Israel's insurance company would not pay for his care in another country, Israel had to be transferred back to the U.S., this time to Southern California. Despite Israel's improved health and evidence that he was not "brain dead," the new hospital refused to reexamine Israel, would not permit an independent neurologist to examine him, and upheld the earlier "brain death" diagnosis. His family was stunned. Why would the hospital accept him, then ignore the progress he'd shown in Guatemala, and rush to pull the plug? Israel's parents were in the process of making arrangements to care for their son at home when, despite his mother's desperate pleas, the hospital withdrew his ventilator, causing him to die on August 25, 2016. Would Israel still be alive, perhaps continuing to make progress toward recovery, if he had received the proper care? His heartbroken mother, Jonee Fonseca, advises all of us, healthcare providers and families alike, "Do not rush to give up."

"Futile Care"

The gradual shift from the "sanctity of life" to the "quality of life" as the core principal of medical ethics has had a profound and appalling effect on the quality of medical treatment patients receive as well as on whether or not certain patients are deemed worthy of any treatment at all. A bioethical concept--the "theory of futile care"--has been adopted by many hospitals and has been incorporated into a number of state laws. "Futile care theory" essentially proposes that, *when a patient reaches a certain stage of illness, injury, disability or age, life-sustaining treatment may be withheld or withdrawn on the basis of the physician's perception of the patient's quality of life, regardless of the patient's or family's wishes.*

"Futile care" decisions have resulted in thousands of patients in the U.S. being denied treatment

against their or their families' wishes. Many of these patients have died as a result. It is impossible to know which of them might have lived and even recovered if appropriate treatment had been provided to them. For example, consider the case of 12-year-old Zachary.

In 2012, Zachary suffered a gunshot wound to the head. Within 48 hours of arriving at Cook's Children's Medical Center in Fort Worth, Texas, the medical staff's conversation focused on the quality of his life instead of the medical care that would foster healing and recovery. Even though Zachary was seriously injured, his brain stem was not harmed. A week after his injury, the hospital ethics committee began the medical futility process. Zachary's parents pleaded for the hospital to give him more time to recover. But, on the very day Zachary began to breathe on his own, the attending physician withdrew his food and water. Fortunately, the ten-day countdown (a provision of the Texas law) was stopped when a patient advocate who had been called in by Zachary's mother informed the hospital's attorney that they had not followed the law and therefore would not be immune from liability.

After being transferred to Children's Medical Center in Dallas, where he received treatment and reconstructive surgery, and then to a rehabilitation facility, Zachary regained his ability to speak, see, and walk, and his full cognitive abilities.

Endowed by Their Creator with the Right to Life

A founding document of the United States, the Declaration of Independence, states, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, ..."

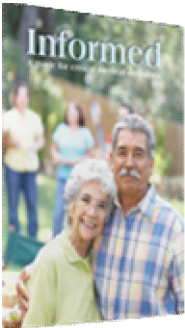
Quality of life perceptions and life-expectancy predictions must not be allowed to be used to justify depriving vulnerable people of their God-given right to life!



Imposed Death: Euthanasia and Assisted Suicide HLA's 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 go to: <https://resources.humanlife.org/imposed-death/>



Informed: A guide for critical medical decisions HLA's 16-page Magazine...

...is an introductory tool to help patients, families and surrogates more fully participate in the interaction with doctors and other health professionals. Topics include: Advance Directives, POLST, Ventilators, Hospice Care and more. To order copies, call 651-484-1040 or email feedback@humanlife.org, or go to: <https://resources.humanlife.org/informed/>

Alfie Evans and the Shocking UK Gosport Report

By Nancy Valko, RN

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 and a member of the Pro-life Healthcare Alliance Advisory Committee. She is also a speaker and writer on medical ethics and other healthcare issues, and a legal nurse consultant.

The [Baby Alfie Evans](https://nancyvalko.com/2018/05/04/from-choice-to-no-choice-lessons-from-the-baby-alfie-evans-case/) [https://nancyvalko.com/2018/05/04/from-choice-to-no-choice-lessons-from-the-baby-alfie-evans-case/] case this year shocked the world, but now we learn his forced death against his parents' wishes follows a legal and healthcare nightmare in the United Kingdom.

Some of us expressed concerns years ago about the UK's "Liverpool Care Pathway" which was developed in the 1990s to improve care of the dying by applying "the high standard of palliative care prevalent in hospices to other clinical settings." But the "Liverpool Care Pathway" went horribly wrong and in 2009, the *UK Daily Mail* published an article "[Euthanasia by the back door: Hospitals 'death pathway' is open to error](http://www.dailymail.co.uk/health/article-1210848/Terminally-ill-care-scheme-death-pathway-warn-experts.html)" [http://www.dailymail.co.uk/health/article-1210848/Terminally-ill-care-scheme-death-pathway-warn-experts.html] with cases of non-dying patients considered "not worth saving" who died from the "combination of dehydration and powerful painkillers," explaining, "Under the Liverpool Care Pathway, doctors can withdraw fluids and drugs from patients if they are deemed close to death. Many are then put on continuous sedation so they die free of pain. But sedation can often mask signs of improvement, meaning doctors may be closing the door on people who would otherwise live for months."

In 2013, the *British Journal of General Practice* published "[The Liverpool Care Pathway for the dying: what went wrong?](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3782767/)" [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3782767/] The authors acknowledged the problems that led an independent review to call for an end to the Liverpool Care Pathway (LCP) but concluded, "[A] vacuum left by the abolition of the LCP makes a return to the 'bad old days' of poor or non-existent communication about dying a real possibility **we would argue that the response to poor use should be right use, not non-use.**" The authors called for "**increased funding and training in palliative care** and suggest that skills in end-of-life care should become a required competency for all health care professionals." [Emphasis added.]

THE GOSPORT INDEPENDENT PANEL REPORT

More details of this scandal have just now surfaced [in a report on the Gosport War Memorial Hospital](https://www.gosportpanel.independent.gov.uk/panel-report/) [https://www.gosportpanel.independent.gov.uk/panel-report/] where patients were often admitted for rehabilitation or respite care. The report concludes that at least 450 patients had their lives "shortened" by denial of food and water along with powerful painkillers between 1989 and 2000. It details cases and concerns and ultimately acknowledges the families' years-long pleas for the truth. Here is one excerpt:

Those (nurses) who raise concerns about the conduct and practice of colleagues are now widely known as "whistle-blowers." To put it into context, **it is generally agreed that the NHS (National Health Service) has not been good at protecting people who take such a difficult step;** as the documents make clear, the events of 1991 were no exception. Nor should the consequences for whistle-blowers be underestimated: these **commonly included disciplinary action and undermining of professional credibility.**

The documents show that, following a complaint to the Trust in 1998 and the police investigation, **it should have become clear to local NHS organisations that there was a serious problem with services at the hospital.** Although the successive police investigations undoubtedly complicated the NHS response, **it is nevertheless remarkable that at no stage was there a public admission of failure or any public apology. Nor was there a proportionate clinical investigation into what had happened.** On the contrary, the documents show numerous instances of defensiveness and denial - to families, to the public and the media, and to health service and other organisations. [Emphasis added.]

THE DEATH CULTURE IS VERY HARD TO KILL

Will charges now be brought against those involved in the Gosport War Memorial Hospital euthanasia deaths? Who knows? The Independent Panel only concluded, "With this Report and an online archive of documentation, the Panel has completed its Terms of Reference.

The Panel now calls upon the Secretary of State for Health and Social Care and the relevant investigative authorities to recognise the significance of what is revealed by the documentation in this Report and to act accordingly."

But just as important is the question "Has health care now improved?"

Unfortunately, the answer may be "No."

As the UK *Telegraph* reported in 2015 in the article ["New NHS \(National Health Service\) death guidelines 'worse than Liverpool Care Pathway'"](https://www.telegraph.co.uk/news/health/news/11779213/New-death-guidelines-worse-than-Liverpool-Care-Pathway.html) [https://www.telegraph.co.uk/news/health/news/11779213/New-death-guidelines-worse-than-Liverpool-Care-Pathway.html], the Liverpool Care Pathway was supposedly phased out in 2014 in favor of the National Institute of Health and Care Excellence (NICE) guidelines. Nevertheless, [families were still reporting poor end of life care, including denial of food and water.](#)

[<http://www.dailymail.co.uk/health/article-3553969/Patients-denied-food-drink-die-Quarter-families-report-loved-ones-starved-fifth-hospital-nurses-rarely-kind-caring.html>]

Now, unlike the Liverpool Care Pathway horrors that were hidden for so long, we had the very public case of Baby Alfie Evans this year where courts enforced the doctors' decision to shorten his life by removing his ventilator, refused his family's requests to transfer him or take him home, and [even took away his feedings when he continued to breathe for days after the ventilator was removed](#).
[<http://www.lifenews.com/2018/05/01/ap-fails-to-report-that-alfie-evans-was-denied-food-and-water/>]

Apparently, the death culture is very hard to kill in the UK and, as we are finding, also in the US.

ALFIE'S LAW

In April, Steven Woolfe, a member of the European Union's legislative body for North West England, introduced a bill he calls "Alfie's Law" because "he wants the case of Alfie Evans to be the last in which parents' wishes for their child's medical care are smacked down by the state," according to a *National Review* report.

"The cases of Charlie Gard, Aysha King, and now Alfie Evans, show a dangerous trend of public bodies depriving parents and families of the right to make decisions they believe are in the best interests of their children," Woolfe said in announcing his support for the law. "Parents' rights should neither be ignored nor dismissed as irrelevant by hospitals and courts, who believe they know best and have the power, money, and resources to overwhelm families who simply want to save their child."

<https://www.nationalreview.com/news/european-parliament-member-introduces-alfies-law/>

CASE IN POINT

Baby Oliver

Oliver Cameron was born in Britain with a cardiac fibroma, which is a large, non-cancerous tumor in his heart. According to his mother, Lydia, "They couldn't treat the tumor in the U.K. because they didn't have any doctors with the right expertise. They said our only option was a heart transplant, but we thought there must be another route, so we started doing our own research."

The day after Oliver's birth, the story of a little girl whose large cardiac tumor had been successfully removed was posted on the Boston Children's Hospital Facebook page. Lydia contacted the doctors in that case, Dr. Pedro del Nido and Dr. Tal Geva. After seeing his medical records, "they responded that he would be a good candidate for the surgery--even though the NHS [the UK's National Health Service] doctors were insistent that Oliver's tumor could not be removed." The family was determined to take Oliver to Boston for the surgery, but they had to find a way to pay for it.

""Oliver's cardiologist spent hours of his own time trying to get Oliver to Boston--he kept applying and

reapplying for the National Health Service to cover the surgery in the U.S., but with no luck,' Lydia said. 'So, we started our own fundraising campaign, because we had no other way to get him there.' But after they successfully raised most of the money, they got good news: not only would the NHS pay for the surgery, they would also send two cardiologists and a cardiac surgeon to learn from the doctors at Boston Children's."

Oliver's surgery in November of 2017 was successful. "Dr. del Nido warned us that they may not be able to remove the entire tumor because it was so large, but that he would remove as much as possible," Lydia explained. "So when they told us he had removed all of it, we were so happy we just burst into tears."

Oliver stunned doctors by making a rapid recovery. He was able to go home for Christmas.

Source: www.liveaction.org, 08/15/2018, "Baby Oliver saved in U.S. after UK doctors said his heart couldn't be fixed," by Cassy Fiano-Chesser

RECOMMENDED VIEWING AND READING

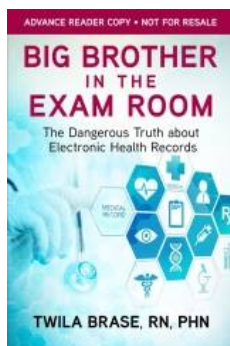


Fatal Flaws: Legalizing Assisted Death

is an 80 minute film created to spread awareness of a dangerous culture shift. Film producer Kevin Dunn spent two years traveling to the Netherlands, Belgium, the U.S. and Canada to speak with patients, doctors, lawmakers and advocates from both sides of the debate.

Watch the trailer at www.fatalflawsfilm.com.

This powerful film has been screened in several Canadian communities with more events being organized across Canada, the US, and in countries around the world.



Big Brother in the Exam Room, the groundbreaking book by Twila Brace, president of Citizens' Council for Health Freedom, is now available at www.cchfreedom.org/ehrbook.php#top.

Inside this book, you will discover:

- The impact of Electronic Health Records (HER) on patient care, costs, patient safety and more, according to doctors and more than 125 studies
- How patient treatment decisions are controlled and tracked by the EHR
- How Congress forced doctors to install a surveillance system in the exam room
- What specific steps back to freedom, privacy, and patient safety are available, and why we must act now.

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.



Pro-life Healthcare Alliance

a program of [Human Life Alliance](#)
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