# Michigan Nurses For Life

1637 W. Big Beaver Rd., Suite G • Troy, Michigan 48084 August 2017

*"An educational group for pro-life nurses"*

The Inside Story...



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## Michigan Nurses For Life

## 2017 Conference

## End of Life Decisions: Who Will Make Yours?

Saturday, October 7, 2017 • 8:00 am—12:30 pm

St. Joseph Mercy Oakland Hospital • Pontiac, Michigan

### Death, Doctors and Dilemmas: A Nurse's Experience

Nancy Valko, RN, an Advanced Legal Nurse Consultant has over forty years of nursing experience. She has served on medical ethics committees, appeared on many radio and television shows and has written on these topics. She is a spokesperson for the National Association of Pro-life Nurses.

### Advance Directives: Protecting Yourself and Your Loved Ones

Jason Negri, JD, Assistant Director of the Patients Rights Council speaks nationally on the practical and ethical aspects of end-of-life issues and provides training to those seeking to improve their ability to effectively communicate these issues. He has written articles and authored the booklet *Twenty Answers on End-of-Life Issues.*

Nurses: $25
General Public: $20—Students $15

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Web: www.mnfl.org ✦ Register here: endoflifedecisions.eventbrite.com

Presented by:

**Michigan Nurses for Life** in cooperation with **Educational Center for Life**

## Michigan Nurses For Life

### Our Purpose:

...To raise the consciousness of the nursing profession to protect all human life from conception until natural death

...To form an educated core of nurses who can speak for their profession by acting as a community resource for life issues

...To promote public education and awareness about life issues on both ends of the spectrum, from abortion to euthanasia

...To uphold and defend human life in all stages and conditions of development


**Michigan Nurses For Life**
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Troy, Michigan 48084-3540

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Email: info@mnfl.org
Web Site: www.mnfl.org


**Hours:**
Monday through Friday
10 AM - 3 PM



# From the President

## The Struggle for Charlie Gard's Life

Dear Colleague,

It seems that summer is moving along at record speed and so are events that impact on human life.

There has been pretty heavy coverage in social media (next to nothing on main stream media) about a little 11-month-old boy in London. Charlie Gard has an inevitable fatal mitochondrial disease that has robbed him of most of his ability to respond to his surroundings.

Considering his case "futile," as is their legal right under the United Kingdom's national health care system, the hospital that has been home for Charlie for many months has offered no treatment for his condition.

Several months ago, his parents, hoping to find some kind of relief for their son, raised over a million dollars on a "go fund me account" to take Charlie to the United States for experimental treatment. A doctor here in the United States offered to try such treatment if Charlie could come to the U.S.

The hospital refused to allow Charlie to be flown to the U.S., and until very recently, refused to allow the doctor to come to London to see Charlie, maintaining it was not in his "best interest," again, legal under the United Kingdom's national health system.

The Court of Human Rights in London deemed Charlie to have no hope of meaningful improvement or recovery and therefore not a candidate for treatment, invoking the idea of "futile care." They wanted his respirator removed so that he could die.

Just two weeks ago, the U.S. doctor was allowed to come to London to see Charlie and did an MRI. Unfortunately, by this time his brain was so damaged that the treatment that might have been effective six months ago was no longer an option. His parents, regretfully, asked that they be able to take Charlie home to die. THE COURT SAID NO.

Yes, you read that correctly. The court and the hospital would not discharge Charlie to his parents, offering a whole host of strange reasons, the most unfathomable of all being that his respirator machine might not fit through the door of the family home. Charlie will now die in the hospice selected by the hospital.

Do not ask me how the hospital and the courts in the United Kingdom could take control of Charlie's life and death in this fashion, but they have.

Don't be so complacent as to believe that nothing like this could ever happen in the United States, because it can. Look no further than the recent efforts to improve our own health care. Partisan politics is preventing reform to our health care and could result in a single-payer (government) system.

**Update:**

Charlie was transferred to a London hospice on July 28th where his respirator was removed and he died a short time later.

Diane Trombley, President

***As the fictional character, Captain James T. Kirk, profoundly noted in the movie Star Trek Beyond,***
***"Better to die saving lives, than to live taking them.***
***That's what I was born into."***



# Charlie Gard's Passing Highlights the Dangers of Losing Patient Autonomy

***By Wesley Smith***

Little Charlie Gard has died.

He will be remembered for the intense love of his parents and the astonishing support they received from around the world in their vain attempt to care for the sick little boy and try to extend his life as *they*–not judges, not doctors, not bioethicists–thought best.

There will be much more to say about the utilitarianism drift of medicine and the increasing loss of patient autonomy when the desire is to live rather than die. And let us not forget the erosion of parental rights.

But let's leave that for now. Our deepest sympathies to Chris and Connie. May the support they received from millions of supporters bring some comfort in the midst of their grief.

Memory Eternal!

*LifeNews.com Note: Wesley J. Smith, J.D., is a special consultant to the Center for Bioethics and Culture and a bioethics attorney who blogs at Human Exceptionalism.*

*—LifeNews.com, Jul 28, 2017*

# Doctors Asked Parents of Boy With Same Condition as Charlie Gard: Do You Want to Just Let Him Die?

***By Micaiah Bilger***

A Michigan family is fighting for care for their very sick infant son who has a disease similar to Charlie Gard's.

Russell Cruzan III, a 4-month-old from near Kalamazoo, Michigan, has a rare mitochondrial disorder that is very similar to the condition that British infant Charlie Gard had before he died Friday, *WOOD TV News* reports.

Michelle Budnick-Nap, Russell's mother, said her son began to experience health problems in June, but doctors were not sure what was wrong with him until recently.

"(We) kept asking the nurses why. Why is he not eating? Why isn't he thriving?" she asked.

A kidney test finally revealed that Russell—affectionately known as "Bubby"—has mitochondrial DNA depletion syndrome 13, a rare disease that affects only a few children in the world. It causes muscle weakness, loss of mobility, decreased kidney function and the inability to swallow, the report states.

Doctors gave Russell a very slim chance of survival, and asked his parents if they wanted to give up and let Russell die. They said no; they want to do everything possible to give their son a chance at life.

"It's really hard to be told that your child's chances of even making it to 2 are like 50 percent," his mother said. "…I always tell them, 'Bo, we want to do everything we can. We want to fight.'"

The infant was home with his family at the time of the local news report, though he has been in and out of the hospital during the past two months. His parents


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## "Do You Want to Just Let Him Die?"

*continued from page 3*

hope to raise money for Russell to undergo an experimental treatment in Boston, according to the report. Their insurance will not cover all the expenses, so they are raising money through a YouCaring page.

"We have worked tirelessly to gain the attention of the doctors administering these treatments and we are now scheduling [appointments] with two of them," his parents said.

Here's more from the report:

> They say a doctor at Boston Children's Hospital, who is one of the top mitochondrial physicians in the country, has agreed to treat Russell if a doctor at Bronson can get the insurance company to authorize it. If Russell goes to Boston, he would get a treatment aimed at helping his healthy mitochondria replicate.
>
> "I don't want to say that we've come to terms with it. We love him more than anything in the world," Budnik-Nap said.

Like Russell's family, Charlie Gard's parents hoped to have him transferred to the United States for an experimental treatment. The raised more than $1.5 million for his medical care.

His parents said they knew the chance of the experimental treatment working was slim, but they wanted to try anyway for Charlie's sake.

However, the courts and hospital refused to allow them to transfer their son to another hospital. About a month ago, the European Court of Human Rights ruled that the hospital can remove Charlie's life support and allow him to die.

Last week, Charlie's parents' ended the legal battle. Their lawyer Grant Armstrong said experts confirmed that it was too late to treat their son. The *BBC* reports Armstrong "told the presiding judge Mr. Justice Francis that U.S. neurologist Dr. Michio Hirano had said he was no longer willing to offer the baby experimental therapy after he saw the results of a new MRI scan last week."

Hirano previously said Charlie had an 11 percent to 56 percent chance of benefiting from the experimental treatment. He and a group of doctors examined Charlie and gave their expert opinions to the judge.

Questions remain about whether Charlie could have benefited from the experimental treatment, had it not been delayed for months during the legal battle between Charlie's parents and the hospital. The court battle began in March.

Charlie died on Friday after a judge ordered that his ventilator be removed. He would have turned 1 year old on August 4. His family plans to use the money they raised for his care to begin a charity to help other children with rare diseases.

*—LifeNews.com, August 1, 2017*

# Father tells story of his aborted son to persuade others not to abort

***By Sarah Terzo***

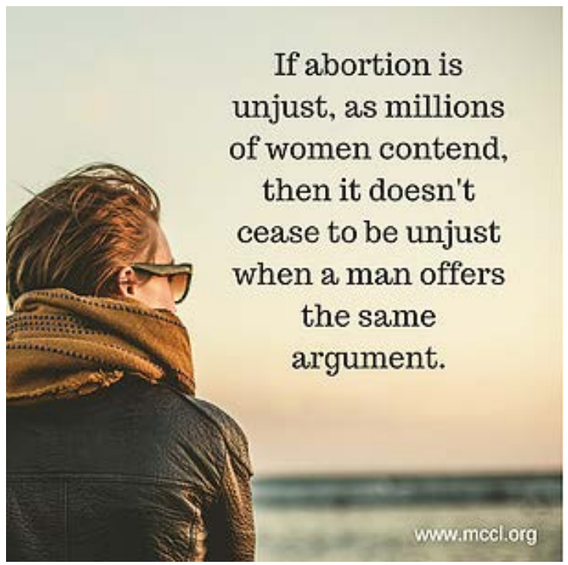
Patrick B Keefe wrote a book about the abortion he encouraged his wife to have over 20 years ago. He grieves for his child and wants others to know how painful abortion is for fathers. He says:

"Get an abortion, I convinced her when she told me we were pregnant again. She trusted me. Little did I know the effect this would have on our lives… And how it would affect me for the next 20 years…

"Out of fear I terminated my son's life through abortion. In the midst of the situation it seemed like our only option, but it led us down a path of great pain and sorrow. Yes, on the outside I was able to hide it from everyone. I looked happy. But on the inside, I thought of him every day of my life. In fact, only now, through the strength God has given me, am I able to write this work. If I can touch even just a handful of men, my son's life will not have been in vain…I pray that through my son, Luke, many will live."

Patrick B Keefe, *A Father Silent Cry: A Journey of Healing* (2017).

*—National Right to Life News Today, July 19, 2017*






# Doctor Support for Assisted Death Rises, but Debate Continues

***By Alicia Ault***

The number of physicians who support the concept of assisted death seems to be on the rise, but even in states where it is legal to provide a prescription to a patient who wants to die, few doctors have done so.

Sixteen percent of almost 300 physicians who responded to a recent *Medscape Medical News* poll said they practice in states with a physician-assisted dying law. Only 17% of those physicians said they have used it with a patient. Thirteen percent said they'd received a request but had declined, and 70% said they'd never been asked to facilitate a patient's death.

Some 62% of doctors who practice in states that do not allow assisted death said they had been in a situation in which they wished the patient could have been able to exercise that right.

Six states now allow physician-assisted death. A *Medscape* ethics report published in December 2016 found that 57% of doctors who participated said physician-assisted death should be available to the terminally ill, up from 54% in 2014 and 46% in 2010.

In the latest *Medscape* poll, 56% of doctors who responded said they thought the passage of physician-assisted dying laws was a positive development.

A large number of commenters on the poll said that allowing people to choose to end their lives was good medicine, as alternatives merely prolonged suffering.

Some, however, said physician-assisted death was not acceptable. "The golden rule of medicine is: 'First, do no harm.' Allowing death to occur with dignity, medical support, et al is fine—picking a time and causing it—not," said Dana Panknin, MD, a family medicine specialist.

"Needless suffering is more painful for patients as well as families," said Saraswati Chhetry, MD, a family practice doctor. "Although [the] oath says 'Do no harm,' allowing prolonged suffering is doing more harm by not giving peace."

## *Concerns Abound*

Many also sounded a note of caution.

"Our role is to ease the suffering of the dying patient and their family," said said Ian Hunt, MD, a pulmonologist who said a significant part of his practice was in the intensive care unit. "I am acutely aware that our modalities of treatment can become modalities of torture. As such, components of ICU care should be withheld at times," he said. Dr. Hunt said he did not consider that to be patient-assisted death, but added, "I am very concerned that patient-assisted suicide could be misused."

Edward Childe, MD, a psychiatrist, said he was in favor of physician-assisted death, but added, "I would be hesitant to prescribe it for the mentally ill because I have found that severely ill patients who have worsened with years of physical treatments have been able to become well with modified psychoanalytic therapy."

Internist John Bakos, MD, said he also was concerned about patients who might be depressed. "The ability to rationally choose to end your life should be a protected right of every human," said Dr. Bakos. "The issue of state of mind, is, however a tricky one. Having a terminal medical condition with months to live should unarguably be a reason to shorten your life painlessly," he said.

"However, to those profoundly depressed, death can seem an overly attractive option," said Dr. Bakos. He added, "With safeguards regarding diagnosis, a two physician requirement, most of these concerns can be addressed."

Requiring evaluation by two physicians is one way to help determine whether someone is mentally capable to make the decision, said Roger Kligler, MD, an internist. Dr. Kligler, who said he has metastatic, incurable prostate cancer, has been working to pass an aid-in-dying law in Massachusetts.

"Having cared for many patients who have died with my disease, I know that the end of my life will be difficult," he said. Making assisted death available can improve the use of hospice and palliative care and end-of-life discussions, decrease suicide in the terminally ill, and give them peace of mind, said Dr. Kligler.

"Because of my work on this, I was able to have a good conversation with my physician that would not have taken place," he said. "Please put yourself in my shoes and ask what options you would want for you or your family members having a difficult death."

*—Medscape, July 7, 2017*

**SAVE THE DATE!**
**Saturday, November 11 — 8 AM - 3 PM**

**"Picture a Future You Cannot See"**
**Adoption Fostering and other Possibilities**

Keynote Speaker: Dr. Ray Guarendi
(Radio talk show host, psychologist, father of 10 adopted children)
Speakers, panels, videos, breakout sessions and resources

Conference Host: St. Matthew Lutheran Church, Walled Lake
Co-sponsored by: Cross of Christ Lutheran Church, Bloomfield Hills
St. William Catholic Church, Walled Lake

For more info, Mary Walden 248.231.3632

# The AMA claims it is not studying their position on physician-assisted suicide

*Editor's note. This comes from Maryland Against Physician Assisted Suicide.*

Recently, numerous accounts in the media and online have indicated that the American Medical Association (AMA) is taking steps toward changing their official policy position on physician-assisted suicide [PAS] from opposed to neutral. Fortunately, this chatter is inaccurate. In fact, although the AMA is currently considering the policy landscape in the U.S. surrounding PAS, they have no plans to make any changes to their policy of opposition.

This confusion was laid bare in a *New York Times* article from January 16th that originally stated the AMA planned to change their policy position on PAS from opposed to neutral.

However, as you can see below from the January 19th correction to this article, the AMA responded that they have no such plans and are not actively considering any change to its policy on this issue.

> **"Correction: January 19, 2017**
> **An earlier version of this article misstated the American Medical Association's stance on physician-aided dying. At its 2016 annual meeting, the association commissioned its Council on Ethical and Judicial Affairs to "outline the current landscape surrounding the issue of physician-assisted suicide." That report, expected in June, will not recommend any policy. The Association did not agree to study whether to shift from its position opposing physician participation in assisted-dying to a neutral position."**

What's troubling about this situation is that Compassion & Choices, the primary PAS proponent across the country, started the rumor last June that AMA was reconsidering their position on PAS. The timing of this rumor was problematic though as the AMA released their revised Code of Medical Ethics the same month.

This revised Code contained the same strong rebuke of physician-assisted suicide in Chapter 5:

> **"5.7 Physician-Assisted Suicide**
> **Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).**
>
> **It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life. However, permitting physicians to engage in assisted suicide would ultimately cause more harm than good.**
>
> **Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life.**
>
> **Physicians: (a) Should not abandon a patient once it is determined that cure is impossible. (b) Must respect patient autonomy. (c) Must provide good communication and emotional support. (d) Must provide appropriate comfort care and adequate pain control. AMA Principles of Medical Ethics: I,IV"**

It is important to see the country's largest organization representing doctors continue to speak out strongly against legalizing physician-assisted suicide. As the debate over this issue starts again in Maryland, we must make sure that members of the General Assembly understand this fact and aren't fooled by misinformation.

*—National Right to Life News Today, January 31, 2017*

***"Whether the issue is denial of food and water to brain-injured people, futility determinations overriding patients' and families' decisions denying potentially beneficial experimental treatment or forcing medical personnel to participate in lethal overdoses, etc., the word "choice" in these cases is a misnomer when only the choice for death is considered "dignified."***

*—Excerpted from blog of Nancy Valko, RN, nationally-known speaker on so-called Death with Dignity, July 20, 2017*



# Canadian nurse forced out for refusing to participate in euthanasia

***By Pete Baklinski***

A Canadian nurse no longer has her job helping the sick and the elderly after she was told that she must either assist patients who wanted to kill themselves using the country's new euthanasia law, or resign.

Mary Jean Martin, a Registered Nurse who worked in middle-management as a Homecare Coordinator in Ontario, said she became a nurse in the late 1980s to help the "vulnerable and the struggling," not to be a link in a chain that would ultimately lead to a patient's death.

"Can you imagine being a nurse and being told that you have to help kill someone? That's so against the philosophy of nursing and it's so against the heart of the healthcare person," she told *LifeSiteNews* in an exclusive interview.

"We're not soldiers. We did not sign up to kill people. We are compassionate," she said.

Martin said that as an employee of the Local Health Integrated Network (LHIN), a government-run entity, she was recently told that all healthcare workers would now be required to sign and take an oath of allegiance to observe and comply with the laws of Canada, including the new euthanasia and assisted suicide law.

Last year, the country's Liberal government, led by Justin Trudeau, passed a law (Bill C-14) governing assisted suicide and euthanasia. The program was euphemistically called Medical Aid in Dying, or MAiD. Two months ago, Ontario's Liberal government, led by Kathleen Wynne, voted that doctors and nurses must participate in euthanasia and assisted suicide if a patient requests it (Bill 84).

When Martin told her superior that she could not sign such an oath since she did not agree with the new law, she was told: "All employees, as public servants, are expected to take this oath of office and allegiance. If they do not sign this or take this it is taken as an automatic resignation from your position."

"When I was told that I must either take the oath or it's an automatic resignation, I said that I would rather resign than compromise on my beliefs," she said.

Martin said that as a woman of faith she takes seriously God's commandment against murder.

"God did not make rules to be hard on us. He made the Commandments for our good, that we would live as his family here on earth," she said.

Martin said that "Thou shall not kill" meant to her that she could not even minimally provide "any information or direction" to any individual wanting her help to kill themselves "because it was against my belief."

"In my job as middle-management. I was told that I had an obligation to have an 'effective' conversation with a patient requesting MAiD. If I didn't want to do that, I was told I had to direct them to someone who would. But I told them I could not, in good conscience, even do that. I did not want to play any part in someone's death," she said.

Martin called being forced to choose between her conscience and her job a "violation of my human rights."

"Why has my right to peacefully follow my own beliefs within a free and inclusive society been suddenly taken away from me?" she said.

"After 30 years as a nurse these laws make me feel no longer proud of being either a health care professional in this country or Canadian citizen," she added.

Martin wrote a letter to her Member of Parliament as well as the Prime Minister, explaining how the new law has trampled on her rights.

"How is it possible in this supposedly free and inclusive country to have the rights of those who want MAiD to come before my right to practice my chosen profession within my own peaceful law-abiding beliefs?" she wrote in the letter obtained by *LifeSiteNews*.

"I was good at my job due to my training, experience and my commitment to compassionate care for the elderly, ill, disabled and vulnerable," she continued in the letter.

"I hope to work as a nurse again but this may be a tragic end to my career which is a big loss to me, my family and my community," she wrote.

Martin said that in her commitment to helping her patients, she would often pray for their strength and well-being. She related how she once traveled to the Marian shrine in Lourdes, France, where she prayed for all the patients she had ever cared for, especially those "going through a troubled time in their health and potentially dying."

Alex Schadenberg, executive director of the Euthanasia Prevention Coalition, called it "absolutely insane" that the government along with the healthcare industry is "taking away the basic human rights of citizens who refuse to kill their patients."

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## Canadian Nurse Forced Out

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"Conscience rights are part of our Charter of Rights and Freedoms. Where are the rights of this nurse?" he told LifeSiteNews.

One leading Canadian bioethicist argued in a paper last year that physicians who refuse to participate in legal but morally contentious acts such as abortion and euthanasia should simply drop out of the profession.

"Doctors must put patients' interests ahead of their own integrity," Udo Schuklenk wrote, along with Julian Savulescu, in the journal *Bioethics*.

"If this leads to feelings of guilty remorse or them dropping out of the profession, so be it," he added.

Schadenberg said that it concerns him when people who oppose killing people are filtered out of the medical profession.

"The reason is simple: If you're a doctor or nurse and you say you disagree with euthanasia and will not practice it, then euthanasia advocates interpret this as you are 'judging' them, because you believe there's something morally wrong with it," he said.

"They want there to be no moral opposition or anyone personally opposed to the practice. They want euthanasia completely normalized," he added.

Martin said that as a Christian, it was made "quite obvious" to her by some of her superiors that there was no longer a place for her in the healthcare industry.

"Christians are being filtered out," she said.

Schadenberg said that once people of conviction are gone from the healthcare industry, patients will be left with doctors and nurses who see no problem with pushing patients towards death as the best way to solve healthcare problems.

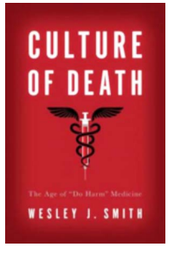
And that future is "scary," he said.

Since euthanasia became legal last June, there have been over 1,300 reported euthanasia deaths, according to a *CBC News* report in April.

*—LifeSiteNews.com, June 14, 2017*

## "The Culture of Death: The Age of 'Do Harm' Medicine"

***By Wesley J. Smith***




In this latest edition, Smith chronicles how the threats to the equality of human life have accelerated in recent years, from the proliferation of euthanasia and assisted suicide to futile care theory and health care rationing.

New discussion is included on medical conscience protections and the threat to health care professionals.

Decisions we make in the next decade will determine the future of western medicine and the continuing morality of our society.

Available in book stores and online.

## MPOLST (Physician Orders for Life-Sustaining Treatment) Update

***Correspondence from Ed Rivet, RTL of Michigan's Legislative Director***

The MPOLST legislation is being reintroduced in the Michigan House. We have worked out many of the details so that there is a clear process of informed consent on the part of the patient or their appointed advocate, and limiting the documents to only those with an identified condition that could result in death within a year.

The last thing we're trying to hammer out is language regarding withholding or withdrawing nutrition and hydration. There are certainly circumstances when it is legitimate to withhold food and fluids. But we have to make sure we're not creating a blank check or incentive for this form of passive euthanasia.

I'm meeting with some "elder law" legal folks from the State Bar of Michigan, as they have specific concerns about being too restrictive in this area of food and fluids. The legislation is not likely to go forward until we get everyone onboard with the document empowering patients but also protecting them.

*—Right to Life of Michigan, February 7, 2017*

*To Honor the Gravesites of our Unborn Brothers and Sisters*


### *National Day of Remembrance for Aborted Children*

Saturday, Sept. 9, 2017 • 1:00 pm

White Chapel Cemetery

***Our Five Unborn Children of God***

"In 1980, the bodies of 5 pre-born infants were found in Oakland County. Four bodies, found in a self-serve storage locker, were said to be 5 months or less in gestation. The fifth child found in a plastic container behind a medical clinic, was found to be approximately 8 months in gestation.

In both instances, those responsible stated that the bodies were mistakenly placed where they were found and that it was "error" or "accident" that caused them to be improperly disposed of.

Regardless of how the 5 preborn children met their deaths, it was felt by Right to Life - LIFESPAN that a more fitting place for the bodies was imperative. These children were not able to experience their right to life and we felt that at least, in death, their humanity should be recognized and burial be provided as should and would be provided for any other member of our human family.

Through the courtesy of A.J. Desmond and Sons, Funeral Directors, and White Chapel Cemetery, the bodies of these preborn children were laid to rest in a brief and simple ceremony on May 2, 1980."

- LIFESPAN Newsletter, May 1980

On Saturday, Sept. 9th, LIFESPAN will join other pro–life Americans across the country to honor the memory of the more than 50 million preborn victims of abortion during the National Day of Remembrance of Aborted Children.

***Date & Time:***

September 9th - 1:00 pm

***Location:***

White Chapel Cemetery
621 W. Long Lake Road
Troy, Michigan 48098

***For More Information:***

Right to Life - LIFESPAN
734.524.0162
miLIFESPAN.org

*National Day of Remembrance for Aborted Children is a joint project of Citizens for a Pro-Life Society, Priests for Life and the Pro-Life Action League.*



# One-Third of U.S. Adults Have Advance Medical Directives

## Everyone Should Have This Discussion

***By Carolyn Crist***

Nearly 37% of Americans have advance directives for end-of-life care if they become seriously ill or unable to make health care decisions, according to a new analysis of recent research.

Roughly half of people with living wills or other types of advance medical directives were not suffering from a chronic illness, the researchers note.

"Improving end-of-life care has been a national conversation for some time now, presumably because it will affect all of us at some point and is a very personal matter," said senior study author Dr. Katherine Courtright of the Fostering Improvement in End-of-Life Decision Science Program at the University of Pennsylvania in Philadelphia.

The conversation has revived since Medicare, the federal health insurance program for people over age 65, began reimbursing physicians for advance-care planning counseling on January 1, 2016.

"This is a comprehensive national snapshot of the most widely promoted tool for end-of-life care planning and suggests that there is plenty of room to increase its reach," she told Reuters Health by email.

Courtright's team analyzed 150 studies published between 2000 and 2015 that reported on advance directive completion in the United States. The studies included both healthy and sick patients, some focused on specific diseases or different types of advance directives or particular populations. In total, they covered nearly 796,000 adults, of whom 64% were women, 65% were white, 81% were age 65 and older and 63% were in a nursing home.

The research team found that 36.7% of adults completed an advance directive of some kind: 29% had living wills, 33% had health care powers of attorney and 32% had undefined advance directives.

Older patients and those in hospice or palliative care were more likely to have an advance directive, and end-of-life care documents were more common among those with neurologic diseases, according to the results published July 5 online in *Health Affairs*.

But overall, 38.2% of people with a chronic illness had advance directives compared to 32.7% of healthy people, a difference that wasn't statistically meaningful.

"It was somewhat surprising how much the completion rate varied based on age, patient location and diagnosis, yet even among those with the highest completion rates, nearly half still hadn't completed them," Courtright said.

"The fact that only a third of sick patients are expressing their end-of-life wishes means we're in trouble," said Dr. Melissa Wachterman of Harvard Medical School in Boston, who wasn't involved in the study.

"Everybody should have this conversation because our values and preferences change over time," she told Reuters Health in a phone interview. "A healthy 72-year-old may say she wants a breathing tube, but that choice may change."

One limitation of the study is that it doesn't include many population groups that may not document their end-of-life care wishes formally or trust medical or legal forms that dictate advance directives, the authors note.

"As I like to say, the form is only as good as the conversation and the shared understanding that goes along with it," said Dr. Rebecca Sudore of the University of California, San Francisco School of Medicine, who wasn't involved in the study.

"Some people do fill out these forms with families or lawyers, and then the forms sit in the dusty recesses of a back drawer and they are not available or shared with family and friends, especially before they are needed," she told Reuters Health by email.

Advance care planning advocates and researchers are looking for ways to reduce the barriers to completing directives by removing legal jargon, changing the reading level and revising the medical terms used.

Sudore recommends PrepareForYourCare.org for easy-to-read directives. Other organizations, such as Aging with Dignity (http://bit.ly/2v9EjBq), promote family conversations by starting with "Five Wishes" they want for the end of life.

"At the end of the day, I've heard from too many families that they couldn't agree on what to do for mom or dad, and it's often not on your radar until it's too late," said Paul Malley, president of Aging with Dignity in Tallahassee, Florida, in a phone interview.

*—Medscape, July 11, 2017*

### NAB A NURSE!

*Invite a co-worker to become a member of Michigan Nurses for Life, the only professional Pro-Life nursing organization in the State of Michigan!*

*Fellowship and networking opportunities are available with other pro-life nurses.*

# Scientists Kill Unborn Children in Human Genetic Engineering Experiments

***By Wesley Smith***

Some of the most powerful technologies ever invented—which can literally change human life at the DNA level—are moving forward with very little societal discussion or sufficient regulatory oversight. *Technology Review* is now reporting an attempt in the U.S. to use CRISPR to genetically modify a human embryo. *(Editor's note: According to Wikipedia, CRISPR stands for clustered regularly interspaced short palindromic repeats. They are segments of prokaryotic DNA containing short, repetitive base sequences.)*

From the story:

> The first known attempt at creating genetically modified human embryos in the United States has been carried out by a team of researchers in Portland, Oregon, *Technology Review* has learned.
>
> The effort, led by Shoukhrat Mitalipov of Oregon Health and Science University, involved changing the DNA of a large number of one-cell embryos with the gene-editing technique CRISPR, according to people familiar with the scientific results…
>
> Now Mitalipov is believed to have broken new ground both in the number of embryos experimented upon and by demonstrating that it is possible to safely and efficiently correct defective genes that cause inherited diseases.
>
> Although none of the embryos were allowed to develop for more than a few days—and there was never any intention of implanting them into a womb—the experiments are a milestone on what may prove to be an inevitable journey toward the birth of the first genetically modified humans.

It may begin with curing disease. But it won't stay there. Many are drooling to engage in eugenic genetic enhancements.

So, are we going to just watch, slack-jawed, the double-time march to Brave New World unfold before our eyes?

Or are we going to engage democratic deliberation to determine if this should be done, and if so, what the parameters are?

Considering recent history, I fear I know the answer.

And NO: I don't trust "the scientists" to regulate themselves.

*Mr. President: We need a presidential bioethics/biotechnology commission now!*

*Wesley J. Smith, J.D., is a special consultant to the Center for Bioethics and Culture and a bioethics attorney who blogs at Human Exceptionalism.*

*—LifeNews.com, July 27, 2017*

## *Right to Life—LIFESPAN's*
## Pro-Life Luncheon
## October 21, 2017

**Registration at 10:30 AM**
**Program begins at 11:00 AM**

O'Kelly Banquet Hall
23663 Park St
Dearborn, MI 48124


**Why attend?**

***THERE ARE SO MANY REASONS***:

You are pro-life. You want to know what to tell someone about adoption as the loving option. You want to be better prepared to answer questions about adoption. You are personally interested in adoption for your family. You want to know about the loving option for unplanned pregnancies.

Get legislative updates, too!

**Pick a reason, or two, and *register today!***
**For more info, call**
**734.422.6230**



# National Association of Pro-Life Nursing Students Scholarship

## ANNOUNCING: PRO-LIFE SCHOLARSHIP AWARD FOR NURSING STUDENTS

**THE AWARD**

The National Association of Pro-Life Nurses will award a $1,000 scholarship to a pro-life student enrolled in a nursing school. It will be paid directly to the school in which the applicant is enrolled. The scholarship may be used for tuition, books, and/or supplies.

**ELIGIBILITY**

Any student currently enrolled in an accredited school of nursing in the United States in the fall, winter or spring of the Aug/Sept 2017-May/June 2018 school year, including full time or part time.

**SELECTION**

Selection criteria includes student's essay, academic achievements, and demonstration of leadership and participation in pro-life activities. Applications and essays will be judged by a panel appointed by the board of directors. Winning essay will be printed in the NAPN newsletter, *PulseLine*.

**REQUIREMENTS**

The application must be completed and returned to the NAPN by February 15, 2018. Mailing address: **NAPN Scholarship, P.O. Box 8236, Hot Springs Village, AR 71910**.
INCLUDE: 1) A letter of recommendation regarding the student's pro-life leadership and/or participation, academic performance and commitment to excellence in nursing.
2) A typed essay consisting of 200 to 300 words in response to the following: "What Nurses Can Do to Promote A Positive Respect for Life."

NAPN reserves the right not to award a scholarship in the event none of the entrants meet the criteria.

**APPLICATION**

Name_____Address_____

City_____State_____Zipcode_____

Phone_____ e-mail_____

Nursing School _____GPA_____

Address_____City_____State_____Zipcode____

Pro-life activities: _____

_____

I certify that this information is true, complete, and accurate. I authorize the release of this information to confirm and/or verify this application.

Signature_____

Michigan Nurses For Life
1637 W. Big Beaver Rd.
Suite G
Troy, Michigan 48084

Address Service Requested

NON PROFIT
ORGANIZATION
U.S. Postage
PAID
Permit No. 497
Southfield, MI 48037

For more information about Michigan Nurses For Life
Office: 248.816.8489
Email: info@mnfl.org or visit us on the web at: www.mnfl.org

## Check out the great MNFL web site at: www.mnfl.org

If you would like to add or delete a name from our mailing list, please contact Michigan Nurses For Life at 248.816.8489. Thanks!

# SAVE THE DATES!

**MOVEMENT IN MOTION YOUTH BUS TRIP**
**TO WASHINGTON, DC, January 2018**
**Student Registration: September 5 – October 31, 2017**
Sponsored by RTL - LIFESPAN
For details, contact Lynn: 248.816.1546
or oakmac@rtl-lifespan.org

**NATIONAL DAY OF REMEMBRANCE**
**FOR ABORTED CHILDREN**
**Saturday, September 9, 2017 at 1 PM**
White Chapel Cemetery, 621 W. Long Lake Rd., Troy
Sponsored by RTL - LIFESPAN
For information, call: 734.524.0162 or visit miLIFESPAN.org
For other locations, visit http://abortionmemorials.com/sites.php

**WALK FOR LIFE**
**Sunday, September 10, 2017, 1:30 – 3:00 PM**
Sumac Pointe Pavilion
37401 Hines Drive, Edward Hines Park, Livonia
Sponsored by RTL - LIFESPAN
For information, call: 734.524.0162 or visit miLIFESPAN.org

**40 DAYS FOR LIFE**
**September 27 – November 5, 2017**
To find a location near you,
visit: www.40daysforlife.com

**LIFE CHAIN**
**Sunday, October 1, 2017, 2:00 – 3:30 PM**
Sponsored by RTL - LIFESPAN
For information on a location near you, call: 734.524.0162

**MNFL FALL CONFERENCE**
**Saturday, October 7, 2017**
St. Joseph Mercy Oakland, Pontiac
Speakers: See front page
For details, call: 248.816.8489

**PRO-LIFE LUNCHEON**
**Saturday, October 21, 2017**
**Registration: 10:30 AM – Program: 11:00 AM**
Sponsored by RTL - LIFESPAN
O'Kelly Banquet Hall, 23663 Park St., Dearborn
Learn about adoption as the loving option
and get legislative updates too!
For information, call: 734.524.0162 or visit miLIFESPAN.org