Michigan Nurses For Life

1637 W. Big Beaver Rd., Suite G • Troy, Michigan 48084 November 2018

"An educational group for pro-life nurses"

Euthanasia Hurts Palliative Care in Quebec

By Wesley J. Smith

Legalizing euthanasia can stunt the palliative-care sector. The Netherlands, for example, has traditionally performed comparatively poorly in this field. Indeed, one doctor once infamously said he didn't need palliative care when he had euthanasia.

Now, in Quebec, the head of the provincial medical association—who supports euthanasia—warns that some patients have been forced to "choose" to be killed because they couldn't access quality palliative care.

From the McLean's story:

Provincial foot-dragging on plans to substantially expand palliative care services is actually denying patients the very choice that was promised in the shift to MAiD, and making it increasingly problematic to discern which patients truly wanted to have a doctor deliberately end their life, [Collège des Médicins President, Dr. Charles] Bernard says.

"In certain identified cases, patients, for the lack of (palliative) care, might have had no choice but to ask for medical assistance in dying to end their days 'in dignity,' which deeply concerns us," the Collège president tells the minister.

Worse, he adds, the Collège has been hearing increasing concerns from its member doctors about re-direction of already scarce resources from palliative care to medical assistance in dying, which risks a violation of both the letter and the spirit of Quebec's law governing end-of-life care.

Paint my expression as completely unsurprised. The delivery of proper palliative care requires specialized training and can be very labor intensive. The most difficult cases may demand a great deal of inadequately compensated time from the doctor. Euthanasia doesn't require anything like that kind of expertise.

Indeed, the *least* trained or most inept doctors in dealing with serious conditions are quite capable of providing death. Jack Kevorkian was a pathologist with no experience after medical school and residency in treating living patients.

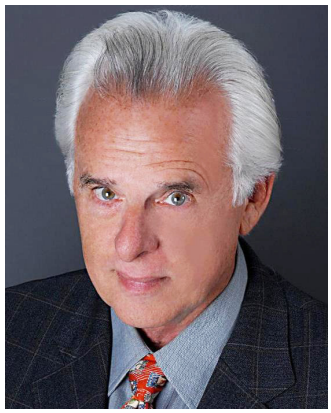
In California, the Life Legal Defense Foundation learned in a lawsuit that a large percentage of lethal prescriptions in California have been written by Lonnie Shavelson—a euthanasia crusader, not board certified in any specialty, much of whose medical career he spent as a part-time ER doctor, and who mostly pursued journalistic endeavors in recent years rather than treating patients.

Defenders of assisted suicide will respond to that charge by saying that prescribing morphine increased after legalization in Oregon—which is true. But it *also increased in Rhode Island* after that state *outlawed* assisted suicide and provided greater legal protections for doctors who prescribe strong pain-controlling drugs.

Besides, I believe that legalizing assisted suicide—*by definition*—denies many of those who die by lethal overdose or lethal jab of essential palliative services.

Defenders of assisted suicide will respond to that charge by saying that many patients who take prescribed poison were in hospice. True. But *they were denied suicide prevention intervention,* an essential hospice service—as much a part of good palliative care as prescribing morphine.

Bottom line: Hospice/palliative care and euthanasia/assisted suicide are mutually exclusive. One cares. The other kills.



Wesley J. Smith is an author and a senior fellow at the Discovery Institute's Center on Human Exceptionalism.

—National Review, June 30, 2018

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

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MNFL Conference Summary

By Mary Lou Temple

On September 15, 2018, members and friends of Michigan Nurses for Life met for their annual fall conference, "Abortion Pill Reversal: It May Not Be Too Late." The Franco Center of St. Joseph Mercy Oakland Hospital was the site of the conference, 20 years after MNFL had their first conference at Madonna University.

Dr. George Delgado, the medical director of the APR (abortion pill reversal) network, which is now part of Heartbeat International, was the main speaker. He originally established the APR program, and in April of this year published a second research study documenting successful medical abortion reversals of 231 women. He called it "a second chance at choice."

Two drugs are involved in a medical abortion: Mifespristone (a generic form of RU486) causes separation of the maternal and embryonic parts of the placenta and causes the embryo to die from lack of O2 and nutrients. The second drug, Misoprostol, (Cytotec) is taken 24-48 hours later and causes the uterus to contract, expelling the dead baby. Dr. Delgado stated that medical abortions have been legal in the U.S. since 2000 and 35-45% of all abortions done today are medical rather than surgical.

The abortion reversal protocol consists of administering doses of oral progesterone for three days, then lower doses daily through the first trimester of pregnancy. To date, there has been a 64-68% survival rate for babies involved in abortion pill reversal, and there is no increase in birth defects after taking progesterone. More than 400 MDs currently serve in the APR network.

Tracey Fish and Kirstie Almy, both physician assistants at Crossroads Care Center in Auburn Hills, described how a pregnancy help center can offer these services to clients under the direction of a medical director. The biggest obstacle, they stated, is getting malpractice insurance.

Dr. Nancy Hauff, nursing faculty at WSU and board president of Gianna House, spoke about the serious opioid crisis in our country. She said that 80% of heroin users started with opioids first, and opioids are the most frequently prescribed drug in America.

She discussed methods that help relieve pain, but are less likely to cause addiction, such as: giving post-op patients three rather than seven days of narcotics; follow-up care in 1-4 weeks to monitor a new patient on opioids; giving other drugs such as Motrin or Tylenol between doses of narcotics. She also described other natural methods for relieving pain: TENS unit; heat and ultrasound; hot or cold therapies; exercise and cognitive behavioral therapy.

The conference received excellent evaluations overall, and attendees gave recommendations for future conferences.

National Association of Pro-Life Nurses Scholarship

The National Association of Pro-Life Nurses is awarding 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.

Any student currently enrolled in an accredited school of nursing in the United States in the fall, winter or spring of the August/September 2018-May/June 2019 school year, including full time or part time is eligible.

To obtain an application and for more details, go to: **www.nursesforlife.org.**

PLEASE NOTE: MNFL will have shorter hours due to Educational Center for Life's closing. Someone will be checking phone messages and emails once a week.

A Straight Line from Abortion to Euthanasia and Assisted Suicide

By Maria Gallagher
Legislative Director, Pennsylvania Pro-Life Federation

I will never forget sitting in my seventh grade class, astonished at what my teacher had just written on the blackboard.

She had drawn a line leading from the word "abortion" to the word "euthanasia." Her point was that taking a life in a mother's womb would inevitably lead to a lack of respect for the lives of the elderly.

This memory came back to me as I was paging through a recent *People* magazine. The publication included what would best be described as a promotional piece on euthanasia. (The magazine typically categorizes these stories under "human interest" and "health*dying.")

The article related how a woman "helped" her mother die. The piece included no counterpoint, making it sound as if taking the life of one's mother was the most natural thing in the world.

This is where legal abortion has brought us. Not only have 60 million defenseless children been put to death, now grandparents are in danger of being sacrificed on the altar of "choice."

Pop culture's embrace of "disposable" human life is just one more reason why the pro-life movement is so important. From the corridors of state capitols to the halls of Congress, courageous individuals are fighting to protect the lives of the most vulnerable. The helpless targets needing protection include preborn children, unsuspecting seniors and people with disabilities.

Through education, we can do what my teacher did so long ago. We can show the younger generation that all human beings deserve protection—from the very dawn to the twilight of life.

—National Right to Life News Today, July 19, 2018

What's Changed?

The following item appeared in a 2002 issue of the *Journal of Clinical Nursing*.

"The Journal of Clinical Nursing" [1]:

Second trimester terminations require the woman concerned to go through an induced labor, the result of which is a fetus in a very human form. This event requires sensitive management as it is has the potential to cause a great deal of distress for the women involved due to the psychological and physical impact of the procedure. However, health professionals involved can also find this a distressing clinical event due to the complex nature of the management and care required.

This is only one way to do a second trimester abortion. Others are done by D & E, where the baby is dismembered inside the mother's body.

[1] Annette D. Huntington, BN, Ph.D, "Working with women experiencing mid-trimester termination of pregnancy: the integration of nursing and feminist knowledge in the gynecological setting." *Journal of Clinical Nursing*, 2002, 1, pp. 273-279

Note, the author acknowledges that the fetus destroyed in a second trimester "termination" results in "a fetus in a very human form." Imagine that—the human baby killed in a second trimester abortion looks like ***a human baby*** (emphasis added). What else would one expect?—a carrot?

Q and A

Question: How many states allow doctor-prescribed suicide?

Answer: Seven jurisdictions have passed assisted suicide laws that have transformed the crime of assisted suicide into a medical treatment: Oregon, Washington, Vermont, California, Colorado, Washington, DC and Hawaii. California's law is being challenged in the court system but remains in effect pending a final decision.

—The e-newsletter of the Patients Rights Council, July 2018

SAVE THE DATE!

PRO-LIFE CHRISTMAS CARDS AVAILABLE

Right To Life - LIFESPAN
Oakland/Macomb: 248-816-1546
Wayne County: 734-422-6230

MARCH FOR LIFE, WASHINGTON, DC

January 18, 2019; for details, call 248-816-8489

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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!

From the President

Dear Colleague,

In the last few weeks, we have had invitations from several groups to give presentations on end of life issues. I am not sure just why there seems to be an increasing interest in this topic, but I think it has to do with definitions.

In preparing for these talks, I have identified no fewer than sixteen terms used in the discussions of end of life care.

They range from "death with dignity" to "rational suicide" to "comfort care and terminal sedation" and many more in between. Consider that no two facilities seem to employ the same terminology when explaining what measures they offer and consider that the people who are tasked with making these life and death decisions are often distraught and emotional.

Words have meaning. It is impossible to make decisions without understanding the impact these decisions will have and yet, most often, the words we use or accept are subject to interpretation.

I encourage everyone, each of you, your family and friends and patients in your care to talk about care at the end of life NOW. Don't wait until decisions have to be made. Explore your wishes. Know the meaning of the terms you use. Don't simply sign a document that is a series of check boxes because people are not check boxes! Be clear in your desires. Establish a loved one as your Durable Power of Attorney for Health Care and be sure that he/she knows your interpretation of the words being used. Review this document yearly—your birthday is a great day to do it. Expectations and circumstances change with the passage of time and what you thought acceptable five years ago may no longer be so attractive. Doing so will help you to live and die in REAL dignity.

—Diane Trombley

GENERAL ELECTION

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