

*“An educational group for pro-life nurses”*

## High-Tech Euthanasia Tool

By Bradley Mattes, President, Life Issues Institute

Early advocates of euthanasia promoted advance directives as a benign tool to help patients' direct healthcare decisions during end of life care. Since no document can cover every possible scenario, these documents have exposed and subjected patients to unintended withdrawal or denial of life-saving treatment. Life-affirming alternatives to advance directives are available.

Now, the slippery slope of euthanasia has reared its ugly head again, this time with a new and disturbing proposal. It is a “high-tech” advance directive that would take euthanasia to an alarming level. Euthanasia advocates have proposed a new way to end the lives of patients suffering from dementia. Their article entitled *Ending One's Life in Advance* was published in the respected bioethics journal, *The Hastings Center Report*.

They call it an “advance directive implant” (ADI) a programmable computer chip that would be implanted into a patient with early dementia. The ADI would be programmed to dispense lethal medication upon the detection of a predetermined advancement of the disease. When triggered, the implant would cause the immediate death of the patient. The authors say the device would “avoid burdening others with overwhelming care and morally painful choices.” Notice that the goal is relieving the “burden” on caregivers. The authors admit that the technology is not currently in place for such an implant, but they believe it is on the horizon.

A critical thinker might compile a lengthy mental list of potential abuses associated with an ADI. That list may include expanding the circumstances beyond dementia by which the implant would be deployed, like chronic non-terminal conditions such as lupus, depression or other mental health issues, asthma, or degenerative disc disease. Such a device could be weaponized through pressure, coercion, or without the knowledge or consent of the individual.

Killing anyone, regardless of their condition, under the guise of “mercy” is an insidious agenda that must be wholly and aggressively rooted out and defeated.

The authors acknowledge situations where the ADI could be abused, but totally miss the mark when they recommend Oregon's physician-assisted suicide program as an example of a safe, patient-friendly environment for the ADI. The 1997 law allows physicians to prescribe lethal medication to qualifying patients.

One of the Oregon requirements is that the patient be “terminal.” According to its official 2020 report, patients who qualified as such last year included those with diabetes and arthritis, among several other debilitating but not terminal conditions.

The 2020 report revealed another troubling fact. Only one percent of patients who received the lethal meds were referred for psychiatric evaluation. The Oregon model has no state oversight and relies on self-reporting by the doctors who are paid to help kill their patients. If one physician turns down a patient's request for the lethal prescription, they can shop for another doctor who will accommodate them.

One would be hard pressed to find a country or state that has introduced a euthanasia program that didn't quickly progress down the slippery slope by expanding the categories of people who qualify. Belgium has extended euthanasia to children under 12 and other nations are looking to follow.

Experience reliably shows that initial patient safeguards included in new euthanasia laws are there mainly to blunt opposition and little more.

An advance directive implant would be a dangerous and lethal tool in the hands of states and nations that have legalized forms of euthanasia. It would reach far beyond its stated circle of victims.

Those of us who have endured the long, cruel goodbye associated with dementia, understand clearly the sacrifice required by the surrounding family. Even so, loving and caring for them until the end is an honorable burden worth doing.

—Life Issues Institute, August 20, 2021



# 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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## FROM THE PRESIDENT

Dear Colleagues,

Such troubling times we are experiencing! I try to be as upbeat as possible in my messages to you, but sometimes it is harder than others.

Certainly our prayers are being sent to the families of those who lost their lives in the Afghanistan bombing. Their pain must be indescribable. And those who are fleeing from the harsh realities of life in Afghanistan also need our prayers. Our whole country is saddened by what is happening there.

But there is sadness happening here to. We continue to hold human life in such low regard!! I recently read an article that described the development of a "chip" that could be inserted into a muscle (this is a proposal—the technology is there, just not in production yet) set with a particular date. That date is the date the individual so implanted would die. Yes, I said a date, chosen now for some time in the future, which the individual has selected as his or her Deathday! How could anyone do that!

It is our nature to cling to life as long as possible, not pick a future date to end it!! We see our friends and relatives, reluctant to leave us, wanting to see grandchildren and even great-grandchildren. What makes the difference? It may be faith, it may be stubbornness, fear of what comes after, but whatever it is, deep in our hearts we know that life really is precious, to be treated with care and compassion, to be nurtured and protected.

Each of us has an opportunity to contribute to the notion that we must do all that can be done to preserve our lives and the lives of those we love, the lives of others—a community that embraces life, brings joy.

I, for one, would rather be joyful than sad.



Love Life, Diane

## Upcoming Events

### 40 DAYS FOR LIFE, September, 22 – Oct. 31

Find a location, visit: [www.40daysforlife.com](http://www.40daysforlife.com)

### LIFE CHAIN

Sunday, October 3, 2:00 – 3:30 p.m.

For a location, call RTL - LIFESPAN: 734-524-0162

### LIFESPAN 50TH ANNIVERSARY DINNER

Tuesday, October 12 – San Marino Club, Troy

For information, call RTL-LIFESPAN: 248-816-1546

### MARCH FOR LIFE YOUTH BUS TRIP TO WASHINGTON, DC, Registration Sept. 1 – Oct. 31

For details, call Lynn: 248-816-1546

### LIFESPAN PRO-LIFE CHRISTMAS CARDS ARE AVAILABLE FOR SALE

CALL THE TROY OFFICE: 248-816-8489

OR LIVONIA OFFICE: 734-422-6230

### One of Many Scientific Facts that Prove Unborn Children are Human Beings The heart pumps 26 quarts of blood per day.

The unborn baby's circulatory system pumps about 26 quarts of blood per day at 15 weeks' gestation. For comparison, an adult heart pumps 6,000 quarts of blood each day. —LifeNews.com, September 14, 2021

## States Have Passed 60 Pro-Life Laws This Year Saving Babies From Abortion

By Laura Echevarria

**O**n September 1, a Texas law designed to protect unborn children and their mothers from the tragedy of abortion went into effect at midnight. SB8 is designed to protect unborn children whose hearts have begun to beat.

"Hopefully, this law will begin saving the lives of tens of thousands of Texas babies and we look forward to the day that babies' lives will be spared across America," said Carol Tobias, president of National Right to Life (NRLC).

Tobias continued, "We applaud the efforts of our affiliate, Texas Right to Life, and pro-life Texans who have been devoted to providing a voice for the voiceless. We praise all of our state affiliates who have diligently and tirelessly worked with state legislators to protect unborn babies by passing laws that protect children whose hearts have begun to beat, babies who feel pain, and to prevent gruesome and horrific dismemberment abortions."

As of late June, more than 60 laws protecting unborn children have been passed in state legislatures.

The implementation of SB8 comes on the heels of the Fifth Circuit U.S. Court of Appeals upholding a Texas state law based on National Right to Life model legislation that prohibits an abortionist from dismembering a living unborn child limb-by-limb from her mother's womb. It also comes just weeks before the U.S. Supreme Court is set to hear arguments on a Mississippi law that protects unborn children after 15-weeks' gestation.

"Pro-life efforts in the state legislatures over the past three decades have saved millions of lives," Tobias said. "National Right to Life joins with pro-lifers across the nation in applauding the efforts of state legislators to enact protective pro-life laws that save lives from coast to coast."



National Right to Life's Department of State Legislation was formed in 1989 partially in response to the Supreme Court decision in *Webster v. Reproductive Health Services*. That case

upheld a comprehensive Missouri law, heralded by NRLC affiliate, Missouri Right to Life, that prohibited the use of public facilities or personnel for abortions and required abortionists to determine the viability of the unborn child after 20 weeks. Since then, NRLC's Department of State Legislation has effectively worked with our state affiliates and state legislatures to see hundreds of laws passed that have saved millions of lives.

—LifeNews.com, September 1, 2021

## A Proposed Roadmap For Those Who Support Abortion

**A** coalition of nearly 80 pro-abortion groups, including Planned Parenthood and NARAL, recently released a "Blueprint for Sexual and Reproductive Health Rights and Justice" that outlines their vision for the future of abortion—no religious exemptions and funded by the government.

In part, the document recommends: 1) ending the Hyde Amendment, 2) ending the Helms Amendment, 3) removing conscience protections for health care providers from refusing to participate in an abortion by removing the Weldon amendment, 4) eliminating the HHS Office of Conscience and Religious Freedom, 5) increasing the availability and awareness of "self-managed abortion (SMA), 7) requiring Congress to create a "Reproductive Health Care Provider Service Corps" to increase abortion access in "underserved areas."

—The International Women's Health Coalition, July 15, 2019

**All we want to do is protect human life**

**Just wondering.....**

Do pro-choicers who refuse

to call an unborn baby a **baby**,

Always call a pregnant woman a **gravida**?

Do they say, "she is pregnant with a **zygote**?"

Have they ever been to a **fetus shower**?

Have they ever bought a gift from an

**embryo registry**?

<https://leavenforthe loaf.com/tag/400-words-for-women/>

## PP Wants to Allow Nurses to Kill Babies in Abortion

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abortion by practicing on papayas. Using fruit to teach people off the street how to perform an act that is dangerous to women and deadly to children encapsulates the abortion lobby's utter lack of concern for the lives and wellbeing of patients. And if physicians with specialized obstetrical and surgical training are irrelevant to abortion, why are we stopping at abortion and not changing standards for all complex procedures?

Planned Parenthood has no problem placing the bodies of Nebraska women—or any women—at the mercy of non-physician staff. The abortion industry kills children for money; that's why it exists. To expect Planned Parenthood and its ilk to not sacrifice mothers when it sacrifices 972 children a day could only stem from profound cognitive dissonance. We should not expect better from this industry and those, like Megan Hunt, working to prop it up. Keeping the physician requirement in place is a bare minimum protection that should garner bipartisan support from all who claim to care about the wellbeing of women.

—LifeNews.com, March 11, 2021



# Michigan Nurses For Life

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## Planned Parenthood Wants to Allow Nurses to Kill Babies in Abortions

By *Kristan Hawkins*

Nebraska State Senator Megan Hunt has introduced a bill to allow non-physicians to commit abortions. Hunt hasn't been shy about prioritizing her friends at Planned Parenthood. The abortion behemoth, in turn, regularly praises Hunt in social media posts like this, this, this and this. Hunt's latest stunt, Legislative Bill 276, would ensure that women are even more endangered from undergoing abortion in the state of Nebraska than they already are, following in the footsteps of states like California and now Hawaii that also prioritize Planned Parenthood's needs over women's safety.

If Planned Parenthood gets its way, LB 276 will remove the requirement (under penalty of felony) that a physician carry out abortions. Physician requirements don't prevent babies from being killed, but only govern who can do the killing. They exist as a women's safety measure, making it puzzling to some why the purportedly "pro-woman" abortion lobby would oppose them. The reality is that anti-abortion advocates care about the health and safety of both children and women—and champion protections for both—while the abortion industry is concerned with only their profit margins.

Nebraska's Planned Parenthood demonstrated its antipathy toward women when it allegedly sold abortion drugs to a rapist posing as his pregnant victim's father (which should not have been possible under the verification measures mandated by Nebraska's parental consent law). According to the *Omaha World-Herald*, the teen told police that her abuser, a school janitor, "pretended to be her father and took her to Planned Parenthood to obtain an abortion pill, something that later was corroborated by medical records." Failing abuse victims and breaking the law is Planned Parenthood's established M.O.

The abortion industry wants to strike down the physician requirement because it's difficult for them to find healers who are willing to kill. And that is exactly what abortion requires a physician to do. Abortion is an act of heinous violence using drugs and devices to artificially interrupt pregnancy and kill a child growing inside his mother's body. Convincing a doctor to use his skillset to kill his patients is asking him to discard the entire body of Hippocratic healing principles that formed him, and that's no easy ask. By tearing down women's safety provisions, the abortion industry yields a whole new field of less-trained candidates to do their bloody business.

Name another surgery for which we are trying to downgrade the health and safety standards and licensing requirements for a medical free-for-all. Does the abortion lobby propose that we get rid of doctors across the board so that all kinds of people can engage in all kinds of procedures? Do we really need to be sure that dentists are cleaning their equipment through regular inspections or that out-patient plastic surgeons have had supervised surgical training? Such requirements, even if annoying to unscrupulous practitioners, are for the safety of patients. Changing medical standards because finding and hiring physicians is expensive or inconvenient for a profitable business puts patients at risk. The most basic goal of public healthcare policy is to make sure that people survive their encounters with those who want to make a sale.

Sure, it might be easier for abortion vendors to hire less-skilled individuals to carry out abortions. It would be cheaper and enlarge their employee pool. But that's not a valid reason to do it. Groups like the "Reproductive Health Access Project" go as far as hosting workshops to teach anyone who is interested how to carry out an



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