

CONNECTOR

Assisted Suicide: A Deadly Debate

By: Sherry Pinson

Roe vs. Wade invented a “zone of privacy” where women could retreat to kill their children, so long as the children were not yet born. From that convoluted illogic, a disregard for human life began to erode our collective conscience until today it is applied not only to the beginning of life but to its end as well.

Legalizing abortion sparked fierce debate: When does life begin? What does it mean for society to allow mothers to kill their babies? Is abortion ever acceptable?

Today the right-to-die debate is just as fierce, with similar polarizing questions. In addition, as we have seen in the progression—or regression—of pro-abortion ideology, right-to-die rhetoric is moving from “personal choice” to “social good.”

Organizations that advocate for assisted suicide speak in terms of “dignity,” “choice,” “rights,” and “quality of life.” The arguments are familiar; some who now work at Compassion and Choices, a right-to-die advocacy group, learned their marketing skills at Planned Parenthood, according to Nina Rhea of West Coast Pro-Life.¹ Compassion and Choices was formerly known as

the Hemlock Society. The group describes itself as “experts in what it takes to die well.”

The right-to-die debate is white-hot in the US. As of mid-January, legislators in California and New York planned to introduce bills that month. A New York state senator said he was inspired to do so by the widely publicized assisted suicide of 29-year-old Brittany Maynard in November. City councilwoman Mary Cheh introduced legislation in January to make assisted suicide legal in Washington, DC. Compassion and Choices reports that legislators in Colorado, Florida, Indiana, Maryland, Minnesota, Missouri, New Hampshire, Nevada, Pennsylvania, Wisconsin and Wyoming plan to introduce legislation this year as well. The group has also launched campaigns in Massachusetts, Connecticut and New Jersey.

When Maynard moved to Oregon last year to avail herself of the state’s *Death with Dignity Act*, news desks, social media, classrooms and kitchen tables lit up with the right-to-die controversy. How is terminal illness assumed to lend nobility to suicide, a tragedy from which we

usually draw back in horror? Suffering is the ancient imponderable. Not a generation has lived who hasn’t shaken its fist at the sky and questioned the meaning of suffering. More and more, assisted suicide advocates seek approval to answer the question themselves.

In the United States, assisted suicide is legal in four states and one county. Oregon’s 1997 *Death with Dignity Act* (DWDA) came first, and through 2013 doctors had written lethal prescriptions for 1,173 people, with 752 deaths reported. The state’s annual report gives details in dispassionate terms: some did not use the “medication”; “ingestion status” of others is unknown. The reports note demographics to the first decimal. In 2013, most were 65 or older, with a median age of 71. Most were white (94.4 percent) and 53.3 percent were college graduates. Most had cancer (64.8 percent). At least 96.7 percent had some form of health insurance.

Under Oregon’s DWDA, the patient must be at least 18 years old, a state resident, capable of making and communicating decisions about health care and diagnosed with a terminal illness leading to death within

HEALING the SHOCKWAVES of ABORTION

Pro-abortion activists would have us believe abortion is an isolated moment in a woman's life that affects no one but her, and then only briefly. Because the baby is not wanted, he or she is an inconvenient blip to be deleted so the woman can pick up life where she left off.

Since *Roe vs. Wade*, pro-abortion forces have marketed that illusion. They insisted the decision is the woman's alone: her body, her choice. They trumpeted reproductive rights and reproductive justice, meaningless phrases that lend a vaguely noble patina to the same argument. They reinvented abortion as not merely a matter of personal choice but as a higher calling: a moral choice that is good for society.

Regardless of the argument, no rhetoric can mask abortion's aftermath. Far from an isolated blip, an abortion sends out jarring shockwaves of secrecy, guilt, shame and grief. Understanding the far-reaching effects of abortion led the Silent No More Awareness Campaign to develop a year-long initiative, Healing the Shockwaves of Abortion. It focuses each month on one seismic effect of abortion.

Shockwaves exposes the fallacy that a woman who aborts makes "private, personal decisions about her bodily autonomy" and a "personal and confidential healthcare decision." Such language relies on our reluctance to interfere in others' personal decisions and sets up an "impenetra-

ble boundary" around the woman. Pro-abortionists bemoan the "stigma" of abortion and try mightily to deny any emotional or spiritual repercussions. In answer, Healing the Shockwaves of Abortion recognizes that the true source of stigma is "silent shame and invalidated grief" and with compassion and forgiveness destroys the pretense that abortion is "no big deal."

Using educational resources and personal testimonies on the web, in print, on air and via social media, Healing the Shockwaves of Abortion calls the nation month by month to accountability, repentance and reconciliation:

January: Healing Through the Church

Launched on the steps of the Supreme Court, Healing the Shockwaves of Abortion invites churches, physical and mental health care professionals, pro-life groups and abortion healing ministries to break the destructive silence surrounding abortion.

February: Healing the Black Community

Black History Month provides an ideal platform to draw attention to the devastating effects of abortion on the Black community and expose its roots in the hateful eugenics movement by targeting women of color.

March: Healing the Grandparents

Abortion's impact on grandparents is

rarely considered, whether they suffer from encouraging their child toward abortion, failing to prevent the abortion, rejecting their child or losing a grandchild.

April: Healing the Siblings

The work of Dr. Philip Ney recognizes those who not only lose a brother or sister but also struggle to understand their own value in light of the child who was discarded.

May: Healing the Mom

Apart from the child, the mother suffers the most immediate impact of abortion. Mother's Day offers an opportunity to focus on the emotional, psychological, spiritual and relational damage that abortion inflicts.

June: Healing the Dad

Often overlooked, fathers also suffer complicated damage from abortion. Father's Day allows Shockwaves to focus on dads, who, like mothers, are wounded by denial, repression of loss and the pretense that they can just get on with their lives.

July: Healing Survivors and Friends

Relatives and friends feel aftershocks, whether they drove the woman to the facility, helped pay for the abortion, encouraged the choice or ignored it. Included with this group are abortion survivors, people whose parents considered abortion, and the disabled.



six months. Physicians are responsible to decide if patients meet the criteria and they alone may assist; in fact, anyone else would be guilty of second-degree manslaughter. In the malleable language of legislation, physicians don't assist a suicide. They provide "medical treatment."²

Washington, Vermont and Montana also have right-to-die laws, with similar criteria and similar protection for physicians. Washington state reports that 549 people received prescriptions and 525 used them since 2009, after 58 percent of voters said yes.³ Vermont's law, the *Patient Choice and Control at End of Life Act*, has been in effect since May 2013, with paperwork completed for two people. In addition to meeting the usual criteria, in Vermont the patient must request the lethal prescription twice verbally and once in writing, with waiting periods between requests.⁴

In Montana, the courts decided the issue. Compassion and Choices and physicians who sought to avoid charges of homicide joined the case of a 75-year-old man with terminal cancer. The court clearly distinguished between a doctor's roles in prescribing lethal drugs and withdrawing treatment, even though both requests come from the patient. In the former, the drugs, not disease, actively cause death. In the latter, disease is left to run its course. In language reminiscent of *Roe vs. Wade*, the court ruled that "the right of personal autonomy included in the constitutional right to privacy, and the right to determine 'the most fundamental questions of life' inherent in the state constitutional right to dignity, mandate that a competent terminally ill person has the right to choose to end

his or her life."⁵

In New Mexico, physician-assisted suicide remains legal only in Bernalillo County while a challenge to the court's decision in *Morris vs. Brandenburg* makes its way through appeals.⁶

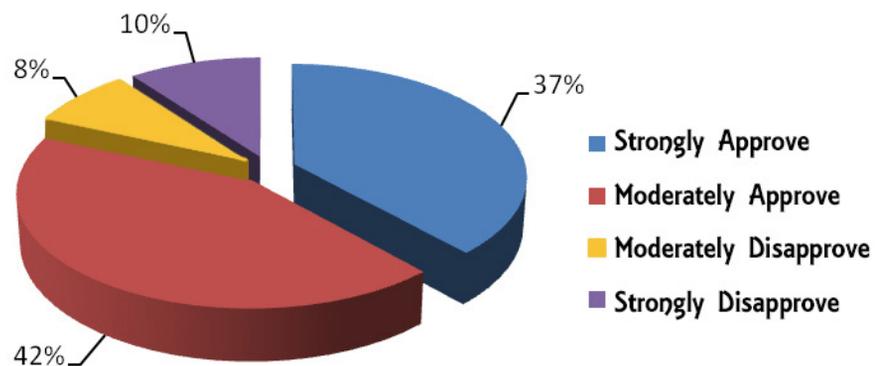
Gallup has polled Americans about end-of-life issues yearly since 1947. Since 1996 they've asked the question two ways, and response depends on the wording. If asked the original question, "When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's

suicide obviously gives some pause but a strong majority has supported both ideas for the past 20 years.⁷

Worldwide, assisted suicide debate or legislation has flared in Scotland, New Zealand, Canada, England, France, Wales and Israel. Countries where assisted suicide is already legal are Switzerland, Germany, Albania, Colombia and Japan. The Canadian province of Quebec legalized physician-assisted suicide last year. The grim cousin of assisted suicide, euthanasia, is legal in Belgium, the Netherlands and Luxembourg.

Continued on page 6

Do you approve or disapprove of proposals to change the criminal code of Canada to allow physicians to assist with the suicide of their patients by prescribing lethal drugs?



Angus Reid Institute, December 2014

life by some painless means if the patient and his or her family request it," approval has ranged from 36 to 75 percent since 1947; the 2014 report shows 69 percent in favor. If asked the second version, "When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it," yes responses dropped, varying between 51 percent and 65 percent; in 2014, 58 percent approved. Differentiating the act by the phrase *commit*



LIFE ISSUES INSTITUTE, INC.
SERVING THE EDUCATIONAL NEEDS OF THE PRO-LIFE MOVEMENT
1821 W. Galbraith Rd., Cincinnati, OH 45239
Phone: 513.729.3600
E-mail: info@lifeissues.org • www.lifeissues.org

J.C. Willke, MD - President & Publisher
Bradley Mattes - Editor in Chief
Sherry Pinson - Editor
Dawn Kuebler - Design

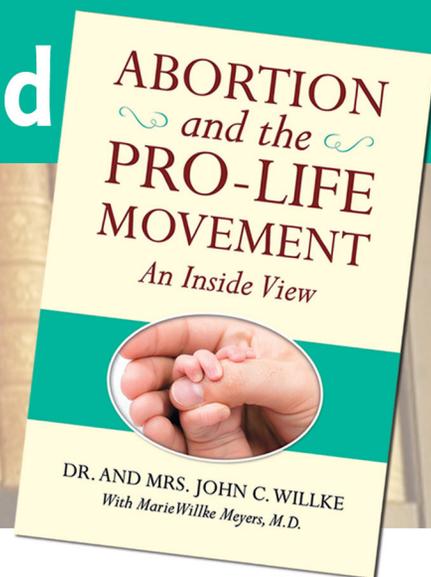
The official quarterly publication of Life Issues Institute. Vol. 24 Number 1 Subscription \$25.
© Life Issues Institute, Inc. 2015

Articles may be reproduced with acknowledgment of their source.

Historical Book Published



NOW AVAILABLE!



The long-awaited book by Dr. and Mrs. John C. Willke is now available. It is the final work of this couple who have been on the frontline of the abortion battle since the '60s and contributed more to pro-life education than anyone else in the world.

The Willkes lectured in 85 countries and authored countless pro-life education materials including *Handbook on Abortion*, which was distributed by the millions worldwide. Their works have been published in 32 languages.

Abortion and the Pro-Life Movement: An Inside View is an autobiographical history of the most controversial movement of our time. No one is better equipped to provide that history than the Willkes.

The book begins with the early years before legalized abortion and follows the explosive growth of what would become the pro-life movement. From kitchen-table activism to meetings with popes and presidents, their never-before-told story takes you behind the scenes. Interlaced with a timeline of legislation and important

events, the Willkes' memories bring the movement to life in a highly personal, often moving way.

The book ends with a word from Marie Willke Meyers, MD, the Willkes' daughter, who introduces these pro-life giants to us as simply "Dad and Mom."

My parents believed that the outcome of that battle [over abortion] would determine the type of world we leave our children and grandchildren. Their prayer was that you would join them in the fight for life.

Barbara Willke did not live to see the publication of this book that chronicles their life together. Despite that heartbreaking loss, Dr. Willke goes forward with hope, noting in the epilogue the wisdom of the couple's dear friend, Pastor Richard John Neuhaus:

The encroaching culture of death shall not prevail, for we know, as we read in St. John's gospel, that "light shines in the darkness, and the darkness will not overcome it." The darkness will never overcome that light. Never. Never.

Where were you on January, 1973?

Most likely you don't remember, but we do. In fact, we'll never forget.

Jack [was] in Houston. . . . It was a Monday morning and he was to debate a lady from Planned Parenthood on a one-hour talk show. They were sipping coffee with the host just prior to going on, when a newsman walked in with an Associated Press wire story just off the teletype. . . .

It was the first report of the Supreme Court decision legalizing abortion. They were both stunned. It was incredibly worse than Jack had feared, and incredibly better than she had hoped.

—Abortion and the Pro-Life Movement: An Inside View

Abortion and the Pro-Life Movement: An Inside View is available in paperback from Amazon and in hardcover from Buy Books on the Web.



Healing the Shockwaves of Abortion

Continued from page 2

August: Healing Abortion Providers

From clerks who process forms to counselors who advise abortion to those who kill the baby, industry workers suffer emotional and spiritual trauma. Shockwaves calls them to repentance and reconciliation.



Dr. Alveda King addresses the media at the press conference announcing *Healing the Shockwaves of Abortion*.

September: Healing Families

Shockwaves goes deeper into complex family dynamics: secrets, mistrust, “the elephant in the room” and weakened relationships between parents and between parents and remaining children.

October: Healing the Hispanic Community

As it does Black neighborhoods, the abortion industry targets the Hispanic community. Shockwaves concentrates this month on reaching Hispanic churches with materials in Spanish.

November: Healing Pro-Lifers

Those who work to save the unborn are wounded when their efforts fail. Pro-life warriors must carry the weight of the work without being crushed by it.

December: Healing Comes from Our Savior

The coming of Jesus as a baby completes the Shockwaves year with renewed hope, healing and celebration that the nation will have understood abortion’s broad impact.

The Silent No More Awareness Campaign works to expose and heal the secrecy and silence surrounding the pain of abortion. To learn more about Healing the Shockwaves of Abortion, share a testimony, find help, or join the campaign in your area, visit silentnomoreawareness.org.

SAVING BABIES Club



Nearly 57 million babies have been lost to abortion since 1973. The number is beyond comprehension, but Oregon Right to Life produced a video that makes it clear. As a bell tolls mournfully, states disappear one by one from a map of the United States until the ghastly number is represented. The truth is brutal but it must be faced. If we’re to end this modern-day holocaust, those of us who fight for life must be committed, faithful and generous in our support.

To help protect babies and their mothers, join the Life Issues Institute *Saving Babies Club*. Your monthly donation will go a long way toward enabling our work on behalf of innocent babies. Visit lifeissues.org and click Donate.

You can watch the video by scanning the QR code at right with your smartphone.



Like us on Facebook! Search Life Issues Institute.



Follow @LifeIssuesUSA on Twitter

In Canada, a December 2014 Angus Reid Institute poll found that 79 percent either “moderately approve” or “strongly approve” some form of physician-assisted suicide. Support varies with the circumstance. In the case of terminal illness, for example, 82 percent agree. For “a great deal of pain,” 76 percent agree. Fear of “Alzheimer’s and loss of awareness/bathroom functions” came in at **“Assisted suicide shows its weakness as public policy in the harsh light of soaring health care costs and aging populations.”**

67 percent. At the bottom of the scale, 33 percent approved if a person had lost hope and meaning, with no mention of physical illness, and 15 percent approved if a person wanted to leave a larger inheritance.

In this survey of Canadians, questions regarding the morality of assisted suicide turned up a hard-core 21 percent who believe it is morally acceptable for any reason if the person “freely chooses” it.

As with abortion, what once was abhorrent is now seen as potentially good: the survey found that 77 percent of Canadians believe the debate about assisted suicide is a sign of social progress.⁸

Where current laws against assisted suicide delineate motive, most enact harsher penalties for those who coerce or force the act. Such penalties reflect a wise wariness of human nature, captured in a letter to the editor of a newspaper in Langley, British Columbia:

I believe in the value of life, and the idea of assisted suicide being legalized in Canada terrifies me. . . .

We would like to imagine that we live in a society where only those who absolutely want this procedure to take place would be subjected to it, but unfortunately there is always corruption present, and innocent people would be harmed every day. . . .

The law would label as a burden anyone who fits into the category of those expected for euthanasia. The elderly, disabled, and dependent would appear to be a burden on the families and supporters because they choose to live, even if it means possibly a little extra work for those around us. . . .⁹

The writer strikes a nerve exposed by Ezekiel Emanuel, an Obama administration health policy adviser. Although Emanuel publicly opposes euthanasia and assisted suicide, he nevertheless floated the idea that there’s a good age to die, generally when a person is no longer able to be creative and contribute to society. For himself, he put the age at 75.

From this pernicious perspective, a person is valued for what he or she can do, not for his or her intrinsic value as a human being. The leap is short between believing natural death with faculties intact is a blessing and believing the feeble and dependent should just get on with it for the good of society. In that light, people in need who require “a little extra work” are seen not as an opportunity to learn the blessings of service and true compassion but as inconvenient, unwelcome reminders of decline and loss of control.

Beyond philosophical considerations, assisted suicide shows its weakness as public policy in the harsh light of soaring health care costs and aging populations. “The reality is that legalizing assisted suicide is a deadly mix with the broken, prof-

it-driven health care system we have in the United States,” said Marilyn Golden, senior policy analyst with the Disability Rights Education and Defense Fund. “At less than \$300, assisted suicide is, to put it bluntly, the cheapest treatment for a terminal illness. This means that in places where assisted suicide is legal, coercion is not even necessary. If life-sustaining expensive treatment is denied or even merely delayed, patients will be steered toward assisted suicide, where it is legal.”¹⁰

Golden’s grasp of the situation played out in Oregon in 2008, when Barbara Wagner’s insurance company refused to pay for an expensive drug to treat her lung cancer after it returned.

The company did, however, offer to pay for assisted suicide. 🌀

¹ Butts, C. (2014, January 7). Assisted suicide bill returns with new argument. Retrieved January 14, 2015.

² Death with Dignity Act. (n.d.). Retrieved January 14, 2015.

³ Death with Dignity Act. (2008, November 4.) Retrieved January 13, 2015.

⁴ Patient Choice and Control at End of Life Full Text of Act 39 (18 V.S.A. Chapter 113). (2013, May 20). Retrieved January 13, 2015.

⁵ Baxter vs. State of Montana, 2009 WL 5155363 (Mont. 2009)

⁶ Mungin, L. (2014, January 20). New Mexico doctors can help terminal patients die, judge says. Retrieved January 14, 2015.

⁷ McCarthy, J. (n.d.). Seven in 10 Americans Back Euthanasia. Retrieved January 15, 2014.

⁸ Most Canadians support assisted suicide, but under which circumstances reveal much deeper divides. (2014, December 16). Retrieved January 14, 2015.

⁹ Budlong, B. (2015, January 5). Letters: Assisted suicide bill scary. Langley Advance. Retrieved January 14, 2015, from www.langleyadvance.com/.

¹⁰ Golden, M. (2014, October 14). The danger of assisted suicide laws. Retrieved January 14, 2015.

Sherry Pinson is director of communications for Life Issues Institute.

Have We Been Killing People?

FROM THE EXECUTIVE DIRECTOR

BRADLEY MATTES



One of the most painful insults inflicted on families and their loved ones who are profoundly brain-injured is describing them as being in a “persistent vegetative state.” This demeaning label was the brainchild of Dr. Fred Plum, a New York neurologist, in 1972. It demonstrates how inept the medical community has been regarding brain-injured individuals. This derogatory label has prejudiced the medical community and media to use descriptions that dehumanize these vulnerable patients even more, resulting in them being warehoused instead of treated; spoken about in derogatory fashion in their presence; and even used to justify killing them by dehydration and starvation or other forms of neglect.

Nothing jolts the medical community back to reality more than living proof that they were wrong. Since a plant doesn’t have ears and feelings, Martin Pistorious shattered the “vegetative” philosophy when after 12 years of motionless silence he escaped the trap of his body, shocking his parents and doctors. Martin said he was aware of everything going on around him. He’s now married and has written a book called *Ghost Boy* about his experience.

While talking about Martin’s situation with Bobby Schindler, brother of Terri Schiavo, his response to me was that these awakenings aren’t unusual. A quick Internet search proved he was right.

Many patients who were long given up on and would have died by neglect if not for loyal family members have awakened after years of silence. Rom Houben spent 23 years

locked inside his body. It was 20 years for Sarah Scantlin, over 10 for Scott Routley and six for Christa Lilly, who’s repeatedly come in and out of her minimally conscious state.

They are only the tip of the iceberg. Science has made stunning breakthroughs during the past decade or so, one that’s shown over 40 percent of patients defined as “vegetative” are awake and aware of their surroundings to varying degrees. This is in direct contrast with tradi-

“Dr. Schiff avoids directly responding to the question, but the answer is an almost certain yes.”

tional advice from doctors to family members: “Let them go.” Tragically, it often results in killing the patient by dehydration and starvation, which is an agonizingly brutal and prolonged way to kill a person.

Dr. Nicholas Schiff, a neurologist and Director of the Laboratory of Cognitive Neuromodulation at Weill Cornell Medical Center, was one of four individuals who made the startling discovery using functional magnetic resonance imaging (fMRI). While being asked questions, brain-injured individuals showed a level of brain activity on par with those of healthy people. Dr. Schiff and other experts estimate 250,000 to 300,000 patients have been diagnosed as “vegetables” and many are languishing in nursing homes or residences, yearning to be free to communicate with those around them.

Another scientific advance-

ment—be it accidental—was to give minimally conscious patients the sleep-enhancing drug known as Ambien to calm a distressed patient or one who was thrashing about. Instead of putting them to sleep, it miraculously brought them out of their coma-like condition to where they were able to converse, eat and function, albeit with limitations related to the brain injury.

At a time when the medical books are being rewritten on brain-injured patients, the only thing that’s certain is we can’t trust what our eyes and ears are telling us.

The absolute most critical lesson here can be found through a personal experience by Dr. Schiff and reported at DiscoverMagazine.com. After talking to a group of medical students, residents and doctors, a young neurologist asked the question everyone was likely contemplating. “The family often withdraws care when we say there’s no chance. Have we been killing people?” Dr. Schiff avoids directly responding to the question, but the answer is an almost certain yes.

While we were sitting around my family room with Bobby Schindler and his family, laughing and enjoying each other’s company, I considered that Terri should have been there with us. Had it not been for bigotry toward the disabled, she might have been. So might many other beloved family members. An important part of our pro-life mission is to help stop this human catastrophe. 🌀

IN THIS ISSUE

- 1 *Assisted Suicide*
- 2 *Shockwaves of Abortion*
- 4 *An Inside View*
- 5 *Saving Babies Club*
- 7 *Have We Been Killing People?*
- 8 *States Exchange*

1821 W. Galbraith Rd.
Cincinnati, OH 45239

ADDRESS SERVICE REQUESTED

States Exchange

National Pro-Life T-Shirt Week

The person who first put a logo on a t-shirt was a marketing genius. Almost everybody wears t-shirts, and we've become willing, walking billboards for our favorite teams and bands, special events (and their sponsors) and an endless list of causes and brands.

National Pro-Life T-Shirt Week (NPLTW) taps into that phenomenon to spread the pro-life message. This year, thousands of kids, teens and adults will stand up (and dress up) for the right to life by wearing pro-life tees from April 28 through May 4. This year's official NPLTW designs let pro-lifers proudly identify themselves as a "Life Defender" or remind all who see them that a baby is a "Person Inside and Out" of the womb, but any pro-life tee can make a statement that week. Wear yours!

How powerful can a simple t-shirt be? In October 2014, The Learning Channel felt it necessary to blur the pro-life tee worn by a member of the Duggar family on the popular TV show, *19 Kids and Counting*. The censored message? I survived *Roe vs. Wade*. *Roe vs. Wade* will not

survive me. As NPLTW says, "Truth begins with a T."

Learn more about NPLTW and a fun t-shirt photo scavenger hunt at NPLTW.com, or find the group on Facebook, Twitter and Instagram. 

