

June Edition: Fight for what is right. Fight for life!

Unite
the
USA



Fight for what is right. Fight for life!

We sincerely believe and pray that God might use this edition to change your life or save the lives of others. You don't want to skip this special edition on becoming a pro-life pro.

First of all, we agree with the National Right to Life and the Alliance Defense Fund. In addition to abortion, another anti-life agenda exists: a person's right to die. Today, a hell-driven attack on human life continues to assail America and other nations. The elderly, under the guise of compassion, receive less care so they can "die with dignity" or some other excuse masking passive euthanasia. [Passive euthanasia is when a person dies prematurely because of having all medicines,

About Nancy Valko, RN



Nancy Valko, RN, a contributing editor for *Voices* and long-time advocate of patients with disabilities, writes the regular "Bioethics Watch" column for *Voices*. A Registered Nurse since 1969, she is president of Missouri

food, and drink removed (for the sake of reasons such as saving money or urging "quality of life" instead of "pro-life" treatment).]

Too often, patients choose to stop fighting for life due to depression. These patients need additional help from loved ones and medical treatment. Such patients could actually live longer or even improve with compassionate care.

In the guise of compassion, helpless elderly and disabled patients are told: "It's better to die than live a poor quality life." But such pat answers disregard the sanctity of life. It pushes aside the idea of trying available treatment options and the possibility of improvement. While there are still many compassionate, caring members in the medical profession, too often our overall healthcare system has a disturbing environment.

In response, Unite the USA urges physicians to remember this part of the Hippocratic Oath, "Above all, I must not play at God. I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability."

It is difficult to address this issue so briefly which is why Unite the USA is honored to feature a riveting article by Nancy Valko, RN. She is a nurse of over 40 years and a spokeswoman for the [National Association of Pro-life Nurses](#).

Passive euthanasia and abortion share something in common: They sacrifice lives to the altar of convenience for others. But God loves the people who sinned. He offers forgiveness and freedom through Jesus! (Come to Jesus. He

Nurses for Life. She is a spokesman for the National Association of Pro-life Nurses, a board member of Missouri Right to Life, and past co-chair of the Saint Louis Archdiocesan Pro-Life Committee.

ACTION CENTER



Fight the "right to die" lie and take action now:

1. The National Right to Life and the Alliance Defense Fund are committed to helping you and your family prepare an "advance directive" that will ensure your pro-life healthcare wishes are observed, even under the most difficult circumstances. Defend yourself against anti-life methods that are currently practiced in the medical community. [Click here](#) to learn more about the **Will to Live** Campaign.
2. [Click here to download your free Will to Live wallet card](#). Keep it in your wallet for easy access in case of an emergency.
3. Elect public officials who are pro-life. We need more men and women in office who believe that life should be protected - from the moment of conception to natural death.
4. Learn more about anti-euthanasia sources, disability rights, and pro-life helps at [Terri's Life & Hope Network](#). (It is Terri Schiavo's organization founded by her brother, Bobby Schindler.) [Click here](#) for more information.
5. Sadly, too many doctors discredit the elderly, unborn, and disabled and they do not try as hard to save them. These individuals should be reminded that they took the **Hippocratic Oath** - which is strongly pro-life. **Here is a widely used modern version of the Hippocratic Oath:**

is the only Way to Heaven. Learn more [here](#).)

Will you please share this edition by forwarding it to your pastors, doctors, friends, and families? That's one way to get started in joining us in June to fight for life by bowing down and standing up for the defenseless! May we all apply Proverbs 31:8: "Speak up for those who cannot speak for themselves; ensure justice for those being crushed."

God bless,
Carrie and Stacie Stoelting
Founders of [Unite the USA](#)

Then and Now: The Descent of Ethics



By [Nancy Valko, RN](#)

I feel blessed to have grown up and become a nurse in the era of TV programs like Marcus Welby, MD, Ben Casey, and Medical Center. I couldn't wait to be part of such a noble profession and I proudly recited the "Florence Nightingale Pledge," the nursing equivalent of the Hippocratic Oath, at my graduation from a Catholic nursing school in 1969.

Written in 1893 and named in honor of nurse/hero Florence Nightingale, the pledge reads:

"I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not", nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given to me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, be respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help."

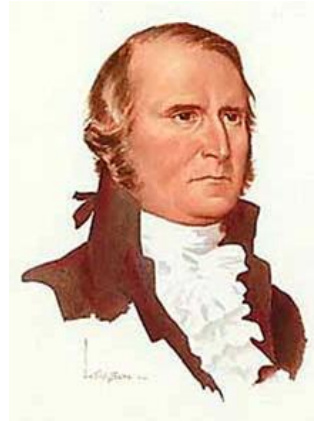
Featured Founding Father

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.

Forty-three years later, I still subscribe to those simple but powerful principles but the healthcare world around me has changed dramatically. On the plus side, I have witnessed the great advances in treating illnesses, pain, etc. However, on the minus side, I have witnessed an increasing rejection of traditional ethics that has turned the world I knew upside-down in so many ways. In 1969, I could never have imagined that the crime of abortion would be declared a constitutional right or that euthanasia in the guise of "physician assisted suicide" would become legal in any state. And could any of us ever have imagined a time when a US president would try to force even Catholic healthcare institutions into violating their conscience rights?

These changes did not happen overnight and neither were they the result of new scientific discoveries. The tragedy is that this all began with small, deliberate steps.

Contraception and Abortion



Jacob Broom (October 17, 1752 - April 25, 1810) was an [American businessman](#) and [politician](#) from [Wilmington](#), in [New castle County, Delaware](#). As a delegate to the [U.S. Constitutional Convention of 1787](#), he was a signer of the [U.S. Constitution](#). He was also appointed as a delegate to the [Annapolis Convention \(1786\)](#) but did not attend, and he served in the [Delaware General Assembly](#). He was the father of Congressman [James M. Broom](#) and grandfather of Congressman [Jacob Broom](#).



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In

1965, the American College of Obstetricians and Gynecologists (ACOG) redefined conception from the union of sperm and egg to "the implantation of a fertilized ovum," allowing hormones - like those in the Pill - that can interfere with implantation to be classified as contraceptive rather than potentially abortifacient. Eventually, this opened the door not only to widespread acceptance of artificial contraception but also later developments such as abortifacient "morning after" pills, embryonic stem cell research, and in vitro fertilization (IVF).

Unsurprisingly, abortion itself was legalized a mere eight years after the ACOG redefinition of conception when the stage was already set for a pervasive contraceptive mentality making childbearing merely a "choice." Now, we not only have abortion celebrated as a right but also infertile couples who want to adopt having to compete with same-sex couples for a smaller and smaller pool of available children to love and raise. Some desperate infertile couples resort to IVF, artificial insemination, or surrogate motherhood. Today, unborn babies themselves routinely have to pass "quality control" prenatal tests to escape abortion. And just recently, two parents won almost \$3 million in a "wrongful birth" lawsuit because they claimed that they would have aborted their daughter with Down Syndrome if the prenatal tests had been accurate.



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Moreover, according to two ethicists writing in a recent article in the Journal of Medical Ethics, even a newborn without disabilities does not necessarily have any right to live. Ethicists Alberto Giubilini and Francesca Minerva baldly state that "what we call 'after-birth abortion' (killing a newborn) should be permissible in all the cases where abortion is, including cases where the newborn is not disabled." This, they argue, should be permissible because, like a fetus, the newborn is only a "potential person."

Organ Donation

In 1968, an ad hoc committee at Harvard Medical School issued a report defining a type of irreversible coma as a new criterion for death, stating that "[t]he burden is great on patients who suffer permanent loss of intellect, on their families, on the hospitals, and on those in need of hospital beds already occupied by these comatose patients" and the "[o]bsolete criteria for the definition of death can lead to controversy in obtaining organs for transplantation."

Since then, all 50 states have adopted laws adding brain death to the definition of death but each hospital can determine its own, often widely varying, criteria for what counts as brain death.

When brain death did not provide enough organ donations to transplant, some ethicists and doctors devised a new way of obtaining organs. Now, we have non-heart-beating organ donation (aka donation after cardiac death) for people who do not meet the brain death definition and doctors like Robert Truog, who argues that the traditional "dead donor rule" before organ transplantation should be eliminated in favor of taking organs from living patients on life support

with "valid consent for both withdrawing treatment and organ donation."

In a final step, doctors in Belgium have already combined euthanasia with organ donation. Could this happen here? Just last year, the New York Times published an article from a death row inmate in Oregon arguing for the right to donate his organs after his own capital punishment by lethal injection, and started an organization promoting this for other prisoners.

The "Right To Die" and Euthanasia

The 1970s brought the invention of "living wills" and the Euthanasia Society of America changed its name to the Society for the Right to Die. The so-called "right to die"



movement received a real boost when the parents of Karen Quinlan, a 21-year-old woman considered "vegetative" after a probable drug overdose, "won" the right to remove her

ventilator with the support of many prominent Catholic theologians. Karen continued to live 10 more years with a feeding tube, much to the surprise and dismay of some ethicists. Shortly after the Quinlan case, California passed the first "living will" law.

Originally, "living wills" only covered refusal of life-sustaining treatment for imminently dying people. There was some suspicion about this allegedly innocuous document and,

here in Missouri, "living will" legislation only passed when "right to die" advocates agreed to a provision exempting food and water from the kinds of treatment to be refused.

But, it wasn't long before the parents of Missouri's Nancy Cruzan, who was also said to be in a "vegetative" state, "won" the right to withdraw her feeding tube despite her not being terminally ill or even having a "living will." The case was appealed to the US Supreme Court, which upheld Missouri law requiring "clear and convincing evidence" that Nancy Cruzan would want her feeding tube removed, but, in the end, a local judge allowed the feeding tube to be removed. Shortly after Nancy's slow death from dehydration, Senators John Danforth and Patrick Moynihan proposed the Patient Self-Determination Act (never voted upon but became law under budget reconciliation), which required all institutions to offer all patients information on "living wills" and other advance directives. Since then, such directives evolved to include not only the so-called "vegetative" state and feeding tubes but virtually any other condition a person specifies as worse than death and any medical care considered life-sustaining when that person is deemed unable to communicate.

But has this choice become an illusion? The last several years have also seen the rise of so-called futility policies and even futility laws in Texas that can override patient or family decisions to continue treatment on the basis that doctors and/or ethicists know best.

In the early 1990s, Jack Kevorkian went public with his first assisted suicide and the "right to die" debate took yet another direction. By the end of the decade, Oregon became

the first state to allow physician-assisted suicide. At first, the law was portrayed as necessary for terminally ill people with allegedly unrelievable pain. Within a short time, though, it was reported that "according to their physicians, the patients requested assistance with suicide because of concern about loss of autonomy and control of bodily functions, not because of concern about inadequate control of pain or financial loss."

In 2008, Washington became the next state to legalize assisted suicide and in 2009, Montana's state Supreme Court declared that it was not against public policy for a doctor to assist the suicide of a competent terminally ill person. Relentless efforts to legalize assisted suicide in other states have failed so far, but many euthanasia proponents support terminal sedation as a stopgap alternative to assisted suicide for the present. Ominously, just last year assisted suicide activist and terminal sedation advocate Dr. Timothy Quill was named president-elect of the American Academy of Hospice and Palliative Medicine (AAHPM).

In just the last few months, popular health expert Dr. Mehmet Oz voiced his support for physician-assisted suicide on his TV show and Dr. Phil McGraw hosted a segment on his widely seen TV show featuring a Canadian woman who wanted her adult disabled children to die by lethal injection. Ironically, the mother, along with former Kevorkian lawyer Geoffrey Feiger, argued that removing their feeding tubes was an "inhumane" way to end the lives of the adult children. Tragically, when the studio audience was polled, 90% were in favor of lethal injections for the disabled adults.

The Challenge Ahead

After 43 years, I don't miss the starched nursing uniforms and glass IV bottles of my youth but I certainly do miss the idealism and ethical unity that I shared with my colleagues during that time.

Back then, Catholic nursing education like mine added a level of ministry to our efforts but, Catholic or not, we all shared the common goal of providing the very best health care for every patient regardless of age, socioeconomic status, or condition.

But now, in capitulation to the new ideal of "choice," we doctors and nurses find ourselves ostracized from our professional organizations for being "politically incorrect" when we oppose abortion and stand up for discrimination-free medical care for the disabled. We are warned not be "judgmental" when a terminally ill person asks to die. At the same time, we see our conscience rights being legally dismantled with excuses such as "Doctors, nurses and pharmacists choose professions that put patients' rights first. If they foresee that priority becoming problematic for them, they should choose another profession."

This did not happen overnight but rather by small and ever deepening steps. The result has not been a more compassionate and just society but rather a culture with a false sense of power and entitlement. We have been seduced into believing not only that we deserve control over having or not having children but also the degree of perfection of those chosen children. We think we deserve a life in which the seriously ill or disabled don't financially or emotionally burden us. We think we deserve to decide when our own lives are not

worth living, and have a right to be painlessly dispatched by a medical person. And we desperately but ultimately futilely want to believe that our actions and attitudes will not have terrible consequences.

It will take all of us openly and constantly challenging this culture of death to restore the traditional respect for life that protects all our lives.