

RESOURCE ROUNDUP

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The Hippocratic Resource

(A Statewide Organization of Louisiana Physicians, Dentists, Nurses, Therapists and Other Health Professionals)

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"I will give no deadly medicine to anyone if asked ... I will not give to a woman an instrument to produce an abortion"

Dear Colleague:

HAPPY INDEPENDENCE DAY!!

... and many more like it!

On this, the 231st anniversary of the founding of the United States of America, we have good news to report on the Louisiana respect-for-life scene, as reported below. Thanks to the combined efforts of a number of courageous legislators of both parties, the Capitol Coalition, Louisiana Right to Life Federation, Louisiana Family Forum, Louisiana Catholic Conference, Bioethics Defense Fund, and *The Hippocratic Resource plus many others*, significant advances were made.

Especially to be thanked are Representatives Gary Beard (R-69, Baton Rouge), Steve Scalise (R-82, Jefferson), A.G. Crowe (R-76, Slidell) and Mickey Frith (D-47, Abbeville), and Senator Ben Nevers (D-12, Bogalusa) for primary and/or co-authorship of bills to expand the Woman's Right to Know Act, to ban/criminalize partial-birth abortion, to promote ethical (non-embryonic) stem cell research, and to ban human cloning. Representative "Danny" Martiny (R-79, Metairie) and Senator Nick Gautreaux (D-26, Abbeville), are also to be commended for their help in advancing these measures, as are the bills' numerous co-sponsors (77 in one instance).

Basically, an unborn child's right to life in the Hippocratic context was significantly, though not yet, perfectly, advanced during this session of the Legislature, leaving Louisiana in the nation's No. 1 position (NARAL's 50th). Your personal input and prayers toward the goal of emulating the first in the Bill of Rights were most helpful, and clearly deserve our thanks!

W. "Al" Krotoski, M.D., etc. and Francis Rinaudo, Jr., D.D.S.

Louisiana Legislative Update/2007 Summary (Please see www.legis.state.la.us for bill texts and voting lists)

Among the literally thousands of bills considered by the Legislature in this "fiscal-only" session, the following were evaluated as being of Hippocratic respect for life concern at its start in May:

HB 25 (Crowe plus 45 sponsors), to expand the "Woman's Right to Know" Act to include mandatory provision of information on fetal pain and the availability of obstetrical ultrasound. This bill passed the House 83-16-6, then went to the Senate Health & Welfare Committee, where a serious effort was made to gut it by an amendment by Sen. Lydia Jackson. The effort was blocked in the full Senate (34-2-3), and, after House concurrence (98-1-6), was *sent to the Governor for signature*.

HB 614 (Beard & Scalise) and SB 161 (Nevers & Frith), to ban/criminalize partial-birth abortion in Louisiana (effectively identical House and Senate versions). HB 614 passed 100-0-5 in the House, then 36-0-3 in the Senate and, finally, 104-0-1 in House concurrence. SB 161 passed 38-0-1 in the Senate, then 99-1-5 in the House, and 31-0-8 in Senate concurrence. Both bills were *sent to the Governor for signature*, one to be signed according to final arrival time/date.

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Welcome to New Members:

Removed to maintain promised privacy

Other Roster Changes

Removed to maintain promised privacy

Louisiana Legislative Update/2007 Summary (continued)

HB 866 (Beard), to provide tax credits for ethical (non-embryonic) stem cell research. After legislative maneuvering, the text of this bill was eventually appended to SB 339, but sadly, later stripped in House/Senate conference. With little doubt, we shall have to battle again.

HB 881 (Scalise), to ban public funding of human cloning. Failure to be heard in the House Health & Welfare Committee finished this bill for 2007. Unfortunately, Louisiana has no prohibition of human cloning, so we will have to battle this issue again.

HB 178 (Doerge & Katz), to strengthen protections for the prenat (unborn child) in cases of prenatal drug/alcohol abuse, and tightening language favoring (at least implied) fetal humanity. The bill passed the House 102-0-3, then the Senate, 36-0-3, and was *sent to the governor for signature*.

HB 602 (M. Jackson), to make changes to manner of health care recording/reporting. HB 602 underwent a number of amendments, including the creation of a "Health Data Advisory Panel" of defined membership, largely to protect the confidentiality of health data. It is unclear, as yet, whether or not this will render more difficult the procurement of abortion data and *summaries* not identified as to patient or provider that have been so useful in bringing the abortion problem to the attention of legislators and the public. The bill passed in the House, 100-0-5, in the Senate, 38-0-1, and in House concurrence, 100-0-5. It has been *sent to the governor for signature*.

HB 251 (M. Guillory), to amend the Respiratory Practice Act. (see www.legis.state.la.us). HB 251 changes doctor-therapist interactions significantly, including an enhancement of respiratory therapists' autonomy and responsibility. Passed the House 101-1-3, the Senate, 38-0-1, and was *signed into law by the Governor as Act 142*.

HB 1 (Alario), Appropriations, with amendment by Rep. Scalise to fund abortion alternatives counseling and services. Passed both chambers, and was *sent to Governor Blanco for her signature*.

SB 93 (Nevers), to mandate health insurance coverage for treatment of mental health, alcoholism, and for treatment of drug abuse. Passed the full Senate, 27-9-3, but failed to leave the House Insurance Committee. *Failed*.

SB 206 (Cassidy), to mandate paternity definitions based on DNA testing. *Withdrawn*.

National Legislation Notes (see www.NRLC.org)

? On June 20th, 2007, President Bush vetoed S. 5, a bill passed by the Senate [and House (H.R. 3)] that would mandate the killing of human embryos for *embryonic* stem cell research, grossly mischaracterized by N. Pelosi (D-CA) as "science ...tak[ing] us to a place that is biblical in its power to cure" (given that there have been zero (0) clinical benefits found from any use of *embryonic* stem cells!). In doing so, the President also signed an Executive Order expanding the use of approved stem cell lines in ethically responsible ways, and "prioritiz[ing] research with the greatest potential for clinical benefit." [FAX (202) 456-2461]. It is doubtful that a 32-vote veto-override margin can be overcome; however, **input by members of *The Hippocratic Resource* to their U.S. legislators would be very helpful!**

? Notwithstanding the U.S. Supreme Court's *Gonzales v. Carhart* decision regarding the constitutionality of a ban on partial-birth abortion on April 18th (and our pending, Louisiana ban), U.S House Bill H.R. 1964 (Nadler, D-NY) and U.S. Senate bill S.1173 (Boxer, D-CA, with co-sponsorship by Clinton, D-NY) have been introduced to invalidate all limits on abortion. The "Freedom of Choice Act" or FOCA, better considered as the "Freedom for Partial-birth Abortionists Act," "would bar government – at any level – from interfering with a woman's fundamental right [sic] to ... terminate a pregnancy." The fight to re-institute a culture of life is hardly over – it has just begun in earnest! **Please contact your legislators!**

? On June 21, the U.S. House passed legislation, H.R. 2764 (Lowey, D-NY) that would provide U.S. Government assistance to private organizations that promote abortion as a method of family planning outside the U.S., thus undermining the "Mexico City Policy." However, the vote of 205-218 on the Smith-Stupak Amendment to remove the pro-abortion language is far short of the 2/3 required to over-ride President Bush's promised veto, and the Senate has yet to vote on the issue.

Forthcoming Meetings

The Center for Bioethics and Human Dignity: Bioethics Nexus Conference, July 12-14, Chicago (Deerfield), IL (Trinity International University). Theme: "The Future of Healthcare, Science and Humanity." www.cbhd.org

Catholic Medical Association: 76th Annual Educational Conference, October 3-6, Atlanta, GA (JW Marriott Hotel at Lenox). Theme: "Theology of the Body: The Dignity of Woman." www.cathmed.org

[Addendum appended to 6/13/2007 & 6/19/2007 Testimony]

ADDENDUM:

One of the more recent articlesⁱ on the subject of fetal pain – and one cited by opponents of this type of legislation to provide full, informed consent to a woman intent on abortion – appeared in the Journal of the American Medical Association in **January of 2005**. Authored by an attorney with four physician co-authors, this article concluded that a fetus younger than 23 weeks of gestation could not feel pain, because the group was unable to identify visible microscopic nerve connections between thinking and pain-processing centers prior to that age. *However*, in follow-up published responses, this conclusion was roundly criticized, as hormonal stress levels can be observed in the human fetus as early as 18 weeks of age,ⁱⁱ and hormonal measures of pain stress show activity in the thinking parts of the brain much earlier than the 29-30 weeks proposed by the attorney’s articleⁱⁱⁱ for conscious pain. Two quotes from the critiques are in order here:

(1) Dr. Laura Myers and her three colleagues from the Children’s Hospital, Boston, asserted^{iv} that, although “[w]e do not know for certain [the full capacity of the fetus to feel pain] ... we as clinicians should focus on methods to deliver effective anesthesia and analgesia safely. Better to err on the safe side from mid-gestation [18-20 weeks].” This group “routinely provide[s] anesthesia and analgesia to fetuses as early as 19 weeks gestation for certain [surgical] procedures.” Another,

(2) by Dr. Brian Sites of the Department of Anesthesiology at the Dartmouth-Hitchcock Medical Center in New Hampshire, cited the original articleⁱ as “inaccurate and ethically disturbing,” indicating that those authors had chosen the upper (latest established) rather than the lower limit (earliest established) of brain connections identified, and that the fetus could be experiencing pain as early as 21 weeks (by data from *that same study*)^v.

To reiterate, from a clinical point of view, it is “better to err on the safe side!”

ⁱ S. Lee *et al.*, *JAMA*. 294:947-954 (2005)

ⁱⁱ X. Giannakoulopoulos *et al.*, *Lancet* 344:77-81 (1994)

ⁱⁱⁱ R. Slater *et al.*, *J. Neuroscience* 26:3662-3666 (2006)

^{iv} L. Myers *et al.*, *JAMA*. 295:159 (2006)

^v B. D. Sites, *JAMA*. 295:159-160 (2006)

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[Addendum provided with 6/19/2007 Testimony]

2006:

Extract from **Fetal pain perception and pain management**, a review by Marc Van de Velde and others, published in *Seminars in Fetal and Neonatal Medicine*, v. 11, pp. 232-236 (2006).

“Fisk and co-workers ... provided direct evidence that premature fetuses have hormonal and hemodynamic responses to invasive stimuli. *They also showed that these responses can be blocked by analgesia.*” “Thanks to Anand and co-workers, we know that preterm neonates have hormonal stress responses following invasive interventions. *These hormonal responses can be prevented by analgesia.*”

“*Peripheral receptors develop from the seventh gestational week. From 20 weeks gestation, peripheral receptors are present on the whole body.*” “*Development of afferent fibers connecting peripheral receptors with [pain centers in the brain] starts at 8 weeks gestation.*” “[Spinothalamic] connections start to develop from 14 weeks and are complete at 20 weeks gestation ... thalamocortical connections are present from 17 weeks gestation, and completely developed at 26-30 weeks.... *From 16 weeks gestation, pain transmission from a peripheral receptor to the cortex [consciousness centers] is possible, and certainly completely developed from 26 weeks ...*” “*It is therefore safe to assume that the fetus feels more pain than the small infant.*”

“Based on the data mentioned above, *we can safely assume that the fetus reacts to painful stimuli from 24 weeks gestation and that it is possible that this occurs from 16 weeks gestation.*”

“*Because fetal pain is a realistic problem, we must provide, or attempt to provide, adequate pain relief during every situation in which the unborn child might experience potentially painful stimuli.*” “... *successful analgesia in the fetus is achievable.*”

“*Several ways of administering analgesics to the fetus are available:*

- *transplacentally after maternal oral or [injection] administration; or*
- *directly to the fetus, using the intravenous, intramuscular, or intra-amniotic approach.*”

“During open fetal surgery under maternal general anesthesia, inhalational agents are considered to provide adequate fetal anesthesia and produce uterine relaxation essential for successful surgery. So [under *these* circumstances, i.e. open fetal surgery] additional analgesia for the fetus is unnecessary.”

“Two possible routes of administration for these drugs [opioids and muscle relaxants] are injection into the umbilical cord and intramuscular injection into the fetus. *A similar approach could be used for late termination of pregnancy: administration of analgesics directly intravenously before a lethal fetal injection of potassium chloride or lidocaine is administered.*” “[M]aternally administered remifentanyl [in low doses] produces effective maternal sedation and fetal immobilization through transplacental passage during these [endoscopic] procedures.”

Conclusion:

“**Evidence is increasing that from the second trimester [13th – 14th week], the fetus reacts to painful stimuli and that these painful interventions might cause long-term effects. It is therefore recommended to provide adequate fetal pain relief during potentially painful procedures during in-utero life.**”

· **The fetal ... [painful stress response] ... system should be considered as functional from the beginning of the second trimester [13th – 14th week].”**

- **Fetal analgesia has to be provided as a routine during potential painful interventions.”**