

RESOURCE ROUNDUP

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The Hippocratic Resource

(A Statewide Organization of Louisiana Physicians, Dentists, Nurses, Therapists, Scientists 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:

To begin with, we want to wish each and every one a

Blessed and Holy Easter Season, and a Truly Joyous Easter!

May those of us who celebrate Passover obtain every blessing of that holy remembrance in equal measure!

And may the risen Lord's close presence help us to carry out our responsibilities as health professionals in a moral and ethical manner, with the zeal and diligence appropriate to our calling and to our Hippocratic Oath!

As President Obama's administration heads toward its first hundred-day mark, we find many new challenges as life-respecting health professionals. Already, we have seen the fulfillment of several of the 100-day steps requested of him by a large coalition of pro-abortion-choice organizations (see *Roundup*, V8, Nos.11-12), and our greatest challenges, including that of preservation of our right as health professionals to practice according to our informed consciences for the good of *all* our patients, including the youngest members of the human family (see "When Does Human Life Begin?" *ff*), are about to be issued. According to a summary circulated by the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), we will now be paying for overseas abortions as taxpayers (Mexico City Policy quietly rescinded), while "pie-in-the-sky" embryonic stem cell research (ESCR), which utilizes/destroys embryonic humans, is actively being promoted by the Obama administration (also at taxpayer expense). In high-level discussions of health care, groups that support abortion were invited, but pro-life groups were excluded, while the UNFPA, complicit in China's enforcement of its one-child policy by forced abortions and sterilizations, received funding of \$50 million. A pro-partial-birth-abortion governor (Kansas' Kathleen Sebelius) has been nominated for Secretary of Health & Human Services (D/HHS), while the so-called Freedom of Choice Act (FOCA), which would invalidate all the minimal restrictions on abortion enacted since *Roe v. Wade*, is actively supported by the President. [FOCA, if passed and signed (as promised by Candidate Obama), would repeal all federal and state restrictions on abortions, and would force all public health programs offering maternity services to provide abortions]. The Leavitt-Bush rule that supported our freedom of professional conscience has already been repealed by Executive Order, and **action is immediately needed by each of us - before April 9th - to protect conscience rights in health care** (see NCHLA Alert below). All in all, we, ourselves, must do everything possible to reverse all this, while asking for our Creator's help! Tragically, none of the above is "Chicken Little" stuff. Let us pray for the U.S.A.!

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

5th "Gathering" - Changes in Date, Time & Venue!

Please see appendix for new information and Menu. Your quick response will be greatly appreciated!

ROSTER CHANGES

[Removed to protect privacy promised to members]

When Does Human Life Begin?

When Does Human Life Begin? A Scientific Perspective is the first of a series of White Papers published by the Westchester Institute for Ethics & the Human Person. This is my first introduction to this organization that describes itself as “a research institute conducting interdisciplinary, natural law analysis of complex, contemporary moral issues as yet unresolved among Judeo-Christian scholars.” The paper is authored by Dr. Maureen L. Condic, Associate Professor of Neurobiology and Anatomy at the University of Utah School of Medicine, and her summary of the paper is excerpted here:

Resolving the question of when human life begins is critical for advancing a reasoned public policy debate over abortion and human embryo research. This article considers the current scientific evidence in human embryology and addresses two central questions concerning the beginning of life: 1) in the course of sperm-egg interaction, when is a new cell formed that is distinct from either sperm or egg? and 2) is this new cell a new human organism—i.e., a new human being? Based on universally accepted scientific criteria, a new cell, the human zygote, comes into existence at the moment of sperm-egg fusion, an event that occurs in less than a second. Upon formation, the zygote immediately initiates a complex sequence of events that establish the molecular conditions required for continued embryonic development. The behavior of the zygote is radically unlike that of either sperm or egg separately and is characteristic of a human organism. Thus, the scientific evidence supports the conclusion that a zygote is a human organism and that the life of a new human being commences at a scientifically well-defined “moment of conception.” This conclusion is objective, consistent with the factual evidence, and independent of any specific ethical, moral, political, or religious view of human life or of human embryos.

Richard John Neuhaus in his foreword to this paper writes, “It is sometimes said that the abortion issue is about “values” rather than “facts.” An honest debate about abortion, however, is about values based on facts. If we don’t get the facts right, we will not get our values right. Establishing by clear scientific evidence the moment at which human life begins is not the end of the abortion debate. On the contrary, that is the point from which the debate begins.” *This is a must read for any person wishing to be knowledgeable about the scientific facts regarding the beginning of life. You can download this publication at www.westchesterinstitute.net.*

Rob Chasuk, M.D.

MEMBERSHIP

We have not yet received responses regarding membership “dues” and our forthcoming “Gathering” from all of the members on our roster. Unfortunately, we must do better, as we will otherwise neither be able to sustain *The Resource’s* activities at their current level, nor commit to the projected

April “Gathering.” If possible, please return the self-addressed stamped envelope included with our last issue with (both) a dues payment and an answer to our advance poll regarding the (revised) “Gathering.”

W.A.K.

NORTH DAKOTA PASSES PERSONHOOD BILL, MAKES HISTORY

Human genome identifies “person.” Signaling the growing momentum of the “personhood” movement, North Dakota lawmakers approved HB 1572 by a vote of 51-41 on February 25th, 2009. Rep Dan Ruby introduced the “Personhood” bill, which affirms the rights of unborn

humans. It states, “For purposes of interpretation of the constitution and laws of North Dakota, it is the intent of the legislative assembly that **an individual includes any organism with the genome of homo sapiens.**” [Ed: How quaint! Surprise!!] *(From Brenda Desormeaux, Lafayette)*

INTRACEREBRAL TUMOR PRODUCED BY FETAL STEM CELLS

Previous oral, anecdotal reports of the formation of a teratoma within the calvarium of an advanced Parkinson’s patient following injection of a suspension of neural tissue obtained from aborted fetuses are now followed by a case reported in *The Scientist* (Feb 18, 2009), as documented in a *PublicLibrary of Science Medicine* (U.K. & U.S.) report. The recipient of the fetal neural transplant prepared from the brains of aborted fetuses, an Israeli boy with ataxia telangiectasia, was treated in Moscow in 2002; four years later, he was diagnosed with a glioneural neoplasm that

contained a “hodgepodge of different cell types,” suggesting that “the tumor originated from a stem cell that can differentiate toward various directions.” DNA analysis confirmed that “the cells that constituted this tumor did not arise from the patient . . . , and clearly came from the donor.” Arnold Kriegstein, a researcher at the Center of Regenerative Medicine and Stem Cell Research at the University of California, San Francisco, said “It’s a cautionary tale for studies currently being done in the U.S. and elsewhere.”

(from E. J. Shannon, Ph.D.)

(continued on p. 6)

Letter from the American Association of Pro-Life Obstetricians & Gynecologists

March 19, 2009

Dear AAPLOG member:

Your Right of Conscience is going, going and could be gone. The administration intends to rescind the HHS regulations we fought so hard for last fall that for the first time put teeth into Right of Conscience laws. We need you to speak out now before it is too late.

Here is the current scene:

* You have until April 9th to make public comments to HHS and encourage others to do so - colleagues, nurses, pharmacists, office staff, friends, SS members. We need to flood the site so the administration sees a high political price if they go forward.

* AAPLOG is participating in the Freedom2Care coalition, to fight for your right to not participate in abortions or other activities that violate your conscience. (the coalition includes AAPLOG, CMDA, Catholic Medical Association, Family Research Council, Concerned Women for America, The Alliance Defense Fund, Christian Legal Society, National Right to Life, and others)

* Our three goals:

1. To protect the new federal HHS "provider conscience" regulation.
2. To educate and persuade the public, policy makers and the medical community regarding conscience rights.
3. To expose and undermine the abortion-mandate ideology of the American College of Obstetricians and Gynecologists, Planned Parenthood and other abortion lobbyists as unethical and detrimental to patients.

Here is what you need to do:

WRITE A LETTER TO HHS EXPRESSING STRONG SUPPORT FOR THE NEW HHS REGULATION WHICH PROTECTS YOUR CONSCIENCE RIGHTS TO NOT DO ABORTIONS, REFER FOR ABORTION, OR PERFORM OR REFER FOR EUTHANASIA.

THE LETTER CAN BE BRIEF, BUT MUST BE SENT TO HAVE ANY EFFECT!! WE REALLY NEED ACTION, NOT JUST GOOD INTENTIONS!! HERE IS WHAT TO DO, AND PLEASE DO IT BEFORE APRIL 9 (or it will be too late):

1. EMAIL YOUR LETTER TO: proposedrescission@hhs.gov

TO BE MOST EFFECTIVE, DON'T QUIT YET! YOU ARE NOT DONE. NEXT:

2. Go to our coalition website: www.freedom2care.org.

Click on "Send a Message to HHS"

Next, Click on "My Message as a Healthcare Professional." (or "My Message as a Patient" if you are a patient) The letter is written for you. (or you can write or paste your own in the empty box at the bottom of the page.)

Next, fill in the contact information that is requested. Add M.D. DO, RN, etc to your name

Next, skip the "comment box" unless you want to write your own letter.

Next, enter the characters asked for in the small box at right. (if you can't read them, start again. They may be easier the second time)

Next, hit "submit." You are finished. Thank you for doing this!

WE SIMPLY MUST MAKE OUR VOICES HEARD.

Donna J. Harrison, MD
President, AAPLOG



Protect Conscience Rights in Health Care: Retain Conscience Regulation

The U.S. Department of Health and Human Services (HHS) is inviting public comment on a proposal to *rescind* an important December 2008 federal regulation. The 2008 regulation implements and enforces three federal laws protecting the conscience rights of health care providers, especially those at risk of being discriminated against because of their moral or religious objection to abortion.

For background, see: www.usccb.org/conscienceprotection. The rescission proposal was published in the *Federal Register* on March 10. See: www.nchla.org/docdisplay.asp?ID=233. *The public has until April 9 to submit comments.*

As they did when the conscience regulation was first proposed, pro-abortion groups are again trying to flood HHS with comments attacking conscience rights. Their chief message: Rescind the regulation because conscience clauses (which they call “refusal” or “denial” clauses) interfere with women’s “access” to health care. These groups want to force doctors, nurses and hospitals to violate their consciences or leave the profession. The Catholic community and others must speak out so this will not happen. Talking points:

- Religious liberty and freedom of conscience have been building blocks of our society since its founding. We respect conscientious objection for those opposed to war, physicians opposed to taking part in capital punishment, and others who object to involvement in the taking of life. We can do no less in the context of abortion.
- Conscience protection does not threaten access to health care. Allowing health care providers to serve the public without violating their consciences *protects and enhances* access to health care, by ensuring continued participation by some of our most dedicated health professionals. Catholic and other faith-based providers are specially called to serve the poorest and most vulnerable, from the inner city to remote rural areas – if they are driven away, who will replace them?
- Abortion, in particular, cannot be seen as ? standard? health care. Most physicians, nurses and hospitals choose *not* to provide abortion, and the Hippocratic Oath that established medicine as a profession has rejected abortion for many centuries. Forcing health professionals to be involved in abortion against their will shows a distorted sense of priorities—one that will irreparably damage the healing professions and undermine efforts to work together for health care reform.

All persons are encouraged to submit comments. Health care professionals—hospital administrators, physicians, pharmacists, nurses, technicians, and the like—should submit examples or personal experiences where discrimination was or is a concern. *Please write now urging the Administration to retain the regulation protecting conscience rights!*

ACTION: An e-mail message can be sent through the NCHLA Action Center at www.nchla.org. Comments can also be submitted electronically by e-mail to proposedrescission@hhs.gov or online through www.Regulations.gov (check “Select to find documents” and then enter “Rescission Proposal”). Comments also can be mailed. See instructions in the March 10 *Federal Register* cited above. In all comments, refer to “**Rescission Proposal.**”

MESSAGE: “**Please retain the conscience regulation, and enforce the laws protecting the right of health care providers to serve patients without violating their moral and religious convictions. The government has a special responsibility to ensure that the conscience rights of health care providers are fully protected.**”

WHEN: *Please submit your comments by close of business April 9, 2009.* Thanks!

(3/16/09 updated 3/25/09)
(from NCHLA website, <http://www.nchla.org>)

Letter from Congressman John Fleming, M.D. (R-LA – 4th) to President Obama
(Text as circulated by AAPLOG, March 25th, 2009)

March 6, 2009

President Barack Obama
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Obama,

We were deeply disappointed to hear that your Administration is moving to rescind the rule implementing the series of federal laws that protect health care professionals, hospitals, and health care plans from discrimination on the basis of their refusal to participate in abortion.

These laws, first enacted in 1973, provide a broad layer of civil protections for medical professionals, allowing health care workers to practice their professions in a manner consistent with their deeply held convictions. The regulations, finalized in January 2009, ensure compliance among states, local governments and other organizations that receive federal funds. This rule also offers much needed guidance and education for health care professionals about their rights under the law and the mechanisms in place at the Department of Health and Human Services for redress against actual cases of discrimination.

The threat of discrimination is real. In the name of increasing access to abortion, some abortion advocates have assembled state-wide campaigns to compel private hospitals, including Catholic hospitals, to provide abortion services in spite of their strong religious opposition. , Some hospitals force their employees to sign affidavits promising to participate in abortion if asked. This is a clear violation of the law, and the Administration has an obligation to provide mechanisms for enforcing the law.

The perception of discrimination is also widespread. In an informal survey among its members, the Christian Medical and Dental Association found that over 40% reported feeling pressured to violate their personal ethical standards. In 2007, the American College of Obstetrics and Gynecology issued an ethics opinion stating that the so-called right of a woman to have unfettered access to abortion trumped the right of the doctor to refuse to participate in abortion. Obstetricians who object to abortion on the basis of their moral or religious convictions may feel that in such an environment their careers are in jeopardy.

We disagree that the rule "created confusion about the scope and original intent of the law." Fears of women being denied access to contraception are inconsistent with the language of the rule. Contrary to the assertions of many abortion advocates, the language of the finalized rule faithfully implemented the spirit and letter of the conscience laws Congress has enacted over the last 30 years. Many of the opponents to the rule continue to oppose the underlying federal statutes. Yet these legislative provisions have been renewed year after year, and there is broad popular support for conscience protection for health care professionals with respect to abortion.

Physicians are trained to "first do no harm." A requirement to perform or assist in an abortion violates the most basic tenet of the medical profession. We strongly urge you to preserve the existing conscience protection rule. In the absence of guidance and education, cases of discrimination may go unchecked and professionals may continue to leave their fields, exacerbating the health care workforce crisis that is already plaguing our country. No one should be forced to participate in abortion.

Sincerely,

John C. Fleming, M.D.
Member of Congress

Other Useful (Federal) Governmental Contacts (2-13-09)¹

		<u>Office</u>	<u>Telephone</u>	<u>FAX</u>
* <u>Senate</u> Majority Leader Harry Reid	D-NV	SH 528	(202) 224-3542	(202) 224-7327
Majority Whip Richard Durbin	D-IL	SH 309	(202) 224-2152	(202) 228-0400
Minority Leader. Mitch McConnell	R-KY	SR 361A	(202) 224-2541	(202) 224-2499
Minority Whip Jon Kyl	R-AZ	SH 730	(202) 224-4521	(202) 224-2207
Repub.Conf.Chair Lamar Alexander	R-TN	SD 455	(202) 224-4944	(202) 228-3398
* <u>House</u> Speaker Nancy Pelosi	D-CA	235 CHOB	(202) 225-4965	(202) 225-8259
Majority Leader Steny Hoyer	D-MD	1705 LHOB	(202) 225-4131	(202) 225-4300
Majority Whip James Clyburn	D-SC	2135 RHOB	(202) 225-3315	(202) 225-2313
Dem.Cauc.Chair Cong.John Larson	D-CT	1005 LHOB	(202) 225-2265	(202) 225-1031
Minority Leader John Boehner	R-OH	1011 LHOB	(202) 225-6205	(202) 225-0704
Minority Whip Eric Cantor	R-VA	329 CHOB	(202) 225-2815	(202) 225-0011
Repub.Conf.Chair Mike Pence	R-IN	1317 LHOB	(202) 225-3021	(202) 225-3382

*Vice President Joseph Biden Tel: (202) 456-9000

vice.president@whitehouse.gov

*President Barack Obama Tel: (202) 456-1414 FAX: (202) 456-2461 president@whitehouse.gov

(continued from p.2)

LAPOST: PATHWAY TOWARD ASSISTED SUICIDE AND EUTHANASIA?

Among three “Hippocratic” issues discussed for possible consideration during the Louisiana Legislature’s forthcoming “Fiscal Only” session, have been those dealing with **abortion and professional conscience rights** (in the context of the threat of complete liberalization of the former by FOCA); embryonic stem cell research and cloning, especially **animal-human hybridization** (which is *not* currently prohibited in Louisiana); and “end-of-life” issues, specifically a proposal for a **Louisiana Physician’s Scope of Treatment Form (LaPOST)** to replace (supplement?) patient advance directives. At this time, it is unclear what legislation will be offered in these areas in the 2009 session, if any. (Information will be passed on to our membership as we get it, in “standard” “alert” form). However, the last of these may bear a few comments.

In 1995, a new type of advance directive was promulgated in Oregon. Called a “Physicians Order for Life Sustaining Treatments” form, or POLST, it initiated a “sea change” in regard to responsibility for terminal care. Instead of the (more knowledgeable) physician having the traditional primary responsibility for doing what was necessary to keep a patient alive and well – with the patient having been given the opportunity to “opt out” of certain extraordinary life-sustaining treatments – POLST placed the primary burden of determining what treatments to use to help sustain life on the (less knowledgeable) patient. Shortly thereafter, Oregon became the first state to legalize assisted suicide, despite the latter’s absolute conflict with the Hippocratic Oath. This sequence of events was repeated in 2000-2001 in Washington State. As in Oregon, and with POLST as background, Washington State legalized assisted suicide, in 2008.

In Louisiana, over the past several years, there has been a concerted effort by some legislators - one with physician training - to loosen restrictions on Do Not Resuscitate (DNR) declarations that currently require two physicians to determine the appropriateness of such orders. The latest was in 2006, in the form of an attempt to create “Advance Directive” and “Do Not Resuscitate” bracelets. Fortunately, all these measures to reduce active physicians’ input to a pre-determining bracelet have failed thus far. However, the LaPOST, or “Louisiana Physicians Orders for Scope of Treatment” forms, proposed in early 2008, would act similarly to reduce end-of-life decisions to a standard set of orders. Although not eliminating an advance directive *per se*, these forms would reduce active decision-making to a series of detailed, pre-determined instructions that could prevail, *even if the timing is not appropriate*. On a personal note, I can attest to the fact that, had LaPOST-like instructions been in force in Texas when my father-in-law with COPD fell during a Hurricane Ike power-outage, he would not be alive and improving today, even if still hospitalized.

LaPOST is presumably well-meaning, yet fundamentally flawed: it removes the physician’s responsibility for keeping a patient alive to the best of his ability under a given set of circumstances, and places that responsibility back onto the patient – who is the one least able to help him/herself! It reduces life-and-death decisions to a mere “standardized form,” and even allows non-physicians to make such decisions. Yet, experience shows that patients frequently do not hear what they do not want to hear, and can make objectively wrong decisions! If promulgated in Louisiana, LaPOST will quickly become the “gold standard” excuse for not providing quality life-saving care, and could readily pave the way for an assisted suicide law. We will monitor this situation, and keep you informed regarding developments.

W. “Al” Krotoski, M.D.