

“An educational group for prolife nurses”

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If you no longer wish to receive this newsletter, please contact MNFL at 248.816.8489 or email info@mnfl.org.

Three Essential Prolife Principles for Health Care Reform

1.

**NO
ABORTION
MANDATES**

Health care reform must expressly exclude mandates of any kind for abortion. It must not alter prohibitions on federal funding of abortion contained in the Hyde amendment or other provisions of law, and it must explicitly ensure that federal funds do not pay for abortion or for plans that cover abortion.

2.

**PROTECT
FREEDOM OF
CONSCIENCE**

Health care reform must provide broad protection for the freedom of conscience of all Americans, whether or not they are health care providers or religious entities. No person, provider, or insurer should be compelled to act contrary to his or her conscience in the payment for, provision of, or performance of health care.

3.

**PRESERVE
LIFE-SUSTAINING
TREATMENTS**

Health care reform must not contain provisions that mandate or encourage the withdrawal or curtailment of effective life-sustaining treatment to the terminally ill, the chronically ill, or the permanently disabled.

Continued on page 6.

All the above information is available on AUL's RealHealthCareRespectsLife.com website along with additional in-depth analysis from their legal experts on the health care reform plans currently in the House and Senate.

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

Michigan Nurses For Life

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Susan Beardsley

President's Perspective



Dear Colleagues,

Happy New Year to you all. It will be interesting, to say the least, to see what this New Year brings us. For one thing, it is an election year and I implore you all to be aware of who is running for which office in your area. Know the candidate's qualifications and background. If he/she is an incumbent, study their voting records and see if he/she is really representing your views. Remember, in our system of government our elected officials are supposed to be working for us, not the other way around. If the candidate is a newcomer, meet with him/her, or at least go to a town hall meeting or meet the candidate evening and hear what he/she has to say. Politics is not my favorite subject, but I have come to the conclusion that my grandchildren deserve an informed voter—yours do too.

December was renewal month and I would like to thank all of you who renewed your membership in Michigan Nurses For Life.

As most of you know all membership renewals are due in December in order to plan a budget for the coming year. We had an information table at the Michigan Nursing Students Conference in February. The cost was \$500 and we had that amount available, but we would also like to sponsor another conference in the fall (perhaps by then we can get a speaker to address how changes in health care will impact on nurses in general and pro-life nurses in particular).* We really need all of you to renew your membership to ensure that we have the funds available for our fall conference.

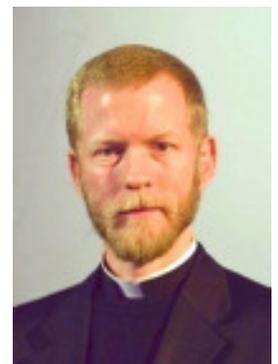
I will be sending a reminder about renewals and I will also be asking if you wish to remain on our mailing list. There are about 125 of you from whom we have not heard for two or more years. While we want every nurse who wants our information to receive it, the mailing and printing costs for the newsletter and any conference information we send out are extremely expensive. If our mailings are not of interest any longer, letting us know that would decrease that expense.

Just a little item—pro-life nurses need to send letters to the editors of our newspapers explaining the need for conscience protection in any health care reform package that is sent to Mr. Obama. Your elected officials need to hear from you too!

Love Life!

Diane Trombley
President, Michigan Nurses For Life

P.S. As this newsletter is going to print, Fr. Tad Pacholczyk has accepted our invitation to speak at our September 18, 2010 conference on the issue of health care changes and end of life care. Mark you calendars!



Health Care Professionals Pressured To Compromise Conscience

The Christian Medical Association reports that over 41% of health care professionals surveyed had been “pressured to compromise Biblical or ethical convictions.”

“The discrimination faced by prolife, faith-based and conscience-driven individuals,” CMA explained is “often subtle, sometimes flagrant and increasingly pervasive.”

The CMA survey collected anecdotal evidence provided by doctors, medical students, nurses and institutions. It found that often the pressure or discrimination resulted in the person resigning their position or changing their field. Unfortunately, few of these persecuted health care professionals are aware of their conscience rights.

“Unless prolife professionals are equipped to know and apply their conscience rights, they actually stand at risk of being weeded out from the profession altogether,” CMA concluded.

The CMA report stated that it is urgent to: 1) strengthen statutory and regulatory protections for conscience rights in health care; 2) quantify the depth of discrimination and awareness of conscience protections through a nationwide survey of health care professionals; 3) conduct an awareness campaign to educate health care professionals of their conscience rights.

There is a need for a national campaign to counter the attitude that “abortion and other controversial procedures are sovereign patient rights that trump all other considerations,” which could lead health care professionals to feel they were bound to oblige such demands regardless of the professional’s oath, ethics and faith-based convictions.”

The Bush administration had ordered a strengthening of enforcement of conscience rights for health care workers, but the Obama administration has been unclear about whether it would continue enforcing the protection of conscience rights.

To see the full report by the Christian Medical Association, go to: www.cmawashington.org.

Reprinted with permission by the National Right to Life Committee Choose Life Newsletter, November December 2009

Dear Editor...

“Open and transparent”, “no closed door negotiations” “fully inform the American people”. All of these are statements repeated over and over again by Mr. Obama during and after his campaign for the presidency. He made the notion of transparent government a hallmark of his “hope” and “change” promise. Now, after passing the Senate health care reform package at 1 o’clock in the morning, and with another vote taken on Christmas Eve and with the House of Representatives passing their legislation late on a Saturday evening, it appears that reconciling the House and Senate versions will indeed take place behind closed doors, no Republication Congressmen/women or Senators will be admitted and no media coverage. The CEO of C-SPAN has written to the president seeking the opportunity to cover the discussions, but in spite of a campaign promise to include C-SPAN for “gavel to gavel” coverage of important issues made by Mr. Obama, permission has not yet been granted. The only conclusion that can be logically drawn is that those promoting the current health care reform package are so ashamed of it or so fearful of public reaction that they cannot allow the details of the reform to be made public until after passage. Our system of checks and balances in government and the first amendment right of freedom of the press appear to have no meaning in the face of partisan politics.

Diane E. Trombley

*Reprinted with permission
Editorial appeared in the Oakland Press, January 14, 2010*

Can You Be Right And Still Be Wrong?

An undercover video of a “counseling” session at a Planned Parenthood abortion business in Appleton, Wisconsin defended their counselors statement to the undercover reporter. The counselor said, “A fetus is what’s in the uterus right now. That is not a baby. A baby is what is born at 40 weeks.” Teri Huyck, president and chief executive officer of Planned Parenthood of Wisconsin told the Appleton Post-Crescent newspaper the video was an attack that was misleading. “The fact is Planned Parenthood’s standard is to provide honest, medically accurate information,” she said. “That is what the physician in this case did...” It appears that there is a clear difference here on what constitutes “misleading”. Telling a patient what she WANTS to hear, instead of what she may NEED to hear does not change the fact that that fetus is indeed a baby. The physician may have been right—biologically—but was clearly wrong in assigning no worth to the fetus/baby in the woman’s uterus.

Diane Trombley, President MNFL.

Dangerous DNRs

A recent item in *RN Magazine* provides some real food for thought. It appeared in the regular feature *Insights on Death and Dying*, authored by Joy Ulema, MS, RN.

An elderly patient was admitted for care with a chronic, progressive illness. She informed her family and healthcare providers that she wished DNR status, including no CPR. All nurses on all shifts had been made aware of her request.

While eating lunch, she experienced what was later found to be a foreign body airway obstruction. Her visitor ran into the hall yelling for help. Two nurses responded immediately. Nurse A said, "Call a Code Blue". Nurse B said, "We can't. She is DNR".

Keep in mind that at this time neither nurse knew the reason for the patient's unresponsive state.

Here we have an emergent situation and two nurses must first sort out the ramifications of calling a code in the face of a DNR/ no CPR order. In such a situation, even a small delay in action could have irreversible effects. What would you do—proceed with CPR and face possible discipline for trying to save the patient's life, or stand at the bedside, powerless to intervene?

Fortunately, Nurse A acting on training and instinct, performed a finger sweep of the patient's mouth (according to CPR guidelines of her facility, even though the patient had stated no CPR), found a large piece of meat at the back of the patient's throat, and removed it. The patient gasped for breath, her color returned and after a few moments, she thanked Nurse A for helping her.

This scenario raises a number of questions. A patient clearly has the right to request a DNR, but there is just as clearly danger for nurses who must implement that request. How could the patient have anticipated the event described and allowed an exception for it in her request? It is doubtful she would have thought of it. Could Nurse A have been charged with assault if the patient felt she (the nurse) had violated her (the patient's) request? Could Nurse B have been charged with negligence by her hesitation to call a code? Is it possible to cover every eventuality when discussing a DNR with your patient or the nurse's responsibility with her facility?

A DNR has its place. But so do common sense, experience and training.

Diane Trombley, President MNFL

On A Personal Note...

By Susan Beardsley

As Medical DPOA of an aging parent with a DNR order this article brings to mind a recent experience and some thoughts I'd like to share from a patient / family member's perspective.

The **Do Not Resuscitate** (DNR) order is a document that instructs health care staff, including emergency medical technicians, not to perform life-saving treatments or other heroic measures (for instance, cardiopulmonary resuscitation) in medical situations where they could be used. A DNR order is drawn up in advance of its need to reflect a person's wishes in various medical situations. Even so, events may occur at a later time that have not been considered. The DNR will provide a guideline to decision making on behalf of that person should you have to advocate for him / her under unanticipated circumstances.

In order for a DNR to be effective, it needs to be available to family and caregivers to share with emergency responders, emergency room and primary care physicians, and the hospital. If the DNR document is not available when you need it most, it is no good whatsoever. An EMS responder is required by law to resuscitate on the way to the hospital unless you can PROVE that this is against a person's wishes.

Most important of all...USE COMMON SENSE!

Clearing an airway obstruction caused by food or a mucus plug should not be considered an end of life issue! Another example is a possible stroke, which if left untreated may result in a devastating disability requiring therapy and long-term care.

Don't let a DNR order result in a failure to respond to a situation that can easily be resolved by using common sense. When unexpected things happen don't throw good judgement out the window and ask your health care providers to do the same.

REMEMBER:

**DNR stands for DO NOT RECESSITATE,
not DO NOT RESPOND!**

Government Contact List

PRESIDENT

President Barack Obama
The White House
Washington, D.C. 20500
Opinion Line: 202-456-1111, M-F, 9-5
Fax Number: 202-456-2461
Web contact: www.whitehouse.gov/contact/
Dear Mr. President:

U.S. SENATORS

The Honorable (Carl Levin, Debbie Stabenow)
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Washington, D.C. 20510
202-224-3121
Website: www.senate.gov/
Email: senator@levin.senate.gov
Email: senator@stabenow.senate.gov
Dear Senator (last name):

U.S. REPRESENTATIVES

The Honorable (first and last name)
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Washington, D.C. 20515
202-224-3121
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Dear Congressman (last name):

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Sander Levin, D-Royal Oak, District 12
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Washington, DC 20515

GOVERNOR

The Honorable Jennifer Granholm
P.O. Box 30013, Lansing, MI 48909
517-373-3400
Opinion Line: 517-335-7858
Website: www.michigan.gov/gov
Email: migov@aol.com
Dear Governor Granholm:

MICHIGAN STATE SENATOR

The Honorable (full name)
P.O. Box 30036, Lansing, MI 48909
517-373-1837
Web contact: www.senate.mi.gov/
Dear Senator (last name):

MICHIGAN STATE REPRESENTATIVE

The Honorable (full name)
P.O. Box 30014, Lansing, MI 48909
517-373-1837
Web contact: www.house.mi.gov/
Dear Representative (last name):

** Emails are preferable to postal mail due to security screening procedures.*

Real Health Care Respects Life!

The current so-called health care bills under consideration on Capitol Hill fail to provide care for those most vulnerable – the unborn, the elderly, and the terminally ill.

1. ABORTION MANDATES

Abortion Funding Mandates Threaten the Unborn:

- **H.R. 3200 and the Senate HELP bill would mandate taxpayer funding of abortion.**

- **Federal courts have interpreted the exact language used in the health care reform bills as requiring insurers to cover abortion.** With court precedent set, abortion advocates in Congress and the Administration know that, as written, the bills will mandate abortion coverage even if the word “abortion” is not included.

- **The only way to keep abortion out of a health care bill is for Congress to amend the current language of the bill that explicitly includes abortion coverage to expressly prohibit mandatory abortion coverage in any public or private health insurance plan governed by the bill.** Pro-life U.S. senators and representatives tried several times to exclude abortion from the plans currently under consideration – and were voted down every time.

2. FREEDOM OF CONSCIENCE

- **The conscience amendment in the Senate HELP bill does not sufficiently protect the right of conscience for all Americans.** Providers who refuse to pay for or refer patients for abortion services are not protected and would be subject to discrimination under the law. What's more, the amendment provides an exception for “cases of emergency,” which is undefined and can be stretched to fit almost any situation, effectively stripping providers of any protection the amendment may have offered them.

- Despite the insistence of Congress that all children be covered under some form of health insurance, **neither of the current health care reform bills explicitly cover unborn children under Medicaid.** The bills would require taxpayers to pay to terminate the lives of unborn children – but not to keep them alive.

3. LIFE-SUSTAINING TREATMENTS

“Bending the Cost Curve” Threatens the Elderly, the Disabled and the Terminally Ill:

- The current health care bills build upon Comparative Effectiveness Research (CER) entities established under the American Recovery and Reinvestment Act of 2009 (ARRA) and rely on these entities to compare health care treatment options, drugs and procedures. CER could effectively lead to the curtailment, withdrawal, or outright denial of care in situations that the government determines are not cost effective.

- Section 1233 of the House bill includes federally defined end-of-life counseling, which could put subtle pressure on patients to make decisions not on sound medical bases but to conserve costs.

- Section 1233 of the House bill also requires patients be advised about “palliative care” and “end-of-life services,” but fails to define those terms. Unless they are defined, the terms could mandate that patients be counseled about euthanasia.

Real Health Care Respects Life! Find Out More at RealHealthCareRespectsLife.com

Health Care Reform, Faculty Shortages and the Future of Nursing

Question: *Will there be adequate nursing instructors to handle the potential increase of nurses needed to accommodate the influx of patients to our system if national health care becomes law?*

Currently, most universities have vacant positions for nursing faculty and this is a determining factor in how many and what type of nurses can be educated to meet the needs of society.

If all Americans were mandated overnight to have health insurance, the immediate problem facing health care would be a shortage of primary care physicians. This shortage could quickly overwhelm primary care services and result in a backlog of patients, and less time spent with those fortunate enough to receive an appointment. Overwhelming primary care services could have a trickle-down effect on acute care usage. Possible effects could be a decrease in the use of hospital beds, and an increase in the use of Emergency Room Services. The current recession has already resulted in decreased usage of acute care services, which has been accompanied by hiring freezes and layoffs of nurses. So the continuation of the recession coupled with mandated insurance will affect the number of acute care nurses that will be needed.

The segment of nursing most likely to see increased growth related to the primary care physician shortage would be Nurse Practitioners. Currently, there are not enough doctorally prepared Nurse Practitioners to educate the numbers of students enrolled in programs. Additionally, the mandate to change the educational preparation of Nurse Practitioners to the DNP (Doctor of Nursing Practice, 30 plus additional credits post NP) by 2015 complicates the ability of the profession to meet the increased numbers of Nurse Practitioners that would be needed to assume primary care roles. The current faculty shortage coupled with the increased length of time to prepare a Nurse Practitioner would hamper the ability of the profession to respond.

We, as professionals, have often denied the advance of our profession because of a shortage of nurses. We have instituted programs to produce nurses like our bone marrow produces red blood cells—a million a minute. Until a bill is passed, the ramifications for nursing remain speculative at best. Nursing, as a profession, needs to grow up, determine requirements for professional practice from beginning to advanced levels and learn to live with shortages—imagined or real.

Ann Bellar GNP, PhD
Assistant Professor of Nursing, University of Detroit Mercy

Michigan Nursing Students Convention

The Michigan Nursing Students Convention, a three day event, was held in February in East Lansing. MNFL board members, Phyllis Sullivan and Mary Lou Temple, hosted an exhibit where many student nurses of all ages stopped by to learn about the pro-life professional nursing organization, Michigan Nurses For Life.

Phyllis and Mary Lou shared information on MNFL's annual conferences, which offer excellent speakers on a variety of pro-life ethical issues and contact hours offered for nurses. Newsletters and membership brochures were available.

The 10-week-old baby feet pins were a big hit and the common response was..."Ohhhhhh!" When asked if they learned about fetal development in nursing school, students responded that it was mostly about pregnancy, delivery, complications etc. We encouraged them to wear the pins, and engage people in conversation about fetal development and unborn life.

Visitors to the exhibit signed up for a chance to win a stethoscope and added their names to our mailing list. Several requests were made for a member of MNFL to speak at an upcoming student nurses meeting.

Other topics of discussion included the abstinence and STD talks that MNFL nurses are giving in local schools, abortion, post-abortion syndrome, the conscience clause for health care workers, and the future of health care in America. These future nurses have a lot on their minds!

The whole point of attending this convention was to educate the student nurses about the pro-life ethical issues they will face as they begin their careers. We were pleased with this opportunity to network with our future nurses. After all, they will be taking care of us one day.

Mary Lou Temple
MNFL Board Member

Michigan Nurses For Life



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Email: info@mnfl.org or visit us on the web at: www.mnfl.org

Check out the great MNFL web site at:
www.mnfl.org

If you would like to add or delete a name from our mailing list,
please contact Michigan Nurses For Life at 248.816.8489. Thanks!

UPCOMING EVENTS

Save the Date:

SUNDAY, MARCH 7, 2010

RTL-LIFESPAN ANNUAL BABY SHOWERS

To benefit local Pregnancy Help Centers
If you would like to participate, call: 248.478.8878

SUNDAY MARCH 21, 2010 / 2:30-5 PM

**"BORN TO BE A LADY" MODEST TEEN FASHION SHOW
GIRLS 12 YEARS OLD AND UP**

Speaker: Mary Dudley
Sponsored by Educational Center For Life
and RTL-LIFESPAN
For information call: 248.816.8489

TUESDAY, MAY 4, 2010

RTL-LIFESPAN MOTHER'S DAY DINNER

San Marino Club, Troy, MI
Celebrating Lifespan's 40th Anniversary
Featured Speaker: Teresa Tomeo, Ave Maria Radio
You've heard her on the radio now come see her in
person!
For details call: 248.478.8878

SATURDAY, SEPTEMBER 18, 2010

MNFL ANNUAL CONFERENCE

Featuring Fr. Tad Pacholczyk
St. Joseph Mercy Hospital - Oakland

*Fr. Tad testifying before the Massachusetts Senate Committee on
Science and Technology, during a joint legislative hearing on human
cloning. Photo by Cory Silken, courtesy of The Pilot*