

Michigan Nurses For Life

1637 W. Big Beaver Rd., Suite G • Troy, Michigan 48084

August 2013

“An educational group for prolife nurses”

The Inside Story...

Page 2...
From the President

Media Bias: What are the Effects?

Page 3...
Rehash of Abortion Safety Claim Ignores All Inconvenient Evidence to the Contrary

Page 4
Is Society Moving Toward Assisted Suicide for Any Reason?

Page 5
American Nurses Association Should Not Support Assisted Suicide

Page 6
Vermont, Maryland legalize No Consent DNRs

Page 7
Little Items of Great Importance!

Page 8...
Upcoming Events

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

2013 Michigan Nurses For Life Conference The Changing World of Hospice Care

Saturday, September 28, 2013

8 AM – 12:30 PM

“Hospice Care in the 21st Century”



Cristen Krebs, DNP-ANP
Founder and Director of the prolife Catholic Hospice and Palliative Services of Pittsburgh, Pennsylvania. She has 20 years experience in hospice and over the course of her career has witnessed many changes in the delivery of end of life care.



Location:
St. Joseph Mercy Oakland

44405 Woodward Ave
Pontiac, Michigan 48341

Registration Information:
Call: 248.816.8489
Email: info@mnfl.org

Register online:
mnfl.eventbrite.com
or print registration form
online: www.mnfl.org

General Admission: \$30
Register no later than
Monday, Sept. 23, 2013

Contact Hours For Nurses:
A Certificate of Attendance
for 3.0 Contact Hours will be
awarded.

Presented by:
Michigan Nurses For Life
in cooperation with
Educational Center For Life

“Walk with Me:
Pediatric
Palliative Care”



Jeanne Lewandowski, MD
Director Palliative Medicine, St. John Hospital and Medical Center in Detroit. She is the first pediatrician in the midwest board certified in palliative medicine. She has been caring for dying children for over twenty years and lectures widely.

“Moral Distress, Ethical Principles,
Premature Transfer to Palliative Care”

Mary Burkett, RN, MS, CNS, ANE-BC

Senior Vice President of Clinical and Quality Outcomes for Select Medical Corporation. Mary has 35+ years in clinical / managerial experience caring for the chronically and critically ill.

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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Hours:

Monday through Friday
10 AM - 3 PM

Officers:

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Mary Anne Barrett, Secretary
Alice Maher, Treasurer

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Susan Stumbo
Phyllis Sullivan
Mary Lou Temple

Editor and Layout:

Susan Beardsley

From the President

Dear Colleagues,

This is a very full newsletter so my remarks will be brief.

I hope you will attend our fall conference at St. Joseph Mercy Hospital's Franco Center on September 28th. Our speakers will be helping us to understand the current status of Hospice Care, an issue becoming more and more important as our population ages.

You will see several other events listed and I know that no one can attend them all, but please try to get to one or more. Knowledge is power and these events are designed to inform and motivate.

Critically important is the need to sign the petition which will prohibit tax dollars from being used in health plans in the Michigan Health Exchanges, which is the implementation of Obamacare. The proposed legislation would not prevent anyone from obtaining abortion services but would provide that those who want such services bear the cost. (see article on page 6 in this newsletter)

Love Life!

Diane Trombley, President



Media Bias: What are the effects?

Steven Ertelt, founder, editor and CEO of LifeNews.com will talk to us about media bias and its intended and unintended effects on today's culture. Join us for a wonderful breakfast and learn about some things you probably DIDN'T see or hear about in the media and what we can do about it.



Right to Life – LIFESPAN's Fall Breakfast
Saturday, September 7, 2013
9:00 AM to 12:00 PM

Registration at 8:15 AM

Pi Banquet Hall, 28847 Franklin Road,
Southfield, MI 48034 (Off Northwestern Highway)
For more information or questions, please call:
734.422.6230 or 734.524.0162

Yes! I want to attend Right to Life ---LIFESPAN's Fall Breakfast!
Reservations required by Wednesday, September 4, 2013. All tickets will be held at the door.

___ Tickets at \$20 each ___ Tickets at \$10 each (Students 21 or younger)

Make checks payable to: Right to Life---LIFESPAN

Send checks to: 32540 Schoolcraft Road, Suite 100, Livonia, MI 48150

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Photos / video may be taken at this event and may be used on the Web, in publications and / or other media. If you would prefer that your image not be included, please contact the mail office: 734.524.7162

Rehash of Abortion Safety Claim Ignores All Inconvenient Evidence to the Contrary

Hundreds of news articles appeared this week claiming, once again, that the best medical evidence shows that abortion is safer than childbirth. The rash of articles were all tied to a blatant piece of propaganda published in *Obstetrics and Gynecology* by Dr. David Grimes, an abortion provider and chief propagandist for "medical proof" of abortion's safety.

The new study repeats the same discredited practice of simply comparing nationally reported maternal mortality rates with Center for Disease Control (CDC) reported deaths associated with abortion. Sounds reasonable, until you learn that there is no accurate or formal mechanism for reporting abortion-related deaths. Indeed, the rules regarding completion of death certificates specifically exclude identifying abortion as a cause of death. At least in part, this is why CDC officials have admitted that maternal mortality rates and abortion mortality rates "are conceptually different and are used by the CDC for different public health purposes." In other words, the CDC numbers on abortion-related deaths cannot be meaningfully compared to maternal mortality rates. CDC methods simply do not rely on a uniform method of collecting data on abortion related deaths.

In short, Grimes used a very incomplete record of abortion-associated deaths and compared it to a complete record of deaths associated with non-aborted pregnancies, and found that the death rate is lower. Therefore, he concludes, abortion is safer than childbirth.

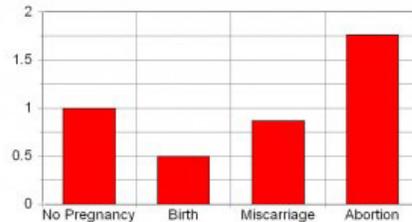
As they say: junk in, junk out.

But fortunately we are not stuck with only the CDC's haphazard yardstick for measuring abortion-related deaths. In the last 15 years, a number of record-based studies have been conducted that do provide an objective, identical standard for comparing abortion-associated deaths with natural pregnancy-associated deaths.

Using this method, the National Research and Development Center for Welfare and Health in Finland reported that 94 percent of deaths associated with abortion (in the first year alone) are being missed in national data reports on abortion. The same researchers found that women are four times more likely to die in the year following abortion than women who give birth. Similar findings were reported in a record-based study of California women. (The figure at the right shows the age-adjusted relative risk of death in the year following a birth, miscarriage or abortion compared to the rate of death among women not pregnant. The

results are from a multi-year study of all women in Finland, linking death certificates to central registries for pregnancy outcomes. It clearly shows abortion is associated with an elevated risk of death, while carrying to term is associated with a lowered risk of death.)

Total Deaths



The fact that Grimes, his co-author, the peer reviewers and the editors didn't even acknowledge the existence of these record-based studies or reviews,

published in the last 12 years, demonstrates that they are not seeking to advance knowledge or even to refute these other studies. Instead, they were publishing a mere propaganda piece, one that can succeed only if they and the public ignore two things: first, all the record-based studies finding the opposite results; and second, the CDC's own warning that its abortion mortality data is not complete, comparable to, or even "conceptually" reconcilable with maternal mortality data.

The most damning evidence of the authors' biases is that their "review" of the evidence totally ignores numerous record-based studies using data from both the United States and Finland — studies that clearly show that abortion is associated with significantly higher mortality than both childbirth and not being pregnant.

For a complete review of the literature on mortality rates related to abortion and childbirth, readers should study "Deaths Associated With Abortion Compared to Childbirth: A Review of New and Old Data and the Medical and Legal Implications."

Posted on January 25, 2012 by El Springfield, IL

Citing:

- Raymond, Elizabeth G.; Grimes, David A. The Comparative Safety of Legal Induced Abortion and Childbirth in the United States. *Obstetrics & Gynecology*. 119(2, Part 1):215-219, February 2012.
- Gissler M, Berg C, Bouvier-Colle MH, Buekens P. Methods for identifying pregnancy-associated deaths: population-based data from Finland 1987-2000. *Paediatr Perinat Epidemiol*. 2004 Nov;18(6):448-55.
- Reardon DC, Strahan TW, Thorp JM, Shuping MW. Deaths associated with abortion compared to childbirth: a review of new and old data and the medical and legal implications. *The Journal of Contemporary Health Law & Policy* 2004; 20(2):279-327. <http://afterabortion.org/2012/re-hash-of-abortion-safety-claim-ignores-all-inconvenient-evidence-to-the-contrary/>
Elliott Institute, P.O. 7348, Springfield, IL 62791
"Additional material is posted at www.afterabortion.org"

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Is Society Moving Toward Assisted Suicide for Any Reason?

by Wesley J. Smith | LifeNews.com | 5/27/13

Society's acceptance of assisted suicide's ideology eventually will lead, I predict, to a right to help being made dead for any adult with more than a transitory desire to die—and for any reason. After all, assisted suicide ideology couples radical personal autonomy and total body ownership with a view that killing is an acceptable answer to suffering. Moreover, "suffering" is seen as an entirely subjective concept, meaning it is whatever the sufferer says it is. No judgment allowed. That being so, how can a "right to be made dead" be limited to the terminally ill, the catastrophically disabled, or indeed, even those experiencing measurable physical symptoms? It can't. Thus, in Belgium, we have seen a joint euthanasia of an elderly couple who didn't want to be separated. Ditto, Switzerland. In the Netherlands, a growing number of people with mental illnesses and the aged "tired of life" are being voluntarily killed or assisted in suicide by doctors. Indeed, Netherlander doctors are allowed by an ethics opinion from the Dutch Medical Association (KNMG) to teach patients, who are not legally qualified for euthanasia, how to do the deed themselves!

In Switzerland, a healthy woman who didn't want to experience the decline of aging but was actually denied assisted suicide, has sued, claiming a doctor should be forced to prescribe for her. The court didn't do that, but it has ordered the country to create more clarity in its laws about who has the legal right to help being made dead. From the Washington Post story: The vagueness of Swiss laws "concerning a particularly important aspect of her life was likely to have caused Ms. Gross a considerable degree of anguish," the court found. And while Swiss laws allow for the possibility of obtaining a lethal dose of a drug on medical prescription, it added, those laws "did not provide sufficient

guidelines ensuring clarity as to the extent of this right."

Note: The absence of clear guidelines was seen as a cause of anguish. That point could easily be read to mean, not having access to suicide itself is an unacceptable cause of suffering—particularly as many non terminally ill people commit assisted suicide at the Swiss clinics already.

If history is any guide, the legal "clarity" will move Switzerland toward even greater ease in accessing assisted suicide than already exists—perhaps even for the unquestionably healthy:

The court said it recognized the issue is a difficult one, but that more specific Swiss laws would help doctors make better informed decisions free of fear of litigation or bad publicity. The Swiss government said in 2010 that sodium pentobarbital could be used in exceptional cases for severe psychological illness.

A year later, the Swiss government dropped plans to impose stricter rules regarding "passive assisted suicide." The government said the current rules strike a balance between protecting vulnerable individuals and safeguarding their right to self-determination, and new laws could infringe on people's personal freedoms.

Note where the focus lies—on the first pillar of assisted suicide advocacy. Thus, even though the court didn't say that Switzerland had to liberalize the law, that is what I predict law makers will do, rather than impose any meaningful restrictions. More liberality equals less protection, equals another big step toward death-on-demand. But that's what happens in a culture of death.

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American Nurses Association Should Not Support Assisted Suicide

by Marianne Linane | Washington, DC | LifeNews.com | 12/5/12

The National Association of Pro-life Nurses (NAPN) has responded to ANA's call for public comments on their proposed document "Active Euthanasia and Assisted Suicide."

As an organization dedicated to the preservation of ethical standards in the nursing profession, NAPN finds the document an unnecessary change from the current position. While the document makes several good statements regarding respect for the patient, any accommodation to the legalization of assisted suicide/euthanasia has no place in the medical profession. Nurses are healers, not killers, and legalization of the practice will not make it ethical.

The document cites as one resource for their study the pro-euthanasia organization, Compassion in Choices. The use of organizations as resources which have as their primary focus the legalization of these practices does not lend to the credibility of the document. There are other sources for the same statistics that could have been cited.

NAPN notes that the current statement of the ANA position on assisted suicide and euthanasia does not require any revision. Sadly, even that document, which declined to endorse assisted suicide/euthanasia, was not sufficient for the ANA to come to the protection of the life of Terri Schiavo who was not in the process of dying as food and hydration were withdrawn from her in order to assure her death. In their official statement, the ANA sided with the controversial determination that Ms. Schiavo was in a persistent vegetative state and as such, the proper decision was reached in the withdrawing of nutrition and hydration based on some unsubstantiated statements she supposedly made regarding the care she would have wanted under such circumstances. The stated position of the ANA does not translate into life-affirming actions on the part of the ANA. The absence of activity to protect the life of patients speaks volumes and it would be naïve to think that the new document would produce any different action on the part of the ANA.

The main objection of NAPN to the document is the lack of any real protection for the conscience rights of nurses. As an organization which has been involved in the defense of exercise of these rights, it is distressing to us that the professional organization which purports to represent nurses has been absent in the defense of these nurses in spite of any platitudes to the contrary. Yes, limits outlined in the document do exist, but it seems unlikely that the ANA will come to the defense of the nurse who declines to participate when it has not done so in the practice of abortion. More than once at the

state level where conscience protections were being considered for legislation, the state affiliate of the ANA has testified, not on behalf of the nurses, but on behalf of those who would force them to violate their conscience. Where are the protections for those in the medical profession who would object to participating in the omission of care for Terri Schiavo? The ANA remained silent when President Obama rescinded the conscience protections which were put in place in the waning months of the Bush administration. Such actions lead one to question just who the ANA actually represents.

Lastly, it should be noted that the ANA position of support for the highly politicized Patient Protection and Affordable Care Act further clouds the stated position of the ANA. Support for an act which promotes wholesale practice of abortion and provides for a Patient Advisory Board which would limit treatment is counter to the stated position of the ANA. The ANA cannot have it both ways. You cannot make high minded statements to the public and then act in a manner contradictory to these statements and retain your credibility.

We pro-life nurses feel abandoned with regard to the protection of our conscience rights in the workplace. In spite of the position statement of ANA supporting a nurse's right to be exempt from participating in procedures which transgress her moral principles, they have been absent in the defense of nurses such as Cathy Cenzone-DeCarlo in New York in her dispute with Mt. Sinai Hospital for forcing her to choose between her conscience and her job. They were in absentia in the defense of the twelve nurses in New Jersey who were told they must participate in abortion or lose their job. In light of platitudes in their statement it has not translated into action. Nurses deserve better representation.

LifeNews Note: Marianne Linane is the Executive Director of the National Association of Pro-Life Nurses. She holds a Masters Degree in Bioethics from Trinity National University in Deerfield, IL.
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Response to Planned Parenthood on Citizen's Petition Drive

Planned Parenthood Affiliates of Michigan have published a letter encouraging people to NOT sign the petition to prohibit abortion services as a covered benefit in Michigan health care plans.

In this letter/flyer they make several statements that are either simply not true or are gross exaggerations of what the results of the petition might be.

In an attempt to clarify just what the petition drive is intended to do, we are providing the following answers to the concerns raised by Planned Parenthood Affiliates of Michigan. Our Michigan legislature has already voted to exclude abortion as a covered benefit in health care plans. Our governor vetoed that provision of the law that was passed.

1) Our Michigan constitution provides for a citizen's initiated petition to introduce legislation to our elected officials. Just as a sitting president can make an executive order or make a recess appointment, there is nothing "non traditional" about this effort and individuals initiating or signing this petition are simply exercising their rights as citizens of the state of Michigan.

2) Our Michigan legislature has already voted to exclude abortion as a covered benefit in health care plans. Our governor vetoed that provision of the law that was passed.

3) If the language of the petition is enacted, NO ONE would be prohibited from having abortion services in their individual health care plan. Those wishing to have

such services would select it from a list of offerings or include it as a rider to their plan. Abortion coverage is an elective benefit

Those who do not want such services would not be compelled to have it in their plan. The cost of such elective benefits is applied to those who desire them.

4) Issues such as rape, women's health care, disabled children, personal medical decision making, etc. all seem to be designed to cloud the intent of the legislation in the hope that some "buzz word" will scare citizens into not signing the petition.

5) Signing the petition and its approval by the Michigan legislature or a vote of the people of Michigan would prevent private insurance companies from contracting with companies to provide coverage for elective abortions. Any abortion coverage would have to be offered through a separate, optional abortion rider. The current situation means that those who will have their health coverage subsidized by the federal government would be using federal tax dollars for abortion services, a practice opposed by roughly 2/3 of Michigan voters.

Again, no abortion services would be banned. No one would be denied access to health care. No laws are being violated. It is legislation that is fair, legal and already approved by our legislature and our voters.

For more information, please call 248.816.1546.

Diane Trombley, President
Michigan Nurses For Life

Vermont, Maryland Legalize No Consent DNRs

By Wesley J. Smith

Patient Autonomy is fast becoming a one-way street. Choose to die by refusing life-sustaining treatment—sacrosanct! Want to live with life-sustaining treatment? Not your call.

I recently helped successfully fight an attempt in Texas (SB 303) to legalize no consent DNRs. But they have been passed in VT and MD.

From Thaddeus Pope's Medical Futility blog:

In both Maryland and Vermont, a clinician can write a POLST order indicating "no CPR" even without patient or surrogate consent. Regulations in both states authorize the entry of a "do not attempt resuscitation" order on a POLST on the basis that CPR would be "futile" or "medically ineffective." This "no consent" option is clearly printed right on the POLST form.

POLST stands for Physician Order for Life-Sustaining Treatment. Laws that regulate POLSTs are increasingly authorizing doctors to unilaterally overturn surrogate wishes and patient advance directives with POLST orders. (This varies widely from state-to-state). It would be tragic if a form designed to improve the care of patients became a tool for overturning autonomy.

Not coincidentally, Vermont has a single payer healthcare plan it can't pay for. Some have called for the cost savings to come from assisted suicide legalization—now done—and healthcare rationing. This abuse of POLSTs fits that "show me the money" paradigm.

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Citizen's Petition Drive

The Citizen's Petition Drive is underway to allow Michigan to opt out of paying for abortions in insurance plans when the Affordable Care Act (ACA) begins in January.

The Michigan Nurses for Life office has petitions. If you would like to circulate a petition among your friends, family members or co-workers, just call the office, 248.816.8489 and we will send petitions and instructions.

This is a great opportunity to educate our friends and families about their right to NOT pay for abortion services and to motivate them to become involved in the pro-life effort.

Memorials

In Memory of Jim Christie
(Brother of Alice Maher)

given by:

Marilyn Schepansky
Diane Trombley
Linda Seng

Patrick & MaryAnne Barrett
Mary Lou Temple
Phyllis Sullivan

In Memory of Elmer Shope
(Step-Father of Mary Lou Temple)

given by:

Marilyn Schepansky
Linda Seng
Alice Maher

**You are invited to attend
the National Day of
Remembrance for
Aborted Children**



In 1980 Right To Life - LIFESPAN became aware of five unborn children who were dumped into a field in a storage bin. Lifespan arranged for a dignified burial for these babies who were laid to rest at White Chapel Cemetery.

On Saturday, September 14, 2013 at 1:00 PM, LIFESPAN will host a memorial service at their gravesite at **White Chapel Cemetery, 621 W. Long Lake Rd., Troy, Mi 48098.**

This memorial will coincide with other memorials across the country remembering the babies whose innocent lives were lost and pray for all who have suffered because of abortion. Of the 55 million babies killed by abortion since 1973, only a small percentage has received a dignified burial.

Please join RTL-LIFESPAN on this "National Day of Remembrance for Aborted Children" at White Chapel Cemetery.

Recommended Online Reading:

A Pro-Abortion Reversal of Roe? June 14, 2013 – by Wesley Smith
www.firstthings.com/onthesquare/2013/06/a-pro-abortion-reversal-of-roe

Testimony of Jill Stanek, RN, regarding the Pain-Capable Unborn Child Protection Act.
judiciary.house.gov/hearings/113th/05232013/stanek%2005232013.pdf

National Association of Pro-Life Nurses Scholarship



The 2014 National Association of Pro-Life Nurses' scholarship application is now available on their website at www.nursesforlife.org. Any student currently enrolled in an accredited school of nursing in the fall, winter or spring of the 2013-2014 school year, including full or part time is eligible to participate.

Last year the scholarship was awarded to Lakieta Edwards a student at Frontier Nursing University in Saint John, IN. Congratulations, Lakieta!

Can YOU Help?

Another Way Pregnancy Center located in Farmington Hills is looking for a Medical Director and a Nurse Manager as they convert to a medical clinic. For more information, contact Rachel Lethorn by email at: rlethorn@yahoo.com, or by phone, at 248.880.8815.

Blue Water Pregnancy Care Center located in Port Huron is interested in MNFL volunteers. If you are interested, please contact Jennifer by phone at: 810.985.4673 or email at: bwpsc.director@gmail.com.

Compassion Pregnancy Center in Clinton Township is searching for a Nurse Manager, part-time, paid position. Please contact Kathy by phone at 586.783.2229 or email: infor@compassionpregnancy.org

MNFL has no connection with Another Way Pregnancy Center, Blue Water Pregnancy Care Center or Compassion Pregnancy Center and passes this notice along for your information.

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!

SAVE THE DATES!

Media Bias: What are the effects?

Right to Life - LIFESPAN Fall Breakfast
Saturday, September 7, 2013, 9:00 AM – 12 Noon



Registration 8:15 AM
Location: Pi Banquet Hall
28847 Franklin Road,
Southfield, MI 48034
(off Northwestern Hwy)
Guest Speaker: Steven Ertelt,
Founder, Editor and CEO of
LifeNews.com
Sponsored by: RTL-LIFESPAN

For more information see page 2 or call 734.422.6230

National Day of Remembrance for Aborted Children
Saturday, September 14, 2013 at 1:00 PM

For more information see page 7 or visit:
www.abortionmemorials.com

40 Days for Life September 25 thru November 3

To find a location near you go to:
www.40daysforlife.com

2013 MNFL Fall Conference
Saturday, September 28, 2013

St. Joseph Mercy Oakland, Pontiac, MI
Speakers: See front page
For details call, 248.816.8489

Life Chain Sunday
October 6, 2:00 - 3:30 PM

Sponsored by RTL-LIFESPAN
For a location near you, call:
734.524.0162 or 248.816.1546

Cider Walk
Sunday, October 20, 2013 / 1:30-3:30 PM

Mercy High School,
29300 W. Eleven Mile Road, Farmington Hills
Sponsored by RTL-LIFESPAN Educational Fund
For details call, 734.524.0162 or 248.816.1546

Movement In Motion
Youth Bus Trip To Washington, DC
March For Life, January 21-23/24, 2013

Student Registration: Sept. 5 - Oct. 15, 2013
or until all seats are filled. Sponsored by RTL-LIFESPAN
For details call, 248.816.1546