
Michigan Nurses For Life

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

August 2019

“An educational group for pro-life nurses”

Medical and Ethical Issues Today

Saturday, October 19, 2019
9:00 a.m.—12:30 p.m.

St. Joseph Mercy Oakland
Pontiac, Michigan



After the Choice: Abortion & Breast Cancer

Donna Harrison, MD is board certified in obstetrics and gynecology and is Executive Director of the American Association of Pro-life Obstetricians and Gynecologists. She has lectured extensively in the U.S. and internationally on topics of medical abortion and the abortion/breast cancer connection. Dr. Harrison is an Adjunct Professor at Trinity International University in Deerfield, Illinois.



Words Matter: The Threat to Human Dignity


Cherie Sammis, D. Bioethics, RN, NP is Director of Ethics Intergration for Ascension, supporting Ascension hospitals and health systems across Michigan and Washington, DC. She completed additional graduate study in international bioethics and public health. Cherie has published articles and gives lectures on a variety of issues.



The Pro-Life Movement: Through the Eyes of a College Student

Amber Gier, is a nursing student at Oakland University and is graduating in December 2019. She has been active as president of the Protect Life Michigan group at Oakland University for three years. Amber is passionate about the pro-life movement and encourages many young people to get involved in the fight for life.

\$20 per person

Presented by Michigan Nurses  for Life
Phone: 248.816.8489 ♦ Email: info@mnfl.org
Web: www.mnfl.org

A certificate of attendance will be awarded for nurses. The public is welcome.

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

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At this time, the Board of Directors of Michigan Nurses for Life is supporting the Citizen's Initiative Petition being circulated to ban dismemberment abortions in the state of Michigan.

From the President

Dear Colleagues,

Below is some information on the two petitions circulating in Michigan.

1) By its very language, the heartbeat measure is unconstitutional. The Supreme Court ruled in *Roe v. Wade* that there was an absolute right to abortion and that during the first trimester (12 weeks) there could be no restrictions on that right for any reason.

2) The dismemberment measure would ban a procedure, not an abortion. There is already a federal ban on the partial-birth abortion procedure. When forbidden to partially deliver the unborn baby and then kill it, those who perform abortions turned to a procedure in which the child is not partially delivered, remains in the woman's uterus and instruments that can cut and tear the baby's extremities, trunk and head are introduced into the uterus and the child is literally dismembered piece by piece.

Both pieces of legislation will be challenged. It is hoped that if the dismemberment ban is presented to the Supreme Court, the court will recognize it as a "refinement" of something they have already prohibited and uphold the ban.



If *Roe v. Wade* falls, Michigan reverts to the abortion laws from 1937, that remain in effect, and all abortions will be forbidden making the heartbeat measure unnecessary. Michigan is one of only seven states that had the wisdom to maintain their previous laws after the *Roe v. Wade* decision,



hoping that the *Roe v. Wade* decision would fall sooner rather than later, paving the way for protection of the women and babies here in Michigan.

It is important to note that there are those in our Michigan legislature who want to pass a law similar to that of New York and Illinois, removing all restrictions on abortion. Since this would be a newer law than the one from 1937, it would make the 1937 laws null and void. This is a real danger and one we must guard against.

Love Life, Diane

NURSE MANAGER POSITION

AAA Pregnancy Resource Center, Livonia, currently has an opening for a Nurse Manager.

This is a part-time position:
10 hours/week (2-five-hr. days)
Starting pay is \$25/hour
Contact Peggy:

aaacpdirector@sbcglobal.net
Peggy Roberts, Executive Director
AAA Pregnancy Resource Center
32080 Schoolcraft Rd.
Livonia, MI 48150
(734) 425-8060

Save The Date!

MOVEMENT IN MOTION YOUTH BUS TRIP TO WASHINGTON, DC.

Registration Sept. 1 – Oct. 31

For details, call Lynn: 248-816-1546

NATIONAL DAY OF REMEMBRANCE FOR ABORTED CHILDREN

Saturday, Sept. 15 – 1:00 pm

White Chapel Cemetery, Troy
Call RTL - LIFESPAN: 734-524-0162

40 DAYS FOR LIFE, Sept. 25 – Nov. 3

Find a location: www.40daysforlife.com

LIFE CHAIN

Sunday, Oct. 6, 2:00 – 3:30 p.m.

Call RTL - LIFESPAN: 734-524-0162

The National Association of Pro-life Nurses Condemns the American Nurses Association Decision to Drop Its Long-standing Opposition to Assisted Suicide



By Nancy Valko, RN, ALNC

In June 2019, the American Medical Association (AMA) House of Delegates decisively approved reaffirming the AMA's long-standing policy opposing physician-assisted suicide despite enormous pressure from assisted suicide supporters and groups like Compassion and Choices as well as some other professional associations to change its position to "neutrality."

But a few weeks later, the American Nurses Association (ANA) dropped its long-standing policy opposing physician-assisted suicide. Instead its new policy, "The Nurse's Role When a Patient Requests Medical Aid in Dying (aka physician-assisted suicide)," insists that it is really about "high-quality, compassionate, holistic and patient-centered care, including end-of-life care."

As the new position states, "A nurse's ethical response to a patient's inquiry about medical aid in dying is not based on the intention to end life. Rather, it is a response to the patient's quality-of-life self-assessment, whether based on loss of independence, inability to enjoy meaningful activities, loss of dignity, or unmanaged pain and suffering."

This response includes even being present when the patient takes the lethal overdose: "If present during medical aid in dying, the nurse promotes patient dignity as well as provides for symptom relief, comfort, and emotional support to the patient and family."

For nurses who object to assisted suicide, the position states that "Conscience-based refusals to participate exclude personal preference, prejudice, bias, convenience, or arbitrariness" and that "Nurses are obliged to provide for patient safety, to avoid patient abandonment, and to withdraw only when assured that nursing care is available to the patient."

In other words, nurses would have to abandon their vital role in preventing and treating suicide for some of their patients when the issue is assisted suicide. And a conscience-based refusal to participate depends on whether or not another nurse willing to participate is available.

Although the ANA insists that their position "is intended to reflect only the opinion of ANA as an organization regarding what it believes is an ideal and ethical response based on the Code of Ethics for Nurses with Interpretive Statements," the effect is chilling for those of us who cannot or will not help our patients kill themselves even where legal.

Already, Compassion and Choices (the former Hemlock Society) is praising the ANA for "dropping opposition to 'medical aid in dying,'" stating that "It's no surprise that the largest national nursing association recognized the growing public demand for medical aid in dying and updated their policy to allow nurses to better support their patients at life's end."

But the ANA may eventually have to again update their position on assisted suicide since we are now seeing, as in a (thankfully failed) recent bill in New Mexico, further attempts to change the definition of terminal illness to expected death in the "foreseeable future," non-physicians such as advance practice nurses able to prescribe assisted suicide, inclusion of people with mental health disorders, approval by "telemedicine" and no state residency requirement.

Right now, less than ten percent of the nation's nurses are members of the ANA or other professional organizations" and that number is declining. The ANA should reconsider its new position on assisted suicide for the good of all nurses and even society itself.

In the end, who will remain or want to enter a health-care profession that allows helping some patients kill themselves? And how many of us would be just as trusting with a nurse who is as comfortable with assisting our suicide as he or she is with caring for us?

Note: This press release from the National Association of Pro-Life Nurses appears on the blog of Nancy Valko. All boldface emphases are the author's.

—National Right to Life News Today, June 25, 2019

Abortion's Link to Breast Cancer

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counting cases of breast cancer in 1968 even though it didn't start counting abortions until 1973. They were trying to determine if abortion caused breast cancer but were including cases of women who had breast cancer five years before they recognized abortions as occurring. It is also noteworthy that in the Melbye study the average age of women procuring an abortion was over the age of 25 while in the United States the average age of women getting abortions is around 25.

Women should be told

Even if pro-abortion groups can't accept that abortion takes the life of an innocent human being they should at least warn women of the possible risks relating to breast cancer that having an abortion can cause. Women should have the right to know that many worldwide studies show that abortion can increase a woman's risk of getting breast cancer later in life.

References:

- 1 – "Epidemiologic Studies: Induced Abortion and Breast Cancer Risk," *Breast Cancer Prevention Institute*, 2013, http://www.bcpinstitute.org/epidemiology_studies_bcpi.htm.
- 2 – Holly L. Howe et al., "Early Abortion and Breast Cancer Risk among Women under Age 40," *International Journal of Epidemiology* 18, no. 2 (1989): 300-304.
- 3 – J. Brind et al., "Induced abortion as an independent risk factor for breast cancer: a comprehensive review and meta-analysis," *Journal of Epidemiology & Community Health* 50 (1996): 481-496.
- 4 – A.E. Laing et al., "Breast cancer risk factors in African-American women: the Howard University Tumor Registry experience," *Journal of the National Medical Association* 85, no. 12 (1993): 931-939.
- 5 – Valerie Beral et al., "Breast cancer and breastfeeding," *The Lancet* 360 (2002): 187-195.
- 6 – Mads Melbye et al., "Induced Abortion and the Risk of Breast Cancer," *New England Journal of Medicine* 336, no. 2 (1997): 81-85.

—Right to Life of Michigan



A Risk to Avoid: Abortion's Link to Breast Cancer

Breast cancer is the second most common cancer in American women, second only to skin cancer. The American Cancer Society estimates that in 2017, 252,710 American women will be diagnosed with invasive breast cancer and 40,610 American women will lose their lives because of breast cancer. In spite of these statistics, many women are being kept in the dark about a preventable risk factor of breast cancer: abortion. Due to the politics surrounding abortion, many organizations are afraid to speak out about the link between abortion and breast cancer.



Is abortion a risk factor for breast cancer?

When a woman becomes pregnant her body begins to go through biological changes in order to prepare for childbirth. Increased levels of estrogen during pregnancy cause a woman's breasts to enlarge with cells that will eventually allow for milk production. By the time of a full-term birth these cells have differentiated into milk producing tissue and have stopped multiplying. These cells are resistant to cancer because they have been differentiated into a specific type of cell and the cell multiplication process has been stopped.

If a woman has an abortion before her 3rd trimester of pregnancy, her breasts are left with more undifferentiated cells that are more vulnerable to cancer than if she had never been pregnant.

What about miscarriages?

Researchers have found that most miscarriages don't raise the risk of breast cancer because these pregnancies don't produce enough estrogen, which is the driving factor behind the proliferation of undifferentiated, cancer-vulnerable cells.

What do the scientific studies show?

Fifty-eight out of 74 worldwide studies dating back to 1957 have shown that abortion increases a woman's risk of getting breast cancer. Nineteen of the 24 studies done on women from the United States show an increased risk of breast cancer associated with abortion.⁽¹⁾

One study, which appeared in the *International Journal of Epidemiology* in 1989 and relied on New York state medical records, reported that abortion increased a woman's risk of getting breast cancer by 90%.⁽²⁾

In 1996, Dr. Joel Brind combined the statistics from 23 different worldwide studies and found a 30% increase of breast cancer risk among women who chose abortion after already giving birth and a 50% increase of breast cancer risk among women who chose abortion before giving birth.⁽³⁾

A study done on African-American women by researchers at Howard University showed that African-American women over 50 were almost five times more likely to get breast cancer if they had abortions compared with women who had never received an abortion.⁽⁴⁾

It is also universally recognized by experts in breast cancer that an early first full-term pregnancy lowers a woman's risk of getting breast cancer. Another study published in the *Lancet* found that breast feeding is another way women can lower their risk of breast cancer.⁽⁵⁾ Women who abort their first pregnancy don't get the protective effects of a first full-term pregnancy and don't receive the protective effects of breast feeding.

Flawed study cited by pro-abortion organizations

Pro-abortion organizations often like to quote a study done on Danish women in an attempt to prove that abortion has no link to breast cancer.⁽⁶⁾ This study was flawed in a couple of ways. First, it counted thousands of women who had abortions as not having abortions since in Denmark abortion was legalized in 1939, but the study didn't start recording women who had abortions until 1973 when the abortion records were computerized. Second, the Melbye study started