

November Edition: Ethics Committees - Are "Death Panels" Already Here?

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Action Points

Join Your Local Right To Life Organization

The more people who work with pro-life organizations, the more influence we will have in the legislature, press, church, and the public!

Volunteer

Please prayerfully consider volunteering your time and skills to pro-life organizations (i.e. Right to Life). Please consider making a donation as well.

Be Visible

Wear a pro-life t-shirt, display a bumper sticker, or whatever you can think

Unite the USA: *Be a Freedom Fighter!*



In America, people kill 3,000 unborn children and call it "abortion" to feel better.

Fact: Pro-choice means "anti-life."

Another anti-life agenda exists: It is a common claim that it is better to die than to live a poor quality life. In the guise of compassion, helpless elderly and disabled patients receive death sentences under the banner of a common slogan: "It's better to die than live a poor quality life." But such pat answers ignore the power of God and the possibility of positive improvement.

Today, anti-life policies dictate decisions: Many disabled and elderly patients are prevented from receiving life-sustaining care -*even food and water*. Our healthcare system has a scary and troubling environment.

This month, **Unite the USA** is honored to feature a riveting article by Nancy Valko, RN. Mrs. Valko is a nurse of over 40 years. She is also a spokeswoman for the National Association of Pro-life Nurses. In the article, you will learn about both Mrs. Valko's personal and professional experiences fighting for life.

Don't miss reading this edition! It will change your life. . .

Let it change your life to save life!

Stay strong for America,
Carrie and Stacie Stoelting
Founders of Unite the USA

of to be responsibly and respectfully visible for the pro-life cause.

Pray

Please for those who are promoting abortion and euthanasia. Prayer is powerful and it is crucial in our fight for life.

Be Informed

Don't support a pastor, politician, or organization until you understand how they stand on life and death issues. Be prepared to educate them.

About the Author

Nancy Valko, RN, a contributing editor for *Voices* and long-time advocate of patients with disabilities, writes the regular "Bioethics

P.S. All life is precious in the Lord's eyes. He sent us His Son to die on the cross for all - not just the fit and able. (Learn more about Him [here](#).) We must fight for all life!

Ethics Committees: Are "Death Panels" Already Here?

By [Nancy Valko, RN](#)
Voices, Contributing Editor



Government tends to revolve around issues such as regulations, taxes, and spending for various programs. Medical ethics, on the other hand, is about caring for a patient's health and well-being. It is not surprising then that when government economics and medical ethics collide in something as momentous as health-care reform, there is bound to be trouble. In the case of the recent US health-care-reform proposals, one of the most contentious issues has been the specter of "death panels" - government committees that have the power to decide whether we live or die.

I am no alarmist but especially as a nurse, I do believe there is cause for serious concern about the push for euthanasia "rights", whether or not some form of health-care reform eventually passes. For example, Compassion and Choices (the newest incarnation of the pro-euthanasia Hemlock Society) boasted that it "has worked tirelessly with supportive members of Congress to include in proposed reform legislation a provision requiring Medicare to cover patient consultation with their doctors about end-of-life choice."

"End-of-life" is a necessarily vague term that obscures the fact that we have had a sea change in medical ethics and law over the last few decades that has even led to the legalization of "assisted suicide" in three states. The end-of-life choice provisions turned out to be one of the biggest fuses detonating public opposition to the recent congressional proposals for health care reform.

In addition, although the idea of health-care rationing was dismissed as a myth when the current proposal for health-care reform was first made, we now have ethicists and even the mainstream media admitting that the rationing of health care is not only a *present reality* of health care economics but also a *future* means to provide basic care for all citizens. Government committees were proposed to set the rules for health-care services.

Watch" column for *Voices*. A Registered Nurse since 1969, she is president of Missouri Nurses for Life. She is a spokesman for the National Association of Pro-life Nurses, a board member of Missouri Right to Life, and past co-chair of the Saint Louis Archdiocesan Pro-Life Committee.

Is good, ethical health-care reform desirable or even possible? Of course. In 2003, I was privileged to serve on a Catholic Medical Association task force on health-care reform. Many good ideas - such as health-savings accounts, ways to help the uninsured poor, and strong conscience-rights protections - were discussed. The results were published in a 2004 report entitled *Health Care in America: A Catholic Proposal for Renewal*. While some of these ideas have had support in the U.S. Congress, the Obama administration has rejected what I believe are some of the best proposals we and others have brought up.

Ethics and health care reform

Since I first started writing about medical ethics and serving on hospital ethics committees, I have seen ethics discussions evolve from "what is right?" to "what is legal?" to "how can we tweak the rules to get the result we think is best?" This attitude is not very reassuring when we are considering a massive overhaul of the US health-care system.

Former vice-presidential candidate Sarah Palin has been ridiculed for coining the term "death panels". But it resonated with me. In 1983 my daughter Karen was born with Down syndrome and a severe heart defect. Even though Karen's father and I were told that her chances for survival were 80 to 90 percent after open-heart surgery, we were also told that the doctors would support us if we refused surgery and "let" Karen die. We refused to allow such medical discrimination against our daughter.

Later on we were shocked to learn that one doctor had written a "do-not-resuscitate" order for Karen without our knowledge, because she thought I "was too emotionally involved with that retarded baby".

In later years, I was asked if I was going to feed my mother, who had Alzheimer's disease. And, after my oldest daughter died by suicide from a drug overdose, I was told that it is usually a waste of time to try to save people who attempt suicide.

Did evil people say these things? No. These doctors and nurses were otherwise compassionate and caring health-care professionals. But they are just as vulnerable as the general public to the seductive myth that choosing death is better than living with terminal illness, a serious disability, or presumed poor "quality of life".

If or when government committees and accountants take over health care, will we get - or even deserve - better than this?

Common sense and ethics

Health care does not occur in a vacuum. Real people - patients, families and health care providers alike - are affected when economics and new ethical rationales trump basic needs. The Good Samaritan did not ask whether the man lying on the road had health insurance. The Hippocratic Oath established a sacred covenant between doctor and patient, not health-care rationing protocols. I strongly disagree with ethicists who contend that new technologies and economics demand new ethics.

I am tired of hearing some of my medical colleagues talk about patients who "need to die". I am saddened to hear many of my elderly, frail patients fret about being an emotional and financial burden on their families. I am outraged when I read editorials arguing that those of us who refuse to participate in abortion or premature death should find another line of work.

I recently attended a 40th-anniversary nursing-school reunion. We remarked on how much has changed. Some things are better - uniforms, equipment and technologies, for example. But some things are worse, especially ethics.

People are often surprised to learn that even back in the late 1960s, we had "do-not-resuscitate" orders, and spoke to families about forgoing aggressive medical treatment when patients seemed to be on the terminal trajectory to death.

But, unlike today, we did not then immediately ask the family members whether we could withdraw food, water, antibiotics, etc., to get the sick person's death over with as soon as possible. Back then, we were often surprised and humbled when some patients recovered. Today, when doctors and nurses are too quick to give up hope, too many patients don't even get a chance to recover.

In those days, medical ethics was easily understood. We would never intentionally cause or hasten death. We protected our patients' privacy and rights. We were prohibited from lying or covering up mistakes. We assumed that everyone had "quality of life"; our mission was to improve it, not to judge it unworthy.

Medical treatment was withdrawn only when it became futile or excessively burdensome *for the patient* - not for society. Food and water was never referred to as "artificial", even when it was delivered through a tube rather than from a spoon. Doctors and nurses knew that removing food and water from a non-dying person was as much euthanasia as a lethal injection.

"Vegetable" was a pejorative term that was never used in front of patients or their families. And suicide was a tragedy to be prevented, not an alleged constitutional right to be assisted by doctor and nurses.

But things are different today.

We now have ethics committees developing "futility guidelines" to overrule patients and/or their families even when they want treatment continued.

We have three states with legal assisted suicide and terminal sedation is supported by some ethicists as an already legal option for euthanasia in any state.

We have non-brain-dead organ-donation policies with some ethicists even arguing that we should drop the dead-donor rule.

We are now asked to sign living wills and other advance directives with check-offs to eliminate even basic medical care for conditions such as being unable to regularly recognize relatives.

We are willing to sacrifice living human beings at the earliest stages of development to fund research for cures for conditions like Parkinson's rather than promote research on ethical and effective adult-stem-cell-therapies.

We are inspired by the Special Olympics, but support abortion for birth defects.

We now talk about a newborn child as yet another carbon footprint instead of as a blessing and sacred responsibility.

I could go on and on but I think you get the idea. These are "death panels" already at work, even if we don't call them that. And they have been created by apathy, misplaced sympathy, a skewed view of tolerance and an inordinate fear of a less-than-perfect life.

In the famous words of the comic strip character Pogo, "We have met the enemy and he is us."