

CALIFORNIA RIGHT TO LIFE EDUCATION FUND

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Established 1981

March 2015

STOP Physician Assisted Suicide in California

In November 2014 Brittany Maynard ended her life through assisted suicide. She had moved from the San Francisco Bay Area to Oregon, because assisted suicide is illegal in California. Ms. Maynard has become the “Poster Child” for Compassion and Choices (formerly known as The Hemlock Society) in their efforts to bring Physician Assisted Suicide to the entire nation, with California being one of their target states. In January a bill was introduced in the state Senate (SB128) in an attempt to legalize physician assisted suicide in California.

Assisted suicide legalization has failed more times than it has succeeded. There have been well over 100 legalization attempts in the past 20 years, yet only 3 states have actually legalized it through legislative or voter action. In an effort to educate our readership on the facts of Assisted Suicide, we offer the following talking points, which we hope will be helpful in your efforts to educate your friends and family, and in your contacts with your legislators to stop this dangerous legislation.

- If assisted suicide is made legal, it quickly becomes just another form of treatment and as such, will always be the cheapest option. This is troublesome in a cost-conscious healthcare environment.
- Assisted suicide poses a threat to those who live with disabilities or who are in vulnerable circumstances. When assisted suicide becomes an option, explicit and implicit pressure is placed on these individuals to take that option.
- The safeguards in Oregon and Washington have proven to be easily circumvented. Patients are not

required to receive a lethal prescription from their attending physician and can “doctor-shop.”

•Six--month diagnoses are arbitrary standards; nothing prevents these laws from being expanded to include individuals with longer prognoses or people “suffering” from other illnesses or disability. The longest and most studied examples of assisted suicide laws in Europe provide evidence for the expansion argument.

•Nothing in the Oregon or Washington style laws can protect from explicit or implicit family pressures to commit suicide or personal fears of “being a burden.”

•Oregon’s data on assisted suicide is flawed, incomplete and disorganized. The state does not investigate cases of abuse, and has admitted, “We cannot determine whether physician assisted suicide is being practiced outside the framework of the Death with Dignity Act.” The state has also acknowledged actually destroying the underlying data after each annual report.¹ (Regarding abuses that have come to light in Oregon, contact our office and we will send you a handout.)

•Suicide requests from people with terminal illness are usually based on fear and depression. Most cases of depression among terminally ill people can be successfully treated. Yet primary care physicians are generally not experts in diagnosing depression. Neither Oregon nor Washington assisted suicide laws require evaluation by a psychologist or psychiatrist to screen for depression or mental illness.

•Under Oregon or Washington law there is no requirement that family be notified when an assisted suicide prescription request is made.

¹ *Dr. Katrina Hedberg, 9 December 2004, House of Lords, Select Committee on the Assisted Dying for the Terminally Ill Bill, Assisted Dying for the Terminally Ill Bill [HL], Volume II: Evidence, (London: The Stationery Office Ltd.,*

DOCTOR-ASSISTED SUICIDE

by Dr. John Juedes

Doctor-assisted suicide is back on California's legislative agenda with End of Life Option Act SB 128. If the bill fails, supporters promise a ballot initiative in 2016. It is promoted as an extension of personal freedoms.

Supporters redefine words to try to give suicide a pleasant sound. Since the word "suicide" is distasteful, they promote it as "right to die," "physician aid in dying" or "death with dignity."

"Right to die" sounds desirable, but there is a big difference between being allowed to die of a disease and intentionally ending your life. "Death with dignity" wrongly implies that people who are disabled or at life's end are not already dignified or valued. "Physician-aid-in-dying" suggests that a doctor's mission should be killing people rather than helping them deal with a disability or do palliative care which helps them with debilitating aspects of illness or pain.

Studies of places that allow "euthanasia" such as Oregon and the Netherlands show that patients frequently are killed even though they do not have terminal, painful diseases. In Oregon, over 75% did not cite pain as a concern. In the Netherlands, people are killed even for conditions which are not diseases, such as blindness or psychiatric illness. Supporters such as Final Exit Network say privately that they want to legalize ending lives for any reason whatsoever.

Bills such as these are socially corrosive and make no effort to address any of the problems people face from illness or end of life.

People often choose to die not because of terminal illness, but because they fear they will become a burden to their families or may lose autonomy or ability to do things they enjoy. Families can easily and selfishly pressure family members to choose suicide whether or not they intend to.

As Christians, political efforts to legalize suicide cut to the core of the Biblical message. God is always pro-

life. The commandment "do not kill" applies to unborn children and the terminally ill, and everyone in between. God created life and Jesus Christ in every case healed and comforted needy people, not advocated ending their struggles by ending their lives. (Source of some facts: Los Angeles Times)

LIBRARY CORNER: DEATH AS A SALESMAN

by Brian Johnson

Brian Johnson's book Death as a Salesman is recognized as one of the definitive books in the battle against assisted suicide. The clearly written analysis examines the issue from numerous perspectives. Chapters include: The story of Jack Kevorkian; the History of the Hemlock Society; Real Answers to Pain and Depression; Hospice Care; Medical Ethics; Social History of Assisted Suicide; and much more.

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The book is based on the premise that assisted suicide is, and has always been, a very bad idea especially for the vulnerable and depressed. Johnston tells the story of the Hemlock Society and its founder, Derek Humphry in a factual and chilling manner. Dr. Jack Kevorkian is skewered by his

own words. The Dutch experiment is documented exhaustively and it is clearly something we wouldn't want to try. The threat of manipulating older people (perhaps for their money, perhaps because we're just tired of hearing them chatter) is in fact very real.

This very succinct book illustrates what is wrong with euthanasia. There are many things wrong with it, but the core problem is not just a debate over the facts, (i.e. what is going on in the Netherlands, the realities of pain management, etc.) but a spiritual struggle. Since the dawn of history, humans have always had dependents in their midst who are infirm through age or sickness. How societies have treated such people is a good measure of the moral health of that society.

Do you know someone who might be considering abortion?

Make sure they get the facts first!

A LIFE depends on it...

1-800-712-HELP (4357)

Website: <http://www.optionline.org/>

ABORTION STATISTICS - Significant Downward Trend

After reaching a high of over 1.6 million abortions in 1990, the number of abortions performed annually in the United States has dropped to around 1.06 million per year. Two independent sources confirm this downward trend: the government's Centers for Disease Control (CDC) and the Guttmacher Institute (GI) which was formerly a special research affiliate of Planned Parenthood. The CDC develops their annual statistical report based on data received from central health agencies, whereas the Guttmacher Institute uses direct surveys of abortionists. (For a copy of the statistics contact our office.)

HOWEVER, LET'S TALK ABOUT CONTRACEPTION

Thankfully more and more people are waking up to the interdependability of contraception and abortion. Yet for many, more convincing is needed. There remains a disconnect, even for pro-lifers. A large percentage of people in the pro-life movement support contraception as a supposed preventative measure against abortion. However many methods of contraception can actually function as early stage abortions, i.e. abortifacients.

One of the most common methods of birth control, referred to as "The Pill" aims to prevent pregnancy in three ways: (1) It can prevent ovulation (the release of an egg from the ovary); (2) It can cause the mucus in the cervix to change so that if sperm reach the cervix, it is more difficult for them to enter; and (3) It can thin the lining of the uterus so that if the first two actions fail, and the woman does become pregnant, the tiny baby boy or girl will die before he or she can actually attach to the lining of the uterus, and is flushed out in the woman's monthly period. Since life begins at fertilization, this is an early term abortion. Not a contra-conception (since conception occurred at fertilization), a newly created human life has been prevented from developing; thus the pill is abortifacient, a "chemical abortion."

Similar to the pill's thinning of the uterine lining is the work of the Interuterine Device (IUD.) It is clear that

the IUD does not prevent ovulation, which means that the woman's body will still produce an egg during her monthly cycle. When the IUD is put in place, it and the chemical it contains alter the fluids in the womb and the lining of the womb. Even the presence of the IUD irritates the lining. This is not necessarily painful to the woman, but it can have a deadly effect on a tiny human being.

However the newly created baby is not the only one who can be seriously harmed by the various methods of birth control. American Life League has a whole project/website dedicated to the concept that "The Pill Kills" <http://thepillkills.org/> Also, no method of birth control prevents the transmission of sexually transmitted illnesses (STI – formerly referred to as Sexually Transmitted Disease) including HIV/AIDS. When I speak on our abstinence program I hold up a 2'X2' card and tell the students that if this were the size of an AIDS virus, the FDA has approved condoms that have holes the size of a garage door opening. Some methods of contraception actually decrease resistance and thus increase the possibility of contracting a STI, and some STIs are incurable.

Finally, abortion is often the solution to failed contraception. Even the Supreme Court recognized this reasoning. They have enshrined into law the causal connection between contraception and abortion. In the infamous *Casey v. Planned Parenthood* case of 1992 the Court ruled the following:

"...for two decades of economic and social developments, [people] have organized intimate relationships and made choices that define their views of themselves and their places in society, in reliance on the availability of abortion in the event that contraception should fail."

The Supreme Court *upheld* the prior case, *Roe v. Wade* by the reasoning that a contraceptive lifestyle necessitates access to abortion. The Court recognized that the contraceptive lifestyle "requires" the right to have one's own unborn child dismembered. Why? Because the contraception may fail and people will "need" an alternative method to prevent birth.

The link between contraception and abortion is there, as pro-lifers we need to educate the public to this fact.

Calendar of Events

For the latest updates of events see
www.calendarforlife.org



February 18-March 29-2015

On February 10th it was announced that the 60th abortion mill where a 40-Days for Life vigil had been dine closed. Will your town be next? Be part of the movement! Visit <http://40daysforlife.com/> to sign up at a location near you.

National Pro-Life T-shirt Week

April 28-May 4, 2015 For more information see:
<http://www.npltw.com/> Order your T-shirt now, at
http://www.prolifegear.com/index.php?main_page=index&cPath=23 Register for the contests.

California Pro-Life Youth Oratory Contest

See <http://www.californiaprolife.org/prolife-youth-oratory-contest/> For further information contact Sara Blicharz 209-477-2829 or sara@californiaprolife.org

WHO IS CALIFORNIA RIGHT TO LIFE?

This is the newsletter of **California Right to Life Education Fund**, a 501-c-3 organization established to educate the public about pro-life issues. Donations to the EDUCATION FUND are **tax-deductible** and can be sent to P.O. Box 4343, Walnut Creek, CA 94596-0343.

California Right to Life **Committee, Inc.** is a 501-c-4 organization providing information on legislative issues affecting the right to life, and pro-life political advocacy. **CRLC, Inc. is not permitted**, under IRS regulations, to offer a tax deduction for donations. \$24.99 annually is requested for a subscription to the CRLC legislative email updates list and can be sent to 1920 Monument Blvd #309, Concord, CA 94520.

Both are affiliates of American Life League, headed by Judie Brown, and share the same "no-exceptions, no excuses" beliefs and the same dedication to promoting the Culture of Life, respecting all innocent human life from the single-cell stage to natural death.

*Newsletter printed by HMR Printing
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