

CALIFORNIA RIGHT TO LIFE EDUCATION FUND

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California Issues First Report on Physician Assisted Suicide

In the first almost seven months California's new Physician-Assisted Suicide (PAS) law went into effect, 111 people legally committed suicide with state approval.

The first annual report by the California Department of Public Health shows that 191 people received lethal prescriptions from doctors between June 9, 2016 and Dec. 31, from 173 physicians.

Of the people who received the prescriptions, 111 died using the drugs and another 21 died without taking the prescriptions. Status of the remaining 59 was not reported. Also not reported, but would be important, is the disposition of the lethal drugs not used by the 21 who died naturally and the 59 who have chosen not to report.

Of the people who died with the assistance of doctors, nearly 90 percent were older than 60, and nearly 60 percent were suffering from cancer. Some 90 percent were white and 54 percent were female. Another statistic that would be helpful is to know how many requesting the lethal drugs have been offered and used psychological assessment or services. Depression and mental distress are a natural part of terminal conditions and requests for death.

Virtually all 111 deceased had health insurance.

That is an ominous aspect of the state's death med legalization, since it gives insurance programs, including the state of California which offers physician assisted suicide as a Medi-Cal benefit, the opportunity to cut their costs when a patient chooses death meds rather than continuing their medical care.

The State of California paid for four Medi-Cal recipients to receive the legal drugs, allowing it to save money as well. In fact, the Governor increased the funding available for lethal drug prescriptions. Since those on Medi-Cal who request assisted suicide also get access to second opinions and

psychiatric evaluations (something not covered by the PAS law) the option can appear attractive to some terminally ill Medi-Cal recipients who aren't normally allowed such treatment.

If medical insurance providers and Medi-Cal agree to help a member end his life quickly, any insurance providers' expenditures for longer, more extensive life-protecting care would be eliminated.

A Reno (NV) doctor extensively involved in late-in-life care warned the Nevada Legislature recently that two of his California patients had been refused care by their insurance companies, yet the companies had advised the patients that they would pay for death meds!

All human life is sacred and should be protected from birth to natural death. We are called to accompany each other and the caregivers during chronic and terminal illnesses.

Suicide is a widespread problem throughout the United States. More than 44,000 people end their lives each year, and twice as many die by suicide than by gunfire. About one in 10 of those who attempt to end their own lives are successful. In California, 4,167 died by suicide in 2015.

California's legalization of assisted suicide is likely to increase the problem of assisted suicide, and Californians can expect efforts to broaden the option by such methods as allowing someone else to authorize or request assisted-suicide for an incapacitated patient.

In Oregon, where assisted suicide has been legal since 1997, the legislature this year barely halted an expansion that would have allowed people to be put to death without their direct consent. The measure would have allowed a surrogate to authorize the killing of a person who earlier had requested death med authorization but subsequently lost the capability to make that decision, most commonly from loss of consciousness or dementia. The Oregon measure would have enabled a surrogate to authorize the death med for the incapable person.

Despite Massive Hype and Billions of Dollars, Embryonic Stem Cells Still Haven't Cured a Single Patient

Excerpts from speech by David Prentice, Ph.D.

Do you remember almost ten years ago, when California was debating and passing the controversial Prop 71- to fund embryonic stem cell research to the tune of \$3 Billion dollars, total cost \$6 billion including interest? As California begins to consider further funding for this project, here is an article from one of the foremost experts on stem cell research.

Stem cells. Those words can conjure up many images for those who hear them: cures, death of young human beings, millions and billions of taxpayer dollars, lab-coated scientists, petri dishes, and patients with serious conditions—waiting, hoping, disappointed, or treated.

These varied and disparate images and thoughts come not only because the science of stem cells can be complex at times, but also because a great deal of misinformation has been, and continues to be, pushed out in the public realm. That misinformation often comes from scientists and politicians who hope to benefit from steering the public's imagination—and dollars—toward themselves.

The different types of stem cells, the real results especially with respect to patient outcomes, and the ethical questions that should be asked regarding any stem cell research; there are still many people, even many medical professionals, who do not know the truth about stem cells.

And people do want to know the truth, about trends in research and about developing therapies for patients. They also want to be armed with the facts against those who are interested not in helping patients, but in funding their laboratories and promoting their own careers.

Embryonic stem cells continue to be portrayed by some scientists as the ultimate stem cell therapy, despite the continuing lack of evidence for their efficacy, whether it be the few patients who have received injections of embryonic stem cells, or in the many lab mice and rats who have undergone embryonic stem cell experiments. Despite all of the promises about “lifesaving research” and the billions of taxpayer dollars spent on embryonic

stem cells in the last two decades, there is still not a single validated case of “lifesaving” results with such cells.

Embryonic stem cells also face an insurmountable barrier for their acceptance by many people: harvest of embryonic stem cells requires the destruction of a human embryo, a young human life barely started on its existence yet the biological truth is clear: one of us. Gladly, people are not faced with the choice of accepting or rejecting an unethically-derived therapy.

Adult stem cells have been making good on the empty promises of embryonic stem cells for decades, yet continue to be ignored or defamed by proponents of embryo-destructive research. Yet the facts bear out their real answer as “lifesaving” cell therapy.

Over 1 ½ million people have been treated with adult stem cells, and their lives saved and health improved for dozens of diseases and medical conditions. These are real people and real benefits, and continued adult stem cell research provides real hope for more and more people. Many of these adult stem cell therapies are still experimental, but they are validated in the published scientific literature as providing help to patients.

Within the past year there have been many advances in adult stem cell science, including new strategies and advances using adult stem cells to treat stroke (even years after the stroke event), multiple sclerosis (putting people into remission, not just stopping progression of the disease), and improving repair of both knee joints as well as damaged hearts. People need to know the truth: adult stem cells provide effective tissue repair, without destroying the life of the stem cell donor (who is often, with adult stem cells, the patient himself!)

As a scientist, I am fascinated by the wondrous complexity and capabilities of adult stem cells, other natural progenitor cells, and our human body. As a patient advocate, I am heartened by the results seen not only in the laboratory but also in the clinic with ethical, successful adult stem cells, and only wish for faster progress and more resources to bring about more and improved adult stem cell treatments, as well as increased accessibility to their benefits.

RU-486 and Morning after Pill What's the Difference?

I was recently discussing with a friend the “Abortion Pill” and she said “Oh you mean Plan “B.” Which got me to thinking; perhaps we need a quick refresher on what exactly RU-486 and Plan “B” are.

The “Abortion Pill” (RU-486) is a steroid drug, Mifepristone, which blocks the nurturing effects of the hormone progesterone, causing the developing baby to die in the womb. 48-72 hours later a second drug, Misoprostol, a prostaglandin is taken to induce the uterus to contract and the mother delivers a dead baby through the birth canal. The average length of this process is 9.4 days and is accompanied by cramping and bleeding. The FDA recently approved this procedure through the first 10 weeks of pregnancy.

The “Morning After Pill” (MAP) or Emergency Contraception is a large dose of birth control, taken generally within 72 hours of intercourse to “prevent pregnancy” by:

- Suppressing ovulation (if the woman has not yet ovulated)
- Thickening cervical mucus which inhibits sperm passage
- Making the lining of the uterus hostile to implantation if ovulation has occurred before MAP is taken.

Because life begins at fertilization, this third method, of preventing implantation, causes an early abortion.

So in summary, MAP is taken right after intercourse, and may prevent fertilization. RU-486 is taken after a pregnancy has begun. However both can cause an abortion. This is a very short summary. For more information contact our office.

Around the Office

We are launching a new “volunteer opportunity” Everyone is invited to participate, no matter where you may live! Become an “Ambassador for Life” by helping us distribute pro-life materials. We will provide you, on a monthly, or quarterly or “as needed” literature on any life topic, You can even

choose the topic you would like to address. As an Ambassador for Life you would distribute materials to friends, family, perhaps place in pamphlet racks, or literature drops at coffee shops; wherever you feel comfortable placing materials. Maybe put a bookmark in a library book, or put a few pamphlets in your church pamphlet rack. If you are interested in being part of this “pilot project” e-mail us at info@calright2life.org, and provide your phone number and someone will call and discuss options including topic and/or type of materials you would like us to send you. No meetings, just a passion to evangelize for life.

One of our primary projects continues to be “Information Tables for Life.” If you would like to start a table, perhaps at your church, or at a local shopping mall or county fair, contact our office. There may even already be a group “tabling” in your area, and we can put you in contact with them.

Calendar of Events

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

5th Annual National Day of Remembrance for Aborted Children - Saturday, September 9, 2017

Pro-lifers will gather at the gravesites of aborted babies and other memorial sites dedicated in their honor. To find a location near you, visit: <http://abortionmemorials.com/sites.php>

40-DAYS FOR LIFE – Sept. 27-Nov. 5, 2017

See: <http://40daysforlife.com/> for a location near you.

LIFE CHAIN – October 1, 2017 in most locations.

For a location nearest you see: <http://lifechain.net/>

Caring Not Killing – November 18, 2017 Biola University, La Miranda CA – Protecting yourself, your family and others. Save the Date, more details to follow in future newsletters.