

## **CALIFORNIA RIGHT TO LIFE**

P.O. Box 4343, Walnut Creek, CA 94596-4343

(925) 944-5351 FAX (925) 944-5449

**E-Mail: [callife@calright2life.org](mailto:callife@calright2life.org)**

**Web Site:**

**[www.calright2life.org](http://www.calright2life.org)**

*Established 1981*

### **November 2003 Availability of Contraceptives Has Unintended Consequences**

By Carol Kennedy

California Right To Life Education Fund was honored to have Eric Scheidler, Communications Director of the Pro-Life Action League, as speaker at our recent banquet on Friday October 24. Mr. Scheidler addressed the delicate subject of contraception, making the case that devices such as condoms and the "pill" have led to an increase in abortions.

The link between abortion and contraception is often hidden or ignored, even within the pro-life movement. In an effort to bring this reality to light Mr. Scheidler offered four linking points, supported by many studies that came from pro-abortion organizations.

First, Scheidler quoted studies that showed that the availability and use of contraceptives increases risky sexual behavior. The facts show that there are more pregnancies among teens that go to family planning clinics for education and support. The contraceptive device apparently gives them permission to participate in more frequent, and often risky (in terms of possible pregnancy and STD's), sexual behavior.

Which leads to the second point, contraceptives fail. Failure rate for the pill is 7% and for the condom 16%. In fact, 3 out of 5 women who abort were using contraceptives when they conceived. The other two were likely exposed to or had used them in the past.

These two facts lead to a third: a woman whose contraceptive failed is 20% more likely to abort than one who conceived without using contraceptives. There is a simple reason for this. Contraception allows the woman to make repeated "No's" to the idea of children, so that when the reality is there before her, she is predisposed to say "No" again.

Scheidler's fourth point showed that the wide use of contraceptives affects the cultural definition of sex so significantly that even those who don't contracept are affected. Sex is now for pleasure and babies are the side effect. This ideology affects the way people approach the opposite sex, the way they dress to attract the opposite sex and the way children are treated in general.

Mr. Scheidler gave his pro-life audience a solution to the problem he so aptly laid out before them. He said the solution to unwanted children is to want them. We must courageously welcome children into the world, not just at the abortion clinic or in the voting booth, but in our personal lives.

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*If you missed this wonderful talk, a videotape is available for \$15, DVD's for \$20. Contact our office to order a copy.*

## **Durable Power of Attorney for Health Care – Pro-Life Version!**

*The recent news regarding Terri Schiavo and “Terri’s Law” in Florida (see last month’s newsletter lead article) has raised the consciousness of many people about “end of life” issues. This month we would like to dedicate our “Education Corner” article to what you can do to safeguard yourself against being euthanized.*

A lot of people think advance planning about health care is only for those who are very sick or very old. But that's not the case at all. **It's absolutely essential that anyone who is 18 years old or older have an advance directive — but not just any type of advance directive.**

Suppose, after you finish reading this column, you walk across the street and a car hits you. If you are badly injured and you can't make health care decisions for a few days, who will make them for you?

Unless you have specifically named someone to make decisions for you, you run the risk that a health care provider or some committee could end up making critical decisions affecting your life and health. That's why it's important to have an advance directive.

There's another reason, too. Federal law requires hospitals to inform all adults — the woman in labor, the young man undergoing physical therapy for a soccer injury, the person who has a life-threatening condition — about advance directives upon admission.

Many health facilities go beyond providing simple information. They actually give patients a Living Will to sign at the time of admission — at the very time they're under stress and are filling out pages and pages of other required forms. Signing an advance directive under those conditions is very risky.

It's so important that you have the type of advance directive that will protect you. And it's vital that you only sign such a document after you've been able to review it at your leisure.

**There are many types of advance directives, and some, like the "Living Will" are downright dangerous.**

The Living Will (sometimes called a directive or a declaration) is a document that gives power and authority to an "attending physician" to withhold or withdraw medical interventions under certain circumstances.

Because your attending physician may be a total stranger who is completely unfamiliar with your values and wishes, that physician may interpret terms in the document in a way you didn't intend. Your family and others who know your wishes have no legal standing to interpret the meaning of the document. Other "directives" or "declarations" have wording that is so vague that they are open to broad interpretation (or misinterpretation).

The most protective and the most flexible type of advance directive is the Durable Power of Attorney for Health Care. With this type of document, you designate someone else to make health care decisions on your behalf if you're temporarily or permanently unable to make these decisions for yourself. The person you name is called your "agent."

**But, remember, a Durable Power of Attorney for Health Care is a legal document. As with any legal document, its wording is extremely important.**

That's why the International Task Force formulated the Protective Medical Decisions Document (PMDD), a Durable Power of Attorney for Health Care that includes specific wording to protect a signer's rights in the current medical climate.

The PMDD specifically prohibits assisted suicide and euthanasia. It is available in a Multi-State version for use in most states. It is also available in state-specific versions for states such as California, where particular requirements make a state-specific version necessary.

For example, nowadays some health providers have taken it upon themselves to put Do Not Resuscitate (DNR) orders in place without the patient's or agent's authorization. Similarly, some health care providers are deciding what is "appropriate" or "beneficial" based on institutional cost-containment considerations, not on the basis of what is best for, or wanted by, the patient. So the PMDD makes it clear that DNR orders and decisions about what is "appropriate" or "beneficial" are to be made only by your agent (and only if you're not able to do so yourself).

The document limits your agent's authority in one specific way. Unlike other advance directives, the PMDD clearly states that your agent does not have the authority to approve the direct and intentional ending of your life. For example, your agent may not authorize that you be given an intentional drug overdose. Furthermore, your agent may not direct that you be denied food or fluids for the purpose of causing your death by starvation or dehydration. This limitation not only protects you, but it also protects your agent from being subjected to pressure to authorize such actions or omissions.

Taking the time now to name someone to make health care decisions for you takes only a few minutes, far less time than preparing for a snowstorm or a tornado. And it can be just as important.

To obtain a PMDD, call the International Task Force (800-958-5678) or visit [www.internationaltaskforce.org](http://www.internationaltaskforce.org).

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*Rita L. Marker is an attorney and executive director of the International Task Force on Euthanasia and Assisted Suicide.*

## **The Feminist Case *Against* Abortion**

By Cecelia M. Cody

*Serrin Foster, President of Feminists for Life, recently visited the Bay Area to proclaim that being pro-life means being true to the founding principles of the feminist movement. She suggests several ways to help women facing problem pregnancies. Below is a synopsis of her talk.*

The feminist movement was born more than two hundred years ago when Mary Wollstonecraft wrote "A Vindication of the Rights of Women." After decrying the sexual exploitation of women, she condemned those who would "either destroy the embryo in the womb, or cast it off when born." Shortly thereafter, abortion became illegal in Great Britain.

The feminists of the 19th century were also strongly opposed to abortion because of their belief in the worth of all humans. Like many women in developing countries today, they opposed abortion even though they were acutely aware of the damage done to women through constant child-bearing. They opposed abortion despite knowing that half of all children born died before the age of five. They knew that women had virtually no rights within the family or the political sphere. *But they did not believe abortion was the*

*answer.*

The early American feminists condemned abortion in the strongest possible terms. Anti-abortion laws enacted in the latter half of the 19th century were a result of advocacy efforts by feminists who worked together with the male-dominated medical profession and the mainstream media. The early feminists understood that, much like today, women resorted to abortion because they were abandoned or pressured by boyfriends, husbands and parents and lacked financial resources to have a baby on their own.

Ironically, the anti-abortion laws that early feminists worked so hard to enact to protect women and children were the very ones destroyed by the Roe v. Wade decision 100 years later - a decision hailed by the National Organization for Women (NOW) as the "emancipation of women."

With this drastic change, a highly visible faction of the women's movement abandoned the vision of the early feminists: a world where women would be accepted and respected as women. There are now 1.3 million surgical abortions per year in the United States. The Alan Guttmacher Institute (the research arm of Planned Parenthood) reports that women have abortions for two primary reasons: lack of financial resources and lack of emotional support.

Abortion is a symptom of, not a solution to, the continuing struggles women face in the workplace, at home and in society. The first step towards a solution is to empower young women and men to make life-affirming choices. No one wants to see a teenage girl drop out of school and face a lifetime of poverty because she became pregnant. Nor should she suffer the pain and anguish of abortion. Public

and private funding for comprehensive programs that emphasize abstinence for teen pregnancy prevention must be increased dramatically.

Pregnancy resource centers should be eligible for federal funding. Nearly 4,000 pregnancy care centers and maternity homes guide women in crisis through the maze of available support services, all at no charge. Some specialize in bilingual/bicultural services, adoption and/or post-abortion counseling. These centers are where many pro-lifers "walk their talk" to help women in need.

Women have a right to make informed decisions about their pregnancy. We can empower women to exercise this right by passing "Right to Know" legislation. As with any other medical procedure, women have a right to full disclosure of the nature of the abortion procedure, risks and potential complications and alternative support services, as well as the father's responsibility. A woman has the right to know her doctor's name, whether he/she will be available if a medical emergency emerges, any history of malpractice in any state or revocation of a medical license; she has the right to a fully equipped clinic and/or ambulance nearby in case of complications, and the right to redress if she is hurt by the abortion.

Employers and educational institutions can also implement policies that ensure meaningful options for parents. Women in the workplace should not have to choose between their child and their job. That is no choice at all. Employers who have not already done so should consider flex time, job sharing, on-site child care and telecommuting. Women need maternity coverage in health care; men and women need parental leave. Living wages would enable parents to support their children.

Similarly, women should not be forced to choose between their education and life plans and their child. College and university officials should be challenged to provide housing, on-site child care and maternity coverage within student health care plans, and inform women about their hard-won right to child support. Feminists for Life has developed comprehensive Pregnancy Resources Kits to give women the "rest of the choices."

*Feminists for Life is a grassroots, non-sectarian organization that opposes all forms of violence including abortion, infanticide, assisted suicide, child abuse, and exploitation of women and children.*



**Happy Thanksgiving!**

For Life,

**CALIFORNIA RIGHT TO LIFE EDUCATION FUND**

P.O. Box 4343, Walnut Creek, CA 94596-4343

(925) 944-5351

Your donations are greatly appreciated, and your support makes possible our ongoing efforts in pro-life education, including information tables, pamphlets, media appearances, and our website

at [www.calright2life.org](http://www.calright2life.org). Thank you!

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### **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. We are an affiliate of the American Life League, headed by Judie Brown. Donations to us are **tax-deductible** and can be sent to P.O. Box 4343, Walnut Creek, CA 94596-4343.

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 share the same “no-exceptions” beliefs and the same dedication to promoting the Culture of Life, respecting all innocent human life from the single-cell stage to natural death.