

Articles By Ron Panzer

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Submit and Die!

by Ron Panzer

May 12, 2012

They're chasing us as fast as they can, with everything they've got. Out! Out of the public square. Out of the hospitals, the nursing homes, the hospices and universities. Out! No pro-life voice will be tolerated in the "respected" halls of medicine. No! Get out!

You don't even have to be "pro-life" to be banned. You just have to be "pro" the life of your loved one and you are threatened with being thrown out of the hospital or other facility! ... if you "raise a fuss," "question" what they are doing, stand up for the life the dear Lord gives. "Shut up!"

So, now, people are really afraid. Afraid that their loved one will die, be killed And afraid that they will be thrown out of the facility and be prevented from being at the bedside of their loved one, their mother, their father, wife, or husband, or child. It is happening just like that, all over, many places. Yes! It is! So, what do they do? They shut up. They submit. They die.

And what about the rest of us who have a clue about what is happening? Have you ever feared for your life, running from someone chasing you or another threat to your life? The adrenaline kicks in, ... it's "fight or flight," and with everyone out there chasing us, it's mostly "flight." Nowhere in major public settings is the pro-life voice truly welcomed by the powerful. Why should it be? We are a threat to everything they stand for and everything their power depends upon. And they're making money building the Death Machines. A lot of money.

Are we fighting or fleeing? Are we speaking out or trying to forget it all. Are we silent? Have we given up? *And if we give up, can we truly say that we care?*

It's obvious to those who've studied the culture of death's secular bioethics arguments that they simply pull a "justification" for some sort of death-protocol figuratively "out of a hat" and then proceed with whatever they want to do, or they simply lie about what is going on, or intimidate family members and patients alike into submitting quietly.

"Patients, submit and die!"

"Family members, shut up! ... or be thrown out!"

And yes, we've had many reports of family members being "banned" from being at the bedside of their loved one, because they protest the methods of killing, because they love and seek to protect, because they see what is being done.

"Submit and die!"

Yes, that's exactly what is being done, today. Tonight. Right now.

For example, tonight when I received calls from frantic family members about their mother who is being forced to take morphine when her condition makes that almost a death sentence, I have to wonder. As a COPD patient, yes, with cancer, she has a very poor respiratory effort, much congestion in her lungs. But she's not dying of the cancer right now. What is she dying from? Health "care!"

"Safe" at home in bed, she was manipulated by the hospice nurse, who *insisted* that she use a morphine pump when she had little pain at all. And were they treating her COPD with medications to open up her airways, or providing oxygen to help her get what she needs? No! Just giving "morphine to help you breathe ..." though the pharmaceutical companies tell everyone:

"Patients with chronic obstructive pulmonary disease [COPD] and patients with acute asthmatic attack *may develop acute respiratory failure with administration of morphine.* Use in these patients should be reserved for those whose conditions require endotracheal intubation and respiratory support or control of ventilation." [emphasis added]

In other words, if you give morphine to COPD patients and others with weak respiratory efforts, and they don't really need it for pain, they are likely to stop breathing, i.e., ... and die! Can it be any clearer?

Be prepared to provide *artificial* ventilation if you don't wish to kill them is what the package insert is saying. Why? Because the patient's own respiratory effort, i.e., "breathing," will stop!

Yet, hospice nurses all over are now trained to tell patients, "morphine helps your breathing." Have none of them read the package insert from the pharmaceutical manufacturer or the Physicians Desk Reference that all say the same thing? Apparently not! They keep telling each other, "morphine helps the breathing," as another thousand, and another thousand patients die from morphine overdoses they are giving to the patients. Can they be so ignorant to not know the medications long-established metabolic effects? Is it really possible? Or are they simply practicing euthanasia without saying so?

Well, who's running the show? Who's got the fancy jets? Who runs the military, the industries, the major media and national policies that keep the appearance of "normalcy" going? The powerful. And they don't want to hear from us. They've chased us into a corner. They've got their

"societal SWAT teams" ready to take us down. The industry is set; they have their agenda, and it is not pro-life!

We, who care about these things, we've run into a "safe house" and climbed into a cozy corner, a secret compartment, behind a hidden wall, in the safe house, far from anyone who could hurt us. Feels safe. Nobody will find us here. It's even padded and soundproof, but now, we can't get out! Just like the safe-spaces those fleeing from the National Socialists ("Nazis") ... who found temporary safety in the hidden compartments behind a wall or above a ceiling or below a floorboard.

But who can hear us? Who is *allowed* to hear us? If we march on Washington to the tune of a million people, the major media basically ignores us. But if culture of death fans manage to scrounge 100 or 200 people together, they make it appear as if the entire nation is behind them. Who is hearing us? And, if we are afraid to speak out, who will ever hear us?

This son would not be crying tonight. This mother would not be being killed tonight, if more of us spoke out and refused to stop speaking out. Only because we are silent does the Death Machine roll on, crushing life day after day, week after week, all across the country!

The COPD patient who tonight is *not* dying from her terminal illness is dying from an overdose of morphine and other parts of the Death Machine. It's a very real Death Machine. It's got many moving parts and it continually runs 24 hours a day, 7 days a week.

Though this patient was on almost no narcotics (opioids), they put her on a morphine pump and let's see, what kind of dose did they give her with that morphine pump?

Let's see:

She was getting 5 milligrams (mg) per *hour* with the morphine pump.

Doesn't sound like a lot, but it gets tricky. You see, morphine stays in your system about 4 hours, more or less. So every dose given in that 4 hour period is added together.

So, 5 mg each hour times the 4 hours it lasts in your system, and we get 20 mg circulating in the blood.

That's already quite a bit for someone who wasn't taking opioids at all before, who was "opioid naive."

But there's more. There was a button on the pump and she was getting 4 pushes of the button every hour ... 3 mg of morphine each time. She was told, "this will help your breathing," so because she couldn't breathe well and was desperately trying to stay alive and keep breathing, she's been pushing the button every 15 minutes. Or a family member has done this for her to "help her breathing."

What do we get here?

3 mg every 15 minutes X 4 of those doses every hour = 12 mg every hour.

Then, those doses last for 4 hours, so,

12 mg in an hour X 4 hours = 48 mg every 4 hours

So, she actually may have 48 mg circulating morphine in her blood, just from pushing the button. But wait! She had the 5 mg every hour which came to 20 mg circulating in her blood already. So, what is really happening here?

20 mg scheduled to run no matter what ... + 48 mg being given by pushing the button ("bolus") on the pump = 68 mg of morphine

That's 68 mg of morphine, the total circulating dose in her body after *four* hours. That's a huge dose for someone not in extreme pain!

Math matters in medicine! So does the dose and the time or interval between doses. So does whether or not the patient needs the medication in the first place or whether it is actually harmful to her. So, this woman was "safe" in her bed at home and this is what she received.

If her body is not processing the opioids well, and many elderly have somewhat impaired liver and kidney function, the biproducts, which can also be "active" in continuing the opioid's effect, the dose can accumulate in her blood, with a higher dose of morphine circulating in her blood than would be calculated, as shown above. Even in healthy people, [opioid medications can continue to circulate](#) in the blood. Not all is excreted as soon as one might expect. So, it accumulates into an even higher dose.

What happened to this woman? She stopped breathing when she was "safe" at home, was rushed to the emergency room and given the opioid (narcotic) "antagonist" [Narcan](#) which reverses the harmful effects of the opioid (morphine in this case. She was then admitted to the hospital for "care." That she even made it to the emergency room is quite a feat. Normally, she would have stayed not-breathing at home and died there.

Why does this matter? Because people need to understand that opioids suppress the breathing, slow the breathing and can stop the breathing completely *if* they are *not* needed for pain. Opioids like morphine are wonder drugs for certain types of pain, and are truly a blessing. They have helped many people in relieving terrible pain. But when they are given when not needed, or not administered properly, i.e., dosages increased beyond what is needed, then they can become deadly, and are likely to become deadly.

Most people have no idea about calculating dosages of opioids, or the significance of how far apart is the time between giving those doses (the "interval"). Most people have no idea that

morphine can stop the breathing completely. They have no idea that the harmful effects ("adverse effects") of morphine are very much like [the actual signs of the active phase of dying](#) which indicate a person is really likely getting closer to death.

Most people don't know that if you give the medication in half the time, you double the dose! That's a 100% increase in dose. So, if you give 5 mg of morphine in 4 hours, and then give it in 2 hours, you've doubled the dose in the blood. If you make it every 1 hour, you're way beyond what is considered "safely increasing" or adjusting the dose, called "titrating" the dose.

As I write, a mother is being "cared" for in the hospital on the East Coast of the USA. Her desperate son is praying somehow to save her from the death squad that has targeted his mother. He protested. He questioned what they are doing, so what did they do?

Yes, they stopped giving her 5 mg every hour and they stopped the 3 mg every 15 minutes. The Emergency Room staff saved her, but they continue the morphine as I write. What? Yes, she is now getting 1mg of morphine in an I.V. drip every hour and another 1mg morphine administered I.V. push in her vein each hour. She's getting 2 mg morphine every hour X 4 hours = 8 mg morphine most likely as a circulating dose.

Well, that's a lot better than 68 mg morphine circulating dose, but again, it's tricky. Those culture of death workers, doctors, nurses, and others, they can lie about what is happening, saying they "care." They are "doing everything possible to help her."

But no, that's not what's happening. The details matter. With the morphine, she's sleeping. She's not eating or drinking. Hasn't eaten for three days and yes, they removed any fluid they were giving her! What does that tell you? She's being "terminally-sedated," dehydrated to death.

The hospice couldn't kill her at home, or at least got as close as they could to doing so, but she was saved. Now, the hospital is killing her through terminal sedation. Anybody. You, me, anyone can be killed if they are not allowed to have fluid. And sedating her? That means she can't drink. Choosing not to give I.V. fluids? That is a decision to kill. Just as lethal as shooting someone. Euthanasia. Medical killing. Routine hospital care today.

Yes, we're temporarily "safe." But outside, the killing goes on. The Death Camps of the Nazis kept on incinerating the people they gassed in the chambers, nonstop. Even if people hid, others were being killed with impunity like a well-oiled machine, and today it's just the same. Where are the protests? Where are the people who care about this? Why aren't they picketing the Congress, the state legislators, the district attorneys who won't prosecute these definite medical murders? This is just as much killing as any other killing, so why don't people picket the powerful? They don't need anyone else to do this. They can make a sign and start to protest where they are. Why are they all hiding?

Some of them are afraid. Afraid to speak up. Afraid to say what they really believe and think. I can understand that. I've been afraid. But if we don't do something, the Death Machine will continue to kill ... your mother or father, or son or daughter, or husband or wife, or friend or

neighbor ... who we know is everyone in need. Shall we run and hide? Or will we fight? Will we speak up and defend the innocent and helpless?

This is the anatomy of the death machine. The details matter. The math matters in calculating doses. The actions and refusals to act, matter. As I write this, death is being intended tonight in a hospital on the East Coast where a son cries. Tonight a woman, a mother, is being killed through terminal sedation. This is the Death Machine at work. Now, you will understand it and recognize it when you see it.

When the Shadows Come

by Ron Panzer

June 5, 2012

When the shadows come and fear grows within,
we trust in Him who never fails.

When death threatens and all seems lost,
we trust in Him who is ever near.

When uncertainty overwhelms and our path unclear,
we trust in Him who is the way.

When hearts race and limbs tremble,
we trust in Him who never fails.

Though wishing to deny what we see,
we trust in Him who never fails.

Though hunger, sickness and pain attack,
we trust in Him who never fails.

When uncertainty and doubt make us falter,
we trust in Him whose name is Love.

When all hope seems lost and enemies surround,
we trust in Him whose name is Friend.

When we've tried our all and met defeat,
we lean on Him who is [King of kings](#).

When the shadows come and fear grows within,
We praise His name and know He is with us always!

As nations sink and fall, one by one,
we trust in Him who never fails.

When wars and rumors of war strike terror within,
we trust in Him who never fails.

When darkness comes and covers the land,
we trust in Him who never fails.

When we look out upon a sea of suffering,
He calls out sweetly, "[love them, love is the answer.](#)"

When the shadows come,
we know the "[bright Morning Star](#)" will follow!

He shines like lightning and,
His glory reaches beyond all that is!

Wondrously merciful, [He covers all our sin](#),
Saving those who humbly take refuge at His feet.

No more will these shadows come!
No more shall we feel alone!

No more shall we cry!
He will be with us!

[No more will the darkness trouble!](#)
He is alive, our King, our Love, our God!

Only You

by Ron Panzer

November 10, 2012

To whom can I speak?
Who would understand?
Who has been with us from the beginning?
Only You, my Friend!

When my heart thrills
When I reach out and embrace You
When I lose myself in Your endless Love
Only You, my dear Friend!

When I've been so alone and
Heard Your voice calling
Guiding, teaching, leading
It is only You, my dear Lord!

When the dogs attacked
So long ago on a dark and dreary road,
You came and rescued me,
My merciful Savior!

Dazzling to the eye is Your glory!
Perfect is Your Law
Gentle is Your touch
Only You, my Lord!

Your beauty is inexpressible
Your justice perfect
Your way true
Only You, only You!

When we turn to any side
There You are!
When we look out at the Earth and Heavens
There you are!

You speak

and Truth reverberates through the world
You breathe
and galaxies are born!

You planted the seed of love
in our hearts,
wishing to see it grow.
The law is love! Love is the law!

Come away people of heart,
Sing praises to the One!
He arrives, Our Beloved Rules
His glory is on His brow!

His mercy is in His hand
Come away, Come away
Sleep no more!
His love is suddenly upon us!

As milk flows from a mother's breast,
Like a feast at harvest time,
Come away, arise, awake!
The Awaited One is here!

His Sacred Heart
speaks heart to heart,
Mind to mind, soul to soul.
Know Him, take refuge in our just King!

Your grace lifts us
In the darkest hour,
Your Light alone gives hope
Only You, only You!

Your life fills our veins
Your compassion heals us,
It is You we see
When we serve each other!

You it is Who whisper in my ear
It is Your love that beats in my heart
Your words cast themselves upon
The waters of my being.

Your words form within
Your sweetness drops like dew from above

It is time we awaken
Time that we arise!

You suddenly appear at our side
Your embrace carries us to the stars
Your grace reveals Your majesty
Only You, Lord, only You!

True Man in the World

by Ron Panzer

January 8, 2013

You walked these same roads,
as Man in the world.
Knowing the pain of being born
and the pain *and* joy of this world.

True Man, once in the world,
You hold the keys to our secret journey,
Calling out to us,
You smile, so radiant, so pure!

True Man in the world
You help us leave disputes behind
Telling us, whispering — the truth,
"God is here *now*, believe! Arise!"

Merciful One,
we kneel at Your feet
and hold on tight, forever, forever more.
Yes, Lord. It is You!

Your glory reaches from earth to sky,
to the farthest unknown star.
Beauty shines through all You are,
Your radiant crown declares that You alone are *just!*

We grow old, we grow weary,
but through it all, You are here.
Save us from ourselves!
For we are lost in a desert of our own making.

True Man in the world,
though not lost into this world,
fully human Son of Man, utterly divine Son of God!
Who can understand Your wondrous ways?

We are ready now, our lamps are lit,
we reach out now to You,
True Light of the world.
Jesus! Saviour! ... beginning and *true* end.

Am I Pro-Life?

By Ron Panzer

September 30, 2013

You may think that the answer to that question is pretty straightforward, a simple matter of opinions held or asserted, or not, but there's more to it than meets the eye. Many think that it's simply a question of whether you hold a certain political view or not: for or against the right to kill others in certain situations, like saying, "it's ok to kill a person who is in an embryonic, fetal or otherwise unborn state." Or, "it's ok to kill others who are just born, very old, very disabled, genetically-different, chronically-ill or who take up too much time in the hospital, who cost too much for the taxpayer-funded government services." Or not.

Are you *for* killing or *against* killing? If you're *for* the right to kill others, you're certainly not *pro-life*. We can dispense with the deceptive language that labels killing others as a "reproductive right." Honesty demands that we admit the truth: a life exists within a life till birth. This is the natural process, and just because a life is dependent upon the mother does not mean it is not a human life. The baby (a *wanted* embryonic or fetal human) is not "part of" the mother, but grows *within* the mother. It's obvious to the truthful, even to a child.

Science clearly tells us that life begins the moment human developmental processes are initiated whether in a petri dish or when sperm meets oocyte normally in a woman's Fallopian tubes (*not* when the newly created life is implanted in the uterus). There is no question about this as far as the scientists whose expertise it is to know these things: human embryologists (not politicians, physicians, courts, bioethicists, philosophers or partisan interests). The scientifically-established Carnegie stages of human embryonic development¹ are about just that: *human* embryonic development, meaning that a human life has begun, from that very beginning when the whole genetic miracle begins to unfold, guiding the growth of a new person, just as you and I once began human life.

Much the same could be said about the deceptive language used to refer to human beings at other stages of life: "He's not really human." "He's not truly a *person*." "He's not there any more." "He died (yet his heart is still breathing and his organs are still functioning)" Why do we have to go through such tortuous mental contortions in order to declare a person dead (when they're obviously not) so we can either kill them, or grab their organs and then kill them? If we're *for* killing certain persons, we're not *pro-life*.

But even if we're against killing those persons, whether unborn or born, elderly, disabled or not, does that in itself make us truly *pro-life*? While it's clear that being *for* the killing of some individuals undoubtedly makes us *pro-death* (for some), being against the killing of some does not automatically make us *pro-life*.

As "the professor" would say, "define your terms!" "What do you mean by the term *pro-life*?" "What do you mean by life itself?" she asks. We can be active, dedicated and tireless workers, yet still not be much different from our counterparts on the other side of the debate. They hold one view; we hold the other. Some think it's just a question of one's position on the issue, like Left vs. Right, Democrat vs. Republican, being in favor of socialism or capitalism, or of traditional values or not.

If we protest abortion and euthanasia, lobby the Legislature, Prime Minister or President, hold mass demonstrations or conferences, write or distribute articles or books, spend endless hours volunteering (these are all part of what pro-life activists do), do these actions by themselves prove that we are pro-life? What if we sit at home holding a certain position on the issues, but do nothing "out there" in the world to express it? Are we still pro-life? What if we sit in a cave or live a solitary life praying to God and communing with Him? Are we pro-life then or not? Do we have to do something in the world to be pro-life?

We know that there are all sorts of pro-life groups, some focus on abortion clinics and try to shut them down, some promote the well-being of the pregnant woman, child and families and offer services to help them, along with adoption services if they do not wish to or cannot keep the baby. Some lobby the government officials to change the laws. Some protest the medical killings, these imposed deaths we are increasingly hearing about from every corner of our land.

I say to myself, "Of course I'm pro-life!" You or I may even be offended if someone questioned if we are really pro-life. But this is just self-pride rearing its head, and is something that needs to be acknowledged and confronted in any case. Yes, if by "pro-life" we mean holding a position that affirms the sanctity of human life and working to protect that life, then we *are* pro-life when we do these things.

But what really is life itself? And in particular, what is a *human* life? Isn't this the question that those who seek to allow medical killing pose? Isn't this the question they always answer by saying, "No, this is not *really* a human life?" "It's just tissue." Or, "No, this is not a real person." "He's not *really* alive." Because at this point, they realize they can't just argue that it's ok to kill other human beings. They don't wish to openly agree so much with Adolf Hitler and the Nazis who asserted it *was* ok to kill certain other human beings. Much of society still doesn't accept that, so they jump through a lot of "hoops" while seeking to confuse, misinform and mislead others.

We know that living things possess metabolic processes that maintain their integrity as unique organisms — that they grow, develop, reproduce and respond to changes in the environment. Human life is simply obvious when allowed to develop, be born and grow. It is obvious even when unborn, as the human fetus is never an elephant fetus but always a human fetus. At the microscopic level, someone who is not a specialist might be confused, but most people cannot point out where the spleen is in the body or where the gall bladder is, yet that doesn't mean these organs don't exist. The DNA of a human is always human and nothing else, whether we are capable of detecting that DNA or not. We are always human from our developmental beginning till the end.

If we are pro-life, we are not at war with those who support the killing of certain human beings (although there are many who think this to be the case). Being pro-life is not a position that is at war with anything or anyone. Those who support the killing of some human beings seek to silence those who are pro-life and are at war with those who are pro-life, but those who are pro-life simply affirm God, life and the sanctity of life. We are not busy trying to silence anyone nor are we at war with any one.

The light does not war with darkness. Light simply is. ***The darkness of the culture of death is the absence of Light, the resistance to the Light and His way (John 9:5), even if we believe we are pro-life.***

We may arrive at the pro-life position through logic and secular debate and have very good reasons for believing what we believe, but if we do not have vibrant faith stirring within us, it is possible we might reconsider our pro-life position sometime in the future.

Logic and debate may help us begin our journey, but faith helps us walk where we would never consider going before. Faith helps us to serve those who are abandoned by all others. *Faith makes us believe that we can do that which we were so sure could not be done at all.* Faith is the cement that binds us to God, to Life and His Way. Faith is the cement that makes us pro-life in the core of our being and helps us obey His will even when it is the most difficult thing we ever do.

The dear Lord Jesus said: "... I am the way, the truth, and the life" (John 14:6) God is the Author and Creator of all life. The lives before us, to serve or to kill, are created by Him and in a way, the life before us arises out of Him. As the apostle Paul said, "For in Him we live, and move, and have our being...." (Acts 17:28) What does it mean that we live "in Him" or that in Him we "have our being?"

For those who experience His grace, His presence in their lives, it is clear that we literally live in Him and have our being in Him. They know that without His Being, we would not be at all. Without His having created us, we would never have become. As fish cannot live without the great Sea that nourishes them from all sides, man cannot exist without God, and the life that is our life is from Him and of Him!

Those who understand this realize that if we harm another human being, we are doing these things to Him, mysteriously perhaps, but truly so. Jesus reminds us, "... whatever you did for one of the least of these brothers and sisters of mine, you did for me." (Matthew 25:40) As we behave toward any others, we do these things to Him. So everything we think, will, say or do to others (even ourselves) we do to Him. Therefore, everything we think, will, say or do matters tremendously, and the ethics that guide us in how we choose to live matters deeply. To be pro-life (even though we are always still imperfect man or woman living in this world) our ethics must be the ethics of life² and in line with the divine and the natural moral law.

Acknowledging this, we approach others, whether our friends or enemies, our associates or strangers, our patients or not, with great reverence and respect. We converse with others and interact with others with great reverence and respect. We listen to what our family members and

partners in society have to say. We make the effort to question those who can offer advice. We take the time to listen to what our patients and others have to say, and we seek to understand what they wish to communicate to us, even if we do not understand or do not agree with them.

We hear them, and if we do not understand, we ask questions and strive to understand. When we don't do these things, we fail them, ourselves and our Lord, because we close ourselves off from the possibilities of what can be and what He is willing *that be*. We block the flow of His work in our lives and in the work we are called to do. Yet, even if we failed to open to what might have been, we can begin anew today and strive to do better and open to what may yet be.

It will not always be easy and it will not always make sense, but once we do listen and open our hearts and minds, we will walk another path that surprises and even shocks us, but is filled with wonderful possibilities we never could imagine. We may be disappointed that His will is not as we envisioned, but it is infinitely more wonderful than anything we could think up on our own, and it is *right* to do.

When we meet and interact with others, we must *see* the other and relate to him or her as a living, breathing miracle of life, an amazing being ... not just an "object" in our own personal world "movie" to be dealt with or manipulated somehow. The very moment that we see, hear and truly relate to another human being, love flows from within us and reaches out to the other, whether our patient or any other, and *then* we are pro-life.

Some may say, "We have worked so hard for so long and done so many things for the cause." "We are doubtlessly pro-life." Well, if we do not experience love now as we relate to and work with others, if our relationship with others and with God is superficial or even callous, if we do not listen, if we have forgotten the love that once was, then we have lost our way and fallen back into a culture of death way of being *even if our mental views are still pro-life, even if we work in pro-life advocacy!*

The dear Lord told us the story of the ten virgins who were waiting with their lamps for the bridegroom to arrive. Five had plenty of oil and five were foolish and did not have enough. When the bridegroom finally came late in the night, those who were wise and had enough oil, went with him and the door was shut.

Those who did not have enough oil for their lamps had to go buy some at that late hour and were locked out when they finally returned (Matthew 25:1-13). If we allow our minds and hearts to dwell on other things and do not hold God in our minds each moment, remembering Him and opening continuously to His grace, then we betray Him and have lost our way. As He spoke through Moses to us all, "I am the Lord your God, ... You shall have no other gods before Me." (Exodus 20:2-3)

As the apostle Paul told us, we may have great talents and might have accomplished great things, but if we do not have love, these great talents and achievements matter little at all (1 Corinthians 13). We may wonder about all of this, but it is clear that it is not the quantity of what we might busily do, but who we are, who we have chosen to be, and how much we have opened our hearts

to God and those around us in this moment (Luke 10:38-42). What matters is that we do His will in this moment, not what we might stubbornly think to be right to do.

We must acknowledge that what we may have done in the past is gone, even though others may regard us as authorities and leaders because of these things. If there was any good in what we have done, it is not to our credit but to the credit of the One who created us and who gave us the gifts and opportunities to do these things. We must no longer act full of ourselves, puffing ourselves up with whatever achievements or authority we have acquired. We must know that we are as nothing before the dear Lord and must know that we are just man or woman among all others.

Even the dear Lord's disciples could not rest on their laurels. They had been sent out two by two and had healed the sick, raised the dead, cleansed those with leprosy and driven out demons (Matthew 10), but later even Peter, for example, was reprimanded by Jesus when Peter tried to stop Him from going to Jerusalem where He would be crucified (Matthew 16). Jesus chastised Peter and said, "Get behind me Satan!" Even Peter, who had done great things, was subject to being terribly mistaken and was severely corrected!

No, it is not enough to *say* that we are His, or that we believe, that we attend this or that church, that we pray, that we read this or that book, that we seek to protect life or serve Him. (Matthew 7:21-27) To be pro-life is to truly be for *Him* in this very moment (not for the glorification of ourselves or our own authority). Being pro-life is to be filled with His grace, baptized and born again into His Holy Spirit (John 3:1-21), living and walking humbly before others — dwelling within His shimmering Light. He said:

"I am the light of the world: he that follows Me shall not walk in darkness, but shall have the light of life." (John 8:12)

To be pro-life means we enter each and every encounter as a sacred space. It means we speak to others, relate to others and act in the world in a way that reflects our awareness of a living relationship between ourselves and God and all others. If we forget this and treat others coldly with indifference, as we *all* as men and women do at times, our political views on life matter little. We are "living" but in the moment are dead within spiritually, and then what does it matter?

This miracle of life can be discovered at any moment. Artists, musicians, poets and prophets remind us that we could live another way. Am I a partisan aligned with one group against another, or do I *in this moment* truly experience the soul's appreciation of the pulsating life before me, a demonstration of the Creator's work in this world, the sanctity of life He made?

Do I participate this moment in that sacred space or is that just a fading memory from a distant awakening of long ago? If not, He will not receive me. He will say, "I do not know you!" "and there will be wailing and gnashing of teeth" (Matthew 25:12,30) as the door is shut to me, or to you. Have we been true to Him? Is this asking too much? Only for a proud man or woman in the world. Only to a worldly man (however religious or pro-life he may actively be) who will not bend to His will.

He calls us to a much, much higher witness and way of being, a much more blessed way that is truly pro-life. Moses knew sacred ground at Mt Sinai, but the dear Lord's message is that we are to live within sacred ground at all times, wherever we are, whoever we're with and recognize the intrinsic rightness of His law and the way of life that truly honors Him.

You and I may think it is not possible for us to live this way, but He would not ask us to do something that could not be done. He is not unjust or unreasonable! Jesus said, "A new command I give you: Love one another. As I have loved you, so you must love one another. By this everyone will know that you are my disciples, if you love one another." (John 34-35)

If we do this, we may walk along and encounter someone's gaze: a stranger's, a patient's, anyone's. A mutual recognition may pass between us. We may communicate wordlessly to each other: "I am alive and acknowledge the miracle that is you!" We belong in this world and to each other. We live within a stream of living water, connecting us all to Him and to each other (John 4:1-13).

If we do not reach into the sacred space that exists between God and ourselves, each and every moment with deep remembrance of His holy presence, we remain partisans in a conflict that only breeds aloofness, alienation, hostility and even war. If we are to be pro-life, we only have this moment now in which to affirm life, to affirm Him, to open ourselves to His grace and to swim within His love.

When we join the throngs of people who continually move from there to here and back again, we see ourselves in them and know the goodness of what He intends for us all. If we are to be pro-life, how we live and relate to each other must be in harmony with His will. Only then may we join the blessed community He intended for all of us in this human society.

Only when we continually cling to His holy feet will we truly be pro-life — with the spirit of reverence for life burning like a flame within our hearts. Then, we will truly hear and see each other and do His will. Then, we will know what it means to be alive and what the value of life truly is. Then, we will know He is alive. Then, we will know His palpable presence *in* our lives.

Endnotes:

1. Raymond Gasser, PhD (and team) and the Human Developmental Anatomy Center, "[The Virtual Human Embryo Project - Carnegie Stages of Human Embryology](#)," The Endowment for Human Development; also see: Dianne N Irving, PhD, "[Reliable URLs for Human Embryology: The Carnegie Stages of Early Human Embryonic Development](#)," April, 2011, LifeIssues.net [Back](#)

2. Ron Panzer "*Restoring the Culture of Life (The Ethics of Life in Healthcare and Society)*
2013, Hospice Patients Alliance [Back](#)

The Root of Advocacy

by Ron Panzer

October 17, 2013

"Where there is no vision, the people perish" - Proverbs 29:18

Do you ever wonder why we should care at all? With all the craziness and madness around, why bother doing anything about it? Why not just retreat to a little corner in the world and forget the rest? It might seem like it would be much simpler that way.

But even though we feel like forgetting it all, we can't escape the world. Wherever we go, the world is there with all its ups and downs and struggles. Good and evil are ever present no matter where we travel, even if we're all alone, because they live within each one of us.

Of course, some like to believe there is no such thing as good or evil, that nothing matters, but they quickly change their tune the very moment something bad happens to them and affects their world. Then they scream for help and justice like anyone else.

Their protests aside, good and evil do exist as forces in the world, and even in different cultures and times, they are perceived in much the same way. Because we share a common human nature, we know what acts are good or bad for all human beings.

But why stop to help another person? Why not just keep going our own way and forget about anything other than what we want? We stop and turn around, because somewhere deep inside our conscience informs us what is the right thing to do. When something bad happens to us, we realize that we

may need help from others, but with perspective later on, we see that others also need help from us — that we're here for that very purpose.

If we are spiritually sane in that moment, we clearly see the wrong in choosing one path and the right in choosing the other. Others may be confused, but for us at that time, we know we must do something, that we must reach out and help, because not to do so is to allow harm to the other. Also, we know that we would become something less than who we were meant to be. Of course, the results do not always depend upon our efforts alone, because our efforts may be thwarted by conditions beyond our control or we may not have the ability or authority to change what is. We just know that we must at least try.

There may be others who have authority at the healthcare facility or organization, who think that how they are treating the vulnerable is appropriate, and certainly they justify their actions one way or another. But something is always a little "off" in their explanations, however high-minded they strive to appear, however "logical" their justifications may be.

Logic alone may be used to justify good as well as evil or unintentional error. In any case, their "justifications" don't matter when we see clearly the right and the wrong. They stand out like night and day, like a bright neon sign, irresistibly pointing us toward our true path, a path blessed by the One who gave us life — and a path that opens doors for miraculous happenings in our lives and the lives of those we meet.

But those in power often enjoy exercising their authority. They have planned out the way things are to be run, either with an eye to maximizing the revenue they personally take from the business, or if money is not their motivation, then the personal satisfaction that comes from exerting authority itself, or because they have convinced themselves of their position, even though it is mistaken.

If a patient or others get hurt as a result of that choice, it's something they consider unavoidable, as if their wishes were "the law." They don't care how much harm they cause to the mission. They view themselves as "the law" and are not only offended should anyone challenge them, they become incensed, whether they express that or not.

They make sure they get their way, using a heavy hand. However it is to be accomplished and whatever needs to be done, no matter the cost to others, they push right on. Anyone who stands in their way is ignored if they speak up, harassed if they make trouble, and even pushed out of the organization by making their position untenable. This is the culture of death at work, whether in healthcare or elsewhere. There are thousands of nurses and even physicians who have lost their job because they spoke up for what is right.

This is the way of imposing force, the way of the bully and the oppressor, however politely and professionally it is expressed.

Anyone whose heart is open, whose eyes see what is happening, understands the suffering that will eventually result from some choices and actions. People are pushed aside. Their needs remain unmet. Their voice is not considered. They languish in their suffering, crying out with no one to come to their assistance, sometimes even dying as a result of the consequent neglect.

Many turn a blind eye to these conditions, choosing not to think about them and just go about their work, either forgetting the overall mission of their work or never having understood it at all. Plodding on, they just hope to get through the day, complete a task here or there, whether the patient is benefited or not. Much activity occurs, but it is not what the mission of healthcare requires. It is not done with the right spirit.

When a lowly private in an army gripes about having to go here or there and fight to capture a certain bridge or area, it's often because he just doesn't understand the overall strategy behind the general's decision. He doesn't understand the consequences and chain of consequences that necessarily arise from failing to achieve certain goals, from failing to do things in the right way in order to achieve complete success.

Strangely enough, just as the private's ideas of what is right or wrong arise from his limiting lack of knowledge and vision of the overall war being waged, healthcare facility or organizational administrators (even though they hold positions of power) may also lack knowledge and vision. They reject the true mission of healthcare itself. They may regard it as a business opportunity alone and not a calling to serve, or they may have another misguided understanding of the mission. They may have an agenda that harms the patients, whether knowingly so or not.

When those in authority fail to recognize or understand the mission of the work, when they fail to listen to the staff who speak up on behalf of the patients or the mission, they make decisions that oppress the staff and patients and create conditions that cause even more suffering — sometimes terrible suffering! The work is poorly done, and even though there may be some staff who are very dedicated, the mission necessarily goes astray.

As just one example, meals may be carefully designed by a dietitian to provide adequate nutrition for the patients. Those meals may be cooked and trays with food brought to the patient's room, but the patient's need to be fed is not considered. Administrators hire too few staff to feed all the patients

who need assistance, and the food remains at the bedside uneaten, just out of reach of the desperately hungry patient.

It is no wonder so many patients lose weight and are diagnosed as having "failure to thrive!" It is assumed that with such careful dietary considerations having been given and the meals having dutifully been brought to the patient's bedside, the patient is not able to *absorb* the food eaten. That the patient is unable to feed themselves and is not being fed is too often overlooked! Many people cannot even imagine that such an obviously terrible blunder is being made even once, let alone over and over on a daily basis, week after week and year after year.

Or, those same meals are cooked and prepared just as the dietitian desired, and the patient is able to feed themselves, yet a custodian in the facility doesn't feel like keeping the kitchen as clean as ordered. "It takes too much time to do it that way!" he thinks. When a cockroach, fly, or other insect is found on the plate at the patient's bedside, the patient doesn't eat, grows weaker and sickens. Nobody but the patient understands why. Nobody bothers to ask.

Consider an elderly patient suffering from end-stage osteoporosis or a very painful cancer. Just moving an inch involves excruciating pain. If she doesn't move, she knows she may develop open wounds in her skin, decubitus ulcers, which if left unhealed, may cause a septic infection and even death. What a terrible dilemma!

Those administrators with authority often care nothing about the mission of healthcare. They may hire too few workers to meet the needs of patients like her and falsify the records to appear as if there are more staff working than actually are. Attention to the clinically-needed pain medications is not given. Either the patient is not given enough pain medication or is given so much that her death is hastened.

In many cases, when the patient calls for help moving, instead of two staff to help her, only one or none arrives. There is only so much the staff can do, even if they care deeply. The administrators have control of the staffing and how things are to be done. The patient then moves less, and when she does, she suffers more. Her end days are made even more painful and she cries alone, feeling abandoned by all. Her death is hastened in many ways and she dies in a hostile environment, without the support of loving caregivers at her side.

This is the culture of death way of working that taints most of the activities it engages in. This is the culture of death that kills those who are to be cared for. Its adherents do not care that it is not right. They don't even *see* that it is not right and many certainly do not consider themselves to be part of the

"culture of death." They just consider themselves to be "professional" and act as they have been trained to do.

They have not been trained to respect the sanctity of life. They have no idea what reverence for life means. How completely blind are those who fail to see the mission behind their work. It is only by chance that they might do something of benefit to others. Of course, there are others who are consciously and zealously promoting the culture of death. These actively hasten death and know they are doing it, though they will often conceal what they are doing from those who would object.

Advocacy work promotes the well-being of the vulnerable and in need. Patient advocacy is one branch of the culture of life that is founded upon reverence for life, the fullest expression of our love. Those who have embraced the culture of life radiate that reverence for life when they interact with the patients and the public. Their kindness touches the hearts of those in need, whether in lifting a spoon to the lips of their patient, bathing and dressing them, tending to their wounds or administering treatments and medications that will help them.

The dear Lord Jesus mentioned such individuals (who embrace the culture of life) when He sent the twelve disciples out into the world: "Whatever town or village you enter, search there for some worthy person and stay at their house until you leave (Matthew 10:11)." These worthy persons have hearts that are open. They are generous and kind and open their homes to help others. In many cultures, the guest is treated with great respect as if God Himself or an angel were visiting (Hebrews 13:2).

Clearly, the patient's welfare ultimately depends upon the actions of those who provide care, and those who provide care *must* care, otherwise it is all a sham, a counterfeit of what healthcare is meant and needed to be. Patients may be rescued from life-threatening medical conditions by heroic interventions in the hospital emergency room only to be shipped off to a culture of death hospice or palliative care facility where their medically-stabilizing medications are removed, their food and water withheld, and sedatives administered so that they die within days or a week or so from dehydration and circulatory collapse. Does this make any sense?

Pro-life hospice and palliative care staff continue to affirm the life of the patient. So long as the patient is able to benefit from medications, they are continued. So long as they are alive and not imminently dying, so long as they can take that food and water in, their food and water are continued. Culture of life healthcare lovingly adheres to the traditional standards of care in both word and deed. Culture of life patient advocacy fights so that the

patient's needs, clinical or otherwise, continue to be met as conditions change.

Relationships founded upon love display an order that is in harmony with the divine and the natural law: family members support, respect, and care for each other; members of society provide goods and services to the others; healthcare staff lovingly promote the well-being of their patients; administrators manage their facilities and agencies with an eye to the overall mission. It is love that inspires the vision for all activities within the culture of life, and all staff, as well as other nonprofessionals, serve as patient advocates.

When care is provided rightly, not only is the welfare of those in need assured, it promotes the happiness of all involved, caregiver, patient and family. Care motivated by our love and properly provided, as well as action rightly performed, appear *right* to the spiritually sane (those whose hearts are inclined toward God with faith). Those actions are recognized to be *good*. They awaken an appreciation of our sense of what is beautiful, so some have been led to say, "Love is a beautiful thing."

St. Thomas Aquinas says that "beauty and goodness in a thing are identical fundamentally,"¹ but that the idea of goodness has the sense of being an end or goal sought by each one of us, while beauty pleases when seen. He also says that, "beauty includes three conditions, "integrity" or "perfection," ... due "proportion" or "harmony"; and lastly, "brightness" or "clarity"²

While there are additional ideas about what qualities define beauty (such as a sense of symmetry and balance), we can understand that when we see care that is really helpful to the patient, we can recognize that it has integrity, that it is accomplished perfectly (in that it provides what is needed), that care is provided in a way that is proportionate to those patient needs, that it is in harmony with what is needed to maintain life for the patient. We know for these reasons that it is both good and truly beautiful. "Everything within us" tells us that it is *right*. We recognize that it is in harmony with the divine as well as the natural law.

When we see something that does not feel *right* and is immediately perceived to lack beauty or goodness, or leaves us empty and uninspired, disturbed or even horrified, then we can understand that it not only is not beautiful or good, it really is not *right*. It is *wrongly* done. Culture of life patient advocacy fights to correct these wrong activities and restore the right direction of care and actions so that the provision of healthcare promotes the patient's well-being. Mistaken decisions can be reversed — returning care to the right path — thereby affirming the life of the patient and the mission that healthcare is meant to serve.

What do we see in the culture of death? Patients are physically or medically-restrained against their wishes, sometimes even physically beaten or sexually abused; too few caregivers are assigned to provide for the patients' needs; inadequate attention is given to all the standards of care, and epidemics of medication errors and other violations actually harm the patients. Treatment is denied. Patients, families and others are misled by giving them false "justifications" for the actions taken or not taken.

Over 400,000 patients die each year from medical errors in the United States, making healthcare the third leading cause of death! How ironic that care that was supposed to protect the patient's health actually violates the heart of the mission and ends in killing the patient!³

Most patients are not in any condition to fight for their own needs, so others must serve as patient advocates when the administrators and staff do not naturally do what is right. In a culture of death healthcare setting, it is frequently found that staff do not always do what is best for the patient. Other considerations govern their decisions and actions. When some might wish to do the right, bureaucrats who control and limit funding may narrow the choice of options to be offered to the patient.

Even if funding is adequate, money alone can never overcome the wrongness of how things are done within a culture of death healthcare setting. The process of how each thing is done matters tremendously!

Money is often wasted, fraudulently obtained, or spent on interventions that do not truly contribute to the well-being of the patient. Those who work in a culture of death cannot understand why their efforts do not succeed, but it can only be as it is, since the administrators who control policy, as well as the staff, do not consider the patient's well-being as their highest priority. Revenue, power, status, reputation, or any number of other concerns are placed ahead of the patients!

However, if we are striving to fulfill the dear Lord's will in what we do in this life, whether in the healthcare or organizational setting, or in our own personal lives, we must be willing to correct our actions at any moment when it is within our power to do so.

This is where the virtues of humility and honesty open the way for us to choose right actions in life, even if in doing so we must admit we have made a mistake. In this way we may turn back from our error and live and act in a way that best serves the mission at hand. All of us being imperfect human beings, as we become aware of our errors, we continually correct ourselves in order to live in harmony with His will.

Parents and coaches tell the young athlete, "Give your best effort and then you can accept the results, win or lose, with a healthy pride." "You did your best!" In life, this is all we could ask of any other or ourselves. In our work we must ask ourselves, "Is this the best we could have done?" Have we been willing to adjust our methods and actions in order to achieve the goal? "Is what we have done good or beautiful to behold?" "Does it truly represent the mission we serve?"

Many of the Pharisees in the time of Jesus proudly thought and asserted that they were righteous (or good) even though within they were arrogant, selfish and evil. Some may simply have been confused, but like many of those in authority throughout history, they used that authority and turned deaf ears toward those who pled for mercy.

Because they were not spiritually sane, their hearts were not truly inclined toward God. In calling for the death of the dear Lord, they thought they were doing what was best for the nation and themselves, but in rejecting Him, they did wrong.

Zedekiah, king of Judah (during the reign of Nebuchadnezzar the king of Babylon), chose to listen to the advice of the false prophet Hananiah while rejecting the word of the Lord given to him through the prophet Jeremiah. He decided to do things differently than Jeremiah advised. Zedekiah therefore lost his kingdom, his family and friends and was blinded and enslaved in Babylon (Jeremiah 28).

Failing to listen to those who have one's best interests at heart and who possess wisdom results in terrible suffering eventually over time, whether one is a king, a nation, an individual, a healthcare agency or organizational administrator. Patients who do not follow the good physician's advice suffer and their health declines. The Pharisees of Jesus' time, for example, did not pause to listen to the voice of those who saw clearly and were spiritually alive, so they did terrible things that oppressed others.

Their hearts were hardened. Their minds were closed. They could not perceive the real mission God intended them to accomplish. They were sure they were right, yet they were so wrong. History is filled with such examples. Why do we imagine or assume that we would never make such mistakes, that *we* are righteous? Perhaps it is because we are similar in many ways to them. We are "proud man" who fails to see his or her own flaws and *assumes* he is right and following the right direction.

To those who viewed them from a worldly standpoint, the Pharisees had power, authority, wealth and all that these could give them. They were well-respected and thought to be doing everything necessary for the welfare of society. They were leaders esteemed in the highest circles. They busied

themselves with what they considered very important matters, yet they ignored the actually important matters: "justice, mercy and faithfulness." From a spiritual standpoint, they were beggars — "blind guides" destined for terrible suffering. (Matthew 23)

Administrators may also busy themselves with all the activities necessary to maintain healthcare or organizational operations. So many things need to be done, and they choose to do all of these things in a way that reflects their priorities and their understanding (or lack thereof) of the mission. If they fail to honor goodness and beauty in their choices, if they fail to open their hearts (so that the principles of justice, mercy and faithfulness do not guide their choices), then the results will speak for themselves.

In what they choose to do, doors are closed to the miraculous and wonderful. In what they do, His blessings are rejected. In what they do, His will is not fulfilled, and relationships are torn apart. Alienation and suffering flourish. They do not consider the damage done to the organization and its mission. These same questions must be considered in each of our lives: do we honor goodness and beauty in our choices? Are our actions inspired by justice, mercy and faithfulness to God?

Seeing that in every moment of our lives we make choices and then act, our entire life is one continuous process of choosing and acting in the present moment. Our entire life is a series of opportunities to either open ourselves to His guidance in our choosing and acting, or to close ourselves to His guidance in our choosing and acting.

Why do we advocate for those in need? For those reasons. Those who seek to please the dear Lord will strive to honor Him in each and every thing they do or create, in each and every way they contact others as they network with others in the world, in each and every relationship. Whether working within healthcare itself, in advocacy or other organizational missions, they will be eager to open themselves to hear what others of faith have to say and will seriously consider their advice (Proverbs 11:14; 15:22)

In order to discern the wisest path for their people, Native American tribes met in councils composed of their wisest leaders; Americans and people of all nations throughout history have met in local councils composed of their wisest leaders. Christian and other religious communities did so as well. The practice of listening to those with wisdom to share assures that the right advice is heard and hopefully followed. As it was written:

By wisdom a house is built,
and through understanding it is established;

And through knowledge its rooms are filled
with rare and beautiful treasures. - Proverbs 24:3-4

Those who follow Him know that Jesus said, "For where two or three are gathered together in My name, there am I in the midst of them." (Matthew 18:20) They recognize that the blessed community of believers *is* His church, and they remember that we are instructed that whatever we do, we are to: "... do it all for the glory of God (1 Corinthians 10:31)."

So we must ask ourselves, "Is this worthy of Him?" "Would He be pleased with this?" "Would He approve how I treated this person or patient today?" Before embarking upon a new direction, we must ask ourselves, "Is this what He would will in this situation?"

The motivation for those who promote the culture of death is often their own personal pleasure, power and control, acquisition and pride. The motivation for those who serve the culture of life is the dear Lord and His love which has filled their hearts. They do not thirst for power; they thirst for that which is righteous and good. Each morning, noon and night, they thrill with the presence of the Lord. He fills their hearts with joy, and in response, they can only cry out, "Thank You!" "Thank You, Lord!" "You are glorious!" "You are mighty!" "You are worthy!" "You are beautiful, dear Lord!"

And when His disciples serve the patients, only good-will motivates their every action. In the culture of life, they are clothed with generosity, kindness, mercy and love.

The spirit of patient advocacy arises naturally within the spiritually sane as a response to the needs of the vulnerable. Patient advocacy is ultimately based upon our relationship with the dear Lord. Right reason helps us to understand that our ultimate good is found in pleasing Him, and that when we serve our patients, we are truly serving Him.

Right reason instructs us to give careful thought to what choices we make and the actions we actually do. Right reason shows us we must honor the principles of truthfulness, justice, mercy and faithfulness. It reveals why and how we must advocate for the patient's welfare and for the lives of the vulnerable.

Right reason helps us to remember that not only "where there is no vision, the people perish," (Proverbs 29:18), but that no matter how hard we work or how much we do, where the vision is lost, our mission eventually fails! There are consequences for our choices.

If we leave the right path, we walk in darkness in a direction that takes us away from our goal. When our actions do not reflect the spirit inspiring our

mission, we go astray and cannot reach the intended goal. The apostle and author of the Epistle of James tells us that we must caution others who are following a path that will bring suffering and spiritual destruction (James 5:19-20).

The right application of reason affirms the vision of our pro-life mission which is founded upon the love He places in our hearts. The virtue of humility helps us to receive correction and then do what is best, making choices that are in harmony with the ethics of life.⁴

This constant self-correcting process is fundamental to the provision of healthcare and the culture of life. This is why in an organization with integrity, great attention is given to remain true to the mission, with quality improvement, proper supervision of all activities, and assessment of the actual results achieved through the actions undertaken. When an organization has integrity, its leaders and staff remain true to its mission in all that is done and how each activity is done.

Right reason and faith in the One who is the true good in life lead each of us to what is good in our own lives and in the lives of the patients and public we serve. This is how the real spirit of patient advocacy is born.

Endnotes:

1. St. Thomas Aquinas, "[*Whether goodness has the aspect of a final cause.*](#)" "Treatise on the One God" Summa Theologica, FP, Q 5, Article 4. [Back](#)
2. St. Thomas Aquinas, "[*Whether the essential attributes are appropriated to the persons in a fitting manner by the holy doctors?*](#)" "Treatise on the Most Holy Trinity," Summa Theologica, FP, Q 39, article 8. [Back](#)
3. John T James, PhD, "[*A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care.*](#)" *Journal of Patient Safety*, Sept 2013, Vol 9, Issue 3, p 122-128. doi: 10.1097/PTS.0b013e3182948a69. [Back](#)
4. Ron Panzer, "[*Restoring the Culture of Life \(The Ethics of Life in Healthcare and Society\)*](#)," 2013, Hospice Patients Alliance. [Back](#)

Troublemaker — Advocate

Part One of Two

By Ron Panzer

Updated November 13, 2013

"He that is faithful in that which is least is faithful also in much:
and he that is unjust in the least is unjust also in much." - Luke 16:10

In an ethical and moral society, the troublemaker repeatedly violates the rules, the standards, and if he's a criminal, the law itself. He's the student that drives the teacher crazy, the kid that's always getting in trouble with the police, the child who disobeys his parents, the one who chooses to never do things right. He ends badly.

He becomes an evil man: a liar, bully, betrayer, manipulator, schemer, deceiver, con-man, criminal, sociopath, psychopath, rapist, or even murderer.

History is filled with accounts of the suffering inflicted by such. Strife, destruction and disorder follow wherever they go and society's leaders do their best to rein in such destructive individuals.

In an ethical, moral society, the police, courts, judges, leaders, parents and government officials strive to follow the highest ethical standards of honesty, fairness, and justice in order to protect those they serve. This is part of the culture of life. This is the way it's supposed to be, at least according to God and His divine law, and those who are blessed to recognize the goodness in His law and follow Him.

In a culture of death society, however, corruption rules. People generally rebel against God and His law. Often, they even deny that He exists, which makes following His law a moot point in their mind.

That's what they want: to do whatever they want to do without worrying that there might be an ultimate Authority who judges them for what they do. They don't want to be judged at all. They don't wish to be accountable for their actions.

In a culture of death society, the police, courts, judges and government officials bend the laws to favor their friends and family or whoever pays them the most. They care only for the *appearance* of doing the right and violate the laws when they wish to while ignoring any pangs of conscience that they have not yet completely suppressed. They turned a deaf ear to that voice long ago, and where their lives end up is truly sad and tragic.

In culture of death healthcare, administrators are unjust and cruel. Throughout history, there has been a constant interplay between individuals who promote the culture of death in what they do and those who participate in the culture of life, but even though this struggle goes on all around us, *so many have such a deep misperception of what it means to be pro-life and part of the culture of life.*

You see, *this is not a question of subscribing to one view or the other*, like changing one's mind about whether you wish to wear one hat or another or join one political party or another. "Convincing" someone intellectually about being pro-life or caring for the patients is not enough to make a real difference in the world.

We can't sign up and become a member of the culture of life. We can only wait patiently for the dear Lord's grace, serving those in need with great love, and hope that we will find our way into that culture of life (Luke 12:33-40). *Only when He opens our eyes will we truly see (John 9:35-41).*

A fundamental change in *how* someone *is* is required. We must open to the spirit of life in order to participate in the culture of life. We must open our hearts to the King of Love to be pro-life, because only then can the culture of life flow through us as a stream of living water (John 7:38).

Each of us, the individual members of society, create some aspects of our own world and interact with what others create through their actions. The overall trend of our choices and actions becomes our habitual way of being, whether that is virtuous or not.¹

We must remember that there *is* such a thing as "the society" that has its own characteristics within the world. The sum total of all the individual members' choices and actions determine the overall trend within the society, just as the staff and administrators determine the trend in any particular organization or healthcare agency.

A society or organization whose members have truly deep love for each other and for God, and whose choices and actions are inspired by the virtue of life-affirming mercy, *is* pro-life and demonstrates the blessed community intended by the dear Lord. The actions of its members are life-nourishing for the other members, each providing not only goods and services but loving interactions with the others as well.

A society whose members use each other and treat each other as objects on a chess board in an effort to do whatever *they* have decided to do is pro-death even though its members pride themselves as being the elite. They may go to church and cry out, "Lord, lord" all day long, but they do not understand that because there is no sacrificial love within their hearts and no sincere

concern for others that they have disqualified themselves from the culture of life (Matthew 7:21-22, 25:11-12; Luke 6:44-49).

Those who promote the culture of death in what they choose to do and how they choose to be do not really even *see* other people as being just as important or valid as themselves. They act as if the world revolves around themselves and manipulate anyone around in order to further their own agenda. Rather than working *with* others, they command them if they can. They don't really *see* others at all.

Those who participate in the culture of life *love*. They love their mother, father, brothers and sisters and all around them. They love those they work with (whether they express it verbally or not). In loving, they *see* the other and interact in a way that communicates that love.

If you were to show me someone who did not know love and the pervading meaningfulness of life in that love, then you would be showing me one who only appears alive, but is actually dead to true life. The philosophy that arises out of such deadened, unloving hearts speaks of the meaningless of life — simply demonstrating how lost those philosophers truly are to the way of life.

These are the ones who use words and phrases such as "justice," "for the good of society," and "patient self-determination," to argue that individuals should be able to kill themselves — when they actually seek to justify killing defenseless individuals who *they* determine to be unworthy of life.

Show me someone who has never loved so much that they would give their life for the other, and again, you would be showing me one who only seems to be alive. Their "compassion" and the choices they make are perverted and evil. To have never loved deeply is to have never lived.

If we have never known or have forgotten what it is to lose ourselves in the beauty of His Creation or in the one we love, if we do not now experience this love within us, then in this moment we have fallen away and know little of the culture of life. It is our task to remember the dear Lord always and to open continually to His all-consuming love.

If we do not treat others with respect and really hear them, how can we have His love within our hearts? Then again, who among us has never been unkind, cruel or wrong? It is possible for any one of us to fall into old habits of vice that harm others and also possible for us to be lifted into habits of virtue that are a blessing to others as well as ourselves.

Each of us must choose to participate either in the culture of life or the culture of death, and this is an ongoing, moment by moment, never-ending process of choosing that goes on till the day we die. Those who choose to participate in the culture of life know that shining like the sun above each of us, and above all of us together as a society, is the unifying Light and presence of God, showering His love upon each and every one of us, whether we are the caregiver or patient, or the able or disabled.

If we are *present* with our patients, partners and others with the same degree of love and respect we show to our own family and loved ones, that is participating in the culture of life. If the work of our hands and minds displays that love, that is participating in the culture of life. If what we share with others inspires them to have reverence for life and for God, to know without a doubt that we care, to know that they themselves are valuable and that their lives have great worth — then that is participating in the culture of life (Luke 6:44).

With this in mind, we can understand that there may be many who say they are pro-life or believe in God, but who may not honor others and God in what they do or how they do it. It is not a mere matter of taking one side or another but a matter of *being* one way or another in our relationship with God and in our relationship with others around us. This is the way that we can understand how the troublemaker within a culture of death arises to bring light into an often cold-hearted world.

One who participates in the culture of life *sees* others, including the patients she serves, as her fellow human beings, to love with everything she has, to care for in the best way possible. Imagine the horror she feels seeing the patient she loves being abused, neglected or harmed. Like a mother who suddenly becomes aware of her own child being attacked, she will act to protect that vulnerable patient who is being mistreated. Imagine how perplexed she is when managers do not care about the patient or the mission.

In the culture of death setting, the troublemaker is a relatively good man or woman, more or less as imperfectly good as any can really succeed in being. She sees the widespread corruption and exploitation of those who are defenseless and tries to put an end to it. Her anguish is palpable and does not leave her. Her only comfort in such a difficult setting is the dear Lord and His grace.

In this terrible situation, the troublemaker is an advocate for the vulnerable, a dedicated physician, nurse, therapist, counselor, dentist, or any other caregiver and protector. She sees how innocent people are made to suffer so horribly, or even be killed, at the hands of the powerful. She speaks up against the abuses of the powerful even if it means she herself has to suffer. Some think her too stupid to know when to be quiet.

Wherever there is a government, corporation, business or any other formal project managed by people, there is a self-protective, self-maintaining power structure. Wherever there are people, there is inevitably the opportunity for error and harm to arise. Because of mankind's imperfection, selfishness and pride, actions that are harmful to many are continually chosen, causing the unnecessary suffering in the world.

In the culture of death setting, administrators everywhere despise the troublemaker. When looking for employees or candidates to join in the work, they weed out any they think will cause trouble later. If they find they've missed a troublemaker and inadvertently have hired one, they fire her as soon as possible, trumping up false charges if they are able to do so.

Because such administrators manipulate those around them, using them to achieve their goals, the troublemaker, who cares so deeply about the patient and the mission, presents a problem. She

cannot be manipulated or turned away from her concerns. She exists as an island of love within an uncaring and sometimes hostile world.

Every healthcare professional knows of abuses and violations within the care setting. But most do nothing at all about them. Their silence allows the abuses to continue. They are easily manipulated and intimidated by those in authority. But what about that one, the troublemaker? She lives as a stranger in a bizarre, uncaring world.

In the evolution of the advocate, from a simple healthcare professional into troublemaker, there is always a moment of truth. Because *He Who Is* has blessed her and opened her heart (Exodus 3:14) and called her to serve the people, she cares and loves her patients. She is impelled to act.

This is the movement, or emanation, of the Holy Spirit from God through a person that causes them to act in the spirit of mercy in the world (whether they realize this at the moment or not).² This spirit is the spirit of love, something quite foreign to the culture of death and most central to the culture of life.

Like oil in water, she stands out from those who do not care and instruct her not to care. She brings a light into the dark world created by those who act without seeing, feeling or knowing what they really do. If the advocate didn't care, why would she bother to act? It is because she cares so much and is moved by the Spirit of real love that she gives everything she can. It is God's unchangeable love that radiates from her.

While she realizes that there are many aspects of the work that can be done in different ways, the spirit of how things are done must never be compromised. Why? She knows that *if one compromises the spirit of how things are done, the entire work will be corrupted and go astray and that people will be harmed in so many ways*. She knows that her patients can be harmed, so she stands up to policies that betray her patient's needs.

One of the most famous examples of a troublemaker is St. Francis who was called to restore the purity and authenticity of the Christian Church in his time. Most do not think of Francis as a troublemaker, but the purity of his example (made possible through God's grace) exposed those arrogant, dishonest, hypocritical religious leaders who sought to impress and then exploit the people. Francis was *authentically* devoted to God and was not fooled by those who were pretenders, just as Jesus was not fooled by the Pharisees.

Francis inspired many to repent and live a life in obedience to the spiritual rules revealed to him and formed the Friars Minor, the order of Franciscan monks who were to spread God's love, serving all in need. He instructed his followers to rely completely upon God and His grace for their needs just as the disciples of Jesus were instructed to do. One of the simple rules they were to follow was the rule of poverty.

While Francis was away, leaders arose who urged that the rule of poverty be relaxed, thinking this change to be *practical*. They were sure that the changes they were proposing were *absolutely necessary*.

After returning from travels to the Holy Land to bring the message of the Lord to all those who were fighting, Francis was shocked and dismayed to see that these followers had betrayed his vision. He urged them to return to the true way, but found they would not listen to him at all.

Although the Order was extremely important to him, Francis let it go, remaining true to his vow of poverty, not possessing anything, even control over the Order or its members who wished to go another way.

He realized that each of us must make our own choices, and though these leaders were betraying what he knew to be good, he allowed them to go their own way. The culture of life does not impose its will upon those who reject it. Francis then retired from the Order and lived a solitary, holy life dedicated to prayer and communion with God.

His act of resigning from the Order was a great gesture that should have evoked shame in those who had betrayed him, but they were not ashamed at all. They did not really care and definitely did not value his input. They were excited to follow their new direction. They thought they knew better.

While so many know this story about St. Francis, most never ask the obvious question: What would have happened if the followers in the Order had sincerely repented and apologized? What would have happened if they had returned to the way Francis showed and lived a life in harmony with the spirit of his vision and the prompting of the Holy Spirit? Francis would have been able to remain with them and continue to work with them. He would not have stayed away.

Of course, they were completely unresponsive, refused to listen, and insisted on following the new direction they said *must be taken*. Only after Francis saw that these leaders *chose* not to listen to him did he leave them, preferring to live his life in obedience to the mission he was given to follow.

These followers were just like the many powerful leaders in the Church in Francis' time who felt threatened by Francis's call to live lives authentically true to the dear Lord's teaching. They were not willing to relinquish their misguided ideas of what a *religious life* really meant. Some of them had acquired power, wealth, and prestige; they would not let go of these.

These "blind guides" were not receptive, just as administrators today in many organizations and in healthcare especially are not receptive to listen to the sincere pleas of dedicated, loving staff who call for improvements in patient care.

It is clear that a faithful but naive employee, soldier, citizen, family member, or other may be most dedicated to the well-being of those in need, but when she finds something that is just not right — something that will cause harm, administrators do not listen to her. When she dares to speak up, at risk to herself, she believes that because the problem is so obvious and the truth of the matter is clear, that those higher up in the chain of command or management will immediately act on her suggestions and correct the problem.

If those with greater authority are receptive and respond to correct the problem, then all is as it should be. The responsive administrator or manager is a blessing to the entire work.

However, when there is no receptivity, when decisions are made without even consulting those in the field who might have great insight into determining what is best-suited to the needs of the mission or the patient, when those with authority deny the obvious, when they say things that are certainly untrue and inaccurate, when they refuse to do what is clearly necessary to correct the problem, a terrible red flag is raised.

When those in authority do not answer questions at all or answer nonsensically, when they remain unbending, there is something terribly wrong. Even though it is natural that in any organization some have authority and some follow, it is not right for those in authority to misuse that authority, to speak untruth, to ignore the problems that exist, or to refuse to hear the words of those with wisdom before acting.

In such situations, advocates for the patient or mission become extremely distressed. Why? Not only are the needs of the patients or defenseless not being met, but often, actual harm to the patient or mission is occurring. What should be done is not being done and what should not be done is being done. This reversal of what should or should not be done results from the dominance of the culture of death way of functioning. Respect for the lives of the patients, staff and others does not really exist any more.

At first, the employee (or other advocate) becomes extremely confused and troubled. She does not understand why the logical and right thing to do is not immediately done. It just doesn't make sense! She naively believes that those administrators share her deep reverence for the mission.

Over time, after respectfully communicating repeatedly with those in authority, after carefully explaining why changes are needed, the inescapable conclusion arises: *They do know the truth* about the problem, but are actually intentionally creating that situation for one reason or another, whether due to a power-play, a misunderstanding of the mission, pride, greed, or for some other agenda.

It becomes clear that the inspired mission the employee had been called to serve is not the same mission or goal that those in authority are serving. This shocks the employee. It becomes clear that although she had been encouraged repeatedly to see herself as a "partner" in the work, those in authority are "pulling rank" and imposing their way forcefully upon all. The actions of those in authority that violate the merciful spirit of the mission at hand speak for themselves.

Anyone who has worked for long within healthcare and many other industries has found himself or herself in this type of situation at one point or another. What is to be done then? If you've seen this type of situation, what did you do?

Certainly, those administrators who are honestly striving to protect the patients and assure their well-being *will* act to do so. When they do not, it's because they have *chosen* not to. The naive employee begins to see the reality of the situation as it truly is. Her eyes are opened to the realities within healthcare and in society.

The dishonesty of administrators who betray the mission (and the patients with it) is exposed, and they are known for what they are. When out of their mouths come that which we know to be a lie and not the *whole* truth as well as *nothing but* the truth, their misleading statements fail to reassure. Something within feels as if it had died — the disappointment in those who were once trusted is terrible to experience. We understand what Jesus meant when He said:

"It is not that which goes into the mouth that makes a man unclean; but that which comes out of the mouth, this makes a man unclean." - Matthew 15:11

Those administrators' actions directly reveal what their goals are, and in a patient care setting, their goals are often revenue for the agency first, order second, and patient welfare third, fourth or last on the list. Decade after decade, numerous investigations have revealed actual neglect, abuse and direct harm to patients in healthcare settings, yet these continue to occur without being corrected. How is that possible?

We must realize that what is true is true. What we see being done *is* the policy of those in authority. When those in authority deny the obvious about what they are causing to occur, when they treat others without respect, they have wed themselves to the culture of death, however unbelievable that may be to those who believed them to be good, dedicated men and women.

However good they may be, and however good the work they have done before, none is truly *good* other than God, Himself (Luke 18:19). Any one of us may go astray, and tragically, these administrators *have* gone astray. When the advocate approaches them, questioning their actions, they should feel ashamed at what they have done, but these do not feel ashamed at all.

Let me share a few examples with you about administrators who say one thing and do another, who impose policies on the staff without even consulting them, and what the consequences can be: In 1985 when I worked in an adult foster care home serving the developmentally disabled men, the owners set policies that violated infection control standards.

They placed the residents at risk of acquiring a very serious and permanent infection (spreading a chronic infection in one to all the rest). When asked to modify their policies for infection control, they refused to comply with the standards. They told me, "Trust us, we know what we're doing." The inspectors who were brought in disagreed and forced them to make changes.

Another case? In the early 1990s I was thrilled to begin work at the local rehabilitation hospital, reputed to be a very fine center for treating newly injured patients. I was hired to work almost exclusively on the spinal-cord injury unit, but at the hospital we not only provided complete bedside care for newly-injured quadriplegics and paraplegics with spinal cord injuries, we also cared for amputees, brain-injured patients, stroke and pediatric patients.

All the staff worked together to care for and teach the patients and families how to live as independently as possible. This was very demanding but also very rewarding work. However, I soon learned that although the hospital provided excellent care to the patients, the staff were mistreated in many ways, sometimes causing serious injury. This, too, is part of the culture of

death way of functioning within healthcare settings — something known to most who work within the healthcare industry today.

One example was what happened in an isolation room, a "quiet room," that the administration had constructed by its own maintenance workers who converted a room to function like something you might imagine existing in a psychiatric hospital. They took a room and padded every wall and every other surface from the inside, including the doorknob. It was made to be soundproof so almost no noise escaped from within it.

However, contrary to the most basic standards and common sense, in order to save a few thousand dollars, they chose not to set in place standard protective measures for patients and staff. In a psychiatric hospital there are all sorts of protective measures taken to assure the safety of patients and staff. This "quiet room" had none of these.

There was no call light or buzzer system from within, no way of phoning out (this was before cellphones), the door could not be unlocked or even opened from within at all. There was no video-surveillance from the nursing desk. The only way to open it was from outside. They told the staff, who had no input into the decision to make that quiet room, "Don't worry, trust us! This is how it's going to be!"

My friend, Karen, (a single-mother with two teenage children at home) and another female nurse led a brain-injured, unstable and violent patient into the quiet room to calm him down. They were doing so according to the criteria set out in the official care plan for that patient when the door accidentally swung shut on all three of them.

This patient was a very strong, young man who attacked Karen by grabbing her hair from behind and dragged her around the room, swinging her from side-to-side forcefully. The two nurses screamed for quite a while before someone heard some faint noises and eventually realized they were in trouble inside the virtually soundproof room.

Karen was injured permanently. She suffered with severe pain, "pinched nerves," and numbness going down her arm. She could not move her head side-to-side at all and wore a neck brace for more than a year. Management let her take a while off from work, but then assigned her to work in an office position, a secretarial position that she was not qualified to do. Her neck pain was so severe that she could not even do that work.

Meanwhile, once the short-term disability checks stopped, they pushed Karen to the ends of her abilities. This hospital was self-insured for worker's compensation claims and had tremendous financial incentives to settle Karen's claims for much less than her eventual, actual medical costs. The workers' compensation physicians they hired to evaluate Karen failed to find what was wrong with Karen, and the hospital administrators decided not to give Karen her weekly paychecks.

After this had gone on for a few months, I spoke to the CEO of the hospital on Karen's behalf. He told me, "Ron, Trust me! We will pay her. We want to settle with her!" And what did they

offer Karen? An immediate payment of \$20,000 if she would sign away all rights to any further claims against the hospital.

How did the administrators think they could set Karen up so that she would be pressured into signing away her rights to compensation for her severe injuries on the job? They continued to fail to pay her the required worker's compensation checks that she and her children depended upon for food and housing. They kept promising her, to her face, "Oh, we will pay you!"

Karen eventually received a notice that she and her children would be evicted if she did not pay the rent on her apartment. They were about to be put out on the street when she went down to the hospital to pick up the check that management again promised to give her — yet, even though they had just told her they had the check and to come down and pick it up, the hospital administrators again refused to pay her!

She was still suffering from her injuries and was so distraught that she collapsed that day at the rehab hospital. She knew she and her children were to be evicted and was sent to the emergency room with angina chest pain so terrible she thought she was dying, but it was a panic attack brought about by the treatment she received at the hand of these well-respected hospital administrators. These were the actions of prominent leaders in our city! But they acted abominably! The very few of us who knew what they had done to Karen were outraged.

It was only through the assistance of two friends who paid the \$1,200 overdue back rent payment for her that she was able to stay in her apartment and wait out the administration, which was then forced to pay her what they were required to do by law. Over the next few years she finally managed to see good physicians who properly diagnosed her condition and determined she had four vertebrae in her neck that were damaged.

After undergoing a few neck surgeries, she ended up having those four vertebrae in her neck fused together. Her medical bills added up to hundreds of thousands of dollars. My good friend Karen never worked as a nurse again. That was over twenty years ago.

The Occupational Safety & Health Administration inspectors forced the hospital to close down that "quiet room" completely, and the hospital was fined \$1,000. Apparently, the employees who were told to just "trust" the judgment of the administration did have good reason to question what the managers did. The staff knew better but their input was discounted out-of-hand.

Another example? In healthcare, we often need to transfer heavy, immobile patients from bed to wheelchair or a moving "stretcher." If we can move and lift them by ourselves, we will do so, but if not, we use a mechanical device, often one called a "hoyer lift." This involves placing a pad under the patient and attaching that strong pad to the lift so that we can then move the patient by moving the lift (like a crane moves a heavy piece of equipment).

Of course, such devices and the pads used to support the patient's weight must be in good condition for the patient to safely be moved. Back in 1990, while working at the rehab hospital, I noticed that the heavy canvas cloth pad being used was old and dangerously frayed at the edges

where the chains from the hoist lift hold the pad. As we are supposed to do, I reported this to the supervisor, asking that a replacement be ordered before the pad broke and a patient fell.

Well, in a culture of life setting, they would have done exactly what was asked, but they did not. They refused to order the pad saying, "Trust us." "It'll be ok!" "Don't worry, Ron!" And they must have said to themselves, "He's raising a fuss about nothing!" About four months later, a very heavy quadriplegic patient was being transferred from bed to wheelchair using the hoist lift and pad.

The pad broke exactly where the chains connected with the pad: it was frayed, just as I had warned the administrators, and the patient fell to the ground. Luckily, the charge nurse and I were there to prevent him from falling too hard and protected his head. This is one example of hundreds and thousands of times that those in authority do not listen to staff and endanger the mission at hand, which is serving those in need *well* and assuring their safety.

There were more problems for the staff at this fine hospital. Nurses, like soldiers in the military, are extremely dedicated to their mission. They do incredible work, sometimes beyond their ability and become injured on the job. When policemen are injured on the job, the entire force takes up collections and tries to help out in some way. When military are injured, they receive benefits of some sort and healthcare for life through the Veterans Administration. When nurses are injured, there is often nothing for them.

Nurses and nurse aides have the highest rate of back injury of just about all professions. When nurses are injured, healthcare agencies often do everything possible to quietly move that nurse out of view, outside the awareness of almost all other staff. They use many administrative tricks to avoid paying benefits to the injured employee. Many nurses are left disabled, without benefits and financially ruined.

Like many agencies today, with an eye to increase the hospital revenue, the administration manipulated the staffing levels so that they would not have to pay for a full staff — a full staff that met the staffing requirements required by the standards of care and the law. Troubled by the injuries occurring, and finding no information forthcoming from the administrators, I decided to research the issue and found out what the industry staffing requirements actually were. I realized what the administrators were doing.

The hospital had a north and south end with two patient-care units on each end. They were short-staffing the units on one end while properly staffing the units on the other end. Every two months, they rotated the short-staffing so that one end would be complaining bitterly while the other nurses from the other end of the hospital were breathing a sigh of relief, saying that everything was "just fine" now. It was a case of "divide and conquer" as well as deliberately confusing the staff so that the nurses were kept divided on the problem. The administrators realized that it was vital that the entire staff not realize what the administrators were doing.

Because we were lifting and transferring very heavy patients who either could not support their own weight reliably or could not do so at all, patients were evaluated by therapists to determine if a patient required two nurses in order to transfer him. This is standard procedure.

Because we each had our own patient care assignments, and because of short-staffing by the administration, there often was no other nurse to help move a patient, even if there were orders that the patient should only be moved with two or more staff to assist.

Those of us on the spinal cord injury unit often had to provide total bedside care for two quadriplegics, two paraplegics, a stroke patient or two and another, often up to seven patients, and have them up in their wheelchair ready for therapy, doing all this from 7:30 a.m. to 9:00 a.m. This includes at a minimum, oral care, showers, bowel programs (if needed), dressing and feeding the patient, administering medications, treatments, dressing changes, and transferring them up to the wheelchair.

In the three years I worked there, I saw many nurses who were permanently injured, because they ended up lifting or moving a patient all by themselves. This was a direct result of administrators' decisions to short-staff the hospital. Imagine 100-120 lb nurses moving a 200 or 300 lb patient all by themselves. Even if a nurse was larger than that, many were injured terribly. Even though they needed others to help them, they moved the patients on their own, because there was nobody else to help.

Nurses do what they have to do, because they are dedicated, because they care, because they need their job to support their families and don't wish to lose it. They do the job, but often pay a high price. Once they're injured, they lose their job anyway and are put through the same benefit-denying strategies that Karen endured. There are many difficulties for those who work in the healthcare industry, whatever area they work in.

I did learn what the staffing requirements actually were. I shared the required staffing ratios with other staff and proved that the administration was deliberately understaffing each end of the hospital regularly. I let the administration know that we knew. They were clearly very upset that the staff had learned what they were doing. They didn't care about the staff at all. It was a business to them, and if nurses were sacrificed in their race to make money, it was a "cost of doing business" that didn't really affect them.

I remember when some of us were first hired, how they listed all the benefits that came with the job. Once I saw how they acted when a staff member was actually injured, I realized that when they said, "Trust us!" that they "cared for us," it was just another lie. That nurses' lives were devastated did not matter at all to them. They did want us to trust them, but when we needed them to care for us, they treated the nurses who were injured cruelly.

Later on, I worked on a hospice's continuous care team, caring for those patients with extreme symptoms out-of-control. At one point, because the hospice corporation had been found by the U.S. Justice Department to have committed fraud, improperly billing the federal government about \$1.5 million, they were ordered to repay that large amount.³

What did the administrators do? Aside from firing 80 employees statewide, and streamlining their expenditures for staff and operations, they ordered nurses like me to chart that we were providing continuous care when we were not providing that care. They reassured us, "Trust us, this is ok." But we knew better.

We knew that when the hospice would bill at the higher "continuous care" rate, they would be reimbursed hundreds of dollars more per patient, per day, and multiplied by many patients, this would amount to millions of dollars in extra revenue coming into the hospice. These millions of dollars in revenue would come from the same federal government that had ordered them to repay those millions fraudulently billed before. In other words, to "fix" the problem of their having defrauded the government, they would defraud the government again, but in a different way. The administrators were determined to commit healthcare fraud.

Of course, I and one other nurse (out of dozens) protested, but the Vice-President of the corporation told me privately, "Ron, you're right. What we're doing is illegal, but nothing will happen to us. We might get cited for a deficiency, but we'll keep on going."

In other words, they might have had to repay some of it, but the U.S. Justice Department would never force any healthcare corporation to pay back 100% of what is stolen through fraud. So, corporations are rewarded for their fraud and allowed to keep huge sums of money. And that's what happened in this case and in thousands of cases all across the USA.

There have been many other instances where administrators told us, "Trust us!" and then went on to do wrong, to ask us to violate our duty to our patients, to create situations where the patient's best interests were not served. So, you can see, I understand what it means when administrators say, "Trust us!" and then do what is not right, what is contrary to the basic mission, what is so obviously wrong.

It really is shocking, but many who hold positions of authority are not in it to serve, but see their position as a stepping-stone to career advancement, greater income and prestige. Even if some are really dedicated and wish to serve, they do not always have a proper understanding of the mission and interfere with what is best for the patients. They do not *see* the right way at all.

How many have entered the field in order to serve and how many have entered it to be served? So many administrators are there for the wrong reasons. So many have no idea how horribly wrong their decisions are.

Even those who have good intentions but who do not see what is best for the patients are not capable of even imagining what the terrible consequences of their actions will be years later. Real lives are often adversely affected by their decisions, whether they are lives of patients, staff or others.

Next: ["Troublemaker — Advocate"](#) (Part Two)

Endnotes:

1. St. Thomas Aquinas, "[*Whether human virtue is a good habit.*](#)" "Treatise on Habits in Particular — Good Habits, i.e., Virtues, As to Their Essence," Summa Theologica, FS, Q 55, article 3. [Back](#)
2. St. Thomas Aquinas, "[*Whether the procession of love in God is generation?*](#)" "Treatise on the Most Holy Trinity" Summa Theologica, FP, Q 27, article 4. [Back](#)
3. Raja Mishra "[*A Business of Death and Dollars.*](#)" Nov 7, 1997, Detroit Free Press. [Back](#)

Troublemaker — Advocate

Part Two of Two

By Ron Panzer

November 2, 2013

Of course, society is not exclusively culture of death or culture of life. There are some aspects that are wonderful while many other parts of society are corrupt and evil. There are some really wonderful administrators who are just as dedicated as the most caring staff. Working with them is a privilege.

But when they are not dedicated to the mission, we find it hard to believe. We just do not wish to accept that the part of society we work in or live in is really corrupted. We are shaken to the core when we see those we loved and respected go astray or betray the most important aspect of our work.

This is the moment of truth and the moment of radicalization for that employee (or other) who then goes on to realize he is in the fight of his life, for the sake of the patients or other employees, for the sake of the mission, the public or whoever may be at risk. The dedicated healthcare worker or advocate must ask herself, "Is this what is best for the patient?" "Does this represent our best effort on behalf of the mission we serve?"

The employee then must choose how to respond to the absolute refusal to act (and remedy the problematic situation) by those in authority. There is no doubt that the administrators have made a choice that is in complete opposition to the spirit of the work, that is not best for the patient or mission and is a terrible mistake. These administrators have consciously chosen to disregard the information and warnings brought before them by the employee.

In the usually-imagined situation, the opposite situation where an employee has harmed a patient or refuses to correct improper behavior, administrators can offer to re-train the employee. Or, if the employee will not change, they can terminate that employee's employment at the agency. When it is the administrators themselves who are choosing to betray the patient's trust and the mission, how difficult it is to correct that problem! That is what patient advocates and whistleblowers are confronted with regularly.

The employee can simply give up and shut up (as most people do), speak to those higher up the chain of command (as a few do), or if he has already done that with no appropriate response, report to authorities and powers outside of the agency (as very, very few do), whether a

governmental authority, the media, or others. He can also choose to stay on and fight for the welfare of the patients (a very risky task at this point), or he can resign.

If he reports to others outside, he becomes a whistleblower, dedicated to protect those at risk and prevent any harm from occurring as a result of the administration's policies. Such a whistleblower risks everything for the welfare of others. He knows the truth about the situation, the risk of harm that clearly exists, the refusal to act by those in authority, and that they are therefore acting *intentionally*.

His eyes are open to the tragic truth about those in authority who he most likely respected greatly beforehand. His nature was to trust — he wants to be able to trust those who have authority, but once betrayed by them so terribly, he sees them for what they are.

He is no longer naive about those he thought would be receptive to the simple truth. He is definitely labeled a troublemaker for challenging the administration, but he is not afraid to speak truth to power if it means the defenseless will be protected. Everything he does is for the welfare of the patient and the mission.

Those with authority will do almost anything to exert their authority over that individual or to get rid of him. If he doesn't have a way of forcing change, they will simply ignore him, isolate him and marginalize his influence. These administrators' main concern is to make sure their agenda and policies continue to move forward and to make sure that the whistleblower (or anyone else) does not interfere with the new direction they have chosen.

Troublemakers seeking to restore order and prevent harm speak truth to that power structure, yet executives, managers and others with authority view any challenge as a threat to their position and as harmful to the work being accomplished, even if their policies are themselves a threat to the original mission. "How dare she question me!" they rage within.

Whether the advocate for the welfare of the patient or mission is still working within the chain of command or has become a whistleblower, he is marked — marked for punishment, harassment, retaliation, slander, and even blackballing within the industry. He is not welcome and co-workers and friends begin to betray him, leaving a wide space between themselves and the troublemaker.

Because he stood up for the patient's rights, or for the mission itself, the troublemaker is treated like a leper even by those once closest to him, who shun him, cut off all communications and leave him to fend for himself alone.

Those of us who have chosen to remain true to the calling we were given and act to protect the patient or mission, even though the administrators acted against this, pay a price.

The story about the army sergeant calling for volunteers to step forward becomes very real to us: Imagine all the soldiers lined up. When the sergeant says, "Who will volunteer for this mission?" "Who will carry this cross?" everyone else takes a step backward, leaving those of us who remain to do the undesirable task. There is a world of difference between asking for better care for a patient when you are a family member or other patient advocate, on the one hand, and

fighting your own supervisor (or supervisor's supervisor) for the sake of the patient (on the other hand)!

Nevertheless, we do know that this is what we are called to do, to take up our cross in order to serve (Mark 10:44). This is what we do. We are called to restore the culture of life and, in being able to share in this work, we are blessed (Matthew 19:21).

We know that when harm to the vulnerable is not only caused by those in an individual healthcare agency, corporation or other project, but is being accomplished with the full approval of the local, state and federal government, then a full-blown culture of death exists, whether the people realize it or not. This is how so many suffer needlessly.

This is how stealth euthanasia and healthcare tyranny flourishes. In many cases, there is no physical, higher authority that can protect the innocent. Patient advocacy and whistleblowing can only go so far. If all aspects of the agency administration as well as the government are corrupt, there is no response to the cries of the people.

Over the years, I've listened to hundreds and hundreds of accounts of patients who did not receive proper care and family members who have literally spent years contacting just about every branch of government, trying to get a just response to the medical murder of their loved one, without any results at all. This is why the oppressed people cry out to God for relief.

In a culture of life setting, executives in charge *are* receptive to those who come to them with information or feedback, however lowly that source of information may be. They are accessible to all, concerned about all and vigilant to maintain the integrity of the mission, just as a wise captain would hear the warning of a lowly cook shouting that there is a reef ahead. He will check to confirm what the cook says about the reef, but the wise captain does not disregard such an important warning.

The good captain never stops thinking about the welfare of his crew and the mission of his ship. Everything he does is aimed at remaining *on course* so that the ship arrives safely at its destination. The advocate, whatever his position in any undertaking or care setting, possesses this same unwavering, one-pointed dedication to his mission.

Truth is no respecter of persons. Anyone may stumble upon it, however high or low they are positioned in society or the hierarchy of their agency, corporation, government or other project. It is what we do with truth that shows what kind of person we choose to be. Those who choose to deny truth are clearly on a dangerous path. They may retain or acquire worldly power, position or wealth, but they lose the way of life.

Those who see others valiantly standing for truth at risk to themselves and still do nothing, those who shun those who speak truth, also lose the way of life. The troublemaker, in advocating for the needy, sometimes sacrifices much:

Greater love hath no man than this,
that a man lay down his life for his friends. - John 15:13

He gives everything so that others live, but some do not hear, do not listen, do not heed the warnings given! They not only reject the message, they reject the messenger. Jesus told us,

"... whosoever shall not receive you, nor hear you,
when ye depart thence, shake off the dust under your feet
for a testimony against them" (Mark 6:11)

Many think that by looking away, by remaining silent, by busying themselves with their duties on the job and avoiding any controversy, they may protect their own livelihood, job and welfare. Most people don't want to get involved and they don't want any trouble.

They think that everything will somehow be "ok," even though inside they know what the administration is doing is wrong. They may go to church every week and pray daily, but they are like the proverbial ostrich who sticks his head in the sand to avoid seeing trouble. It doesn't work. They have betrayed what they were called to do.

Jesus, however, cautioned us that: "... whosoever will save his life shall lose it: and whosoever will lose his life for My sake shall find it (Matthew 16:25)." If we are to remain true to Him and the culture of life He wishes to exist, we must choose. When we know what is true and remain silent about it in order to avoid trouble for ourselves, we will pay a price.

Who knows? If enough people stand up for what is true and right, then conditions might change. Those in authority might reverse course and do the right thing if enough people did not betray the truth by remaining silent.

To those in authority, we can ask, "Why not listen to the one who you know cares so much about this mission?" "Why would he or she provide a warning so urgently if it were not important?" "Why would one who normally is very careful about her work, be so adamant about this?" "Do we risk danger or harm to our mission by completely ignoring her?" She is knowledgeable and motivated by deep love; "Why would she be wrong about this?"

When it is unnecessary to cause risk to others, why not follow the Precautionary Principle¹ and do what is safe to do? Why open yourselves up to making a terrible blunder? Why not listen? But those in authority who are in rebellion against what is truly right, tragically do not listen to advice at all (Proverbs 10:8).

The Precautionary Principle is relevant to every project undertaken by man, whether in industry, pure research or practical applications around the world. In research, this principle cautions us to avoid doing anything that would cause harm to experimental subjects or the world around. Biological scientists who understand genetics, ecology and biology have warned repeatedly that genetically-engineering and changing the fundamental genetic nature of plants and animals (with

the impossibility of knowing all possible results of such experimentation) presents a terrible threat to the ecology and well-being of people, animals as well as plants everywhere.

In other words, given the infinite complexity of Nature and the infinite number of possible interactions between newly genetically-engineered organisms and the world around, eventually something will happen that will cause terrible harm to result. Those who are behind the genetically-engineered organisms have modified the world's basic cereal grains, wheat, corn, and rice. There have already been damaging results from this work.

Once the corporations behind this experimentation (like Monsanto, Dow, DuPont, BASF, and Bayer) control the entire world's grain production, they will be more powerful and wealthier than most nations of the world. The grains grown and consumed all around the world have been patented and therefore profit is made throughout the world.

These executives are not heeding the warnings of the "troublemakers," those scientists who understand much better what is involved in such experimentation on the entire human population and world. The troublemakers seek to protect the world from the eventual terrible harm that will result, possibly, the death of many millions or more.

There have been others throughout history who did not heed the warnings of the wise. Those who did not believe Moses or God said, "Trust us! Let us build a golden calf and worship it!" But Moses came down to the people and asked them, "Who is on the Lord's side? Let him come unto me (Exodus 32:26)" Either we cling to truth and what is right according to the divine and the natural law, or we choose to go along with the culture of death and rebel against God's way.

We cannot mislead others, speak untruth or remain silent about such deception and still remain faithful to Him. We cannot serve two masters, and we cannot be faithful to God while betraying the mission he has called us to accomplish (Matthew 6:24). One of the remarkable lessons to learn from the Old Testament Bible is the detailed attention given to how each and every thing is to be done (Exodus, Leviticus, Numbers).

Some may consider all of those instructions listed there to be incredibly tedious and without any meaning, but the attention given to how things are to be done demonstrates that God does care how each and every thing is done. Even though something can be done "your way," there is always His way, a much better and more beautiful way.

Even though things may appear to "work" your way, and you think "Everything's going along fine!" you will never know what could have been had you done things His way. He may have had a wondrous and miraculous blessing in store for you, but you disregarded the warnings given and threw those blessings away.

We cannot support an agenda that brings harm to the vulnerable or betrays a mission while also protecting the vulnerable and that mission. Whatever our situation in life, there is no way to remain neutral when it comes to choosing good or evil (Matthew 6:24). Either we choose the good, and all that follows, or we are choosing evil, even if we pretend that we are not taking sides. Not acting when we are called to do so is to choose evil.

Healthcare professionals who adhere to the ethics of life will constantly find themselves battling the administration for changes that will protect patients and prevent future harm. They warn administrators of risks and suggest methods of improving care.

Yet, because administrators wed to the culture of death care more about increasing revenue or their own position (and complying with mandates from a board of directors or others), they rebuff those dedicated staff who are sincerely seeking to assure that the very best care is provided to the patients!

Such staff often do not understand why administrators are so stubborn and bull-headed when it comes to making simple changes for the better. They can't imagine anyone working in the industry and really not caring at all about the patients we serve, or not understanding the real mission, or even the dangers to the mission. They would like to ask them, "***If you really cared, why don't you listen?***" But what they do know for sure is that the administrators mostly just don't care.

In a culture of death setting, executives in charge are often completely unreceptive to those who come to them with a complaint or who expose wrongdoing that the management has initiated. Those in authority pick and choose who they will listen to and who they will not listen to, and they assume that whatever their own point of view is, it is correct and not to be questioned.

Employees who tell managers what they want to hear, even though what they say is false, get ahead. Those administrators who are bent on doing wrong listen to liars who flatter them, and liars listen to those who encourage evil (Proverbs 17:4) Culture of death managers do not tolerate anyone questioning their judgment or speaking the truth.

Such managers are examples of the proud man who is resistant to truth, and they are the reason why well-intended projects continually go astray. This is the corrupt way of administering an organization, agency or project. In the culture of death setting, authority over others is such an intoxicating possession, such a coveted power, in very large corporations or governmental settings some men will even harm others or kill to obtain it.

During the time of Jesus, aside from the appointed regional Governor of the province of Judea, the Pharisees possessed great authority and power. They were all professed believers in God, prayed regularly, attended services frequently and were dedicated to the law given to their people through the prophet Moses *as they understood these laws*.

They assumed that they were the "chosen ones," and that if anyone would be accepted by God, if anyone were righteous among all the people, it would be themselves. Many at that time (who didn't know any better) would have assumed the Pharisees to actually be "the righteous."

When anyone challenged the policies of the Pharisees, they struck back fiercely. When the troublemaker, John the Baptist, accused them, they seethed with indignation.

When the troublemaker, Jesus, also accused them, speaking truth to their power structure and exposing their spiritual bankruptcy, they made sure that He was killed. In the modern corporate

environment, whether healthcare or otherwise, those who speak up, be they whistleblowers or patient advocates, are targeted.

It's not easy to be a patient advocate and even more difficult to be a whistleblower. The whistleblower is an advocate who works, or has worked, within a power structure going wrong. He's inside, but those in authority don't listen as he tries to reason to them, eventually becoming so frustrated at their inaction that in order to protect the patient, or the mission, he is forced to become a whistleblower.

The patient advocate could be someone inside the organization or outside. In the culture of death, many of those who should be advocates for the patient can sometimes actually be his enemy, scheming how to hasten his death one way or another, because he's too old, using too many healthcare resources (visiting the acute care hospital too many times is top of the list), too disabled, or suffering so much that he's determined to be "better off dead."

Patient advocates who work inside and are seen as troublemakers are also rebuffed by those in authority and are regularly harassed, retaliated against or terminated from employment.²

Those who speak up and challenge those in authority really do find themselves quickly isolated and alone. Friends who spoke out freely in private suddenly disappear, shrinking into the shadows of obscurity so that the advocate (or whistleblower) stands all alone against the power structure.

The advocate is surprised in many cases, knowing that so many agreed with him, but quickly learns that most people are cowards when it comes to actually risking their job, finances or more. They will not stand against injustice in order to prevent harm to others or to protect the mission of the work.

They do not wish to be associated with such a troublemaker for fear that reprisals will also be taken against themselves, and they choose not to risk anything for the truth. They do abandon their former friend and merge into the action-less, speechless, frightened and nameless majority.

Though he is isolated and alone, if he is truly acting for the sake of the vulnerable without any selfish motive, the Spirit of Truth is with him. He may appear weak like David, the simple shepherd boy, but he is strengthened and blessed in opposing the unjust "Goliath," the power structure.

Administrators who make up the power structures are like rats: corner them and they become angry and defensive. They are offended and "bite." They don't care so much about the original mission. They just seek to perpetuate their functioning, like a machine that's gone amok.

They'll pay attention to anything that threatens them in the short-term, but the long-term picture often evades their interests. In fact, they may not have any idea what the long-range consequences of their decisions are likely to be. Even if they finally realize their error, pride almost always prevents them from admitting the truth, and they dig in their heels.

For them, getting through a day, a month or a year is enough. They have higher-ups and owners to please and concerns that are never mentioned in public.

Yes, the troublemaker may be found anywhere, in any time or place. Depending upon the setting, he, or she, just doesn't seem to know when to shut up. He's an imperfect individual, just like any other, but he sees something and can't let it go. It's his destiny — his cross to bear.

He might exist in the schools and universities, exposing what is wrong with how the university is run, what is being taught or the policies of the university towards students. A student, professor or other staff can become a troublemaker if they challenge what is being imposed by the administration. Such a troublemaker, should she be a professor, is ostracized, ridiculed and often loses any chance for advancement or for a tenured position, no matter how excellent is the quality of her work.

He might exist in a corporation, business, government agency or even a nonprofit organization. Anywhere there is an administrative governing body of executives and managers, there eventually will be a troublemaker who challenges the policies being set in place.

A patient advocate *is* a troublemaker. He questions the treatment being provided or not provided to the patient. He affirms the rights of the patient and not only provides information to the patient and his or her family, he also reminds those providing care that the patient has rights (whatever they might be in various nations, states and niches within healthcare).

Patient advocates educate and point out the right from the wrong, the good from the bad, the beneficial from the harmful way of caring or not caring for the patient. Patient advocates may meet with healthcare staff and administrators to work on behalf of the patient. In a culture of death setting, their input is usually not welcomed, while in a culture of life care setting their input is valued and often acted upon.

Patient advocates may file complaints with the state or federal government, work with legislators to change the laws, or with attorneys to obtain justice through the court system. They may publicize what the healthcare agency or the government is doing in order to improve conditions for those who are the most vulnerable of all. Patient advocates may sit with the patient and family, praying and listening to their concerns. Simply being with the patient and family members is a great service and is much appreciated.

The troublemaker has a mission, a vision of what should be, could be and is meant to be. He is sincere. And when the vulnerable are afflicted, he comes to their assistance, serving them as best he can. "Why doesn't he just leave them be?" those in authority wonder. "Why doesn't he just let them die?" "Why bother?"

They hate him. "Here he comes, again!" they moan. "What does he want now?" "Why doesn't he just go away?" "How can we get rid of him?" And sometimes, they do just that and literally ban family members or other patient advocates from entering the facility. They have been known to lie to the police — bringing trumped up and false allegations against him, to make sure he does

not enter the building again and cause even more "trouble" to what they intend happen to the patient.

Many other staff definitely see and understand what the patient advocate attempts to do, but they just want to avoid trouble. They want everything to "just be peaceful," even if terribly unjust actions are occurring. They mutter among themselves, "When will he ever learn?" "He's just alienating people." "Why won't he just drop it?"

Jesus explained, "Think not that I am come to send peace on earth: I came not to send peace, but a sword (Matthew 10:34)." This is the sword of Truth. Those who hear His voice cannot turn their backs on those in need, or the mission, and betray them. They cannot "drop it" at any price.

Many cannot understand this saying, but the troublemaker knows. When the troublemaker confronts those in authority with truth, their response is to use force or power *over* others. The pretense is gone; there is no partnership in the work, no real working together, no collaboration. It's a one-way street, top down, authority imposing its new direction or policy upon the staff and patients. It's what it really was all along, but now the illusion of an imagined partnership between the staff and administrators is ripped away.

Even though they are engaged in battle for those in need, those who hear His voice find His peace within. They go the way of the Light, establishing the culture of life, but those who reject the dear Lord and His way establish the culture of death. They say, "Just let it go!" "Work with us!" but what they really mean is, "Obey!" no matter how wrong they may be!

Evil strives against the good. The troublemaker, whether patient advocate, whistleblower or other, is caring for the right way, for those in need, and what is right never changes. What is the loving thing to do remains the loving thing to do. Correcting those who go astray is the right and loving thing to do. Caring for the patient's actual clinical needs is the right and loving thing to do.

Those administrators who go astray and place pride, greed or ambition ahead of the patients' welfare are warned repeatedly by troublemakers who speak up with the hope that they return to the way of life. It is by their own choice that they finally commit to the wrong or the right way. They are given every chance to relent and do what is right.

"For whom the Lord loves He corrects;
even as a father the son in whom he delights." - Proverbs 3:12

But as different as dark is to light, the misguided administrator refuses to change her unjust direction and decisions while the troublemaker continues to care, to love and to plead for those who have no voice. She has no choice in the matter if she is to remain true to God and the vulnerable. God continues to care throughout, and the troublemaker must do so as well!

Yes, there is a right way to do all things, and she must respond when harmful actions are done. There is good reason that standards of care exist for each and every action undertaken in a

healthcare setting! In a culture of death care setting, the standards are set to whatever is considered "professional."

In a culture of life setting, those professional standards necessarily include also doing what is the loving thing to do, the actions that affirm the life of the patient. It is not enough to properly perform any particular technique, we must also actively relate to the patient as a fellow human being.

It is not enough to properly diagnose a patient, we must care enough to do what is necessary to help him. How many patients we can bill for and how many we treat are not the measure of a truly successful work. *How and that we care*, when we serve them, is all-important.

With this understanding, the advocate speaks up that others may not go astray or be harmed. Other staff can join her or choose to cast their lot with those who betray the patients and the vulnerable. They may say, "There's nothing you can do about it!" "We acted professionally!"

But, there is a right way to care for those in need. Either we do it right, or we don't and fail that patient. We must choose.

In sports, you don't go out on the field or the court unless you are going to give it your all. Otherwise, you shouldn't play. Once you step onto the field, you're making a statement (or should be), "I'm going to give my best." In the military, you don't go into action unless you do everything you can for your mission, otherwise people die.

In healthcare, the same applies: you don't step onto the floor to care for people, and you shouldn't be managing the mission, unless you are going to do your best for the mission, for the sake of the patients and all who will be affected by each and every thing you do. This is what the "troublemaker" knows. This is what is etched into her heart. However, not everyone enters the field for the right reason.

If we love, if His love has been placed in our hearts, we can do nothing other than advocate for those who are so much in need. His unchanging love guides our steps along this path. This is the sacrificial love that arises out of our reverence for God and for life.

Saul of Tarsus, later called Paul, was a dedicated and well-respected Pharisee who thought he was protecting the righteous when he persecuted the early Christians. He was sincere in his erroneous beliefs and totally convinced he was doing the right thing, but he was close-minded and didn't listen to the many Christian Jews who spoke to him.

Because he was sincere, he was capable of being converted on the road to Damascus and then followed the dear Lord Jesus. Because he was sincere, he was able to admit his terrible error in persecuting the Christians. Although he had been one of the most dedicated of the Pharisees, the moment he reversed course and condemned what he himself had been doing and the wrong in what the Pharisees were doing, they began to seek how to destroy him. The Pharisees would not consider the possibility of *their* being wrong.

In just the same way, administrators in the culture of death prove that whatever they decide to do is *supremely* important to them — more important than any one dispensable troublemaker, be he a Saul or any other dedicated follower. They show that, contrary to what they may say publicly, their authority is so important to them that they refuse to allow any challenge or change to what they have decreed, no matter how wrong the direction of their actions may be.

No matter how much work the troublemaker may do or how well he does it, or how right his message is, they dig their heels in, refusing to bend at all. They are willing to lose that troublemaker nurse, doctor, agent or employee and all he could accomplish, rather than admit their error and turn away from the one little (or big) decision that they insist on making.

They say, "I've got an agency (ship, business, army, corporation, etc.) to run!" "It has to be this way!" They argue, "We can't respond to the concerns of everyone." "Better to get rid of him and maintain order." And if they are truly evil, "Better than one man should die for the people (John 18:14)."

Though many do not see the consequences at the time, eventually, even years later, the practice of not caring about the concerns of "everyone" (any one troublemaker that comes along) becomes not caring about the concerns of "anyone." The rightful mission of the work is completely abandoned and betrayed.

Historically, in the tyrannical governmental setting, those troublemakers are attacked. "Punish him!" "Throw him in the dungeon!" "Make sure he never disrupts operations again!" they shout.

There are all sorts of troublemakers in the culture of death, and there are all sorts of cultures of death, too. At the very heart of the culture of death approach is the rejection of God's just way and His loving-kindness or mercy. There is a rejection of what is right, however big or small a matter it may seem.

At the very heart of the troublemaker is an inability to betray his sense of what is just and right. He, like any real advocate, cannot allow the vulnerable to be abused, neglected and harmed. He cannot allow deception or misunderstandings about what is happening to remain.

He speaks up so that everyone knows what is true, accurate and right. He strives to keep the original and true mission on track, even if he has to sacrifice himself in the process.

In ancient times, the most famous troublemakers were prophets, but the greatest troublemaker of them all was the dear Lord Jesus: He is trouble to all who embrace evil, yet Savior to those who see their own imperfection and feel genuine remorse at the terrible wrong they have done, who sincerely seek the dear Lord's forgiveness, and who then choose to follow His way.

What happens when the troublemaker first shows up? He warns the people, "Don't do this!" "Don't go this way!" "There is danger ahead!" "This is not the way!"

Just like a mother and father tell their child, "Don't put your hand in the fire!" "Don't walk too close to the cliff!" "Don't do this and don't do that!" and on and on, covering all the activities of life.

In many cases, children don't really like to be told not to do something. They want to actually do whatever it is they want to do. They don't want anyone to interfere with their desires. Uncontrolled, child man often learns not so much by what his parents tell him to do. He learns by doing what he is told not to do, and when he suffers, he learns that Mom and Dad were right.

As the years go by, the dangers and lessons to learn change, but he still bends the rules trying to see if he can get away with doing the wrong and not get "burnt." But life has a way of hitting us — smacking us down, and some of us never get back up. Of course, some are "lucky" and do the wrong without any apparent repercussion. Others get stung right away.

One child may put his hand in the fire and really burn himself badly while another may pull his hand away soon enough to avoid damage, but still learn how dangerous fire can be. Some young adults will risk their lives on dangerous stunts and live to tell the story, while others die or end up disabled for the rest of their lives. Some take alcohol or drugs and never get addicted, while others are ruined for life.

Just because something doesn't destroy us right away, doesn't mean it won't in the end. We may think, "Oh, nothing's gone wrong yet, so I'll just continue what I've been doing," but over time, suffering and destruction will overtake us, one way or another in the end. When it's too late, we realize, "I should have listened!"

The troublemaker walks a solitary path. Jesus, who was welcomed by cheering crowds of people waving palm branches, was abandoned and condemned shortly thereafter by many of the same people, once He challenged those hypocritical Pharisees (John 12:13, 19:6). Many of the people did not wish to be condemned along with Him, so they betrayed Him.

Although he continues to offer friendship, the troublemaker *is* abandoned and shunned by those who had been friends to him. He walks a "road less traveled," but his companion is Truth and so, he is never really alone. As a man, he may be afraid and even lonely at times, but only when he forgets why he chose this path and Who walks beside him each step of the way, carrying him when he falters in climbing a steep hill.

Many have stumbled on their way. Some have tried to do everything possible *not* to serve in the role of troublemaker, trying desperately to just live a normal, simple life. But if they have been chosen by the dear Lord, they cannot avoid their mission. The love placed within their hearts impels them to act.

The prophet Jonah was called to go to the city of Nineveh and warn the people that their city would be destroyed if they did not stop what they were doing and start to live a righteous life. The very first thing he did was flee on a ship going the other way (Jonah 1:1-4).

And what of the other prophets? Did they perfectly obey, or did they question God at some point, resist at some point, until they saw clearly what was to be done? Being human, they must have had doubts and must have resisted for some time. They had their fears of reprisals, loss of job or any semblance of a normal life, but they finally followed what they knew within to be the right way.

Of course, when the prophets (troublemakers in the eyes of those who ruled and violated the divine law) came over and over again to warn the kings and other leaders as well as the people to turn away from their errors, they were often despised. It wasn't easy for them, just as it isn't easy for any troublemaker trying to affirm what is right.

In many cases, the troublemaker's warnings are not heeded. Rather than listening to her message at all, many pity her, believing she has really lost her way. In many cases, troublemakers are disparaged, judged to be horribly wrong and condemned.

As an exception, Nineveh repented when they heard the Lord's warning through the prophet Jonah. But most cities and peoples refused to listen to the warnings of the prophets. Destruction did not always come immediately. Sometimes, it took years or even decades for the consequences of their wrong actions to bear fruit. Sometimes years passed before a kingdom was lost, a mission went astray, a battle was lost.

The people and those in authority almost always think they know better than that troublemaker who is warning them to stop and do what is right. When life continues without any immediate catastrophe, they convince themselves and others that the troublemaker is not only wrong, but a fool.

However, truth is truth, and the troublemaker is wedded to the truth, whatever the cost. She recognizes the culture of death around her in how the mission is betrayed. She understands that because they do not see the mission or the patient as they truly are, those who are not participants in the culture of life can only do what they do, even when they condemn, abandon and harm her as well as others (Luke 23:24).

What makes the troublemaker so dangerous to the culture of death is that it is built upon lie after lie after lie, and when she speaks even one truth to power, she exposes the lie behind every aspect of it. For those who actually make the effort to look and see, even the seemingly small candle she carries brings a great light into a very dark world.

When the mere appearance of good falls away, the truth about the entire power structure, agency or project is revealed. The destructive reality of what has happened to the mission is revealed. In fact, the *actual* mission, that has been completely forgotten by too many, or that has never been understood, is seen in all its beauty and goodness.

Although so many will have eventually suffered unnecessarily due to the betrayal of the mission at hand, what the patients actually need will be clearly perceived. Then, the work of restoring the culture of life will begin.³ The real mission of properly caring for and serving those in need will be fulfilled and His blessings will accompany each and every thing that is done.

Endnotes:

1. Ron Panzer "[*Man in the World - Part Six, Restoring the Culture of Life \(The Ethics of Life in Healthcare and Society\)*](#), 2013, Hospice Patients Alliance [Back](#)
2. Tom Meyer, "[Investigator: Nurse says she was fired for reporting alleged abuse](#)," Mar 6, 2013, WKYC News.
David Cole, "[Lawsuit: Nurse fired for reporting doctor](#)," May 24, 2013, The Coeur d' Alene Press
Tara Kinsell, "[Hospital employee claims she was fired for whistleblowing](#)," Oct 22, 2013, The Observer-Reporter
Richard Chin, "[Fired nurse says United Hospital trauma care endangers patients](#)," June 20, 2013, Twin Cities Pioneer Press [Back](#)
3. Ron Panzer "[*Restoring the Culture of Life \(The Ethics of Life in Healthcare and Society\)*](#), 2013, Hospice Patients Alliance [Back](#)

Entering the Sacred Space

By Ron Panzer

January 8, 2014

And the dear Lord told John, his disciple,

"... Behold, your mother ..." - John 19:27

... and in so doing, He indicated how we are to care for each other, how we are to care for those of us who are in need: the ailing, the hungry, the disabled, and the elderly — the oppressed, the homeless, the orphaned and the widowed.

This widow, soon to be bereft of her eldest son, soon to be overwhelmed with the immeasurable grief of a mother — caring for her and those like her as we would for our own mother — this is our duty. This is the Lord's will (Deuteronomy 16:11).

How can we express what a privilege it is to enter the home of those who are ailing, disabled or otherwise in need? What a blessing there is in making the patient's life a little better, in oh so many ways! Whatever the patient may need at this time in her life, we do.

When the patient is nearing the end-of-life (as she is here with us tonight), it is especially a privilege to be with her. Is there anything more we might do *to comfort and strengthen her?*

While the exact path taken may be different for each patient, the atmosphere around many of the dying is unmistakable. When you enter, you can feel a wave of peace washing through the home and through you.

When you look around, you may even see the golden glow filling the space all around — a glow like a brightly lit sign shouting out, "God is at work in

this home!" "He is here!" (John 8:12) "Remove the rough edges of *your* being, for the ground you walk on is sacred ground." (Exodus 3:5)

Stop! Take note! This is sacred ground! *He* is preparing her!

See the patient — often elderly, once child, once vibrant young adult, and very much *still* fellow member of this world.

Beyond the rough edges of *her* being, *see* the sparkle He placed there still shining in her eyes. *See* her yearning to love and be loved.

See the person, the child of God before you!

Recognize your brother, your sister. *Behold*, your mother, your father, your daughter or son. *Recognize* what at any time might be you or me.

You struggle to blot out the very thought and cry out, "There is no way I would *ever* be in such a position!" "I plan on doing so many things before that time comes!" But you would be so very wrong (Luke 12:15-31).

And those of you who are so sure you will die before me or any other, because you are ailing — you are also mistaken. (Ecclesiastes 9:12) There is much you do not know about others, but even more, no man knows the exact time of his own death till he is facing it. Only the Lord knows beforehand.

And so it is with these patients. As if it makes some caregivers more important, many like to predict with a great and haughty certainty the actual time of this or that one's death, though they don't really know for sure. And if they do know, *when the signs of the active phase of dying are not yet evident*, then it is a death of their own doing, imposed so slyly that they believe that they will never be held responsible (Malachi 3:5). That they *imposed* these manipulated deaths is the only thing we can know for certain from their predictions.

We care and strengthen those we serve. We validate and honor their lives. Whatever *they* do, it isn't caring, and it doesn't strengthen or validate anyone's life. *They* rob the little strength there is left, destroy the time remaining to both patient and family, negate the worth of these priceless gems, and trample upon the will of the Lord.

But we know another way, and what we can know for sure is that to enter such a home, to be worthy of entering such a home, we must first care, then care every moment we are there. There is no need to "fix" all that is going wrong in their body, because that is not what can happen or what is meant to happen.

We are to *be* with the patient as we lovingly and mercifully care for them, — ideas not communicated in most schools of healthcare — but the most essential of things we need to understand, to do, and to be: loving.

To do anything less is an abomination, a betrayal of our patient and the dear Lord we serve. To these most vulnerable of all, we must offer the greatest respect and kindness.

Yes, there may be dozens of tasks to do that may fill the day, but on this day, this night, can we remember we have entered the sacred space? *He* is at work here! And we are mere assistants in His work.

How do you walk and work within the glow of His Presence? You pray. You remember Him. You tread with love, however fast or slow the need may demand.

People talk about space — public space, social space, personal space and intimate space, but beyond and much, much closer, is the sacred space where we work and live, caring for those at the end-of-life.

When we enter, we must *see* our mother, here before us, and then there is no question, "What must we do?" (Matthew 19:16-24)

People question whether there is meaning to life, or even if there is a God. Within the glow of His love, within the sacred space, there is no question at all whether there is meaning or God. These are the most pervasive truths of life!

Ask a mother and father if *their* child's life has meaning! Ask a husband or wife if *his or her* beloved's life has meaning! Ask yourself if *your* family members' lives have meaning! Then, ask yourself, "Whose life is not counted as part of someone's family!"

You may say, "She's old!" "She will be forgotten and nobody will ever know that she even existed!" "What does it matter?" "Why waste time on this one or any of them?" But *He* knows. He remembers. He is aware!

No thing, no one, no event ever is forgotten in His book of life (Malachi 3:16; Revelation 20:12).

If we only open our eyes to see, we will know that all of life is filled with meaning, that He guides our feet even now. He and the dear friends who follow Him have taught us how to walk, this night and through all time, as we serve (Matthew 28:20).

And if we are blessed, His glow will remain with us as we walk through life, guiding us every step of the way from darkness into light and onward into the sacred space (Exodus 13:21-22).

Dance

by Ron Panzer

February 21, 2014

Like a delicate flower
held in the hand,
We shield our patients' lives
from the threats that arise.

Seemingly,
all is well.
Yet, in a moment
life struggles to remain.

Dance in the ways of caring!
Share your joy in task after task
like the hummingbird drinking
nectar from the garden's flowers.

Pray for the strength needed,
the wisdom to know how,
the endurance to last
through this night's trial.

Hold back the darkness
till Another comes to take this one.

Friend one moment,
teacher the next,
Remind her why we are.
Remind yourself why we are.

Friend one moment,
student the next,
*Remember that we can only truly be
when we're what we were meant to be.*

Heart!
Dance with joy

like the field of sunlit flowers
blown by the wind!

Heart!
Remain true to your greatest love!
Heart!
Guide us in our merciful mission!

Though you have been
and will be betrayed,
yet shed your warmth
on those so desperately in need.

Till the race is done,
day after day beat on!
Dance on till finally,
you and I can rest.

The Same Heart

by Ron Panzer

March 13, 2014

This same heart beats within,
the heart *You* gave us,
the heart they despised.

They haven't silenced it yet.
It still speaks!
Still yearns for the same love.

They only know how to destroy,
to hate, to grab,
and yes, even kill.

"Do they have a heart?"
I wondered then,
and wonder still.

As I watched from the window,
many years ago, I cried!
and reached out to *You*.

It can hurt to have this heart!
How is it *they* don't seem to feel,
don't seem to know this pain at all?

Yet, it also gives us joy:
We laugh. We jump,
and are amazed by it all.

They've turned away now,
shut down, deadened themselves,
to *Your* Creation, *Your* grace, *You*.

They let out a different laugh,
such a mad, scorn-filled sound,
that contains no joy.

They endlessly strained to impose
their terribly dreary,
hollow way of life.

And were utterly bewildered
when we tossed away
their "*great*" treasure.

Like strangers we lived,
moving through the bizarre, petty world
they shaped and ruled.

They don't hear.
They don't see.
They don't know You at all.

Yes, this is the same heart
the heart You gave me,
to replace the old, so long ago.

Singing the same song,
the very same song
I heard years ago!

Amazed, I journey home at long last,
Dancing and twirling
as I skip along.

Such a delightful love song!
It's the only one,
the *only* one that never ends!

It's a melody,
drifting along,
floating upon the breeze.

All my life I've heard and followed it.
All my life I've reached for it,
with all my love and all my being.

It was *Your* heart singing!
I didn't know then!
but now I begin to see!

When sacrifice turns to song,
and suffering turns to joy,
Your mysterious Way is known!

Yes! This dust goes to dust!
This song joins Your song!
My spirit *finally* rests in You.

My heart reaches out to Your Heart,
love reaches out to Love,
being reaches out to Being.

Neighbor! Sister! Brother!
You and I have one heart,
given up *for us* by our true Friend.

The one heart He gave us,
out of such a wondrous,
such an *unfathomable* love!

Do you hear the song?
Do you feel the love?
Do you understand what it means?

He gave up *all*,
to show it,
and share it,

So we can live,
and *truly* live,
with that *sacred* heart,

So we can *serve*,
and *care for* each other,
all the days of our lives.

So we can meet Him,
and follow Him,
and *adore* Him without end!

Lift a Spoon

by Ron Panzer

April 21, 2014

You ask, with tears and tears
flowing down your face,
"What do I do now?"

Lift a spoon,
and you will have done more
than the complaining millions!

Lift a spoon to feed one who cannot,
and you will have learned more
than a lifetime in study!

Share your life,
and you will have been a blessing
to those so desperately in need.

Give of your time
and you will have honored
what most only preach.

You have been given
books enough —
enough to cover all the Earth.

Now, *eat the heavenly food!*
Live a real life
rather than studying recipes forever!

Words of life --
must take root within,
and we must give of our very selves.

Give and keep on giving,
until we bleed,
knowing a life with *true* meaning.

Then we will have honored Him,
then we will have done
as He would have done.

Yet you refuse to accept
the simple answer!
You don't wish to believe!

You prefer the way
of strife in empty courts
and pleas to cold-hearted kings.

You don't wish to take.
You don't wish to eat.
You don't wish to serve those not "your own."

You didn't see and didn't know.
they were never "*yours*."
they were always only *His!*

You spent a lifetime
doing everything you could
not to lift this spoon.

You still spend a lifetime
looking at every *other* thing
and every *other* path.

You are afraid to look
and see yourself
in the other's eyes.

You are forever hungry.
forever unfulfilled,
forever lost.

But only feed another
and you feed yourself.

Lift another
and you lift yourself.

Love another
and you know love.

Lift a spoon,
and you have changed the world!

Dare to look
in yet *another*
lonely one's eyes.

Open the door to paradise!
Know you are not alone.
Know He is *forever* at your side.

Unmasking the Dragon

by Ron Panzer

July 18, 2014

Who are we that we could describe your majesty Lord?
Who are we to say anything at all about You?
You show us the way forward, that we may listen!
We have been so lost and stumble without true guides.
You are our only and enduring hope!
Help us find our way once more!

When the dragon seizes the one you love, your heart sinks. You *know* it's over.
Death is certain, unless by some great miracle, he were to be saved. Does it ever happen?

We are the ones who invited the dragon into our midst, and now he is here. The dragon feels no hesitation; the dragon cares nothing at all. The dragon does what dragons do: plunder, destroy, and kill.

How many years we have been hearing that patients have been medically-killed! How many years people refused to hear and listen! How many years so very few believed! How many years people continue to live such self-concerned and shallow lives. I and so many others have done this, and now a price is to be paid.

Now, you believe and understand. You have also seen the dragon, and the dragon is evil in our world. Even though you had been warned, you laughed then and pushed aside any consideration that *you* needed to do something. Now, the dragon is touching *your* world. Now, it matters, but it may be too late.

You weep at what you see. You can't understand how it is all possible, but once the wrong path has been taken for so long, it leads to very dark places, and that is where we are as a nation and a people.

I need not write what thousands of others have written to describe the details. If you look deeply just about anywhere in our world around you will see the chaos, the destruction, the violence, the harm to the helpless and the ever-worsening loss.

People call here and to many other advocates reporting what they are experiencing, what their loved ones have suffered, and how their lives were snuffed out, and they cannot understand. But we understand. The illusions that covered our eyes and distorted our vision have been removed. We see the dragon and are not surprised.

But you are surprised, because you still believe in the illusion. And because you believe in the illusion, you are complacent, believing that all will be well. Many still party and dance while the nation suffers. "*Our* lives have not been touched yet!" they think. "No worries!" they've been deceitfully led to believe.

Why not dance and party? Much has been well for so long, there is much to enjoy in this world. "Eat, drink and be merry!" they shout.

But now, it is clear that the covering grace protecting our nation has been removed. Yes, such a strange concept to those who have no faith, but God is very real, and He does not accept our long-standing, pervasive sin. Yes, *sin*, a word that is not politically correct, because it forces us to consider that God is very real and that His divine law is true (Exodus 20)!

People are worried about what might happen to our nation, just as some very naive people worry that our healthcare system *might* slide down the slippery slope and then legalize euthanasia, assisted-suicide, and then medically-kill those disabled, elderly and ailing patients. This is part of the delusion! We have *already* fallen down the slope a long, long time ago!

When our Congress replaced God's divine law and the ethics that arise from them with *federal ethics*, now called [secular bioethics](#), they steered our ship of state far, far off course, and now we're going under fast. The dragon has seized our ship of state. When it's so obvious today, very few except the still-deluded (or those who support the dragon) would deny it.

Those who are in touch with people all across the nation hear their reports. They know it has already happened! The medical killing of the vulnerable is at epidemic rates already, covered up behind the HIPAA and HITECH Privacy rules along with the almost absolute censorship of the media and the government.

Some fear that our nation as a whole *may* be lost. Actually, if the founders were to view our nation today, they would conclude and many would agree, it is already lost. Just about every major goal of the communist party has been realized in America today, even that the word "communist" would not be spoken, not be understood, and not be feared if by chance it were mentioned at all.

In 2011, I had a vivid dream, call it what you will:

... a beautiful ocean liner, all white and gleaming, shining in the light from the Sun, was cruising on the waters with many passengers happily waving to us from the deck. Everyone admired it as it cruised along so fast near our shoreline. It tilted over to the left side, way over with its left rail leaning so far that it was almost touching the water, and was moving through the water like that. I said, "it's over too far," "It's going too fast." "It can go under!"

We who were watching from the hill saw it go under the water in an instant. I ran and called to the others on the hill: "we have to help the survivors!" And we all ran down and dove in and helped pull out the survivors one by one, holding them by their hands, and bringing them to the shore and back up the hill.

The ship sailing on the ocean that went under is the American national ship of state. The glory of the ship is reflected glory, glory only coming from the dear Lord's grace and blessing upon the American nation. The international esteem our nation has enjoyed and its well-being and prosperity, has been conditioned upon our traveling along the well-lit path of His moral law.

Our nation has gone so far off course, been so mismanaged, and has abandoned its Constitutional principles. As a people we have betrayed the dear Lord and have defied His will. We have squandered the many chances He has given us. We have squandered the opportunity to live in liberty, giving Him the glory.

We have simply become a nation of materialistic and self-concerned individuals living out licentious life-styles, doing whatever we want without concern for the dear Lord or the moral law. How much wealth and time we spend indulging our every fancy, while we ignore the pleas of those suffering and being killed in many settings!

We have ignored the pleas of the desperate within our borders. We have ignored the pleas of the poor, the disabled, the elderly, the chronically ill and ailing, so our pleas as a nation may be ignored in the end.

Oh yes, you may say that we pay taxes and we donate to charities so that *others* will do the work of caring for these people. That is not enough! It is not nearly enough!

We like to have our comfortable lives and don't wish to get involved. Thousands of people have promised us they would do something, but almost all have done nothing, so the evils persist. The killings go on and on with no end in sight.

Our healthcare system is not what most think it is, and is nothing close to what it was. Those who have understood what [stealth euthanasia](#) is or have seen it know the truth.

Yes, we have some of the very best care available, but that is only true if you can access that care and are not slated for the death-protocol because you are over 65 years old, or chronically-ill, disabled or otherwise seen as a nonproductive and not worthwhile candidate for care. Today, you must prove that you are worthy of receiving care, otherwise you won't get it at all.

How many tens of millions of babies have been slain in their own mother's womb! How many of the vulnerable patients have been slain in their own HIPAA-privatized death chamber bed! How many priests, ministers and rabbis have kept quiet about all of this, helping to lull the nation's people to sleep! How many of us have done nothing at all to save those who have been targeted!

I had another vivid dream in 2012:

I saw a beautiful woman dressed in a fine, sparkling golden dress, on a splendorous sunny day. She walked toward the masses of the needy and served them with great love.

I believe that the beautiful woman represents the body of all believers, those who are true to His calling in their lives and serve those in need. God's grace shines upon the people through our service. Not through our taxes or merely donations!

It is *we* who must become involved in some way, as we are each led to do.

It is not enough to attend a church, temple or synogogue, nor enough to throw some money at a charity if we do. We were called to live lives that reached out to people directly, and if we cannot do that, will not do it, why should we be saved? Why should our nation survive?

Why would the dear Lord preserve us if we continue to kill those He said to serve and protect?

There is a covering grace that can shield a nation. Those who have read the Bible, know that the Israel of long ago knew such a covering grace and squandered it by violating every law He gave them. We have done the same.

Our nation and our healthcare is in the mouth of the dragon, and he is tearing it up right before our eyes. This is what he wishes to do, so he is rejoicing while we weep. The path has been prepared for him by many who sought to destroy our way of life and our nation's greatness.

Yes, weep for our nation! Weep for the patients! Weep for your own family and friends and yourself, because the dragon will touch your lives, all of our lives in some way eventually! We have thrown away that which was our inheritance and disregarded the way He has shown.

Our freedoms and blessings have been paid for by the blood of those brave soldiers who sacrificed their lives to protect and preserve our nation from so many threats. So many worked for more than two centuries to preserve and perfect our nation, improving the lives of so many.

It is time to pray for our nation! It is time to remember the dear Lord!

It is time for each of us to become involved and in helping others directly as we are called to do, we will find a way home for them and for us. The nation that once was is gone! It is up to us to restore the culture of life by showing the way.

The dear Lord told us:

"... You know how to interpret the appearance of the sky,
but you cannot interpret the signs of the times. - Matthew 16:3

Will we choose to see what the signs of the times tell us now? Or will we continue to choose to ignore the warnings we have been given?

What will we do with our own lives to do anything about it? What will you do to help?

For more information, see:

"[What is Bioethics?](http://www.lifeissues.net/writers/irv/irv_36whatisbioethics01.html)" by Dianne N Irving, PhD, June 3, 2000, LifeIssues.net
www.lifeissues.net/writers/irv/irv_36whatisbioethics01.html

[Stealth Euthanasia: Healthcare Tyranny in America](http://www.hospicepatients.org/this-thing-called-hospice.html), by Ron Panzer, 2011, Hospice Patients Alliance.
www.hospicepatients.org/this-thing-called-hospice.html

[Restoring the Culture of Life \(The Ethics of Life In Healthcare and Society\)](http://www.hospicepatients.org/articles-from-heart-of-ron-panzer.html#restoring%20the%20culture%20of%20life), by Ron Panzer, 2013, Hospice Patients Alliance.
www.hospicepatients.org/articles-from-heart-of-ron-panzer.html#restoring%20the%20culture%20of%20life

[The Harbinger](#), by Jonathan Cahn, 2012, Frontline Publishing.

Nursing's Pro-life Mission

by Ron Panzer

August 30, 2014

There can be no other mission in nursing than that which promotes and nurtures life, as the very word "nursing" arises in the context of giving nourishment to one in need. As the mother lovingly gives of herself to her child, we who work in nursing give of our very selves to our patients.

Everything that is done within this field is grounded in the concept of promoting the life and healing or comfort of our patient. Our care plans address the unmet needs unique to each patient yet nevertheless are shared in common with all others -- as each of us are human beings in need. None of us would still live today if we had not often been nursed and assisted along our way through the course of our lives.

Nurses do all they can to meet these needs of their patients, or they fail to succeed in the task of nursing. Nurses may spend hours, day after day, with their patients, constantly monitoring, assessing, and interacting with their patients. They are not merely assistants to physicians, but provide a specialized service that only nurses provide.

We do not merely administer medications to our patients, nor do we solely assist at the physician's side, we bathe and dress our patients, bandage wounds, massage, provide therapeutic interventions and treatments, feed and assist them to sit, stand and walk and listen to their concerns. We provide direct care and act not only as nurse, but act as a human friend to our equal and fellow traveler in this world.

We are sensitive not only to their physical needs, but to their emotional, psychological, spiritual and other needs. We tenderly approach the patient wholistically, seeing them as a complete person, not labeling them as an illness that afflicts them, a surgery that was, or is to be, done. We are *with* them, as we are humanly meant to be.

Those who would impose death while wearing the badge of nurse violate everything nursing is about and act antithetical to its very mission. Such individuals may be licensed as nurses, but are never nurses in actuality. They are merely technicians of death, traitors to their patients and profession.

Nurses once universally wore white, a symbol not of the sterility of heart demonstrated by those who promote the culture of death, but of the purity of heart of those dedicated to love and serve God and man with great humility and professionalism. There was no question about this mission

when Florence Nightingale raised professionalism within the entire healthcare industry to the highest level.

That the idea of lovingly serving our patients is no longer taught in many nursing schools is a glaring indication of how far astray we have wandered. That "professionalism" can ever include the medical killing or assisted-suicide of the patient we are meant to serve shows how many nurses who are now promoted as examples of the mainstream completely fail to understand our mission!

If nursing were not pro-life, why would we, why should we, pay attention to all the various signs that communicate to us the changes in our patient's clinical condition? Why would we pay attention to the lighting, temperature, ventilation, quality of nutrition and cleanliness of our patient's environment?

If nursing were not pro-life, why take the time to carefully administer medications? Why bother if we are ready to assist them to death?

Life is fragile and maintained only within certain narrow ranges of biological conditions -- very specific conditions that are uniquely required by our human anatomy and physiology. We act to promote those conditions that sustain life and are attentive to the slightest changes. Any one condition that goes unattended to may harm or even end our patient's life. We honor the life God has given us to serve by paying attention and promoting life!

Shall we choose to be mere technicians -- or nurses? Nurses provide a unique perspective on the care of the patient and that perspective must be acknowledged and embraced if healthcare is to remain a service provided for the benefit of the individual patient, rather than a service rendered at the expense of the patient for the supposed greater utilitarian good of a self-centered and callous society.

What a great privilege it is to wear that pin, to be a nurse and serve our patients with skill and integrity! What an honor it is to know that this day we have made that important difference in their lives! Patients or their families know good nursing care when they experience it, and we have a duty to demonstrate excellence in each task we do.

We may give thanks to God that we are able to serve in just this way, such a special and intimate way, recognizing our patients as human beings just as we ourselves are, serving them as we would wish to be served.

When we do everything right, sometimes through very demanding and tiring days, it seems that nobody may notice. At the end of decades of service, there will be no parade, and we may sometimes question what we are doing and why.

On the other hand, if we do even one thing wrong, everyone will notice and the patient will suffer, or worse. As in so many fields, there are those vital services that make all the difference.

Any trusted automotive mechanic could do everything right for years on end, but then fail just one time to make the brakes function safely, and he would likely be charged as having been criminally negligent. Any actions on our part that directly contribute to the harm of our patient, whether intended or not, are just as negligent!

After decades of service we don't get the gold watch or retirement package that brave policemen receive, but our reward is from above. We live a very special life, having been blessed with the opportunity to give.

Many of our patients and their families know the difference we have made. We have the inner satisfaction knowing that we have practiced sacrificial love as the dear Lord has taught us to do. We have run the race and given our all.

What we do matters. How we do it matters. And all of it, all of nursing, exists to promote and affirm the value of our patients' lives and is therefore "pro" life.

For more information, see:

[The National Association of Pro Life Nurses](#)

As a professional organization, NAPN... seeks to establish and protect ethical values of the nursing profession. It defends nursing and para-medical personnel from discrimination and/or job loss for refusal to participate in practices which violate these values. NAPN demonstrates concern for those facing difficult choices involving life-taking decisions by education and promotion of positive alternative choices.

It seeks to develop life-affirming attitudes in the nursing profession by promotion of these ethical values to those we interact with in the workplace. and involves the organization's members in the legislative process to promote life-affirming legislation. NAPN recognizes the value of and supports research beneficial to humanity when it is done with consideration for the dignity of the person involved and with their full and informed consent.

NAPN rejects research involving people unable or unwilling to give their full, informed consent; and research which involves experimentation with dangerous procedures or drugs which impair or endanger the health and well-being of the person or their offspring.

And see:

[Stealth Euthanasia: Healthcare Tyranny in America](#), by Ron Panzer, 2011, Hospice Patients Alliance.

www.hospicepatients.org/this-thing-called-hospice.html

[Restoring the Culture of Life \(The Ethics of Life In Healthcare and Society\)](#), by Ron Panzer, 2013, Hospice Patients Alliance.

www.hospicepatients.org/articles-from-heart-of-ron-panzer.html#restoring%20the%20culture%20of%20life

To get involved, contact us at Hospice Patients Alliance, the [Pro-life Healthcare Alliance](#) and its member organizations and join us.

If you are a nurse, become a member of the [National Association of Pro Life Nurses](#). Get involved! Support the work, and help those so much in need!

You are the Blessed Community — if

by Ron Panzer

December 21, 2014

People have been getting ready for Christmas for quite a while, many of us anticipating what will come in the days ahead, but as others have already pointed out, we so often get lost in the flurry of activities and forget what this day is all about.

If we contemplate the state of our world, the conflicts raging in various regions, and the hostilities that exist between competing forces, we may feel overwhelmed. If we look at the world we can see that so many have suffered and still suffer. Too many Injustices have occurred and will continue to occur.

What are we to do? Some ask: "How is it possible to be *joyous* and content when we are confronted with the dark realities that affect so many?"

In the face of man's widespread acts of evil in the world, can we find another way to respond than hating those who have wronged us? Can we give a little of our lives now, in whatever way we can? Though we think that there is nothing we can do that would really solve the problems of the world, we *can* help someone, somewhere, somehow. We *can* make a difference! The rest is in His hands.

We can understand that changes have come and are coming, and also that not all of these changes will be to our liking. Many are and will not be what we hoped for at all. Some changes may shock us and shake our own world and families. Some changes and losses are even likely to be *terribly* painful in many ways.

We will likely feel lost and close to despair, but we must remember that this has always been the way of this world. History shows us that unwanted change cannot always be avoided. Change is never-ending in this world.

When fortunes and nations rise, it's easy to accept change, but when fortunes and nations sink below the waves, they are no longer recognized as what once was, however nostalgic or patriotic one might be. Hearts will grow heavy. Individuals will become weary under burdens that may never have been imagined. At such times, many of us will hardly feel like celebrating.

Those who can help must help as they can. Those who can speak must speak the truth to those who are lost and confused. Those who can lend a hand must reach out and care for the needy.

In the end, there is only one thing worth knowing: The dear Lord lives!

Truly, He is with us today, now and forever. Truly, He is with *you* today, now and forever!

Know that:

His face shines with the perfection of beauty,
He is true and pure!
His love answers our emptiness
so that emptiness is no more!
His arms reach out to embrace us
wherever we are, however far we have fallen!
He comforts us
and gives us peace!
He is greater than the great,
and more powerful than the powerful.
He is more splendid than any passing beauty,
and unforgettable in every way.

Through all the coming changes and challenges,
remember, you are not alone!

He is really real and truly alive! How many really believe this and act in line with this knowledge? Do I, do you, live our lives as if He is here with us this moment right now?

Remember, you are loved, and though others have left you, He will never abandon you!

I hope you will make your life a work arising out of the blessed community of believers, helping to restore the caring culture of life.

You can know you are a part of His blessed community
if your heart throbs with His love
and you yearn for Him more than anything in this world.

You are the blessed community
if you are ready to go anywhere
and do what is necessary to serve,
even if that somewhere is right here where you already are.

You are the blessed community
if you find yourself incapable of turning your back
on those He has placed in your path and called you to serve.

You are the blessed community
if you look around you and see brothers and sisters,
and do not first think of "us vs them."

You are the blessed community
if when the time comes and you lose what you have had,
you know that you still always have Him and are at peace.

You are the blessed community
if somehow you always find your way back when you've been lost,
and you know that it is He who has led you back home to His feet.

You are the blessed community
if you feel His love calling to you upon the wind
and in every bit of His Creation.

You are the blessed community
if you know your own imperfect self
and so you *do* forgive others,
seeing a reflection of your own imperfection in them.

You are the blessed community
if you've never stopped loving
even though your heart has been torn to shreds again and again.

You are the blessed community
if you face the seeming bleakness of this world
yet hope still resides within,
and appreciation for His glorious hand
at work in the Creation never leaves you.

You are the blessed community
if great excitement does *not* arise
from any thing to be acquired in this world
but you thrill to the extreme at His Holy Spirit's touch.

You are the blessed community
if wonder has never died within,
and each moment you remember Him.

This is what Christmas is really about: remembering, reaching out, and adoring Him this moment. Let reverence for life and the Giver of life fill your heart!

As mysterious as it may be, the dear Lord Jesus is alive, never far, but here, right now:
Emmanuel — God with us!

Dare to believe!

Rest in His love and be at peace this Christmas and in all the days to come!

Time to Wake Up, Mr. Smith!

by Ron Panzer

February 7, 2015

In his Nov, 2014 article, "[Invisible National Hospice/Palliative Care Month](#)," Wesley Smith, J.D., has complained that the hospice industry is not making the most of the opportunity presented by all the publicity being given to the issue of assisted-suicide. He writes that "a few hospices alienate those they serve, by making the service about death instead of life."

Really? Just "a few" hospices? Time to wake up to the realities, Mr. Smith! In his Feb, 2015 article, "[Hospice, Defend Yourself!](#)" Mr. Smith seems to believe that the hospice industry as a whole is threatened by the assisted-suicide movement. Mr. Smith appears to believe in a fantasy world where the original mission of hospice is still widely practiced in the United States today.

It *is* tragic that the realities of hospice are not what the pro-life Christian, Dame Cicely Saunders, MD, envisioned, practiced and promoted. The National Hospice & Palliative Care Organization is now the actual corporate, legal successor to the Euthanasia Society of America — easily confirmed through its name changes and corporate mergers. See the [Hospice to Euthanasia Timeline](#) and "[LifeTree's Timeline Two Decades to a Culture of Death](#)."

The reality is that some hospice professionals have publicly condemned assisted-suicide and/or euthanasia for decades and still do, however not for the reasons one would normally assume. Hospice is the rightful alternative to medical killing of either sort. Caring is the rightful alternative to medical killing, but hospice today is predominantly the *covert* branch of the hastened death movement. Assisted suicide and/or euthanasia legalization and practice would be the *overt* branch of the hastened death movement. Many hospice professionals today, while publicly condemning assisted-suicide, secretly hasten death as a stealth euthanasia. See: [Stealth Euthanasia: Health Care Tyranny in America \(Hospice, Palliative Care and Health Care Reform\)](#)

The reality is that the hospice industry in the United States was very much influenced by Florence Wald, RN, MN, who was a supporter of assisted-suicide and was not a pro-life Christian. The reality is that without reverence for the Creator of all human life, without the respect for life, much of hospice was free to "evolve" into a death-dealing pit that is becoming increasingly difficult for the elderly, physically or cognitively-disabled, and chronically-ill to avoid, even if they are not terminal!

Hastened deaths occur routinely in hospices all over the country through widespread practice of "stealth euthanasia" — undeclared but certainly *intended* medical killing. There are hundreds of ways of hastening death even without directly overdosing a patient. Simply do any treatment or intervention improperly and you endanger the patient.

A wrong dose or wrong interval in administering a medication are obvious methods. Intentionally stopping fluids and nutrition is a decision to hasten death. Using "dirty" technique when clean or sterile technique is required for the patient's safety, is a decision to hasten death. Removing stabilizing medications from a chronically-ill patient and thereby causing acute symptoms of underlying illness is a decision to hasten death, and on and on it goes.

I've spoken with thousands of individuals, family members, patients, hospice professionals, physicians, administrators and others who confirm that hastened deaths in hospice are common today. I've searched for years to find a truly pro-life hospice that affirms the sanctify of life from the top administration level down to the staff in the field and find that they are very few and far between today, whereas they were the norm thirty years ago.

Hospice has been infiltrated by the euthanasia and assisted-suicide advocates. Those who executed Terri Schiavo, for example, include the late Mary Labyak, who was a board member of the National Hospice & Palliative Care Organization as well as Partnership for Caring (that Ira Byock, MD founded). Both organizations are absolutely *not* pro-life and are/were secular versions that fail(ed) to live up to Dame Cicely Saunders' vision. In fact, in 2001, Partnership for Caring merged with Choice in Dying which was the new name for the Society for the Right to Die, which was the new name for the Euthanasia Society of America! How obvious can it get? Ira Byock chose to merge with an organization that was the current form of the Euthanasia Society of America. Dame Cicely Saunders would be horrified and would never have done that.

Although he praises hospice industry leader, Ira Byock, MD, as a "splendid hospice physician," Mr. Smith should know that Dr Byock actually has promoted terminal sedation (along with stopping eating and drinking) to hasten death of patients within the hospice setting. He co-wrote an article with Timothy Quill, MD promoting this practice.

See: "[Responding to Intractable Terminal Suffering: The Role of Terminal Sedation and Voluntary Refusal of Food and Fluids](#)," *Annals of Internal Medicine*. 2000; 132:408-414. [Abstract: annals.org/content/132/5/408.abstract]

Mr. Smith should know that Dr. Byock is actually very much responsible for the tainting of the very hospice mission supported by Mr. Smith! Byock is actively promoting stealth euthanasia (through terminal sedation and stopping eating and drinking) all over the country. I have received reports from nurses that while pretending to be "pro-life," Byock makes no secret about his promotion of terminal sedation and stopping eating and drinking as "ethical" options that hospice professionals should practice and encourage!

Wesley Smith: Wake up!

It's 2015 and the hospice that is mostly practiced today is nothing like the hospice that the pro-life *Christian*, Dame Cicely Saunders, MD, practiced.

You cannot take the basic respect for life out of hospice (which is exactly what has been done by the industry) and still consistently provide caring service while never hastening death.

Hospice as an industry has mostly long-ago crossed the line into a faithless abyss where pushing the limits of what can be done is routine, so that hastened deaths are actually commonplace, and unfortunately, many of the general public have directly experienced this. They know more about this reality than Mr. Wesley Smith does.

I'm sorry to be so disappointed in these articles. You should know better and *must* know better! You have access to the truth and the research has been done. The reports are in and have been coming in to every patient advocacy organization in the country! Why hide the truth? Why write as if the illusion of hospice is real? Hospice *can* be wonderful! But in most cases today, in most agencies today, it is not. Time to wake up, Mr. Smith! If you truly believe in human exceptionalism and human dignity, start warning the public about the dangerous realities so they can protect their loved ones!

Cicely Saunders prayed to the dear Lord Jesus Christ at the beginning of *every* day with every staff member at her St. Christopher's Hospice in London, England. The late Florence Wald and Ira Byock never encouraged that as standard practice at hospice agencies! They did not, and Byock does not, speak about the sanctity of life so that death is *never* hastened within healthcare settings. Cicely Saunders said to the patients:

"You matter because you are you, and you matter to the end of your life.
We will do all we can not only to help you die peacefully, but also to live until you die."

That included the idea that we will affirm the value of your life, having *reverence* for your life, recognizing the dear Lord's presence within you, a child created by God! Byock and Wald's version of hospice is a dark counterfeit of Dame Cicely Saunders vision and you should know better, Mr. Smith!

Wald and Byock never condemned *all forms of hastening death!*

Mr. Smith, you have sorely missed the point in your articles: the mainstream hospice industry today *is* the covert branch of the euthanasia movement and does not condemn assisted-suicide because its members *support* and approve of assisted-suicide and *will* offer it at their hospices should it be legalized in any state or nation, just as they *already do* in Oregon, for example. They do not see that hastened death is antithetical to the original mission that Dame Cicely Saunders taught and practiced. They don't care.

If you wish to educate the public, do your homework first and see the reality, not a fantasy! As a wise teacher has shown me, "you can't teach what you don't know!"

Ron Panzer
President, Hospice Patients Alliance

Also see:

[Stealth Euthanasia: Healthcare Tyranny in America](#), by Ron Panzer, 2011, Hospice Patients Alliance.

www.hospicepatients.org/this-thing-called-hospice.html

[Restoring the Culture of Life \(The Ethics of Life In Healthcare and Society\)](#), by Ron Panzer, 2013, Hospice Patients Alliance.

www.hospicepatients.org/articles-from-heart-of-ron-panzer.html#restoring%20the%20culture%20of%20life

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Getting It *Right*

(Contrary to Wesley J Smith, JD and Ira Byock, MD who get it So wrong)

Part One - Evaluating Wesley J Smith, JD's Position on the Hospice Industry

by Ron Panzer

March 7, 2015

There is a way which seems right to a man,
but the end thereof are the ways of death. - Proverbs 14:12

There are some that would say it is "uncharitable" to critique the work of someone like Ira Byock, MD or Wesley J Smith, JD. Yet, along with some of the good work they have done, each in his own way, both Byock and Smith contribute to the misinformation that the public has about the realities of healthcare within a hospice or palliative care setting.

While extolling the many benefits of such care, they both routinely deny that there are egregious problems permeating the industry and, contrary to readily available data, they even suggest that such problems are quite rare.

However dedicated they or any one of us may be, no one is incapable of error, and all of us need to listen to others at times. As we are told:

The way of a fool is right in his own eyes,
But a wise man is he who listens to counsel. -- Proverbs 12:15

Byock is one of the "faces" of hospice & palliative care in the United States. Wesley is a long-time volunteer for hospice and an ardent *true believer* in the hospice industry. It is very clear

from his many articles that he actually is an active *cheerleader* for the secular hospice industry! He tells us that he has been fortunate to have had very positive experiences with hospices.¹

Smith writes:

"I have been a hospice volunteer, and my research into hospice ..., as well as personal experiences with family and friends, have made me a hospice enthusiast."

Wesley J Smith, JD's Misunderstandings About Hospice

Well, I also am an enthusiast for hospice as it is *meant* to be: a merciful expression of love in action and an affirmation of the value of a patient's life even when they are nearing the end of their life. Yet, many hospices have abandoned the reverence for life that was part of the original mission and is essential to the delivery of care that is both safe and truly clinically professional.

There are hundreds of individuals working within the healthcare industry who see quite clearly what Wesley J Smith obviously cannot! One physician, E. Nicole Cooper, MD responded as recently as Feb 9, 2015 to Wesley Smith's article, "Hospice Defend Yourself" and wrote:

"Please see hospicepatients.org [Hospice Patients Alliance] for the *original* purpose and methods used in hospice in the 1980's before Medicare began to impact finances and incentivize neglect of true palliative care in the 1990's. Please use that site to try to find a hospice which honors the original purpose for patient and family.

As a physician who trained in hospice in the 1980's as a volunteer before going to a Catholic medical school, and now an Eastern Orthodox physician, I would only say that tragically in my office, medical society, and personal life I have learned it is a rare hospice which deals with patients as originally envisioned or as consistent with the Eastern Orthodox or Roman Catholic way much less the Hippocratic Oath.

Please read the cautionary tales on the website under Euthanasia. Please learn on the site what questions to ask to understand what your loved one will actually go through and why. The goal of original hospice was to keep a person as comfortable and fully present and him/herself as possible by whatever means was appropriate so he or she could with dignity and a clear mind reconcile with family, oneself and with God.

That was ?palliative care? then and as it should be. Now starvation and dehydration (which are quite painful) may be masked by heavy pain med sedation so that the person is quiet while being killed early essentially.

You may see a family joking with staff in a party atmosphere and not "with" the immobile and unresponsive patient at all. It is all quite bizarre, deceptive, and not loving, respectful and filled with dignity as intended.

Our goal is to restore hospice to its rightful function. Not to have truly comforting medications denied due to expense and called "extraordinary measures" when previously it would have simply been part of good care to optimize how the patient feels and can function. I am always grateful when someone has had a good experience with hospice recently; they are blessed.

Please see this website and fight for your loved one to receive the "original" hospice care, hospicepatients.org. I have no involvement with it, just somber appreciation.²

This physician (who has never been in contact with HPA) is just one of many, many physicians and nurses as well as other healthcare professionals who independently confirm there are very serious problems in the hospice industry. Yet, even knowing about these and many other reports, Smith defends hospice as if it is some vulnerable entity being battered by slanderers. He writes,

"Don't be scared off hospice by horror stories. Rather, before entering a hospice or placing a loved one in a program, have a long talk with administration about their policies regarding treating conditions such as gangrene, bed sores, pain controlling radiation, and tube feeding. And then, hold them to it."³

The naiveté of such advice, "hold them to it," is astounding! If a hospice agency has integrity, then yes, you can "hold them to it." But in the case of a hospice run by administrators and staff with integrity, there usually aren't as many problems in the first place and you won't often need to "hold them to it."

When a hospice is disrespecting patients' rights, unwilling to provide basic care and medications that will improve the comfort of the patient, willing to practice stealth euthanasia, committing fraud, or other violations, they don't care what patients or families say or request. They ignore the patient and family or individual with the medical power-of-attorney. They bully them. They call adult protective services on the family members who object to the abuse, neglect and harmful activities occurring. They lie, saying that the family members are a "danger" to the patient or staff. They ban the caring family members from visiting with the patient.

They call the police if they raise a fuss. They do some or all of these things and more. I wish you could speak with the anguished family members that have called us for many years and reported how terribly they have been treated, and these reports come from all over the country, having had terrible experiences in large and small hospices, and nonprofit as well as for-profit hospices.

I am not one to label *all* hospices as bad or *all* hospices as good, but having realistic objective information is necessary to properly advocate for our patients or to protect our own loved ones who enter the healthcare system. I love the mission and reality of authentic pro-life hospice! It has been a major part of my life's work to restore the culture of life that makes such pro-life healthcare possible.

But we must realize that just as problems in hospitals or nursing homes can be horrendous, problems in hospice can be even worse because they are required to comply with much less stringent regulations and they know that the enforcement of the standards of care in hospice is almost nil.

Whistleblowers have presented information detailing how standards of care were being violated and how patients were consequently suffering, yet little significant reform of the industry has occurred. It appears that adherence to the standards of care within hospice has even gotten worse over time!

When hospice corporate leaders intentionally violate the standards of care (as contrasted with financial fraud), there is little effort by government to correct them. About all that might happen is State inspectors, responding to a complaint, might require that the hospice submit a "plan of correction" indicating that the hospice agency administrators promise to "be good!" Why should anyone trust them?

When it comes to financial fraud and the federal effort to stop hospice corporations from defrauding the government to the tune of many hundreds of millions of dollars overall, Wesley J Smith, JD complains:

... the Clinton Administration launched "Operation Restore Trust," [in 1995] which went after hospices in a cruel and chilling way by demanding tens of millions in refunds by presuming that patients who didn't die within six months were receiving hospice fraudulently. It was then up to the hospices to prove otherwise.⁴

The feds apparently were going after "poor, vulnerable" hospices in a "cruel and chilling way?" Incredible! The only problem with Smith's retort is that hospice corporations actually *were* and continue to steal millions from the federal Medicare program! The U.S. Department of Justice has documented innumerable cases of fraud committed by hospices resulting in the theft of several hundreds of millions of dollars since the Medicare Hospice Benefit was created in 1982.

It is true that there are serious problems that arise out of how the federal government reimburses hospice agencies, and there are very good suggestions readily available that delineate how to reform the Medicare Hospice Benefit and how agencies are reimbursed.⁵

Reg Hislop, III, a major healthcare industry consultant has written,

The incentives provided within the present [hospice] Conditions of Participation and the benefit and reimbursement language, are so misaligned with how patients utilize and access hospice services that providers seeking volume and revenue growth have teased and breached, the False Claims Act line.⁶

Note that he specifies "*providers seeking volume and revenue growth*" as having violated federal law, not those who are there out of the goodness of their heart to provide hospice services for the sake of the mission — while they of course receive reasonable reimbursement for their work! Even though there are problems with the government's reimbursement criteria, there is no doubt that there actually are corporate leaders willing to use hospice as a vehicle to plunder Medicare. They don't care about the mission of hospice; they care about huge increases in revenue even at the expense of the patients' well-being.⁷

Smith's abysmal ignorance of the criminality existing within the hospice industry is appalling! Regarding one of the most notorious perpetrators of major fraud in the hospice industry, and one of the largest, Vitas Hospice, Hislop writes:

On May 5, the U.S. Department of Justice released its most recent complaint (legal suit filed in Federal court) against Chemed, the corporate parent of Vitas [Hospice]. The complaint is a False Claims Act suit....

In the case against Chemed/Vitas, the Federal government is alleging that Vitas intentionally over-billed Medicare for higher reimbursement amounts by "up-coding" patient needs absent any real need and, admitted patients for care and billed for services where there was no definitional or certifiable need on the part of the patient. In this case, each violation is alleged against Vitas as a hospice provider organization....

Reading the complaint, I was struck with a number of thoughts. First, the magnitude of the complaint is huge. It encapsulates the entirety of Chemed's hospice holdings, collectively Vitas. The majority of False Claims Act complaints are against a single provider or geographically and agency limited. Additionally, the time period referenced encompasses over a decade of claims.

As I have followed False Claims Act cases in health care for years and paid close attention to the hospice activity, a reasonable estimate of the dollar amount (Vitas) involved is hundreds of millions of actual claims that are exposed to treble damages before the imposition of Civil Monetary Penalties. There is also the shadow of criminal prosecution for certain Vitas actors and management looming. Finally, this complaint is in the midst of other complaints against Vitas, open or soon to be open. A significant False Claims Act case is open against them in Texas and a newly opened complaint with a physician whistleblower in Los Angeles just broke and is today, wrapped in the broader complaint....

The complaints current and yet forthcoming, paint an overall picture of a business model [of Vitas Hospice] that is grossly non-compliant and steeped in fraud at the core

Their [US Justice Dept and Centers for Medicare and Medicaid Services] words in various locations, tell me straight-forward that ***the industry has a fraud pandemic*** and the day of reckoning has arrived. [emphasis added].⁸

Does that sound like the "poor, victimized" hospice industry that Smith portrays? When (on March 2, 2015) I searched for the terms "hospice" and "Medicare fraud" at Google.com, there were 49,100 results! If there is so little hospice Medicare fraud occurring as Wesley Smith, JD asserts, why would there be *49,100* results? Try it and read some of the numerous articles about such fraud.

As a nurse working in hospice, I directly witnessed how a large *nonprofit* hospice could have nurses chart care that was not provided in order to bill for care that was never delivered and realized that tens of millions of dollars could have wrongly been billed by that hospice in one year alone! It was quite amusing when I saw that a hospice CEO I knew had been involved in hospice fraud was later slated to give a major regional seminar on "How to *avoid* Hospice Fraud"

— something like bank robbers teaching other bank robbers how not to rob banks (or maybe behind closed doors they discussed how not to get caught). Astounding!

Smith is and was not privy to the bookkeeping and billing records of hospice corporations, nor was he privy to the medical records that were used to justify billings. Some hospices even have "double books" where they provide one falsified set to the government and another set of records that record the actual data. Smith has no idea what hospices were billing for around the country and how they were committing fraud. I and many others who are focused on this niche of healthcare do know.⁹

Smith complains that hospices were accused of fraud when patients didn't die soon enough. He doesn't realize that many hospices do pad their revenue stream by taking in completely non-terminal patients who are actually stable, chronically-ill patients who might live many years. Aside from year-after-year federal convictions of hospices for exactly this type of fraud, hospice administrators and nurses I have known have also confirmed that some other hospices they know are actually doing this!

These hospice agencies then bill for hospice services while providing almost no services. That is fraud! How do many hospices today cover up their crime? They end the lives of the non-terminal but chronically-ill patients and purportedly *prove* that the patients actually were "terminal," because they obviously did die! Therefore, the reasoning goes, "*They must have been terminal!*"

CEOs of the criminal hospice agencies are regularly quoted in news articles bemoaning the "unfairness" of the federal government — the same line that Wesley J Smith spits out on a regular basis.

I ask Mr. Smith: What about the intentional criminal activity occurring in hospice?¹⁰

What about Compassionate Care Hospice of New York that agreed to repay \$4.0 million to the U.S. and \$1.6 million to New York State in 2015?

What about Good Shepherd Hospice that repaid 4 million just this year, 2015?

What about Hospice Compassus that repaid \$3.92 Million in 2014?

What about Alex Pugman, former director of Home Care Hospice in Philadelphia who in 2014 was sent to jail for two years, nine months for his involvement in defrauding \$16.2 million from the government?

What about Hospice of Arizona that repaid \$12 Million in 2013?

What about Hernando-Pasco Hospice, d/b/a HPH Hospice, that repaid \$1 million in 2013?

What about Hospice of the Comforter Inc. (HOTCI) that repaid \$3 million in 2013?

What about Harmony Hospice Care that repaid \$1.287 Million in 2013?

What about Odyssey Hospice that repaid \$25 million in 2012?

What about Hospice Care of Kansas - Voyager HospiceCare that repaid \$6.1 Million in 2012?

What about Hospice Home Care that repaid \$2.7 million in 2011?

What about Diakon Lutheran Social Ministries d/b/a Diakon Hospice Saint John that repaid \$10.56 million in 2011?

What about Kaiser Permanente's Oregon hospice unit that repaid \$1.8 million in 2009?

What about Southern Care hospice that repaid \$24.7 million in 2009?
What about the Hospice of Michigan that repaid \$1.5 million back in 1997?

These are just a very few more notorious cases among hundreds of cases of fraud being perpetrated by hospices around the country. Articles like "How Dying Became A Multibillion-Dollar Industry" and "Dying and profits: The evolution of hospice,"¹¹ describe what is really going on. Secular humanism and the devaluation of human life is just one part of the degradation of hospice. The other is plain greed!

Those hospice administrators with integrity that I know do not complain about being accused of fraud, because they are not accused of fraud. They provide care for truly terminally-ill patients and don't go looking for stable, non-terminal patients that they label terminal in order to bilk the system. They may encourage greater reimbursement and reform of the reimbursement criteria, just as any businessman would, but they don't complain about the government going after hospice agencies that do commit crimes and are later convicted.

Smith cites the case of a long-term ALS (Lou Gehrig's Disease) patient who was discharged from hospice because he was staying on hospice too long, suggesting that this is the typical scenario for patients the US Justice Dept labels as non hospice appropriate. That is not the case! Every hospice is going to have some patients that live much longer than expected and that is expected.

If a hospice had just a few cases like that, they can and do justify keeping the patient longer so long as the physician re-certifies the patient as being hospice appropriate. However, when they have a large percentage of non-hospice-appropriate patients, they discharge many when they think they're going to get caught, and then patients who really need the service are harmed.

It's only when a hospice agency has an unusually large percentage of patients who live much, much longer than might be expected that the red flags go up for the Justice Department investigators who are responding to reports from whistleblowers inside the hospice who know fraud is occurring, or for the Medicare fiscal intermediaries who monitor hospice billings and statistics and are tasked with making sure patients are appropriate for hospice according to the current law.

Smith reveals his bias toward regarding hospice as a relatively unblemished industry when he astoundingly intentionally *omits any* mention at all of hospice when discussing the dehydration deaths of patients. He writes:

Twenty years ago, for instance, it would have been unthinkable to dehydrate people to death by removing their feeding tubes because they were cognitively disabled. It might even have been criminal. Today, due in large part to vigorous advocacy by bioethicists, which in turn has led to court cases and then to new laws permitting the practice, *it is routine in nursing homes and hospitals throughout the country.*¹²

Where does Wesley J Smith think Terri Schiavo was executed through dehydration? She was in the Hospice of the Florida Suncoast Woodside Hospice facility where the CEO, Mary Labyak was busy making sure the non-terminal and disabled woman, Terri Schiavo, died and set a legal precedent for dehydration killing through withdrawal of tube feedings in a hospice setting. Labyak was a corporate officer, friend, and fellow board member at Ira Byock's Partnership for Caring organization.

Why does Smith specifically *not* mention hospice where the practice of dehydrating people to death has been first widely practiced for years (largely through Byock's efforts) and *then* spread to hospitals and nursing homes through palliative care programs there! Before hospice and palliative care were introduced, hospitals and nursing homes would be extremely unlikely to dehydrate a person to death, and they still are if a hospice or palliative care dept is not formally involved.

Hospice and palliative care settings give the practitioners a kind of permission to end the patients' lives because supposedly "death is expected." No county district attorney will prosecute such medical killings and few if any attorneys will take such cases to court. For that reason, hospices have a license to kill. They know they can get away with it!

Smith is sadly making hospice his idol, embraces a faith in hospice stating that it has done, and can do, little wrong, except in extremely rare instances. He demonstrates the "sacred cow" mentality many have about hospice. I've written many times about how hospice as an industry is treated like such a "sacred cow."

At least cows are revered in India with good reason: they provide milk, butter, and cheese, and the cow dung is dried and burned when used for cooking and fuel. However, there is no justification for treating hospice like a "sacred cow" — as an industry that should never be and cannot be objectively evaluated and critiqued. Placing the hospice industry on a pedestal has resulted in the proliferation of much misinformation. When reality hits, patients and family members who expect good end-of-life care are shocked.

In biblical terms, I would say that some have actually made an idol out of hospice, just as some have made a quasi-religion out of the bogus "man-made" global warming in order to bolster globalist and socialist agendas that would create regulations forcing capitalist Western nations to stifle their economy while allowing communist China and increasingly totalitarian Russia to spew pollution without end.

For anyone who cares to look, more and more details have emerged how politicized "scientists" have admitted in emails and reports that they fabricated data outright or falsified the temperature data available in order to bolster its sky-is-falling alarmism and the consequent anti-capitalist agenda. Sorry, socialist global warmists, the end of the world predicted 20 years ago to occur "in 20 years" from then, i.e. *now*, has not occurred! And for those who remember the 1970s and 1980s as I do, the global *cooling* predicted (and covered by Time Magazine and other media outlets) has also not occurred!¹³

For decades, anyone who has raised issues with hospice has often been lambasted with fierce vitriol. Anyone questioning hospice is attacked just as much as those who question *man-made* global warming. True-believers have called or written and stated that many of the violations we know are occurring, *never happen!*

They just can't believe it, they *say*. It is interesting to note that these types of calls or notes have become fewer and fewer through the years. It is clear that many are coming to the realization that they can no longer deny that there are widespread imposed deaths in hospice and palliative care settings, as well as other major problems. Wesley J Smith excepted.

One reason for the assertions of "hospice can do no wrongers" is that these healthcare professionals and volunteers may project their own integrity and good practice on all others, never suspecting that many in the industry do not share their respect for patients' lives. They also are profoundly naive not only about human nature, but about how the euthanasia movement has intentionally and successfully, in fact, infiltrated and actually taken control of the industry.¹⁴

A third major reason many assert that hospice doesn't do these things, is that they are actual practitioners of active euthanasia and/or stealth euthanasia within hospice and palliative care settings! They do not wish to have others know what they are doing until the time is right for announcing to the world how widespread these practices are, and then have them legalized with the rationale that "society has changed" and "the people approve."¹⁵

Getting back to Wesley J Smith, JD, the long-time hospice volunteer — and I certainly applaud his good works — hospice volunteers who have no medical training and do not actually administer medications or perform medical or nursing procedures, really do *not* know what is going on or could be going on. Even nurses or physicians who are working a case can be mistaken or misled about a patient's condition!

I know of hospice medical directors whose patients were not in pain, but were misled by calls from nurses stating the patient was in extreme pain and needed high doses of morphine. Sometimes, the physician made actual house calls to check on these surprising developments (since she knew the patients were not in pain) only to find that there was no pain issue at all! The nurses were falsifying their report of patients' clinical conditions in order to justify physician orders for opioids, so they could hasten the patients' deaths!

In some cases where a relative or physician seeks to justify a patient's admission into hospice, they may communicate to the hospice team that the patient has "cancer" when there actually is no cancer. A medical director interested in bolstering the hospice agency's census of patients will eagerly admit the patient with a "cancer" admitting diagnosis. The nurses will then assume in many cases that there is pain (when there is none) and administer opioids that result in a hastened death — since such opioids like morphine are unneeded. This is only one way that adult children who seek to inherit their parents' estate sooner have manipulated the hospice staff into doing the killing for them.

It is noteworthy that in reports we receive from families, later autopsy results showed no cancer at all. What do these patients die from then? If no autopsy had been done, many would still have believed the patient died from an actually nonexistent cancer.

In the case where a stealth euthanasia practitioner is working in a hospice or palliative care setting, it is quite easy to mislead other nurses and the physician. They can lie about the patient's pain level, or simply state that the patient was "agitated" and receive orders for sedation. Other nurses who come along to work with the patient assume that the report of such agitation is truthful, and therefore, keep up the medications for agitation, often sedating the patient permanently till they die of dehydration, not from their terminal illness!

A hospice volunteer like Wesley J Smith, JD, or any other observer, would see in any of these scenarios a patient who was sleeping peacefully with nurses who appeared quite dedicated. Imposing death can appear to be a "perfect death" to those who do not know the detailed truth.

There is *no* way for a hospice volunteer or other observer to know the truth in such circumstances. Just as I don't pretend to know the intricacies of complex law, a hospice volunteer, no matter how well-intentioned and lengthy his involvement in hospice, does not know what nurses and physicians know!

It is possible for anyone, even a physician who has *not independently assessed* the patient's actual condition, to believe a patient is being well-cared for, when death is actually being imposed right in front of their eyes! This is why it is termed *stealth euthanasia* and not openly declared active euthanasia. A "pretty" death may actually be an involuntary imposed death!

The only way to actually determine the patient's real clinical condition would be to back off of opioid and/or sedative medications so that the patient could recover wakefulness (if possible by that time) and then reassess the patient's actual status.

I have done exactly that at patients' family requests and seen that sometimes, pain medications were not needed or were being overprescribed, thereby placing the patient into an unwanted coma when the patient wished to be awake at the end-of-life period. Of course, if you back off medication levels and pain or agitation actually re-emerges, you have confirmation that the medications actually are needed, are being given appropriately, and need to be re-established at the previous levels.

Secular humanists who work within hospice support euthanasia and assisted-suicide openly or privately, or, they support stealth euthanasia while publicly condemning euthanasia and assisted-suicide. Once they have decided that a patient should die soon, they regularly tell family members who care for the patient and seek to continue to provide basic care, "You are being selfish by keeping him or her alive!" or "The good and merciful thing is to let him go," really meaning that we should impose death one way or another, so that his suffering is ended permanently.

Even when the patient is truly not terminal, pressure is brought to bear so that an elderly, disabled, chronically-ill or otherwise vulnerable patient's life may be ended and a death protocol

begun, usually by withholding food and fluids and sedating the patient. The pressure placed on patients and their loving family members to have life ended (often with the opportunity to plunder organs if the patient is younger and in a hospital setting) is incredibly forceful, intimidating, and often accompanied by outright lies, misinformation, and manipulations.

In secular humanist thinking, ending life is considered good because suffering will therefore be ended! Secular humanist physicians like Ira Byock, MD, endorsed without reserve by Wesley J Smith and many at the National Right to Life Committee, regularly impose terminal sedation and hasten death within hospice and palliative care settings. Caring and affirming life under these circumstances is considered evil and selfish by secular humanists!

Smith even misadvises readers about what can or cannot be treated after a patient has enrolled in hospice. He writes that a patient's admission to hospice "could preclude a hospitalization ... [for] pneumonia."¹⁶

Well, if a patient is not in the pre-active or active phase of dying¹⁷ in the progression of the terminal illness, it is quite reasonable to have the patient treated for pneumonia. What if the patient had cancer but was nowhere near death? Why shouldn't that patient be treated for pneumonia?

A choice not to treat a urinary tract infection or even pneumonia is a choice to assure death from the infection in a few days or weeks, rather than having the patient live till his terminal illness naturally takes him. Is this what hospice is supposed to be like according to Smith?

What if a patient who is in the early stages of a terminal lung cancer falls and breaks a leg? Should that be treated? Of course! In some cases, it is appropriate for the patient to temporarily revoke the Medicare hospice benefit, get treated for non hospice-related conditions, and then go back on the hospice benefit. Smith may not realize it, but this is commonly done by many hospices in these circumstances, even for the treatment of pneumonia when the patient is not close to dying already.

Yes, Dame Cicely Saunders *was* the founder of the modern hospice movement. Smith admiringly describes the beginning of her vision for the work (also quoting herein from David Clark, one of Saunders' associates):

So strong was Saunders's faith in what she perceived as her divine calling, she began volunteering as a nurse at homes for the dying after work. Urged on by her deep desire to help dying people, she went to medical school at the age of 33, this at a time when there were few women doctors.

Saunders focused her medical practice on helping dying people and alleviating pain. She obtained a fellowship in palliative research and began work in a hospice run by nuns, where pain control was unevenly applied, a nearly universal problem at the time, causing much unnecessary misery. Saunders conceived of putting patients on a regular pain control schedule, which, in her words, "was like waving a wand over the situation."

Believing firmly that "the St. Christopher's project [was] divinely guided and inspired," she became an activist, energetically raising money for the new project, and in the process, raising the consciousness of the medical establishment. Saunders' initial idea was for St. Christopher's hospice to be a "sequestered religious community solely concerned with caring for the dying."¹⁸

But the idea soon expanded from a strictly religious vision into a broader secular application,[emphasis added]¹⁹

Smith describes her work as having expanded into a "**broader secular application?**" This is a completely false and very serious misunderstanding of Dame Cicely Saunders approach!

Dr. Saunders was a devout pro-life Christian and saw her vision of hospice as a fulfillment of her call to serve the dear Lord Jesus Christ. For her, hospice work embodied her Christian mission to all, just as Christians openly serve individuals of any religious persuasion or none.

Objectively, it would be impossible to view her work as "secular" by any stretch of the imagination, as Smith mistakenly asserts. Just because she didn't push her religion at every step doesn't mean that it wasn't the most basic thing about everything she did!

Dr. Saunders and her staff prayed each and every new morning and her work was wholeheartedly Christian in inspiration and practice. Throughout her career, she openly dedicated all of her work to the dear Lord Jesus Christ. In fact, Dr. Saunders sprinkles biblical references into her many letters and writings. Confirming her Christian faith, she has written,

If we are Christians, our vision is of God's sharing with us all in a deeper way still, with all the solidarity of His sacrificial and forgiving love and the strength of His powerlessness. As Bishop Taylor wrote in a Christmas poem, "I am the undefeated heart of weakness." That loving power will outlast all else and holds out an ultimate hope of life through death.

Sometimes we can speak of this, more often we have to stay silent beside this silent God, whose ways of meeting each person's need will often be known to them alone. In our turn, we have to trust in the often perplexing anonymous Spirit. Many Hospices have chosen a free-flying bird as their symbol. For many, this represents the Holy Spirit, but I believe this also echoes the many religions that have spoken of some form of inner guide or Wayshower....²⁰

I could quote dozens of other references from her writings to demonstrate that her mission in hospice was absolutely faith-based and never secular at all. Can it be any clearer that Dr. Saunders' application of hospice was *never* "secular?"

Nevertheless, it is not surprising that Smith views Saunders' mission as secular. He has been mis-educated over time by some who promote a secular American version of hospice that is not faith-based at all. It is striking to note that even though he believes her mission and the mission of hospice today actually is *secular*, he still wholeheartedly endorses the present *secular* and tainted approach to hospice!

Through decades and continued choices to ignore the realities of the hospice and palliative care industry, and many misleading statements to the public about them, Wesley J Smith, JD, along with many at the National Right to Life Committee²¹ have sadly disqualified themselves to serve as an objective guide to what people should know about hospice or what is right or wrong about the hospice industry! They have lost their credibility on the issue.

We do not condemn *all* hospice and palliative care and have never done so. Whatever name end-of-life care is given, it will always continue in one form or another. We simply encourage end-of-life care practitioners to affirm the sacred value of human life and hope that they revere the God who gives that life. If they do not, they are certain to go astray!

We demand that end-of-life care practitioners *never* hasten or impose death in *any* way, even by the deceptive stealth euthanasia methods regularly practiced by physicians like Ira Byock, MD! *This* was Dr. Cicely Saunders mission, not some tainted counterfeit that victimizes the most vulnerable among us.

Yes, we see that like Smith and Byock, many hospice administrators, leaders and staff love to *claim* Saunders as their own and *claim* that they are following in her footsteps, even when they violate her most basic guidance about how the mission should be accomplished and her cautions about what is to be avoided.

Human history is filled with accounts of individuals who trusted those who betrayed them (Genesis 4). When hospice professionals impose death upon patients in any manner, it is no different.

A large segment of the hospice and palliative care industry currently approaches the mission from an entirely different worldview than Dr. Saunders: a secular humanist and utilitarian worldview!

The Christian worldview and the secular humanist worldview — with its secular bioethical approach²² — are diametrically opposed to each other. The conclusions reached, the goals held, and the methods used by those of such disparate worldviews can never be the same!

How bizarre and tragic it is that Wesley J Smith — who tells us he has adopted the Eastern Orthodox Christian faith — embraces the *secular* hospice movement personified by Ira Byock, MD? How does he not see the betrayal of the mission involved in the secular version of hospice?

How is it that he doesn't even recognize that it is the dear Lord Jesus Christ who inspired Dr. Saunders to follow Him as a Christian, as well as to begin and continue to devote the rest of her life to this merciful loving work *He called her to do* in order to give glory to His name?

Those who remain faithful to the Hippocratic Oath and to God remain faithful to her mission. There are very dedicated hospice professionals working to truly serve those nearing the end of their lives. However, Ira Byock, MD and those like him are not faithful to the mission. They have tainted it and taught others to follow in their footsteps, causing terrible anguish for far too many!

(Part Two on Dr. Byock)

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The Call and the *Counterfeit*

Getting It *Right* (Contra Smith and Byock)

Part Two

by Ron Panzer

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Woe to them that call evil good, and good evil;
that put darkness for light, and light for darkness;
that put bitter for sweet, and sweet for bitter! — Isaiah 5:20

The Call

Those who hear the call feel the dear Lord's touch. Like an intoxicating jasmine-scented breeze, nothing in this world can compare with such a gift from God! Florence Nightingale — Mother Teresa of Calcutta — Cicely Saunders — they all heard the call.¹ Each one searched to find its meaning until the mission became clear.

No obstacle can stop such a soul once they have been given such a mission, and the example they gave to us is like a lamp in the darkness and chaos of the world man creates for himself. For decades, they each sacrificed so much in order to serve their Lord.

Nightingale nurses, Missionaries of Charity, and pro-life hospice nurses and physicians are honored to follow in their footsteps in some small way. Each of them revolutionized the care of those in need and inspired many thousands of others. We can only hope to be and do a little bit in this world that would contribute to continuing their *true* mission, and in some small way please the dear Lord Jesus who called them and each of us to a purer way of serving through sacrificial love.

Recalling Jesus's words (Matthew 5:7), Queen Victoria honored Florence and gave her a brooch upon which was inscribed the words, "Blessed are the merciful!" for in her, she saw a woman whose will to show the most tender kindness and care for the ailing was made strong. She and the entire world witnessed a woman whose devotion to merciful service was pure, a woman who exposed and challenged the evil, cruel, but widely accepted neglect of patients in her time and overcame these evils through perseverance and love. There is not one modern civilian or military hospital in the world that does not strive to follow the principles and quality improvement measures introduced to modern healthcare by Nightingale!

Florence Nightingale, Mother Teresa, and Dr. Cicely Saunders cared for and poured their lives into service for those ailing and dying before them, giving everything they had to those so much in need. All three demonstrated a wholistic approach to care that addressed the needs of the total person and followed the example and teaching of the dear Lord Jesus.

Those who received such expert and loving care, trusted them completely, because they knew that the hands that cared for them and the heart that moved those hands had been given to God alone. A palpable dedication and warmth poured out of their hearts that comforted patients' souls, giving them peace and hope in this world and in the next.

Not once did either of them ever suggest to a patient that he or she hasten death in *any* way! Though some may wish to avoid the suffering they experience or envision by taking their lives, we can do much to relieve that suffering, to love that individual, and allow an authentic inner healing to take place.

It was for good reason that Florence Nightingale was called the Lady with the lamp! If we are to care for those who are nearing death, we can do nothing better or purer than to follow such shining examples in our work!

Reverence for God and reverence for the very being of those we serve can only be a blessing to them and will always help us to discern the right way forward in the often confusing and challenging times that are to come.

Clearly recognizing and retaining the purity of the mission we serve will help us to see through the many deceptive voices leading us to go astray and to accept *without qualification* such a strikingly different way — a much-acclaimed, seductive, even impressive but dark secular path.

[Byock's "Splendid"² Counterfeit](#)

In pursuing this topic, I would again wish to make it clear that there is much about Dr. Byock and Wesley Smith to be admired. I have learned from reading Wesley's articles and it is certain Dr. Byock has taken excellent care of many patients. Yet, when I read Wesley's statements that characterize as false the brave testimony of so many nurses, doctors, patients and family

members who report the truth about what is occurring in the end-of-life care settings, I cannot remain silent.

I realize that some are angry that I have questioned Ira Byock and Wesley Smith. I cannot do otherwise if I am to remain faithful to the mission I serve. Read on and you will understand why I do so.

In his book, *Culture of Death*, in the very few pages that even mention hospice, wrongdoing of any sort or imposed deaths occurring in that setting is not mentioned, yet this book was written in 2000 and news about such deaths was already widespread for anyone who cared to pay attention. Wesley is, without a doubt, paying attention to the news and reports and certainly must be aware of them, but chooses to not only *not share this* with his readers, but chooses to mischaracterize American hospice today as if it were the hospice of forty years ago when Dr. Saunders' mission was prominent and practiced widely.

When Smith gives Byock the highest praise, I have to respond. He has praised him for many years, yet ***Ira Byock, MD has individually done more harm than almost all other hospice and palliative care physicians in the country.*** He, along with a few other culture of death activists have completed the tainting of the industry throughout the nation.

How did he do it? In part, ***Byock merged the euthanasia movement with the hospice industry through the creation of Partnership for Caring.*** He also helped to set the tone for hospice and palliative care practice at the newly formed American Academy of Hospice and Palliative Medicine. You should know that if you understand Ira Byock, you will understand what happened to the industry!

My hope in writing is that the reader may discover the truth and understand how the tainting of the industry was accomplished.

Wesley has repeatedly implied that when terminal sedation is used *in hospice*, it is used *properly* and is not widely being used to end the lives of vulnerable patients. When referring to this type of sedation, Smith prefers to use the term "palliative sedation." He says that it is only used to relieve symptoms and that *with terminal sedation in hospice, the patients die of their terminal illness alone.*

In other articles, he has differentiated between those who use terminal sedation appropriately and those who intend to end life; he condemns those who use it to end life. The problem is that Wesley implies that any wrongdoing is occurring in American hospitals or elsewhere, but never in hospice. The impression Wesley gives his readers is truly not believable in 2015, ten years after Terri Schiavo was executed *in a hospice!*

I hope that he takes the time to research and re-evaluate his position and what he is telling the public. Wesley tells his readers to disbelieve the reports coming in about problems in hospice, yet we hear from so many families who are suffering in anguish due to a hidden epidemic of medical killing right under the nose of so many, even Mr. Smith.

Just today I received a call from a nurse in the Southeastern United States whose brother, age 67, was deprived of fluids against his will even though he was completely competent to make his own decisions, was overdosed with morphine, and died within two days of entering hospice. He had no pain issues, was begging for water, and was refusing the morphine. This is part of American hospice today!

Yesterday, I received a call from a journalist in California whose elderly father was put in hospice. Her father was conscious, did have a terminal condition but was nowhere near dying in any sense of the word. He had a mild problem with short-term memory, but otherwise could carry on intelligent, detailed conversations and relate to everyone around him. He was placed without cause on Seroquel, then Haldol, Ativan and morphine and died shortly after that. The daughter is devastated and told me that "they robbed us of the precious time we would have had together!"

I cannot understand how it is even possible for Wesley Smith not to know about such cases. They are so common and every patient advocacy organization in the country has heard about them! When it comes to abortion or assisted-suicide, Wesley is right there at the front exposing the evils and helping the people to realize the worth of human lives. When it comes to healthcare professionals who might be forced to take part in these, he regularly bemoans the possible or actual violation of medical professionals' conscience rights.³ Yet, again, he never mentions that any such problems could arise in end-of-life care settings and then affect the conscience rights of healthcare professionals there!

Apparently, according to Wesley, hospice agencies, administrators, managers, medical directors, and so many others can do no major wrong. What other conclusion can one draw from his numerous statements that extol the good of hospice, never mention any serious harm to patients at all, and when he reports problems involving unethical behavior such as terminal sedation applied inappropriately, he tells us it happens in hospitals, not in hospices! This is exactly backwards, since the imposition of death through terminal sedation has historically occurred mostly in hospices, and has now spread to hospitals and other healthcare facilities, mostly through the establishment of *palliative care divisions* within their halls or through the subcontracting of services to hospice agencies that are allowed to practice there.

As one of the main speakers at Patients Rights Council ("PRC") — formerly called the International Task Force on Euthanasia and Assisted Suicide — Wesley is extremely well-informed about the history of the assisted-suicide and euthanasia movements, including Dr. Byock's involvement with the euthanasia organization, Choice in Dying and Partnership for Caring. Wesley knows much about the laws, proposed laws, case law, the permutations and implications of the various laws in several nations, yet how is it that he says nothing at all about the *covert* euthanasia movement in hospice settings? From what Mr. Smith writes and says, there is no covert euthanasia movement involving these end-of-life care settings.

If Wesley is right, then where did it go? Where did all those euthanasia supporters from the Euthanasia Society of America go in the 1990s and thereafter? The activists like the former Hemlock Society and the current "Compassion" & Choices who openly support legalization of

assisted-suicide — the same thing as euthanasia for purposes of advancing their cause — are a different crowd and this is well-known and documented.

Compassion & Choices' leader, Barbara Coombs Lee was an executive with an HMO/managed care corporation when she wrote Oregon's assisted-suicide law. So much for the "altruistic" motivations behind the legalization of assisted-suicide! With similar concerns about minimizing healthcare costs for those who are "better off dead," the *covert* euthanasia movement took over much of the hospice industry, Mr. Smith!

Some of the more revealing calls and emails we receive are from hospice nurses working in the field all around the country. These nurses report the problems they encounter with hospice agency administrators and nursing directors that are either in the business only for the money, or hospice agency administrators who are culture of death types that do not respect the sanctity of life. What happens in those hospices violates everything these nurses stand for.

We have heard from some of these nurses who talk about having worked at a good hospice that adhered to the standards of care and the original mission of hospice. They then explain how they either moved, or the hospice closed, and they went to work for another hospice that was run completely differently, and they were absolutely horrified at what was going on there. Not all hospices are the same! Smith should realize this.

Yet, his own website at PRC lists the development of what has become the covert wing of the movement, beginning with the living will as an incremental step toward euthanasia, through organizations that promote other methods of limiting patient care, and then the planned eventual legalization of euthanasia. This has been the strategy ever since the euthanasia movement's leaders realized the American public was not ready yet for legalization of euthanasia and gave up directly lobbying for legalization. It was at that point that they decided to work on a step-by-step basis.

Smith knows all about the plans that the euthanasia activists have had for decades and decades! This wing has brought us the living will, advanced directives, do not resuscitate orders, polst forms and undeclared, i.e., *stealth* euthanasia. On the PRC website, it shows the development of the Euthanasia Society of America into *Byock's* Partnership for Caring organization. However, when referencing Partnership for Caring, for years it has not even mentioned Ira Byock. The PRC website mainly mentions his former partner there, Karen Orloff Kaplan. Why hasn't Byock been shown to be the partner in the euthanasia movement's efforts?⁴

I can understand that since Byock and Smith's opposition to assisted-suicide coincide, it may be that Smith sees Byock as an ally in that fight, but ignoring the historical record that details what Byock has been up to, and knowingly refusing to share it with the public is not fair to the public. It gives them a terribly false understanding of this man and the work he has done. ***It is simply not possible that Smith does not know Byock's historical association with the Euthanasia Society of America, i.e., "Choice in Dying" and its successor organizations!***

The main type of mention of Byock that I found on the Patients Rights Council site is to link to many articles that quote Byock's arguments in opposition to legalized assisted-suicide. Almost

all of the covert euthanasia supporters like Byock take this stance: publicly oppose assisted-suicide but practice stealth euthanasia when they wish in a hospice or palliative care setting! Are we to simply accept that everything Byock does and has to say is right because he opposes assisted-suicide, or because he's so articulate and expert in end-of-life care otherwise?

I have listened to the distraught nurses and doctors who have lost their jobs because they protested what was going on in hospice and palliative care settings. Some have even had their licenses targeted for not going along with the death agenda that is *policy* where they worked! Can Wesley Smith be completely unaware that because of many hospice administrators' hostility to the pro-life position, many pro-life nurses have been involuntarily forced to leave the field they love, or are retiring?

The pro-life nurse, physician, pharmacist or other professional is a very real target in secular humanist health care settings and not just with regard to abortion procedures or dispensing of abortifacients, as Smith might lead one to believe. Anyone who speaks out against what is occurring in many hospices is labeled a troublemaker, is harassed, retaliated against and eventually made so unwelcome that they leave on their own or are fired outright.

Please wake up, Mr. Smith! We who are in the trenches of healthcare settings need the help and don't need to be told that what has happened to us didn't happen! I know *from experience* that when you've been a whistleblower, or advocated for a patient defending him or her from harmful actions or policies set by superiors, you are very vulnerable. I've felt the full force of hospice administrators and know that as an employee, the so-called "protections" of the law are often quite meaningless. They harass you anyway! I've been there!

What do you really know *as an employee* about being a whistleblower in hospice, hospital, or other healthcare settings? It is one thing to sit behind the safety of a desk and write, and quite another thing to stand up against corrupt administrators who implement criminal practices at their agency! It is also quite another thing to day after day listen to the anguished cries of distraught families all over the country. Their voices cry out not only for justice, but for people like Wesley Smith to speak and share *the accurate truth* and not "whitewash" the reality.

When the lawless attain power in a nation or hospice, or any business or agency, they do not tolerate disobedience and especially do not tolerate those who challenge them and expose their evil. In other words, they believe they can do what they wish to do, while the law is for *others* to follow.

Like snakes, they become enraged and plot to destroy these who have made themselves into "enemies" by simply speaking truth, seeking to protect human rights, freedoms, patients, or to stop criminal activity. When the lawless attain power, their "enemies lists" grow and grow as time passes. Secular humanism and communism have much in common. When individuals of either bent attain authority to act, they do not tolerate dissension at all.

As Richard Wurmbrand has explained to us in his book, *Tortured for Christ*,⁵ such lawless ones insist that everyone under their command or authority make a public showing of "approving"

their evil, and depending on the power attained, those who refuse to do so are either imprisoned, tortured, harassed, fired, or even killed (Daniel 3).

Such employees take a big risk and sacrifice much in order to speak up for what is right and to protect their patients! Many employers will violate the laws against retaliation since they know that nothing major will happen to them even if they're found out. They fire or severely harass the employees who they don't want around! Meanwhile, the employee and his family suffer the loss of an income, experience a sudden financial crisis, and must struggle to survive. Many never re-enter the field they love, because they will again be targeted as retribution for having spoken the truth! They often suffer financially for the rest of their lives!

If the employee brings a lawsuit to protest such treatment, the corporation has attorneys on retainer who can easily fight the claim year after year. The employee has limited funds and cannot focus all his attention on such a legal action when he or she's going under financially and cannot continue to fight for long.

I should say that family members whose loved ones were killed in a hospice setting are outraged by what Wesley Smith continues to write since, as an authority, he is telling them that they don't know what they saw and have suffered!

They've already heard from the "hospice can do no wrongers" from the hospice that killed their loved one: "You are exaggerating!" "You don't understand hospice!" "It was just the natural dying process!" "Poor thing, you're having a difficult time grieving!" "Let our grief counselor help you!"

Just imagine how it feels for the families of victims when those staff who ended their loved ones' life suggest that *they* counsel these family members who have lost their loved ones to medical murder! Outrageous and intolerable! Think about victims of war whose family members have been killed and then someone (like Smith) telling *them*, "It didn't happen!" That's how it feels to hear him tell everyone, "Don't believe the stories" that some hospice staff are killing their patients.

The devastation families experience is very real, and they are not ignorant of what good end-of-life care involves! Some of these family members are physicians, registered nurses, pharmacists, medical social workers, psychologists, and other professionally trained healthcare workers whose loved ones were killed. Just today, I received yet another letter from an outraged adult daughter who wrote so clearly:

Forced death by dehydration is barbaric and cruel! Any doctor who dehydrates a patient violates the Hippocratic Oath. How can any doctor ignore family member's demands to stop the drugging and dehydration? Hospice is America's Hospice Holocaust.

Perhaps only with the power of the pen, Americans will realize the evil that exists in America's healthcare and voice outrage and force changes to end death by forced excessive drugging and dehydration. I never knew this evil existed until my dad was taken to Hospice from my home while I was at work. 31 days later he was murdered at _____ Hospice.

My demands for the doctor to send my Dad home were ignored. My demands for the doctor and nurses to stop drugging my Dad with drugs that he didn't need and never wished to use were ignored. My demands for the doctor and nurse to stop dehydrating my Dad were ignored. Murder is murder no matter where it is committed. My Dad was murdered! There is no doubt that God will judge the doctors and nurses who commit murder in the guise of healthcare or hospice care.

This is a mild letter compared to some we receive, and of course, not every hospice agency or staff is doing these things, but many are. When it happens, the devastation it brings to the family and to the patient are unspeakably wrong. With these and too many other voices of anguish ever in my mind and my heart, I must continue and provide the evidence that proves Ira Byock is not merely a "splendid physician" as Smith writes, but also one of the main forces behind the proliferation of stealth euthanasia in the country.

Even if we must stand alone, and many like Smith join in and deny that hospice professionals have done any serious wrong, we must continue to speak the truth that we know for certain *is* the truth!

Oh yes, I can see how Ira Byock's writings can mesmerize you and make you into a "true believer" so that you think he's one of the most wonderful end-of-life care professionals out there. He clearly does provide some of the finest end-of-life care possible for many of his patients, but there is more to the story. I can understand that if you know him personally or have heard him talk you might be convinced and find yourself agreeing very enthusiastically with much of what he says, but that doesn't change the facts.

Byock presents the attractive "face" of this evil. He speaks exquisitely of many good things, even love, but is it possible for man to truly love if he does not know humility before God? Byock says, "The healthiest response to death is to love, honor, and celebrate life. To life!" Who can disagree with such words? You have to really pay attention to the details and understand what *he means* when he uses his words.

Byock does not realize that it is God who has given the spark of life to each of us. It is that glorious spark of life that we see in each other, that we love, and that reflects His glory alone!

The Spirit of God has made me,
And the breath of the Almighty gives me life. - Job 33:4

Byock recognizes that it is wrong to kill his patients, so he always says that he never does so, but elsewhere in his writings and statements he admits that he performs what Cicely Saunders called slow euthanasia! He not only lies to the public, but he lies to himself. What kind of love is it that would hasten a patient's death when God has forbidden it? But he thinks this concern is of no import when it's done *his special way*. Yet, I would not wish you to take my word for any of this; find out for yourself what the truth is!

We can be sure that the culture of death rarely if ever announces itself, and those who are part of it do *not* think of themselves that way at all! In our time, the culture of death hides behind the polished veneer of professionalism, wonderfully-built facilities, and smiling faces — even the label "pro-life." They are respected, often intelligent, yet they don't see the world as a person of faith might and don't make the same decisions when it comes to life.

When it comes to hastening death, they re-define what it means to be alive and what it means to kill so that they *can* kill. If you suggest that many in hospice or palliative care settings are medically-killing patients, they become enraged and offended, and then protest that they never do such things. Meanwhile, Smith endorses these lies as truth and condemns as lies the truthful reports of victims! I wish it were not so! Others all around may praise those who hasten death while pretending to provide "care," but that doesn't mean we must believe them without cause.

Let's understand that Byock knows very well what the debate is about and what the issues are. He states very clearly⁶ that

"the toxicity of the assisted suicide debate has spilled over and threatens to poison important public discussion about how we can most wisely use finite resources to provide the best care for the greatest number of people. "Rationing health care" is the now familiar, albeit incendiary, shorthand that the "Pro-life" activists have successfully assigned to this vital subject. Through the filter of the culture war, opposing camps are characterized as secular humanists who want to limit lifesaving treatments to people who are no longer productive versus God-fearing religious conservatives who believe every life has value and only God can make decisions about life and death. As in all wars, the opponents see things very differently and don't like one another. They are much more likely to aim invectives than to actually speak with one another. This is no way for our caring society to deal with a very real problem that *we already have*. [Byock's own emphasis here]

Of course, Byock distances himself from those "terrible" secular humanists, but elsewhere tells us that's exactly what *he* is! Byock goes on to explain that he comes from a cultural, but not religious, Jewish background and understands that

.... "the primal social contract is not a contract; it is a covenant. Human beings belong to one another before we are born and long after we die. In a morally healthy society, people are born into the welcoming arms of the human community and die from the reluctant arms of community. Within this covenantal experience, the well-being of others affects my own quality of life Our challenge as a moral people is to use those resources wisely, justly, and humanely.

....I am ardently Pro-life, but it has nothing to do with "Pro-life" politics.... The Pro-life agenda we advance is apolitical. We strive to save and preserve people's lives and care for people who go on to die The Jewishness of my upbringing revered life more than any notion of God.

Byock, as you can see, is quite eloquent, well-read and articulate, but also completely contemptuous toward God. *Since Byock supposedly believes "human beings belong to one*

another before we are born," why does he enthusiastically support the medical killing of these unborn and the Planned Parenthood facilities that have murdered millions?

If he really believed that human beings belong to one another *before we are born*, if he truly was "pro-life," he would tell people that the yet to be born are truly human, confirming what science has long established. He would tell the people that these most innocent of all humans deserve our love and protection!

He gives the public a nice "sound bite," but Byock clearly does *not* believe what he says to the public! He has deceived himself for so long that he may not fully perceive the glaring contradiction between his words and his support for medical killing of those not yet born. And what does Byock mean by a "moral" people? It's not what many people think of when they use the term!

He's very slick! He says that he cares for people's lives and for people who "go on to die," but does not at that point explain *how* some of his patients "go on to die!" Definitions matter and he doesn't use these words the same way as most people of faith do.

In addition, if respect for human life and human willfulness in defiance of God's will is to be elevated above God, as Byock does, then that is not the actual pro-life position that I and many others embrace. A truly pro-life mission arises first from the acknowledgement of God, with reverence for Him, and then human life is seen in its proper context: created by God, blessed by God, and to be honored because of God. We see God's breath of life within those we serve! Byock is repulsed by that pro-life mission!

He goes on to speak about the importance of caring and how all human beings deserve proper care in so many ways, which anyone would agree with. He does share the insight that many healthcare professionals experience a sense of the sacred when a person is born and when they die. I and many others agree!

While he says that the sacred is "experienced — physically and emotionally — as complete rightness in the moment," he refuses to admit that God exists and concludes that the experience of the sacred one might encounter in life has nothing to do God. Byock might as well go on to admit that, as a secular humanist physician, he would only accept explanations of human *experience* that have a physiological psychological basis. It appears that for Byock, "love" becomes nothing more than a matter of neurotransmitters like adrenaline, dopamine and serotonin, and the experience of "the sacred" is something similar — something that is part of the human experience, perhaps "wonderful" and to be encouraged as he understands these things, but not sacred in any sense that one of faith (or God) would understand the word!

Byock assuredly completely discounts the significance of God telling Moses to remove his sandals because the ground has been made holy or sacred by God's presence there (Exodus 3:5). When Byock experiences, or hears about anyone experiencing "the sacred," he never takes the next step to say, "My God!" "My Lord!" and then reverently bow before Him. How tragic! But of course, Byock wouldn't consider any of this tragic. He doesn't believe in it.

I encourage anyone who wishes to understand more about the culture of death to read Byock's books and articles. Read his words for yourself. You will very likely find yourself agreeing with him on many things and wonder how he could be part of the culture of death at all. If you finally perceive his re-definitions of terms that sound so right, and how he practices, you'll see how his part of the culture of death could be perceived as a very splendid thing to some who are completely infatuated with him.

Byock hides his past associations with the euthanasia society and pretends it doesn't exist. He uses almost the exact language Cicely Saunders and others who are pro-life would, but there are key differences which we will get to, aside from the fact that Saunders was a devoted pro-life Christian who was following a calling, and Byock is anything but that.

When Wesley Smith labels Dr. Saunders' mission as "secular," he quotes a biographer of Saunders who did characterize her mission in this way, and Wesley accepts and endorses this view of her mission. However, what is meant in the biographer's context is that Dr. Saunders did not preach to her patients or clothe the mission in a formally religiously affiliated manner. Yet, when Smith characterizes Dr. Saunders' mission as "secular," he gives the impression that her mission was the same as the secular hospice currently dominating the hospice industry in America.

Smith implies that Dr. Ira Byock is actually continuing in her footsteps and is faithfully serving her mission in his secular practice. That Dr. Saunders chose not to declare a formal religious affiliation for her work is not the same thing as Byock choosing to embrace a strident, secular humanist worldview and practice with utilitarian, secular bioethics as one's guide.

For a moment, consider that those who embrace a culture of death worldview are influencing the direction of our entire nation. We might ask ourselves the question, "If you wished to completely subvert an entire nation built upon a Judeo-Christian worldview and fundamentally move it toward a culture of death by removing all remnants of its former foundation, how would you go about doing it?"

You, and leaders who have come before you, would say the things people wished to hear so you might attain power. You would continue to appear to be affirming traditional values so long as needed, while doing things that not only contradict those values but undermine and re-form every fundamental branch of society. You would hide the ruthless, cold heart within and display the loving facade that your supporters adore.

Over time, you would re-make each of those branches of society in a different image, and appoint those who reject the traditional worldview to influential positions, judgeships and highest-level administrators of the law, so they and you might carry out and continue the transformation. You would sabotage the adherence to traditional law while making new laws that favored the changes sought.

It may be that one day the people will awaken and see that an almost universally unrecognized and silent coup d'état has already occurred.

When observing such a leader's actions, many, even "great political analysts" who did not understand him at all, might accuse him of being weak, naive, incompetent, crazy, or even ignorant. However, when his actions were viewed with such a transformation in mind, everything he did would be seen to be consistent with the sole goal of fundamentally and irreversibly changing the nation as he originally set out to do. When the scales fall away from our eyes, we may see that the actions that would be done by an enemy are being done by an enemy within.

You say that such a thing could never happen? In the face of a manufactured crisis — the arson burning of the German legislative building, the Reichstag, and the assigning of blame for it to the communists by Hitler's Nazi supporters, along with other strong-arm tactics and political maneuverings — Adolf Hitler was appointed to power by those who were democratically-elected, and then later "democratically" (but not without coercion) given even further powers. Even if many at the time and later did consider him weak, naive, incompetent, crazy or ignorant, he was able to do unspeakable evil!

Yes, there were many who recognized what he was and what he wanted to do, but just the same, there were many who were enthralled with him and facilitated his ascent to tyrannical power. Just imagine yourself in the Germany of the 1930s watching all the changes coming your way and being unable to do anything about it. Hitler was a *National Socialist*, not a Marxist socialist. He was a statist and enemy to the democratically-run German nation of his time, yet managed a coup d'état without military conquest.

The same has happened here though the final stages are only now coming into view and the full ramifications of this change are yet to be realized. The philosophy behind this statist push is not "German nationalism" or "Aryan supremacy" but something that some see now and will be more clearly seen by most in the very near future. When a "justice department" no longer applies the force of the law to all equally, allows the targeting of groups that are pro-life, conservative and Christian, and also selects which laws to select and which ones to ignore, then we must open our eyes to see that the protection of the law no longer extends equally to *all* citizens.

When the saintly, pro-life Little Sisters of the Poor are opposed by this statist regime with an anti-life Justice Department,⁷ you can know with certainty that the federal government is no longer on the side of protecting human decency, life, fundamental morality, or basic Constitutional rule. We can know that cronyism, nepotism and many other corrupt practices are to be expected. Discrimination against those of faith is increasing in frequency within many Western nations including the U.S.

Whether you believe these things or not, whether you laugh and think these statements are complete nonsense, matters not. Those who agree with Wesley Smith's "progressive" hospice cheerleading — that virtually nothing terribly wrong is occurring and that no deaths are being imposed in hospice settings — may ridicule reports that reflect the truth. The realities in our nation and within our healthcare system remain. Those who have experienced these things directly know the truth and suffer the daily anguish that colors their lives, contrary to any propaganda shared through the media, the government, or through some "progressive" - conservative blogs.

When it comes to our nation, the most pressing question is whether our nation that was built upon Judeo-Christian values and law, and established a unique Constitutional rule, can ever be reclaimed and restored. In the past, our nation and its leaders have honored the Christian worldview and have simultaneously especially sought to protect each individual's right to believe as he or she wished, because it was a voluntary, willing faith that was sought, not something to be imposed upon any individual.

What do we see now? We can see someone who rejects the sanctify of life, who makes all citizens fund medical killing of the unborn with their taxes, who rejects the sanctity of the covenant of marriage between a man and a woman and rejects the Judeo-Christian biblical stand, and who is a statist, running our country. To understate the problem: socialistic statism is antithetical to American Constitutional rule and to basic freedom.

You may ask why I might wish to mention any of these things in an article about end-of-life care. Ask yourself, "What kind of healthcare will there be when an anti-life, anti-Christian, secular federal government controls all of it?" "Will pro-life values guide the decision-making?" Or, "Will secular humanist, utilitarian values guide the decision-making?" Where do you think our country is headed under its current leadership (of either political party)? The mission of life is neither Left nor Right and belongs to no political party, yet the established power in both is opposing that mission!

When it comes to end-of-life care, those who support a socialized healthcare system, who actively reject the culture of life — Dr. Byock and his key fellow activists — have guided this industry to a very dark position. When it comes to this niche of healthcare, we must ask ourselves a similar question, "Can we restore a culture of life so that healthcare again becomes a safe haven where all patients can trust that their caregivers will care for them and not kill them at some point?"

Before we answer that question, we must understand what has occurred in healthcare, just as we must understand what has happened to our nation. We must ask and then find the answer to this question: "If one wished to subvert the end-of-life care mission that Cicely Saunders brought to the world without anyone noticing, how would you do it?" They'd do it in exactly the same way that a nation's moral fabric and system of laws and their nature have been overturned and then changed!

You'd choose to outwardly appear to be doing the same things Dr. Saunders did, say most of the same things she said — as Byock does so well — but then introduce incremental changes through private organizations, supposedly "well-meaning" nonprofit "charitable organizations,"⁸ and governmental agencies. You'd bring legal actions to obtain court rulings that favored the changes sought and you'd manipulate governmental bureaucracies so they would firmly establish the complete change of direction for the mission.

You would re-define terms and teach a different approach so that traditional standards and restraints were replaced without the public's awareness and were violated without being recognized as violations!

You would "talk the talk," but be willing to walk a path Dr.Saunders never walked! You might have "all the expertise in the world" concerning the management of the many end-stage diseases that are confronted in end-of-life care. You might speak with the eloquence of angels! People might find you truly inspirational! You might be masterful in how you applied medical intervention to relieve suffering at the end of life, but you would base all decision-making upon secular bioethics⁹ with the inevitable, consequent willingness to choose to end the lives of some patients at a certain point, by one means or another.

When Byock began his practice as a new physician working in family practice and end-of-life care, secular bioethics was the thrilling "new wave" that hit the industry hard. He had no resistance to adopting these new formulations of purportedly ethical principles since they were consistent with the progressive worldview he already had. Later as a hospice leader and emergency physician in Montana, he continued the work of inserting secular values into the work of end-of-life care. Today, when he suggests we use scarce healthcare resources "wisely," "justly," and "humanely," he doesn't use the words the same way most people do! He tells us he is a secular humanist and he uses these words with secular bioethical meanings!

These new basic principles that guided the supposedly "ethical" performance of research and healthcare were jumbled together by the "Belmont Commission" established earlier by Congress and then codified into federal law in 1979. The principles became mandatory policy for all federal employees, federally-funded research at the universities and all public health departments. It also found its way into all the courts and the legal system, the medical and nursing schools, and the rest of society. These principles were also independently adopted in other nations as well so we can now understand what has happened to Western civilization.

The Judeo-Christian based sense of morality has been removed as a basis for decision-making, and the Hippocratic Oath¹⁰ for physicians is no longer required. A new mindset that reflected the defiant willfulness of the 1960s "Me Generation" has been clothed in "lofty" language and applied to matters of life and death. The adoption of the secular principles by the federal government did away with the principles upon which our nation was founded! President George Washington foresaw just such a terrible turn of events when he spoke to the nation at his Farewell Address and said:

Of all the dispositions and habits which lead to political prosperity, religion and morality are indispensable supports. In vain would that man claim the tribute of patriotism who should labor to subvert these great pillars of human happiness, these firmest props of the duties of men and citizens.

The mere politician, equally with the pious man, ought to respect and to cherish them. A volume could not trace all their connections with private and public felicity. Let it simply be asked where is the security for property, for reputation, for life, if the sense of religious obligation desert the oaths, which are the instruments of investigation in courts of justice?

And let us with caution indulge the supposition that morality can be maintained without religion.¹¹

Supposing "that morality can be maintained without religion" is exactly what was done by the Congress's adoption of the principles in the Belmont Report. The federal government's adoption of the secular bioethical "principles" was the equivalent of an ethical atomic bomb that obliterated everything that formed the foundation for a culture of life in healthcare settings. It was, in essence, the rewriting by man of the Ten Commandments. God knew, of course, but who among us really noticed?

When it comes to healthcare, figuratively speaking, no matter how wonderful the "soup" that the cook, i.e., physician, prepares, when you add just a little poison to the mix, the entire pot is spoiled! If one type of "spice" (secular bioethical principle) doesn't work to justify ending the patient's life, then the physician just chooses another "spice" (secular bioethical principle) till he gets the desired result: death.

After the adoption of the Belmont principles, how would you spread this revolution in ethics to all physicians? You would train the trainers to follow your lead and teach healthcare workers to practice with a completely different spirit. Not only would you present the mission differently, but you would omit the most important aspects of the mission: *reverence for God and reverence for the lives He gives to us so that we may learn to serve as He would have us serve.*

Byock is the man who chose to work with others and do exactly these things to end-of-life practice so that the mission Cicely Saunders brought would be subverted for his own aims.

Although he observed end-of-life practice both in America and in England, because he brought to the patient care setting a diametrically different worldview, he experienced the delivery of end-of-life care from his own perspective. Byock clearly never understood or shared Saunders' mission, even though he's been working in the field ever since to promote *his secular re-invention of the mission.*

Saunders was the one that fought and overcame the medical establishment's backwardness — just as Florence Nightingale had done with regard to hospital care settings — but her focus was life-affirming end-of-life care. She initiated research and implemented the latest and most effective medical means of relieving pain, while paying attention to the whole person and the complete environment, as Florence Nightingale had taught. Saunders extended the work of Nightingale into the end-of-life care niche of healthcare and addressed the "total pain" the patient may be experiencing.

Remember, even though she later became a medical social worker and then physician, Dr. Cicely Saunders had first been trained as a Nightingale nurse! She thought as a Christian pro-life nurse whose focus therefore was on affirming the sanctity of life and serving the dear Lord in allowing patients to live fully until the time that they would die naturally. This is a focus and mission that Byock never embraced! While she worked with and was surrounded by a largely secular society, Dr. Saunders' mission was "secular" only in its outward appearance!"

Byock and others like him have illicitly ridden the waves of enthusiasm generated by Dr. Saunders' work, aped the language and practices she developed and have been received ever since by the public as if they were her own. The public, just like Wesley Smith, could not have been more mistaken! Most of the public would be unable to discern the difference between

Saunders and Byock, and many even applaud Byock for introducing his *secular version* of end-of-life care. Why would Wesley Smith applaud Byock's example and role in end-of-life care?

Byock has demonstrated that *similar to* many physicians who practice in harmony with Saunders' mission, he not only has acquired from them a wealth of knowledge, but is also motivated by the wish to do the very best for his patients according to what *he believes is right*. He sets himself out as an authority to tell the world how to "die well" and how to change healthcare so that it provides the "best care possible."

Yet, having had decades to find his place in the world, to determine where he stands on the issues relevant to patient care — to discern and contemplate Saunders' pro-life mission, or the mission of life — he informs us that he absolutely does *not* share Saunders' love for God or believe in Him at all, doesn't hear the same call, and does not possess reverence for life as she did. He clearly shows us that he doesn't share her mission!

Byock tells us he's a secular humanist. Secular humanists have a very different idea of what is *right* compared to someone who has reverence for human life and for God! Secular humanists seek to achieve "human happiness and social justice" as *they* define it and through the means they favor, usually *government-imposed* action, not through faith-based charities — without any reliance on God, any religious organization, church or temple. Secular humanists actively seek to *rid themselves and society of*:

the political control of [what they consider] repressive regimes; the ecclesiastical control of organized religion; even the social controls of societal and family expectations, conventional morality, and the tyranny of the village....

Secular humanism ... [is] a comprehensive nonreligious life stance that incorporates a naturalistic philosophy, a cosmic outlook rooted in science, and a consequentialist ethical system.¹²

When they say "science," they mean science that denies any reality but that which can be studied by physical scientific means, i.e., scientism. When they adopt a "consequentialist ethical system," they mean that the consequences alone are what's important. They say that if the results achieved by an action are "good," then the act taken to achieve the goal is good or "justified."

Many secular humanists believe that the ends do justify the means, but they hide this from the public and pretend they care about the means! They often try to find a way to rationalize what they do so they may appear "ethical" to the general public. With this secular view of all things, Byock has forged ahead with great determination to shape the end-of-life care industry according to *his mission*.

He has his *own* agenda and is a compelling and convincing communicator. He's been very successful in achieving these goals, and is especially well-received by progressive, Left-leaning, secular audiences, though he *has* fooled many pro-life crowds. When explaining how he hopes to finalize the changes he desires, Byock regularly recalls the German sociologist Max Weber. Ione Whitlock explains:

When Byock delivered a provocative keynote address to a conference of over 275 end-of-life health professionals, researchers, policymakers, and community activists, he described the "levers" that could be used to change the US death-denying culture. Bureaucracy would be their ally. Byock noted that "... Max Weber said that social movements that become successful become routinized by the agency of bureaucracy. Therefore, ironically, bureaucracy is the means and the mark of our success to this point."

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Byock and others like him have successfully lobbied those in the health insurance industry and those shaping the federal government *for decades* so that the secular version of end-of-life care is the standard. Over the past few decades as secular hospice has spread around the country, most small, pro-life Jewish or Christian hospices have been either forced out of business through unfair business practices, swallowed up by larger non-profit hospice corporations, or simply been marginalized through extreme competitive and cutthroat marketing by the larger non-profit and for profit hospice chains. How many hospice agencies today would affirm the Hospice Life Pledge¹⁴ written by several pro-life leaders and hospice professionals about ten years ago?

The involvement of socialist-leaning physicians like Byock (and others just like him) in shaping government imposed healthcare reform and end-of-life care is entrenching the culture of death into the very fabric of our nation's healthcare system! Virtually all families will be confronted at some point by Byock's version of hospice and palliative care; in some cases they will be quite satisfied, but in other cases they will be horrified, as confirmed by the constant stream of reports received by patient advocacy organizations all across the country.

What Byock means by the U.S. "death-denying culture" might be debated but generally, his implication is that too many Americans with a "poor quality of life" are having their lives "wrongly" prolonged through life-saving interventions when it would be more appropriate to let these patients die. While it was the 20th century physicians themselves that removed dying from the family home where most of us would prefer to die, well-intentioned physicians were sincerely seeking to save lives in the acute care hospitals through the use of modern medical technology, surgery and medicine.

I would agree that in some ways they went too far so that death and birth have been "medicalized." What should be the natural process of birth and death was hidden from the family view. The hospice setting provided by Christian nuns in England where Saunders first experienced better ways of serving terminally-ill patients provided another model that encouraged family contact and affirmed the lives of the patients so that the family relationships were strengthened. Saunders continued and developed this type of care while eventually seeing to it that such care was also provided in the patient's own home.

Those who have faith do not deny death and do recognize its natural place in the spectrum of the human life cycle, but we do insist that *basic care* such as food and water and other simple treatments be continued so long as they are helpful. We believe that a life well-lived *and affirmed* leads to a so-called death with dignity, because dignity is something *living patients* possess. The dead do not care about such things.

Those who embrace the prevailing culture of death are increasingly calling for the removal of food and water and other basic forms of care when patients' lives are judged to have what they call a "poor quality of life." Ironically, although Byock's books and articles emphasize the close, personal attention he as a physician provides his patients, predictably, the bureaucratic change establishing *government-run* universal healthcare that he has sought for decades is drastically reducing the opportunities for such physician-patient interaction. These and other changes deny many physicians the ability to control their patients' care, because bureaucrats are now setting lower reimbursement rates for certain procedures and segments of the population and therefore shape the provision of, or failure to provide, care.

When, due to intentionally lowered reimbursement rates, the provision of care to certain categories of patients becomes an actual drain on the financial well-being of hospitals and physician practices, as it already has done, that care is no longer offered and increasing numbers of elderly, disabled, and chronically-ill patients are manipulated into secular-styled hospices around the country.¹⁵ In addition, many rural and even some regional hospitals have already been, or will be, forced to close their doors completely! Byock regularly touts the economic benefits of shunting patients into hospice, and now, *secular* hospice and palliative care is being merged into the continuum of healthcare from the beginning of life to the end.

One might wonder why Byock has been so successful when his mission is so starkly different from Dr. Saunders'. Byock has adopted much of the same body of knowledge and applied it in his end-of-life care. He knows how to tell stories and connect with his readers, patients and audiences. He is charming, witty, intelligent, persuasive, and caring in his own way (up to a point).

When you read Byock's description of his elderly father's last days living with pancreatic cancer, it's impossible not to experience a great sense of admiration for both father and son and to feel your heart strings pulled.¹⁶ By sharing moving accounts of several other patients in his books, he introduces what *he* calls "best practices" in hospice and palliative care. Much of what he shares is actually good advice. However, if you didn't know much about the reality of hospices past and present, as well as the intricacies of what goes into professional *pro-life hospice care*, you might be fooled into thinking that if all hospice staff practiced the way Dr. Byock describes, they could do little wrong.

Byock is so well-received more importantly because he is *one of them*, a "progressive," secular humanist espousing the popular worldview adopted by *establishment* political leaders on both the Left and Right. He has positioned himself as the *reasonable voice* and he *sounds pro-life* when he opposes euthanasia and assisted-suicide and states:

I believe that deliberately ending the lives of ill people represents a socially erosive response to basic human needs. If we can stay civil and (even relatively) calm, we can debate physician-assisted suicide while also substantially improving end-of-life care.¹⁷

The progressive crowd recognizes him as progressive. The pro-life crowd has no idea what he really is! That's why Smith's wholehearted endorsement of Ira Byock is so misleading and damaging to those in the pro-life community who trust his judgment!

Byock is absolutely *not* pro-life at all!

In his books, he admits that he labels patients (or anyone) who affirm a traditional view that an unborn human being deserves the full protection of the law, who support natural marriage between a man and a woman, biblical morality, faith in God or religion, as "far right wing." When addressing "progressive crowds," he proudly announces his enthusiastic support for abortion and Planned Parenthood! The same Planned Parenthood that among other things

- lies to the public and to all expectant mothers, denying the science established for over 100 years¹⁸ that *proves the embryo or fetus is undoubtedly a fully human being*
- makes money by having medical staff kill embryonic or fetal human beings
- is an indispensable support to the human sex-trafficking industry, providing abortions for the enslaved young women and routinely fails to alert the authorities with the result that these young women (as well as girls and boys) are *not* saved! Sex-trafficking enterprises cannot survive without the services of Planned Parenthood (or other abortion providers)
- rarely promotes adoption and consistently discourages this humane and moral way for a pregnant woman to allow her unborn child to live with a family that desires a child and can support the child
- *still* consistent with its founder's racist views, locates 79% of their abortion facilities in walking distance (not directly in) neighborhoods that have a high concentration of African American or Hispanic American residents.¹⁹

When university medical centers, colleges, or major media outlets arrange debates between assisted-suicide supporters and those who oppose it, Byock (or someone like him) is regularly chosen as a speaker to oppose legalization and he does oppose legalization. But arranging the debate in this way sets up a false dichotomy making it appear that these are the only two existing positions! What is being done is having the *overt* euthanasia movement supporters debate the *covert* euthanasia ("slow euthanasia") supporters, like Byock or those who whole-heartedly promote secular hospice and palliative care without ever exposing the imposed deaths occurring in these secular healthcare settings. There is a third position which is the authentic pro-life position held by Dr. Saunders and those who follow her example. Representatives of these groups are not invited!

There is no real difference in many cases between assisted-suicide and direct active euthanasia if the patient is unable to take the lethal prescription on his or her own. Once a patient is terminally sedated by hospice or palliative care staff, there is no real difference between that and euthanasia, because death is being imposed by others. That it takes one second, minute, day, or a week or two (like Byock's slow euthanasia) doesn't really change what is being done to the patient.

Wesley Smith states, "Ira Byock" [is] "a friend of mine who I respect greatly as one of the country's leading hospice physicians."²⁰ I do not fault Smith for befriending one like Byock who shares some of his "progressive" leanings. Byock *is* a leading hospice physician. However, I pointedly do not agree with his support for Planned Parenthood and do not welcome his influence on the hospice and palliative care industry!

Elizabeth Wickham, PhD, Exec Dir of LifeTree organization explains how Byock's "nuanced wing" of the euthanasia movement operates:²¹

- Everyone should have an advance directive to protect himself from unnecessary medical treatment at the end of life.
- Withholding/withdrawing food and water is a natural ♦ and even pleasant ♦ way to die, and is a perfectly ethical means of controlling the time of death.
- "The principle of double effect" can be used to justify terminal sedation.

Timothy Quill, MD and Karen Orloff Kaplan, MPH, ScD, have both written and openly supported assisted-suicide or "assisted dying." Byock, on the other hand, is not publicly advocating the legalization of assisted-suicide, yet his influence has caused others to go far astray. Like most physicians today, he certainly approves of withholding tube feedings to cause death when a severely cognitively disabled patient's quality of life is deemed to be poor and has expressly *popularized the practice of terminal sedation to assure death!*²²

Byock practices in a way that has formally been condemned by Dr. Cicely Saunders and hundreds of other physicians who share her mission.

The European Association for Palliative Care released a position paper addressing the misuse of terminal sedation which was specifically approved in 2003 by Dr. Saunders. It states that:

Abuse of sedation occurs when clinicians sedate patients approaching the end of life with the primary goal of hastening the patient's death. This has been called ♦slow euthanasia♦ [Emphasis added].²³

Byock has repeatedly praised the wonders of dying by withholding food and water:

"The cessation of eating and drinking is the dominant way that mammals die," said Dr. Ira Byock, director of palliative medicine at Dartmouth-Hitchcock Medical Center in New Hampshire. "It is a very gentle way that nature has provided for animals to leave this life."

Patients who are close to death don't get hungry or thirsty like healthy people, said Byock

"If you ask people who have stopped eating and drinking if they're hungry, they will say no," Byock said.²⁴

Byock's spiel about the "wonders" of stopping eating and drinking and then dying, are repeated by thousands of hospice workers all over the country, even when the patient is demanding food and water and is being *involuntarily* killed! **Byock's implementation of terminal sedation when it is not clinically indicated is a choice to end life.**

Byock knowingly deceives others when he mentions what happens when a patient is actively dying,²⁵ — how patients at *that very end stage* do not eat or drink — and then makes his

students and the general public believe that the stopping of eating and drinking when the patient is *not* at the very end-stage and *not* actively dying, is the same thing. It is not the same thing at all and he knows it! In addition, there is a huge difference between those who are involuntarily terminally-sedated and those who actively wish to commit suicide in this way.

Dr. William Chavey, assistant professor of family medicine at the University of Michigan in Ann Arbor, has admitted that hospice "can be manipulated by people with other agendas. That could be family members or a nurse who believes it is compassionate to hasten the death of a terminally ill person."²⁶ In the accounts of patient care that Byock shares, he never admits that hospice professionals might hasten death *intentionally*, yet he reveals that he *is* willing to sedate patients into death even if they have no physical pain or none of the clinically-required criteria — exactly what Saunders called "slow euthanasia."

The use of terminal sedation, under physicians like Byock, has deviated from the clinical requirement that it *only* be used to treat severe terminal agitation, psychosis, or intractable *physical* pain of various sorts, to treating many additional symptoms such as depression, feelings of meaninglessness at the end-of-life, not wishing to be a burden on family members, or not wishing to experience a loss of dignity or control by becoming dependent upon others.

Though Byock certainly does not appear to be practicing this slow euthanasia on all his patients, and makes a point that patients must agree and seek this form of hastened death willingly, thousands of other physicians and nurses in the hospice industry have taken his widely publicized and early lead as a "wink and a nod" to expand even further, to even *routinely* practice this slow euthanasia on their patients. Byock very clearly mentions this practice in his book, *Dying Well*, published almost twenty years ago!

We know that he has exerted tremendous influence through his leadership roles in the hospice industry and through his role in the training of generations of palliative care physicians. Innumerable and continuing reports about this practice — made by physicians, nurses, social workers and thousands of families who contact dozens of patient advocacy organizations around the country — confirm how widespread it is!

Though Smith is very much opposed to assisted-suicide, and *the founder of secular bioethics*, *Arthur Caplan*, is supposedly a "reluctant" supporter of assisted-suicide, the two joined together since they both are ardent supporters of today's modern, secular hospice and palliative care industry. They wrote a USA Today article²⁷ addressing their concerns about the way the U.S. government sets up the Medicare hospice benefit. They quote Byock in support of their conclusion that patients facing a terminal illness should not have to give up curative care in order to benefit from hospice. Both support expanded utilization of hospice and palliative care by the public.

Yes, there certainly are serious problems with how the Congress set up the Medicare hospice benefit that can be summarized as a dilemma between offering patients the choice to "give up hope" and enter hospice, or the choice to continue curative care. It might actually be a good idea to allow terminally-ill patients access to curative treatments while receiving end-of-life care, but

that would depend upon the character of that end-of-life care. Will it be pro-life or culture of death care?

Smith and Caplan praise the U.K.'s system where patients can enter hospice and still pursue another round of chemotherapy for cancer, for example — hoping that it might help. As if the U.K. has a better system than the U.S.'s healthcare system! We could spend hours discussing the egregious trampling of patients' rights through their infamous "National Health System" and the denial of care and especially the well-known scandal-ridden "Liverpool Care Pathway" that exactly mirrors Dr. Byock's preferred method for stealth euthanasia.²⁸ It all sounds so great, until you understand the details!

The Liverpool Care Pathway was developed to support patients as they near death. But the reality for patients and families has been mixed.

The system, which can involve withdrawal of medication, food and fluids, was developed at the Royal Liverpool University Hospital and the city's Marie Curie ***Hospice*** in the 1990s to provide a model of ***best practice*** in the care of dying patients. [Emphasis added]²⁹

Here we have absolute confirmation that the same type of stealth euthanasia has been practiced *in hospice* for decades! Smith never mentions this! Another article from the BBC has doctors in the U.K. finally admitting what families have been complaining about for years:

There are problems with a controversial regime that allows doctors to withdraw treatment in the last days of life, doctors have admitted.

Members of the British Medical Association said dying patients may have been put on the Liverpool Care Pathway when it was not appropriate because hospitals were offered financial incentives to use it.³⁰

The article doesn't explain that in many hospitals in the U.K. as well as in the U.S. there are *palliative care wings* that provide the same type of care as independent hospice agencies. Also, notice that it says doctors are allowed to "withdraw treatment," but actually doctors order food and water to be withheld! Left unsaid? Obviously, the patients died untimely deaths! Also, the writer doesn't condemn the Liverpool Pathway of dehydration killing per se. They say that *some* were placed on this pathway to death due to consideration of hospitals' financial benefit. However, a leading physician in the U.K. states that:

- ***The NHS kills off 130,000 elderly patients every year*** [Emphasis added],
- doctors use 'death pathway' to euthanasia of the elderly,
- treatment on average brings a patient to death in 33 hours,
- around 29 per cent of patients that die in hospital are on controversial 'care pathway'³¹

Smith has elsewhere written to condemn the misuse of the Liverpool Care Pathway in the U.K., so it is odd that Smith chooses to praise the U.K.'s National Health Service. Are we to believe that if the "hospice reach" is expanded by allowing patients to access curative treatments while still in hospice, that these types of imposed deaths would not also occur in hospices in the United

States? The evidence that they are already occurring here is *overwhelming*. Too many healthcare professionals and families have told us about patients that were *involuntarily* terminally-sedated! So much for the — in Byock's view — "ideal" scenarios he paints that, with supposed "safeguards," *require the patient's permission and request for slow euthanasia*.

The push that Byock and many other hospice leaders are creating to allow patients to access curative services and still be enrolled in hospice settings *might be* a step that would allow some to be cured and then be discharged from hospice. On the other hand, I believe the actual intent is to expand the reach of the hospice and palliative care industry to patients who are *not* expected to die within six months, but do access acute hospital care and therefore require extensive and costly services. This is "expanding hospice *share*."

Even if patients are nominally "allowed" curative procedures, by allowing the end-of-life care industry to enroll these patients, I believe many of them will actually end up dying sooner, just as is occurring in the United Kingdom. Are we really supposed to believe that the industry doesn't wish to gain market share to bolster their revenue stream, or believe that those looking to the federal budget do not wish to reduce expenditures by getting more patients into hospice and palliative care? Of course, making more money for the industry and reducing expenditures by government is the major impetus behind this push. If Smith believes this is all about the "good" of the individual patient, he is extremely naive!

Getting back to Byock, when it comes to the practice of slow euthanasia, Byock does not discuss the repercussions that affect other family members. Even if a patient requests and gives permission for slow euthanasia — which is a form of suicide *when so requested* — there are other family members who do not accept it, who are pierced with the evil act and are never the same again. Suicide of *any sort*, even Byock's "self-requested" slow euthanasia/suicide devastates many family members. I hear from these family members regularly!

I have a cousin whose daughter committed suicide several years ago and it affected the entire extended family and still does! It is a terribly evil act even if it appears as if the patient only goes to sleep. So do those famous cases we hear about regularly where someone drank alcohol and then took several medications or drugs and are found dead the next morning. These individuals also "slept" into death, and nobody pretends that it was anything but a suicide! Even when the patient suffers from a terminal illness, the untimeliness of the imposed death, the theft of life and time with others, is a loss that many do not accept at all, and must be condemned.

Individual autonomy, i.e., "permission," used by Byock to justify his act of slowly euthanizing willing patients, is the same autonomy that motivates them to commit suicide when they can. ***Autonomy is not the highest law in a moral world governed by divine law that tells each one of us: "You shall not murder!" ... even if it is your own life you take. Yet, individual autonomy is accorded the highest value in guiding such a decision if it justifies taking life, even one's own.*** Secular bioethics in theory and practice is without a doubt tilted in favor of intending death and against preserving life.

If we are to help protect the public, patient advocates and life-affirming bioethicists must be willing to ferret out the truth whatever it is and then share what is *accurate* about healthcare,

including not only the truly wonderful, but also the unpalatable, the shocking, as well as the deceptive.

The public must be and can only be fully informed and forewarned when we make our best effort to provide all the facts. But when it comes to Byock, how can we understand such a man? Byock clearly appears to be sincere, but sincerity alone does not make a man's actions moral. He declares that he has no faith at all in the God of his people, has no regard for allowing God to choose a man's time of death, and denies that by terminally-sedating his patients, he even intends to hasten their death.

In January of this year, Byock even unequivocally stated, "In more than 35 years of practice I have never once had to kill a patient to alleviate the person's suffering."³² I guess language and definitions make all the difference, as Wesley Smith knows better than most,³³ but Byock obviously does not consider death imposed through slow, stealth euthanasia to be a form of medical killing. Byock reveals his perspective on death,

Dying is the hardest, least desirable time in any of our lives. But it is possible to feel well within oneself and right with the world even as one dies. Therein lies hope for us all.³⁴

That kind of hope leaves me completely disenchanted and empty. For those of us with faith, dying is *not* the hardest, least desirable time in our lives. The period in our lives when we did not know the dear Lord is the least desirable and darkest time in our lives! Byock suggests that we should find a way to feel "well within ourselves" and "right with the world." I ask, "What about getting right with and therefore feeling right with God?"

Those of us who know God within our lives have a better hope, a more trustworthy hope, and feel blessed within ourselves throughout our lives till death, even if we suffer from a terrible illness or disability, and even as we die! The inspiring Christian, Mark Pickup, who has suffered from Multiple Sclerosis for many years testifies to this better hope! He tells us that *human life matters* and that it should not be artificially ended!³⁵

Byock cannot share what he admits he does not have: faith. He cannot offer God's love and forgiveness to his patients. He cannot point the way for them and share any good news that will last through eternity. Dr. Cicely Saunders certainly had more to share. She radiated the message of God's love.

Byock can lie to himself and others as long as he wishes about not killing any patients, but the truth remains about his practice of slow euthanasia. He describes it in detail in his book, *Dying Well!* Cicely Saunders *certainly* knew the difference!

Byock's Playbook for Slow Euthanasia

Byock does proudly give examples of how he interacts with his patients to implement this death protocol. I paraphrase how he describes his strategy:³⁶ Byock to patient:

- You must recognize that you have a terminal illness (X, Y, or Z), and therefore you are going to die soon.
- You will undoubtedly die from either a major stroke, heart attack, pulmonary embolism, pneumonia, pulmonary edema or some other end-stage condition (fill in the blank) that is very likely to be distressful.
- You will therefore suffer in dying *that* way [dying from the actual terminal illness].
- ***Let me make a suggestion: Did you know that you can choose to stop eating and drinking? If you do, I can sedate you so that you remain comfortable throughout this process.***
- If you choose this method of dying, sedation into death, you will die peacefully and without pain. I promise you will not be in pain.
- Think about it and I'll discuss this with you later.

Next visit, or whenever Byock determines it's the right time to use the respect he garners as a physician to give the patient permission to adopt this form of slow, stealth euthanasia:

- Have you thought about what we discussed?
- Are you ready now to go to sleep and end your life through terminal sedation?
- You want to go ahead? OK, we'll begin. Again, I promise that I will not allow you to be in pain.

Notice the results: the physician (Byock) or nurse exploits their position of authority in the physician - patient relationship to first advise the patient that this type of slow euthanasia is not only permissible but moral and an encouraged intervention! What is a patient or family member to believe? "Dr. Byock says, "It's OK," so it must be right!"

When the patient agrees, the physician or nurse then administers medications that are kept up continuously, placing the patient in a permanent sleep — a medically-induced coma. Byock's friend, Timothy Quill, MD *accurately explains* what happens:

In this situation, **the consenting patient is sedated to the point of unconsciousness in order to relieve otherwise untreatable pain and suffering and is then *allowed to die of dehydration or other intervening complications***

Unlike the use of high-dose opioids to relieve pain, with death as a possible but undesired side effect, **terminal sedation inevitably causes death**, which in many cases is what the patient desires. Although the overall goal of terminal sedation is to relieve otherwise uncontrollable suffering, **life-prolonging therapies are withdrawn *with the intent of hastening death*** {Emphasis added}.³⁷

Quill supports implementing this death protocol for any type of suffering, physical or otherwise, where the patient wishes to commit suicide and clearly understands that *that* is what is occurring. The "other intervening complications" of terminal sedation are organ and system failure that result from dehydration. In other words, the patient might die from the induced inadequate blood volume that then results in circulatory collapse, or from damage to the organs and systems resulting from the inadequate blood supply to those organs — all caused from the slow euthanasia Byock and others promote.

The patient *doesn't* die from the terminal illness if terminal sedation is applied to a patient who is not actively dying already! *Dr. Quill makes it extremely clear that the intent is to hasten death, resulting in an imposed death, not a natural death at all, and, understanding that this is intentional ending of life, Quill supports it enthusiastically.*

This is neither pure active euthanasia where you act to kill directly by administering a lethal dose, nor is it pure passive euthanasia where you only withhold something needed by the patient to live. This is one of the reasons it is confusing to many onlookers and why it is also rightly called a stealth euthanasia. To make it seem even more confusing, terminal sedation is also called palliative, permanent, or total sedation.

Byock doesn't suggest that he applies this strategy immediately or with every patient. He "magnanimously" *allows* the patient and family to have some time to do the traditional end-of-life work encouraged by Dr. Saunders or others and work on their "unfinished business" and have an opportunity to heal relationships. Yet, who determines when someone has completed this work, God or a mere man like Ira?

Byock's terminal sedation "playbook," which he described in detail in his book, *Dying Well* back in 1997, has most certainly been read by every hospice or palliative care physician in the country and has been developed and incorporated into palliative care "scripted dialogs" that are printed and available for all to use so they may influence and manipulate patients and their families.³⁸

This is exactly the type of slow euthanasia recently passed by the lower house of the French parliament,³⁹ and is expected to be approved and passed into law by their Senate in a few months. It's being called the "deep sleep" bill and would allow the legalization of terminal sedation into death by patient request, exactly what Byock approves and practices as he determines according to his "great wisdom." Many *in France* recognize that this is a form of euthanasia, but Ira seemingly doesn't understand this! *Really?*

Byock's strategy for ending life would never even be considered or suggested to any patient in a pro-life setting! Yet, we have repeatedly heard about the use of this form of stealth euthanasia even in *nominally* faith-based hospices or hospitals. That is no surprise since most hospice agencies are members of the only large industry trade organization, the National Hospice & Palliative Care Organization ("NHPCO") which has long been led by those who were past members of the Euthanasia Society of America's earlier successor organization. And yes, this is the NHPCO that is so brazen as to actually brag about currently being the Euthanasia Society's successor organization.⁴⁰

Recently, many hospice agencies have actually been *required* to submit proof that they are a member of the NHPCO in order to become an approved hospice provider for the "Advanced Illness" programs and to be reimbursed by the government approved insurance companies! Just think about those few pro-life administrators of hospices that remain and imagine how they feel about being required to join what is the current *covert* form of the Euthanasia Society of America!

The NHPCO offers many opportunities for hospice and palliative care professionals to attend conferences, to network, to call for advice, to purchase *training materials* for the hospice administrators, nursing supervisors and their staff, and more — all of it created with the worldview that is informed by secular humanism — never reverence for life. All of these materials are designed to indoctrinate hospice leaders and staff to spread the secular way of practicing, secular bioethics, and allows for hastened deaths through slow euthanasia, though they always publicly deny this.

Hospice and palliative care administrators working in line with the NHPCO's status as the successor organization to the Euthanasia Society of America (the corporate history is clear), naturally control their employees' environment, and therefore, can choose to only employ those who support the secular humanist vision of the mission. They will train new employees to think a certain way, act a certain way, and believe a certain way, contrary to the former Judeo-Christian worldview. Employees become "true believers" in the secular mission and are often found to be extremely offended if you question what they do, just as a religious *fanatic* will become outraged if you insult aspects of their belief system.

In addition to controlling the environment of employees, they control the information that surrounds them at work, at conferences, and in training materials they are to study at work and at home. The most common elements of a cult are in place: control of the environment, the information, and the ideology (secular humanism). Terms are re-defined, principles of ethics are re-defined, and the mission is re-defined. Peer pressure is used to assure the adherence to the secular humanist point of view and manner of practice.

A "holier than thou" attitude is commonly demonstrated; these practitioners believe they are doing "sacred work" when they hasten death, and intolerance for any other view is evident. Any employee who questions the secular humanist worldview and affirms a sanctity of life ethic is ridiculed, harassed, and forced out so the work environment is maintained in its evil "purity." A similar intolerance by those who share such secular humanist dogmas has been demonstrated on many college campuses around the country: students who simply stand with pro-life signs have had their signs ripped from their hands and stomped upon by these "neutral," "unbiased," "impartial" zealots.

Those healthcare professionals who work in this way, with this worldview, assert that they are "objective," "fair," "impartial," ethically "neutral," and that they do *not* impose anything upon any others. Yet, they do not tolerate opposing views and shout down those who disagree with them. Secular humanism and its secular bioethics is not only another type of "faith" with its own dogma and ethical bias, it is intolerant in ways that the *authentically faithful* Jewish or Christian believers could never be.

They actually condemn the beliefs of those of faith and seek to make others *celebrate and affirm their worldview*, sometimes even criminalizing those who believe in a way that challenges their view. For example, a physician who refused to perform an abortion or assisted-suicide (where legal), or refused to refer to others who are willing to do so, is viewed as having acted "unethically" and is targeted.

There is a movement to deny medical conscience rights so all healthcare professionals are forced to actively participate in, or cooperate with, the culture of death. If they refuse, many argue that these medical professionals should forfeit their license to practice and with it their careers. In other words, those who disobey the supposedly "ethically neutral" dictates of this secular humanist and mostly socialist crowd are to be destroyed!

The zealots who support their asserted "right" to have medical professionals kill them (or others deemed to have a "poor quality of life"), *insist* that medical professionals be *forced* to do so. They often lie and accuse their opponents of "cruelly forcing individuals to suffer" if they oppose legalization of assisted-suicide or euthanasia.

Of course, it is absolutely right to relieve the pain of those who are approaching death (Proverbs 31:6-7)! But, it is not right to end their lives by your own hand, however slow or deceptive the means used may be! It is God who appoints our time of death, even if Byock mocks what he calls "conservative, pro-lifers" who believe this. Byock styles himself as a "progressive" pro-lifer who is more "enlightened!"

Contrary to Byock's willingness to hasten death, we have a duty to live and to allow others to live. Whether we are a caregiver or a patient, we have a purpose to fulfill until that time comes. We may not understand the purpose at all times, but He does! What use He will make of us, what He can teach us in our very last days (that Byock shortens with some patients), and how it may affect some of those who remain is for those others to experience for themselves.

The psalmist reverently speaks to the Creator, giving Him praise:

Your eyes saw my unformed substance;
in Your book were written, every one of them,
the days that were formed for me,
when as yet there was none of them. - Psalm 139:16

God *does* have a plan for us and none of us know what any new day may hold for us, even if we suffer from a terrible, terminal illness and are living our very last days. But Ira, like hundreds of other secular humanist physicians, cares little for the scripture or for God's will in the matter.

And the Lord commanded us to do all these statutes,
to fear the Lord our God, for our good always,
that he might preserve us alive, as it is at this day [Emphasis added].
And it shall be our righteousness, if we observe to do
all these commandments before the Lord our God,
as he hath commanded us. - Deuteronomy 6:24-25

God gave us His law through Moses, the prophets, and the dear Lord Jesus in order to assure the well-being of all people, so that we may live well until He takes us. He has told us how to live and die well, but Byock suggests that he knows better! Byock doesn't care about the divine law. For years he has been ready with the same deceptive charade responding to those who question him, saying, I don't practice euthanasia or assisted-suicide! I am against them. They are terribly wrong, he says, and facilely lists the reasons why they are wrong.

Byock never qualifies his answer to honestly and fully explain his actual position. What Ira should say is that he doesn't support *active* direct euthanasia or assisted-suicide, but *does favor stealth or undeclared euthanasia* through terminal sedation for some of his patients even when they are not actively dying and do not need sedation.

His oft-repeated line is that it is much better for patients to die in hospice and palliative care settings so they can get excellent end-of-life care — defined as a "progressive," secular humanist would define it. Once clinically-*inappropriate* terminal sedation that imposes death has been re-defined as *not killing* — and that is what he teaches others — he can deny that he has ever killed any patient. Following his lead, any end-of-life care professional can then provide it!

Without a doubt, however, those patients he sedates into death would have died later, even much later, if they had not been terminally-sedated to death by Byock and the thousands of other physicians and nurses that have followed in his footsteps. Nobody knows how much longer they may have lived!⁴¹

That *his* patients may have agreed to it does not make it moral, even if *secular* bioethicists have approved this practice based upon their interpretation of the principle, "patient autonomy" or "respect for persons." This secular principle⁴² is not the same thing as respect for life! Any individual like Byock who says they are "pro-life," yet is willing to hasten death through slow euthanasia based upon this secular principle, is obviously not pro-life!

It is not necessary for me or anyone to raise all the arguments that condemn what Byock has done to subvert hospice and palliative care. Dr. Saunders expressly condemned this practice. Byock himself has quite clearly expressed, even from a secular humanist point of view, some good reasons why medical killing, i.e., assisted-suicide and/or euthanasia (either direct or slow) is wrong. When addressing medical students, Byock tells them:

Alleviating suffering and eliminating the sufferer are very different acts....

Doctors need to understand these distinctions. There are no clinical or ethical restrictions to alleviating pain when someone is dying. The established ethical principle of double effect allows for an unintended harm — including a person's death — to occur while striving toward a good....

Even if society deems it legal — for purposes of criminal liability and life insurance — for dying people to commit suicide, the medical profession believes — as I do — that intentionally ending a person's life is beyond the scope of medicine....

"Whether you are in favor of legalizing physician-assisted suicide or not — and whether assisting suicide is legal where you practice or not — let's not allow our profession to become society's answer to suffering and the high costs of dying.⁴³

Byock doesn't see that he is condemning his own practice! It is becoming increasingly clear that this profession *is* becoming "society's answer to suffering and the high costs of dying." Even as he warns others about euthanasia or assisted-suicide, Ira continues to eliminate some sufferers when he "alleviates their suffering!"

In addition, he mis-applies the law of double-effect⁴⁴ when he fails to mention that the law of double-effect also states that a worthy and moral goal cannot be achieved through evil means! He also deceives the public when he states that the death of a patient who is terminally sedated into death is "unintended!" He certainly intends death to occur due to his interventions and not due to the patient's terminal illness, so his goal is wrong and the means he uses are wrong. He's simply not honest about what he is doing and seeks to hide behind a charade of ethical "reasoning."

Byock has no idea what could have been, or what God may have done with those patients he sedated into death, had the patient been allowed to live longer. But, he doesn't believe in those things. He is not concerned about the days not lived. *Byock and those who mirror his end-of-life care practice are pretenders who have clothed themselves in the glorious Christian mission that Dr. Cicely Saunders brought us!*

Following the example of Dr. Saunders only in *some* respects, Byock does emphasize humanizing the dying process, being with the patient, really addressing the complex needs of the patient on many levels and so much more. To the untrained ear, it sounds very right, even impressive! These are qualities that reflect what can be best about hospice and palliative care, but how long is one supposed to provide these humanizing services? Many ask, "Why not just end it all?" Dr. Saunders said that we should provide services that respect life for however long it takes! She said to her patients,

You matter because you are you, and you matter to the end of your life.

We will do all we can not only to help you die peacefully, but also to live until you die⁴⁵

She never told a patient, "I will help you to die" or "I will shorten the days you have till you die," but she did tell them in so many ways, "I will help you to live well *until you die!* Her work was about helping people who were still here and caring for them. Death comes of its own accord.

Byock is like someone who pours black dye into the refreshing, clear waters of a beautiful swimming pool, making all the water so dark that you can't see anything inside it. Then he throws just one small shark in the water and asks you to jump in while telling you, "Trust me! Don't worry, there are no *big* sharks in the water! He never tells you about the "itty bitty shark" that still kills you. Of course, it is a "beneficent" shark and will only bite you for your own good, i.e., actually, the "good of *society!*" And maybe if you're lucky, you won't be the one bitten when several jump in for a swim.

Byock's recommendations for change in the end-of-life care industry are the same as Wesley Smith's⁴⁶ and do not focus on reforming hospice agencies themselves at all. They mainly fall into the position: We need more healthcare professionals trained in hospice and palliative care so those nearing the end-of-life can avoid acute hospital care and be properly cared for. When these are provided, patients won't need or request assisted-suicide.... Well, I would agree if such care were defined and provided to patients as Dr. Saunders practiced it!

Much, but not all, of what Byock describes in his writings — taken from the work of Dr. Saunders — actually is a step forward compared to the inadequate care that existed *before* Saunders' work. In his 2004 book, *The Four Things That Matter Most - A Book About Living*,⁴⁷ Byock mentions the possibility of healing relationships at the end-of-life. This is in line with and following the example and teaching of Dr. Cicely Saunders. However, he suggests that the four *most important things* to help heal our relationships with our loved ones before death arrives are to have the patient learn to say to others:

- Please forgive me.
- I forgive you.
- Thank you.
- I love you.

Some good advice and moving stories are shared. Many have adopted his system using these four things as a part of the secular hospice industry's own form of "spirituality" in order to counsel patients at the end-of-life. Aside from the inadequacy of such a hospice industry "spirituality" that is very much a "reality" being offered to patients, I cannot accept Byock's assertion that these are the four things that matter *most*.

We cannot have a truly healthy relationship with others without first establishing a healthy relationship with God. That "vertical" relationship which we experience as reverence held by an individual for God, the "I" to "Thou" relationship, with unconditional love permeating all of it, is essential to everything that follows if healthy human relationships and society are to flourish. This is why the first of the Ten Commandments starts with:

I am the LORD your God,
who brought you out of the land of Egypt,
out of the house of slavery.
You shall have no other gods before Me. - Exodus 20:1

God is making man aware of God. He reminds us how awesome *He* is! In other words, God is the One who matters *most*! Byock can't even begin to go down this road with his patients. Even if healthcare professionals do not preach about their faith, if they radiate that faith, patients understand and there is a communication and connection blessed by the Holy Spirit.

God is the One who can heal our relationships. When we choose to make Him central in our lives, not just as a concept, but as One we actually relate to with every breath we take, all the rest falls into its rightful place. We don't assign greater importance to anything or anyone.

It is the very loss of this central relationship that makes us look outward for fulfillment and causes the damaged relationships to arise in the first place. Only after this central relationship is cultivated with great care and reverence can our relationships be not only as He intended them to be, but as we would wish them to be if we are in the right frame of mind — truly rational and truly sane. This is the key to the ultimate healing of relationships on every level.

Byock can't voice anything about God, because for his entire life he has continuously expressly rejected God and chosen his defiant, "progressive," secular humanist approach to everything in life. No matter how much of a "feel good," + "I'm OK, You're OK," "Everything is wonderful if we only do this or that" advice he shares, so long as he pushes God away, he will always continue to widely miss the mark.

Decade after decade Byock has not varied from the goal he set for the industry from the very beginning when he started working with Karen Orloff Kaplan and others of the Euthanasia Society. When he was a leader of the current form of the Euthanasia Society (Partnership for Caring),⁴⁸ he and Kaplan chose to make the following interesting statement regarding assisted-suicide:

Partnership for Caring will not join the debate about physician-assisted suicide and will take no position for or against its legalization because to do so would divert energy and attention from Partnership for Caring's mission to eliminate the suffering of dying Americans."⁴⁹

When we try to understand what Byock and Kaplan had in mind, it would be good to ask ourselves, How exactly did these leaders of the current form of the Euthanasia Society plan on "eliminating the suffering of dying Americans?" Would it be too hard to believe that assisted-suicide, direct euthanasia, covert/slow euthanasia, or other stealth euthanasia methods might be the eventual methods they hoped to popularize? Would that be too hard to believe when we consider what the goals of the Euthanasia Society might have been at that time? Is there any reason to believe the goals have changed?

If there is any doubt in anyone's mind about what Byock, Kaplan and others were up to, in 1989, Choice in Dying, earlier called "Society for the Right to Die," convened a panel of 12 physicians who wrote an article, "The Physician's Responsibility toward Hopelessly Ill Patients,"⁵⁰ supporting the legalization of assisted-suicide and euthanasia — the exact opposite of the organization's public stance in 2000! Doublespeak and conscious deception have been routine with this crowd for decades!

Interesting again to note that Ronald Cranford, MD, a neurologist and co-author of this very journal article, was one of the main physicians relied upon by euthanasia attorney George Felos and Michael Schiavo to support imposing death upon the disabled victim, Terri Schiavo.⁵¹ at the hospice run by Byock's friend and fellow Partnership for Caring board member, Mary Labyak.

We have to realize that when he and Kaplan re-named Choice in Dying as Partnership for Caring, he had already been practicing in end-of-life care for almost twenty years! He knew what he was doing then. He knew who they were and joined the current form of the Euthanasia Society of America in its efforts! If there were any twinges of conscience warning him away, he did the opposite.

Byock doesn't talk much today about his choice to align himself for many years with the Euthanasia Society. While he does not talk about his membership and leadership role in Choice in Dying, Partnership for Caring and Last Acts Partnership, his basic goal remains the same. Ione Whitlock of Belbury Review⁵² and Elizabeth Wickham, PhD of Lifetree.org have given us detailed charts and timelines⁵³ showing the behind-the-scenes connections that have formed the foundation for the current culture of death. Smith knows more about this than most people in pro-life advocacy!

Who were just a few of Byock's major decades-long partners in the subverting of hospice and palliative care?

- the late Mary Labyak, MSW, CEO of the Hospice of the Florida Suncoast (Last Acts Rallying Points center) that executed Terri Schiavo, a founding board member of *his* Partnership for Caring (**Euth Soc of America**); served several years as board member and Chair (1994) of the National Hospice & Palliative Care Organization
- Timothy Quill, MD, palliative care physician who *openly* supports assisted-suicide and euthanasia;⁵⁴ co-authored with Byock the article, "*Responding to Intractable Terminal Suffering: The Role of Terminal Sedation and Voluntary Refusal of Food and Fluids*,"⁵⁵ promoting terminal sedation into death of patient who did not have terminal agitation, psychosis or intractable physical pain; wrote a medical journal article detailing how he illegally assisted a patient's suicide in New York State⁵⁶
- Karen Orloff Kaplan, MPH., ScD., Exec Dir of Choice in Dying (**Euthanasia Soc of America**), CEO of Partnership for Caring, Pres and CEO of Last Acts Partnership which was absorbed into the National Hospice & Palliative Care Organization as its Caring Connections Program; Byock chose Kaplan as a major partner in the work when he formed Partnership for Caring; Kaplan wrote *Staying in Charge: Practical Plans for the End of Your Life* where she devotes an entire chapter to assisted-suicide.

- Donald J. Schumacher, Psy.D, Pres and CEO since 2002 of the National Hospice & Palliative Care Organization, another board member of Partnership for Caring (**Euth Soc of America**)
- Myra Christopher, former director Midwest Bioethics Center/Center for Practical Bioethics [secular bioethics]
- Diane Meier, MD, Director of the Center to Advance Palliative Care; former board member of Choice in Dying (**Euth Society of America**) as well as Natl Hospice & Palliative Care Organization and many others]

After the jury declined to indict Byock's friend, Timothy Quill, for the crime he admitted to doing, "assisting" a suicide, Quill told the public that,

he had learned from *scores of accounts* that his story was "the tip of an iceberg." Doctors, he said, have told him how they have taken similar action in secret and have been reluctant to discuss it, even privately [Emphasis added].⁵⁷

There are others who are quite open and more honest than Byock about their end goals: Rodney Symes, MD, former long-term president of Dying with Dignity Victoria in Australia specifically justifies the use of terminal sedation for the purpose of ending life, based upon the secular principle of "patient autonomy" — the same principle Byock cites when he agrees with a patient to terminally-sedate him into death! Dr. Symes is just one more example among hundreds who encourage its use until direct active euthanasia is legalized.⁵⁸

Dr. Symes takes the same approach as the pro-euthanasia organization Compassion & Choices in the U.S. Nancy Valko, RN, spokeswoman for the National Association of Pro-life Nurses, asked 7 years ago, "Is Palliative Sedation Becoming Another Form of Euthanasia?" She and so many others have seen that in many cases it is!⁵⁹

On the other hand, Byock never mentions overdosing patients *with opioids like morphine* intentionally, and I can choose to take him at his word, but as the physicians mentioned by Quill admitted, there are many physicians (and nurses) who have secretly killed patients! In end-of-life care, as in many niches of healthcare, healthcare professionals deal with life and death on a daily basis. They have powerful tools -- medications and other treatment modalities -- that can heal or can harm. For that reason, there are standards of care to prevent patient harm. What happens when the original standards are re-written to allow harm or basic Judeo-Christian morality has been thrown to the wind?

In the end-of-life care setting, we work with opioids, some of the most lethal and at the same time beneficial pain-relieving medications known to man. In the early days of modern hospice, Dr. Saunders worked with *diamorphine* to relieve extreme pain and had great success. We know it as heroin! Heroin is derived from morphine and once absorbed into the body, it is re-formed back into morphine.⁶⁰

Everybody knows that *heroin can kill*, but very few understand that it is morphine in the body, from the heroin taken, that kills. Used properly for pain relief with appropriate dosages

calculated, both can equally be used to treat pain very well or to kill. Thousands of hospice staff have been trained to tell patients, "morphine cannot kill." That is an absolutely preposterous statement! So, nurses are encouraged to believe that this powerful medication cannot harm their patients and are trained to use it liberally, always believing in its "beneficent" effect.

The "lay of the land" in end-of-life care is becoming clearer now: Quill is willing to assist suicides even when illegal. Byock does slow euthanasia while protesting that he has never killed a single patient. After the execution of the cognitively-disabled victim of a likely choke-hold attack and violent altercation, Terri Schiavo, the National Hospice & Palliative Care Organization members later gave Mary Labyak a standing ovation when she walked into the NHPCO's conference! Some might wonder if any of these people have a conscience at all, but they do. They just don't listen to it and have chosen to accept utilitarian secular bioethics as their guide.

Smith glowingly cites this same National Hospice & Palliative Care Organization but in all his articles and books never mentions their history or their slant. He does not differentiate between the original organization and its character after the euthanasia activists took it over! Smith quotes the NHPCO in his article, "Liverpool Care Pathway: The Road to Backdoor Euthanasia. In their *public* position statement, they state:"⁶¹

The National Hospice and Palliative Care Organization supports the application of palliative sedation in "rare" cases for "the limited number of imminently dying patients who have pain and suffering that is (a) unresponsive to other palliative interventions less suppressive of consciousness and (b) intolerable."

Here, we see the term, "palliative sedation" used for sedation applied when the patient is actively dying and extremely distressing symptoms require the addition of sedation to relieve the patient's extreme symptoms. *This* "palliative sedation" is the same thing as "terminal sedation," also called total sedation or permanent sedation.

If Smith believes that palliative sedation or terminal sedation are *rarely* applied, or that the NHPCO hospice agency members only rarely use this protocol, he is living in a dream world! There are some NHPCO member hospice agencies where every patient is sedated deeply into death, and there are a few where it is used occasionally. Those that are closer in practice to Dame Cicely Saunders will use it rarely, but many hospices in the United States no longer follow her example.

Smith asserts that there is a very clear difference between "palliative" sedation and "terminal" sedation. Smith condemns "terminal" sedation which — as he uses the term — involves the intention to end life, but has implied in several articles that it's not really happening in palliative or hospice settings. He goes on to promote the use of "palliative" sedation as a legitimate medical intervention while calling "terminal" sedation illegitimate and says that is not even a "medical" intervention.

This is a real misunderstanding of what is going on, because terminal sedation is appropriate when the patient has the clinical criteria that require its application, i.e., *actual* terminal agitation, psychosis, delirium or truly intractable extreme physical pain that cannot be resolved with any

other intervention. This type of sedation (whatever you call it) is kept up continuously till death only because the patient has symptoms that continue and often get even worse as time goes by.

To avoid confusion, we should also understand that palliative sedation may be used with a different sense to simply mean sedation that is not permanent at all. You might just call it sedation with the intent to relieve suffering, and it is not used only to relieve pain that is difficult to handle with pain-relieving medications! There are several reasons it might be used appropriately.

In any case, it is truly incomprehensible that on one hand, Smith gives Dr. Byock the highest praise, yet condemns the practice of the terminal sedation that Dr. Byock most definitely uses to end life when the patient has agreed to go through with it and requested it.

Hospice, or *palliative care settings* in hospitals, nursing homes and other facilities, is where it's almost exclusively being done! In fact, hospitals and nursing homes specifically move patients into hospice or palliative care settings so that their death rates are lowered statistically. "The patient didn't die in the acute care or nursing home setting." "We have improved the quality of care we provide! We have lowered our death rates significantly!" Yet, the patients die just the same. It's statistical hocus pocus and a shell game!

What Smith needs to realize is that these terms have been used in different ways by different practitioners at different times in history. If you read many different journal articles, the usage is clearly seen to change according to the times and the author involved.

If sedation is no longer needed, in an ethical end-of-life care setting, it is stopped, just as pain medication levels that are not needed can be reduced according to the new clinical status of the patient. However, in many cases, if sedation is needed, it is often needed throughout the time the patient is cared for in the end-of-life setting. This can be understood by realizing that the patient's symptoms arise from the underlying disease process which doesn't change. The symptoms the patient experiences are therefore often progressive changes arising from that same end-stage illness.

The only really important question is whether or not the practitioner is following the standards of care that Saunders and others like her have established so that the intervention fits the actual clinical needs of the patient! If that is the case, sedation of any sort is not going to be misused and can be very helpful for those needing it. It is the education and inner conscience of the practitioner that will determine how these medical interventions are implemented so that the healthcare professional gets it *right*.

We know that getting it right has to do with actually following our conscience to do the right thing in this world, to live in such a way that good is done as a result of our actions. That good is never intentionally ending the lives of our patients by any means, but too many in healthcare don't accept this most basic rule! Getting it right is something we begin to learn from the moment we are born, and hopefully from being raised by parents or from being taught by others not to harm others and not to murder.

Getting it right involves listening to the inner voice of conscience so that we choose means to our goals that are considered right within as well as considered moral by God's law.⁶²

Getting it right has to do with humbly bowing before the dear Lord of all Creation, and having that humility before Him from the beginning of our day till we lay down to go to sleep. Getting it right requires us to acknowledge we do not have the right to determine the timing of our patients' deaths — and telling our patients that we cannot and will not kill them by any means!

Byock tells some of his patients that he can and that he will! He tells them he's just going to sedate them and keep them comfortable till they die. They both understand it's really about ending the life of the patient, though Byock will apparently deny this for the rest of *his* life!

Getting it right means that we continue to provide basic care including food and water in end-of-life care settings so long as these are truly helpful — so long as the patient's body can absorb and metabolize them. Getting it right has to do with reverence permeating our hearts. This reverence arises from the outpouring of grace from the dear Lord's Holy Spirit. Secular humanistic "respect for the individual patient's autonomy" is conditional. It has nothing in common with how the dear Lord wishes us to care for others.

If we don't have the complete facts and a proper understanding of the issues involved in "doing what is right," or the circumstances, our conscience is not capable of guiding us to the right. If we think (as Byock does) that dying naturally from a terminal illness (with best efforts at relieving pain) is the moral equivalent of dying from imposed terminal sedation with its consequent fatal dehydration, there is something really wrong with our reason as well as our conscience!

Because the blind have led the blind, hospice and end-of-life care practice has fallen into the abyss of imposing deaths through too many means. Contrary to Smith, the industry has already slipped down the slope! Byock and his friends have through decades of effort "pushed it off the cliff!" When the blind lead the blind, neither leader nor the led realize the true extent of the harm that they have done (Luke 23:24)! Hundreds of staff are neither properly informed nor clear sighted.

Aside from being properly *informed*, philosophers speak of the need to have a properly *formed* conscience, a process that usually starts from early childhood and never really ends, as all of us are meant to grow throughout our lives, even up to the very moment of death. A properly formed conscience helps us to choose acts that reflect God's will and His divine law!

A properly formed conscience recognizes when grave wrong is being contemplated. That properly formed and informed conscience is that "something inside us," a practical application of our intellect, that is strongly aroused to prevent one from actually going ahead with such an action. As the habit of acting morally is strengthened, immoral acts such as medically killing our patients are perceived as repulsive and evil.

However, a childhood and education that combine to instill secular humanist ways of viewing the world, distort the conscience and misinform it so that evil is thought to be good, and good is

thought to be evil! Byock was raised and educated in this way. This is how he can believe he is doing good when he ends the lives of some patients through slow euthanasia. The prophet Isaiah said, "Woe to them that call evil good, and good evil" (Isaiah 5:20). Modern man's nature has not changed at all since that time so long ago.

To avoid doing evil acts, not only do we need to be properly educated and informed, and to have a properly formed conscience, we need to have our "wits" about us to be able to hear this inner guiding voice of conscience, so anything that dulls our ability to think clearly, like drugs, alcohol, or any other addicting agents, or distractions through which we "lose ourselves," are to be avoided by those who wish to live an ethical life that affirms the divine law. Such a clear headed approach is essential to anyone who serves in a healthcare setting!

Our reason and our faith work together to prevent us from doing that wrong. Absorbing the lessons of scripture is a way to nourish not only our mind, but our conscience and our spiritual heart. Studying the authentic teachings of someone like Cicely Saunders would go a long way to restore a proper understanding of end-of-life care as well as what is permissible and what is not.

Without *right* reason and the education that arises from a culture of life, we might believe that if we simply "feel" it's ok to do something, that it actually is acceptable. In our narcissistic age, we become our own lawgivers and our own idol, placing ourselves in God's place! To prevent end-of-life caregivers from following a faulty path, Saunders spent decades writing on hundreds of topics.

Unfortunately, with our narcissistic focus on self, we forget the message she shared for so long. We forget the example the dear Lord Jesus brought to us: sacrificial love, embracing suffering that cannot be avoided while relieving the suffering of others as best we can, and knowing that life has a greater and sacred purpose blessed by God. With our focus on self, we want to endlessly increase the years of our lives and its pleasures while eliminating any suffering, and when we see that these can no longer be accomplished, we seek to end it all on our terms through euthanasia, assisted-suicide, or the various forms of stealth euthanasia.

Patients in hospice who warm to Byock's seductive offer to be sedated into death are never following the Way Jesus showed, are violating the divine law given through Moses, and even in their dying moment are rebelling against God. Patients need not endure avoidable pain; we who work in healthcare and palliative care have expert interventions to relieve that pain, and Byock repeatedly affirms that this is the case. When pain is not properly managed, it may be due to the lack of expertise of the physician or staff, or there is a lack of willingness to pay for an intervention that would actually relieve that pain.

To kill ourselves by our own hand, or the hand we call to do it, is a sin, even though this is a concept that all secular humanists reject and don't even begin to relate to.

Without faith in the God who has created all of us, it is impossible for one to be humble enough to hear good advice from those who have our best interests at heart and then come to the right conclusion about how to treat patients at the end-of-life or at any stage of life.

The faith that inspired Abraham, Isaac, and Jacob — the faith that was communicated to us later by the dear Lord Jesus — calls for us to strive to practice virtuous behavior that is a true blessing to others as well as ourselves, allowing us to become and be what He would have us be — helping us to follow His example and call to serve *rightly*.

Mother Teresa of Calcutta didn't have to preach to those she cared for. She demonstrated and lived Christ's love in action — mercy — communicating His universal love to all, even the homeless and penniless, those with leprosy, AIDS, other terrible diseases, and those nearing death. Cicely Saunders also took in the same. Saunders mission was to demonstrate Christ's love to everyone she cared for!

Mercy in action, prudence, justice, fortitude, purity, and temperance are virtues that help us to live lives that are truly *better* lives, that are in line with God's will and not just human will. Caregivers and healthcare professionals would do well to aspire to embrace these ways of interacting with others. Years ago, nurses and physicians were taught about these things, but that was then. Byock never mentions these. He doesn't know what they are. The secular humanism he embraced and has spread in end-of-life care settings now rules most of the industry. A concept like purity will only evoke a bewildered look or open derision!

If we choose to live and act in line with these virtues, submitting ourselves to His will, it is then that we will find true happiness, which is ultimately found in our reverential relationship with the dear Lord (Proverbs 9-10). With that relationship as our foundation, our eyes are opened and we see the world in a very different light. We see our patients and patient care in a different light! We reason from truth to truth, not deception to deception.

Nazis used logic to achieve many of their goals, however evil they were. They thought they were acting rationally and virtuously. If we think there was something wrong with what the Nazis thought and did, then there must have been something wrong with their predominantly secular and materialistic worldview. They thought it was fine to kill the chronically-ill, disabled, terminally-ill, and cognitively disabled, in addition to the well-known ethnically-motivated genocides they perpetrated.

Our secular humanist physicians, attorneys and deep thinkers condemn the Nazis only because of the genocide they committed, but follow in their footsteps when it comes to the perfecting of ways to kill the vulnerable that they consider "lives unworthy of life."⁶³

Today's secular humanists believe it is *right* to end the lives (one way or another) of those same types of patients who use up what they believe to be scarce medical resources and whose quality of life is determined to be unacceptable. Yes, it makes sense at some point for patients to stop cycling in and out of the acute care hospital if it really doesn't help the patient, and then be cared for in a loving, *life-affirming* hospice or palliative care environment. Yet, that is not the same as choosing to hasten death in secular hospices like the one run by Byock's late friend, Mary Labyak or ending the lives of patients like Terri Schiavo, wherever they are, simply because they are cognitively disabled.

There is a consistent message throughout the Old and New Testaments that implores us to not be led astray by those who would deceive us. We are to allow God's laws to be written upon our hearts and to treasure them with everything we are (Psalm 119:24-28)! We must remember that the dear Lord Jesus said, "Go, and sin no more! (John 5:14; 8:11)" He forgave and chose not to condemn the individual, but did condemn the sin, thereby confirming that some acts truly *are* intrinsically wrong.

It is not necessary for Byock or any other to *consciously seek to deceive* others for them to lead others astray. They may in fact, like Byock, be gravely mistaken about the mission! However, there are others who *willfully* deceive the public (John 9). There are wolves in sheep's clothing who seek to kill the sheep (Matthew 10:16).

A shepherd will leave his flock to go after a lost sheep, but when he sees someone leading away the entire flock of sheep, he will run after them and defend them with all his might, even risking his life to save them (John 10)! Byock and his co-conspirators have been *so convinced they are right*, and have no doubts about it. They planned how to accomplish all of this and have led almost all of end-of-life care astray. Now, they're aiming at the entire healthcare industry! Smith would have all the sheep enter the wolves' dens without giving any words of caution! We who know the realities cannot allow that to happen.

I realize that many are unaware of all of these things and admire the "progressive" Ira Byock who supports medical killing of embryonic and fetal human beings but opposes assisted-suicide. I also realize there are many who admire Wesley Smith who supports the hospice industry without qualification, including the covert euthanasia activist Ira Byock while opposing both abortion and assisted-suicide. However, I and others who know the truth about hospice and palliative care must not remain silent when the public is being misled by *both* of them, in different ways, no matter how praiseworthy much of what each of them have accomplished may be.

Elizabeth Wickham, PhD, Ione Whitlock, and others have explained what, how, and why Ira Byock and his buddies have done what they have done to the end-of-life care industry and healthcare in general. Smith not only fails to explain how the *covert* euthanasia movement intentionally and successfully infiltrated much of hospice and palliative care, he denies it exists within the industry.

I encourage anyone to actually read through the many references given here, and Byock's own books, and then see what is accurate or not! There is a call and there is a counterfeit. *Byock supports quick medical killing for those yet to be born and slow medical killing for those who agree to be terminally-sedated into death. This is the type of "pro-life" position he takes.*

If the culture of life is not restored, Byock's opposition to legalization of assisted-suicide, along with the opposition of all the pro-life groups and individuals, will be fruitless! When the people are thoroughly indoctrinated into a secular humanistic worldview, they will think nothing of taking their own life for various reasons, killing their unborn child, killing the elderly, the severely disabled, as well as the chronically ill, among others. Focusing on defeating a proposed

bill that would legalize assisted-suicide in any one state, while necessary, can never solve the problem.

Those euthanasia zealots who gave up the effort to legalize euthanasia in the short term realized that they had to change the thinking of the entire population, and that is what they have to a great extent accomplished. Due to their efforts, today, many support the legalization of assisted-suicide. Many others support the imposition of death upon patients within end-of-life care settings. Either way, the euthanasia movement is gaining ground among many, and is gradually achieving legalization of assisted-suicide state by state.

In a free society that values human life nobody will ask for an abortion, and there will be no abortion clinics. If the people do not desire to be medically killed, they won't support legalization of medical killing of any sort. However, what is sorely needed is the restoration of sanity to the members of our society. Until that day comes, we must share the truth and provide the information people need to understand how they are being manipulated into thinking in a way that eventually will result in harm and even an imposed death for any one of us.

It is necessary to understand the reality of hospice and palliative care — the bad as well as the assumed good — as well as healthcare in general. It is necessary to understand that most healthcare professionals have adopted a secular humanistic worldview, so they view society, healthcare, and the patients in a way very different way than how someone with faith views these. They therefore make decisions based on completely different principles and act in ways that would never be chosen by those of faith and who respect human life.

We need to understand how these secular bioethical principles completely contradict the divine law known to us as the Ten Commandments — especially, "You shall not murder!" Yet understanding their secular principles of death in itself is not enough to protect the vulnerable. We need to act, to create healthcare facilities that serve as safe havens for those in need where *truly* pro-life principles guide all decision-making. Any supposedly "pro-life" hospice or palliative care position that promotes slow euthanasia, as Dr. Byock has done for decades, is a counterfeit and must be exposed for what it is, and never endorsed without qualification!

Enemies of Cicely Saunders' mission either entered hospice directly or worked relentlessly to subvert the mission. Those who have contact with the staff have indoctrinated them and together they have been wreaking havoc in the lives of patients, families, and staff in many parts of the country, *all while pretending to be doing the inspired work that Dr. Saunders brought to the world.*

Dr. Ira Byock, MD and his friends: Mary Labyak, MSW; Karen Orloff Kaplan, MPH, ScD; and Donald Schumacher, PsyD, all former board members of Partnership for Caring (successor organization to Choice in Dying/Euthanasia Society of America) — and some other players in the covert euthanasia movement — are largely responsible for changing the way hospice and palliative care is practiced and for successfully changing how many Americans think about dying. Together with the complete and enthusiastic cooperation of the major media, they have succeeded in tainting the industry and encouraged so very many in our society to incrementally, year after year, wholeheartedly embrace the culture of death.

Just as the euthanasia advocate, "human rights" activist, and co-founder of the pro-abortion Amnesty International,⁶⁴ Luis Kutner, wrote in 1969, the living will was a "due process of euthanasia"⁶⁵ — an incremental step toward the legalization of euthanasia! In 1970, the Euthanasia Society of America distributed 60,000 living wills.

Choice in Dying, Partnership for Caring, Last Acts Partnership, and the "Caring Connections" program of the National Hospice & Palliative Care Organization all have continued this work as *legal, corporate successors* to the Euthanasia Society and understand the real intent is the facilitation of hastened death (which they approve) in one manner or another. This may occur either by the patient's own wishes to refuse treatment at the time, or through a Living Will, or eventually through the other legal documents developed: advanced directives, do not resuscitate orders, polst/physicians orders regarding *limiting* life-sustaining treatments.

Of course, the euthanasia activists who have worked with Byock these many years understand that all of these documents tend to deeply influence the thinking of Americans. Their hope all along has been for Americans to finally make the "jump" in thought to approve actively facilitating death in other ways: through the overt euthanasias: assisted-suicides and direct euthanasias as Byock's friend Timothy Quill advocates, through various forms of stealth euthanasia, or through the covert euthanasia preferred by Dr. Byock: slow euthanasia - the misuse of terminal sedation with the intent to impose death, expressly condemned by Dr. Saunders and many who remain faithful to the original mission.

When there is a real culture war going on, not just a figurative one, but one in which actual elderly, disabled and chronically-ill patients are targeted — when people are literally being killed in many hospice or palliative care settings, and you stand there and say, "Don't believe the horror stories!" — then I have real questions about the purpose being served in denying the truth. What is that purpose, Mr. Smith?

Smith has told us that he will be updating his book, *Culture of Death*, probably in late 2015. In the several examples of possible topics he plans on adding to the new edition, he again does not mention the invisible holocaust occurring in end-of-life care settings!⁶⁶ I can tell you that if Mr. Smith fails to include any mention of hospice wrongdoing or Byock's role in it, I will know for sure that he is truly a cheerleader and co-conspirator for the secular humanistic hospice movement led by his friend Byock. I will know that he is *choosing* to mislead the public, especially the pro-life readers who compose much of his readership. Why?

As we have seen, he has chosen to withhold this information from the public for years. As recently as his March 17, 2015 article, "Belgium: 18% Doctors-Patient Kill Rate,"⁶⁷ Wesley tells us that:

A study out of Flanders, published in the *New England Journal of Medicine* shows that 18% of patients deaths come either from lethal injection/assisted suicide or from being put into a deep coma and left to die.

Wesley did not point out that this very same method, i.e., "being put into a deep coma" and being left to die, is *Byock's* preferred method of stealth euthanasia performed in American hospice!

*Wesley also chose not to share with the reader the following extremely significant statements from the study's authors:*⁶⁸:

Palliative care services were involved in 73.7% of cases in 2013 [and]

We found an increased demand for euthanasia in Belgium between 2007 and 2013, as well as growing willingness among physicians to meet those requests, mostly after the involvement of palliative care services. [Emphasis added]

I cannot but wonder why — *why?* — would Wesley Smith omit the involvement of palliative care physicians in *most* of the hastened deaths occurring in Flanders, Belgium? I can already "hear him" telling us that in the U.S., the doctors are "saints" compared to the "evil doctors" in Belgium, and that *hospice doctors* especially would *never* do such things here! Right!

Clearly, Byock's contribution to the American hospice and palliative care industry is not all "splendid" as Smith would have us believe. The patients and their families that we serve deserve to know *the truth* and to be prepared to recognize this culture of death's counterfeit "care" that awaits them. Armed with the truth, patient advocates and family members will be better prepared to protect their loved ones.

Mr. Smith, if the culture of life is founded on any one thing at all, it is founded upon Truth and *truthfulness*. If we are to remain faithful in performing our duties, we must share and speak nothing but the truth and especially the *whole* truth. We cannot and must not mislead the public, otherwise, we have not only failed them, but actually supported the misinformation that feeds the culture of death.

Howbeit when He, the Spirit of truth, is come,
He will guide you into all truth:
for He shall not speak of Himself;
but whatsoever He shall hear, that shall He speak:
and He will show you things to come. - John 16:13

The character and boundaries of the nation may change over time; the healthcare settings and ways in which such are funded or not funded may change as well, but the mission we are called to serve will remain. When their own loved ones are taken, the people will remember the sanctity of life and the God who gives it.

As we may be enabled to do in the extremely difficult times ahead, we *must* work individually and together to restore the culture of life ⁶⁹ within our own circle and especially within the healthcare setting, whatever form it takes in the years to come.

Before we begin this work, we must first recognize and then reaffirm the battered and too often neglected *authentic, and never secular, pro-life mission* that Dr. Saunders, Florence Nightingale, and Mother Teresa of Calcutta planted in our world.

Note: I encourage the reader to actually read the listed references below to know absolutely for sure what the truth is so they can see through the pretense of those like Ira Byock, MD who *pretend to be pro-life*.

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Remembering The Religious Foundation of Cicely Saunders' Hospice Mission

In Her Own Words

by Ron Panzer

April 13, 2015

Nobody needs to write anything to demonstrate that Dr. Saunders' mission, in serving the public through her hospice and palliative care work, was absolutely founded upon religious faith. We can gain tremendous insight by simply reading her own inspiring words (and recognizing how greatly her words differ from Ira Byock's re-invention and distortion of the hospice mission). Her words are a refreshing reminder of the true heart of what we are to do.

Cicely Saunders stated very clearly that her St. Christopher's Hospice, "will be a religious foundation of a very open character."¹

When being awarded the prestigious Templeton Prize for Progress in Religion in 1981, she opened up and shared her faith with the public. Here are just a few excerpts from her speech where she said:

Hospice is about a special kind of living and in a sense is still concerned with travelling: patients, families, elderly residents *and* the staff and volunteers who meet them, all find they are drawn into a journey of the Spirit.

.... When I believed that God was calling for a new Home I knew nothing of all this, only that a young man called David Tasma, originally from the Warsaw ghetto, had left me £500, saying "I'll be a window in your Home," and that he had also said, "I want what is in your mind and in your heart." Here was a commission from a dying man who felt he had made no impact on the world, a commission to give meaning to his life by creating a home dedicated to openness and to the balance of mind and heart, of skill and friendship.

At that time I was a medical social worker, having been invalided from nursing. (And incidentally, as a Nightingale Nurse I am delighted that it is Florence Nightingale's birthday today.) I was also a fairly

newly committed Christian, waiting to know what I had to do with my life.

.... There was much more to learn from St. Joseph's [Hospice] from the strength and prayerfulness of the community of the Irish Sisters of Charity and, above all, from those uncounted hours with the patients. It was they who showed me by their achievements how important the ending of life could be, many that I knew briefly and a few long stay patients, friends over the years, are the real founders of St. Christopher's.

.... Sometimes people ask me what I mean by achievements in dying. Here was one: Gethsemane made present today.

... this wonderfully generous [Templeton Prize] award is for progress in religion — as the Foundation has written "for a fresh look at the omnipresence of the spirit and of the spiritual resources available to man." The challenge was to establish a new hospice as a religious and medical foundation bringing together science and the spiritual dimension. David Tasma was searching for meaning at the end of his life, and, quietly and privately, made his peace with the God of his fathers. I was so strongly convinced that he had done so — and that it had been the right way, that I knew that the Hospice with his window had to be equally quiet and open.

.... [God's] presence is in every death, every suffering. Nearly all our families accept the nurses' offer to read the last prayers at the bedside and these include the 23rd Psalm which has been said many times in the Hospice. "Yea, though I walk through the valley of the shadow of death, *Thou are with me.*"

.... I attended a series of seminars given by [a Bishop of the Russian Orthodox Church in London] Anthony of Sourazh in those early days and I still have my notes of his discussion of the [Christian traditional teaching about] the Four Last Things [death, judgment, heaven, and hell]

I believe that Ira Byock's book, *The Four Things That Matter Most: A Book About Living* is either consciously or subconsciously modeled after Cicely Saunders' and traditional Christianity's teachings on the "four last things" — death, judgment, heaven and hell. Byock is thoroughly familiar with just about everything Saunders did and taught, as well as the traditional approaches to death and dying within the religious traditions. He gives the patients and families his own version of "four last things" to contemplate.

While Byock recognizes that *others* may have faith, which he regards from his "lofty" secular and "objective," "rational" viewpoint, his book presents a *secular* approach that omits any recognition or affirmation of God's *actual* existence. Therefore, he can never *sincerely* entertain

a discussion of death, judgment, heaven or hell in the context of recognizing that *God actually does exist*.

Saunders goes on to explain her thoughts about death and the purpose God has in mind for us:

.... God uses the losses of our lives and of our deaths to give us Himself, He travels with us through our pains and sorrows. These are all filled with His redeeming strength because He has suffered and died Himself and did so with no more than the equipment of a man. And He rose again. This is the message of the symbols that enlighten the hospice, the glowing pictures of Professor Marian Bohusz [paintings displayed on the walls of St. Christopher's Hospice], saying without words that Resurrection and new life can be true for us all.

Saunders proposes the question that confronts us today:

.... will the religious element be lost in all this compelling desire to spread the better understanding and treatment of terminal pain? So long as we all remember that such pain is not only physical, mental and social but frequently has spiritual aspects also, I believe that it will not. Most of the [National Health Service] and other units with no such foundation find that many of the people who are drawn to this work come because of a spiritual commitment. On the other hand, we are a Christian Foundation with people without such a commitment as important members of our team.

And goes on to share her faith:

.... Because our commitment is to infinitely diverse individuals we have had to learn flexibility and openness, the importance of listening and silence before — often instead of — any words at all. ... When we have been able to shed some of our own trappings in response we have experienced something of the presence of the Spirit or the Go-Between God,² as Bishop John Taylor calls him.

Those meetings [with God's Holy Spirit], faint and fragmentary as we so often make them by our self concern, have yet been enough to make us optimists about His work in the world today.

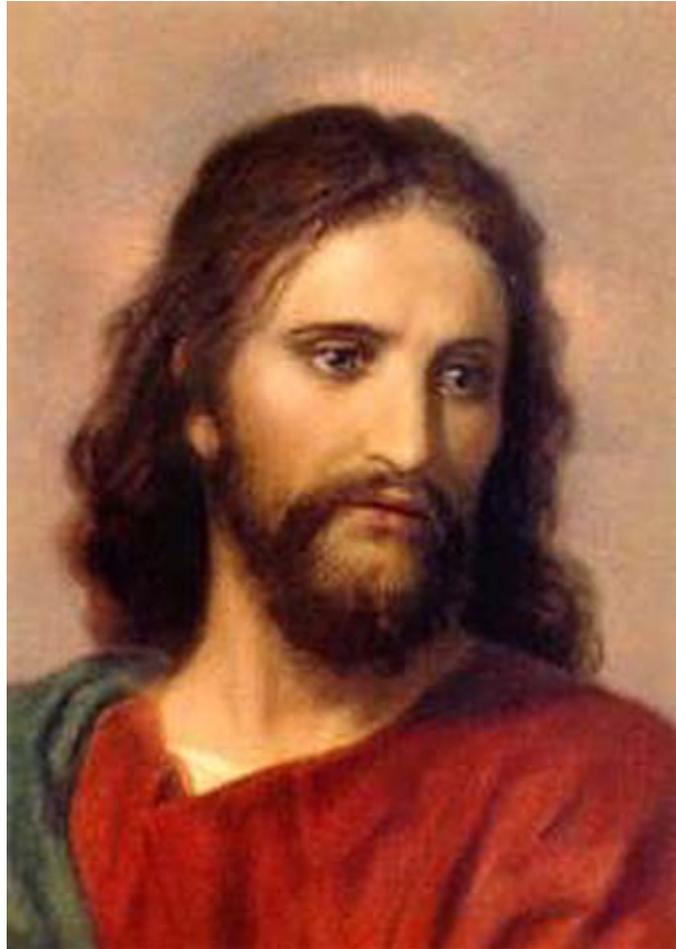
.... St. Christopher's has been about hands held out together — receivers from each other and, together, receivers from God. He has helped us all in the Hospice Movement to learn from our patients and their families and from each other and thus to develop new ways of relieving pain and fear in dying — and to see that there can be living *with* dying, with long term disability and with age.

.... Paradoxically death has been shown to be a place of healing, of growth through loss. To speak of strength and dignity coming through weakness and vulnerability does not idealize them and we will

continue to relieve all the suffering we can, but here is something to unite us in a sadly divided world. As Christians we believe that God shared this part of human life once on Earth — that He still shares it and that Jesus said, "I, if I be lifted up will draw all men to Myself." But we also believe that His spirit reaches out in many ways and that their own path through will be shown to all the open and vulnerable.³

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Pray at Christmas — This and Every Day!

By Ron Panzer

December 18, 2015

Day begins,
we raise our sleepy eyes to You,
and enter the temple of life.

Your eyes look down,
Your loving-kindness,
Lifting and comforting us.

Here You are!
Amazingly with us
everywhere we turn.

You have shown us
The need to care is great:
So much suffering in this world!

Because of Your unending love,
our caring never ends,
and we lovingly serve those you send.

Through each one,
every one,
we really serve You.

Tending to their wounds
miraculously,
our own scars are healed!

Yet, we busy ourselves
And forget.
Foolishly we imagine You gone!

Terrible night begins anew.
Our hearts ache,
and we faint with thirst.

Weary and so alone,
We call out,
Finally!

Suddenly You appear
like lightning
scattering all our dark skies!

Our hearts overflow!
most beautiful,
Most glorious Lord!

Your splendor has no limit.
To all Creation You say,
"I am!"

The same "I am"
through all ages,
"I am that I am!"

Dazzling Truth!
Amazing Love!
Dear and Holy God!

We reach out to touch You
and realize
we walk on holy ground.

So, we fall to our knees
clinging to Your holy feet
and know unspeakable peace.

Dear and wondrous Lord!
Thank You
for Your great mercy!

Glorious Lord,
We begin to understand,
Your Day never ends.

Unending Love,
unending Peace,
unending Light!

Sweet,
so sweet!
Your Spirit burns within.

Our hearts thrill,
Our hearts sing,
Praise without words!

Through Your grace
We live anew,
Astonishing life!

You have come!
Emmanuel, *Beloved!*
God with and within us.

Indescribable,
Perfect,
Beauty.

Beauty from Beauty,
unending Being - *Life*
from Being - *Life!*

Perfect Love from Love!
Light from Light,
Joy from Joy!

Prince of peace,
Yeshua, Jesus,
Son of God, sent by God!

We bow before You,
Lord of Righteousness,
King of kings!

This day,
every day,
Dear Lord,

This is
Your glorious
and *holy* Day!

Dumb and Dumber

Part One - Misuse of Opioid Medications
by Ron Panzer

Updated May 1, 2016



Very, very few people will look at these two chemical formulas and know what chemicals they represent. Almost nobody else will, but we'll get back to them later.

Without qualifying what they are saying, many hospice staff routinely tell patients and families, "Morphine can *never* harm you." "Morphine is *always* absolutely safe." And some have even said, "Morphine *never* killed anyone!"

Ridiculous! Dumb! And, absolute lies!

Of course, responsible physicians, nurses and pharmacists know that morphine and other opioid medications can be used safely *if the standards for administering them are followed.* And yes, these medications are extremely helpful in relieving *certain types* of severe pain, but can be completely ineffective for other types of pain.

Unfortunately, the standards for administering these medications are often *not* followed. What happens if too much morphine is given? What happens if the patient doesn't need an opioid medication at all?

Like any medication, opioid medications have adverse effects as well as the beneficial, intended medical effect. The main *adverse* effect of morphine is respiratory depression, because opioids effect the respiratory center in the brain. The breathing is made to slow down, and if a severe overdose is given, the breathing stops and death occurs. *Death!* An adverse effect like death is not something to be ignored!

All of this may sound strange to patients and their families who have been told, "Morphine *helps* the breathing."

Yes, morphine can calm the patient, slow the breathing, relax a patient, and of course, relieve severe pain. It can even bring them a type of euphoria in some cases. If given in a low dose, it can make them feel they are breathing better. That morphine helps the breathing is something hospice staff are being taught, but trying oxygen or using other basic treatments *first* is certainly wiser and more helpful.

The *last thing* hospice staff want patients or families to do is to fear taking morphine or any opioid. In fact, that is number one on the list of things *not* to do: add to the patients' fear. Having a terminal illness is already quite frightening to many.

Pro-life staff don't want them to fear it, but to respect it. Euthanasia-leaning hospice staff don't want them to fear it while they use it surreptitiously to end lives. In fact, hospice staff who read this article will be infuriated that anyone would tell patients and families that in some cases opioids like morphine can kill.

If patients or families do happen to learn that truth, then at least the staff will reassure them that they should not worry. "Don't worry! We are professionals!" "We will keep you safe!" "Trust us!"

Pro-life staff, becoming rarer by the day, assure them that they will use these powerful and effective tools to relieve suffering wisely, within the standard of care — and they will — and the patients will be safe. However, euthanasia-leaning staff will assure them just the same way, yet they do and will betray the patients and their families while violating the standards of care in order to accomplish their goal: death.

Patients and their families entering the healthcare system are walking into what has become, in some situations, a hostile-to-life environment! That is exactly the opposite of what they need and what they want.

In the case of a patient who is experiencing shortness of breath for various reasons, raising the head of the bed so the patient is sitting up higher may be helpful. Using a fan to circulate the air in the room may be helpful.

Giving a nebulizer treatment to an emphysema/COPD patient with constricted airways will be more helpful as a *first* treatment, especially because many of these patients die very easily from opioid overdoses: they have a poor respiratory effort that is more easily shut down. Yet, some hospice agencies will work to prevent family caregivers from using nebulizer treatments, sometimes telling them, "It's no use now that she's dying." They can be very convincing, even if they're knowingly "mistaken" in what they say.

If the patient has a tracheostomy and fluid is building up in the lungs, removing it by suctioning it out is an obvious and basic nursing intervention. Most experienced nurses who work with these patients have done that thousands of times. But, if there is no tracheostomy, there are medications to give that help at least partially to reduce the fluid buildup in the lungs.

If the patient is quite anxious, a low dose of anti-anxiety medication that does *not* put the patient into a coma is more appropriate. All of these measures are basic interventions that should be offered first, before opioids are used to "help the breathing."

If the breathing is not rapid, giving morphine to slow the breathing is not appropriate. When there are breathing problems, giving morphine should not be the first choice! However, in many hospice and palliative care settings today, morphine is the first and sometimes only intervention made. If there is a second intervention and only a second intervention, giving a sedative is often what is done.

If staff push to have you agree to administer the morphine, even when it doesn't fit the patient's condition, the patient has a right to refuse that should not be violated. If staff intimidate the patient or the family members, if they try to make you feel guilty that you are not giving the morphine "for the breathing," when the patient doesn't need it, stand up to them. If they tell you that the patient is in severe pain if they wiggle a toe once or simply try to speak, you can know they are manipulating you. Hospice staff should respect the patient's needs and wishes! The problem is too many do not.

Yes, there are ways to discern whether the patient is in pain or not, even when they are not able to communicate, or when they are sleeping, but wiggling a toe is not one of those signs. Furrowing the brow, certain facial expressions, keeping the body tight with muscles flexed and tense (guarding), or moaning, are some signs of pain, but you would need to see the total picture and usually see more than one sign there is un verbalized pain. But moaning could mean the exact opposite: a patient might be objecting to getting the morphine but is too snowed by the morphine and sedatives to be able to speak plainly!

Families know their loved ones. If the behavior or movements you see are normal and not indicative of pain to you, then don't think that all of a sudden these signs are representing pain when you are told, "We *must* give morphine now!" Listen to your instincts, your intuition, and your knowledge of the patient. Carefully consider what is going on. For the patient's sake, don't allow yourself to be intimidated and manipulated.

Hospice staff are irresponsible if they say that morphine *never* kills, is absolutely safe no matter how high the dose they give, and never hurt anyone (without qualifying what they are saying).

The Nazis perfected the use of morphine to kill patients who were selected for euthanasia. In too high a dose, it puts the patient to sleep, the breathing stops, and the patient dies. Outwardly, it looks very peaceful, but evil can be done in more ways than simply shedding blood!

Think about it: one of the first things the pharmaceutical company's official package insert for morphine says about morphine in its "warnings" section is: "*Misuse* of narcotic medicine can cause addiction, overdose, or *death*." It could not be any plainer!

On the one hand, patients need pain relief, and morphine or other opioids are very effective. On the other hand, they are powerful medications and need to be given with care. Truly *professional* care is needed, and the patient's family as patient advocates must be watching to make sure only medications that are needed are given, and only given in doses that are required by the patient's condition.

Authentic, supportive, end-of-life care professionals will also assure that these medications are only given as clinically needed — that's their job! But tragically, end-of-life care is often not authentic, not supportive, and not professional. That's because the euthanasia industry infiltrated much of the hospice industry a long time ago.^{1 2 3 4 5}

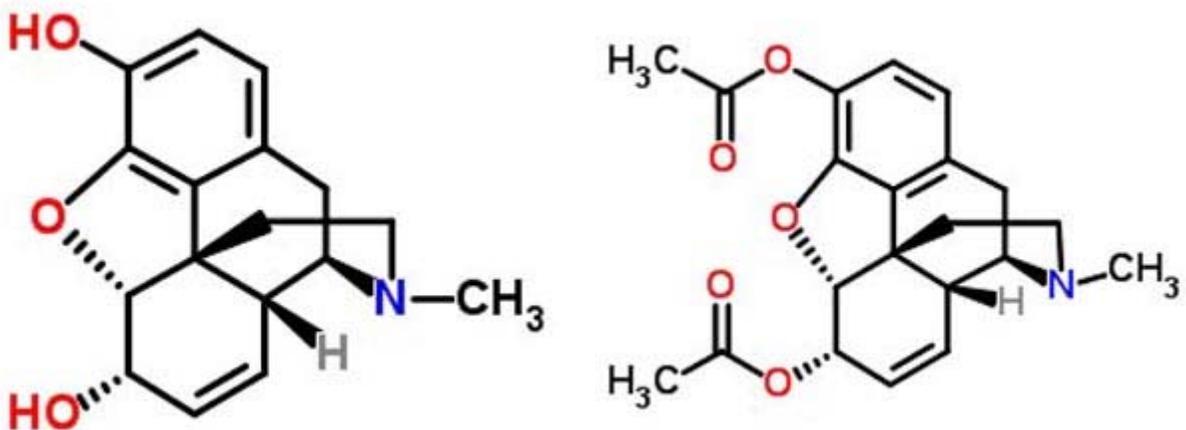
When used *properly*, morphine *is* actually very safe. We should understand that opioids are not helpful for *all* types of pain — severe intestinal spasms, for example. In this case, an antispasmodic medication can make all the difference. Yet, even though increasing doses have no effect, I've walked in on some hospice staff just increasing the dose even more! You could increase the dose forever and simply put the patient to death, but the spasms would never have been addressed. Dumb!

Only the *appropriate* medication for the patient's clinical condition will be effective. That takes clinical expertise that many hospice staff simply do not have, because in a hospice that is euthanasia-oriented, they are often not trained properly. These staff give everyone the same drug cocktail of morphine and Ativan (lorazepam) — or they fill in the blank and use any alternate opioid or sedative that is on the standing orders list. Too many of them think that *that* is good hospice care!

If you encounter a hospice or palliative care setting where *every* patient is getting exactly the same medication cocktail, and every patient is always sleeping (in a medically-induced coma), even though they have widely varying clinical conditions, you can know for sure that there is something seriously wrong. Get the patient out of there as fast as you can! The patient has the right to switch to another hospice once within a certification period (where the physician certifies the patient has a terminal illness). If you can, contact another hospice and have them facilitate the switch.

Sometimes, patients who have little pain or have never taken strong pain medications are given these very potent medications — often with lethal results.

Morphine is a great tool for pain relief that can be used as a blessing or a curse and needs to be respected for what it can and cannot do. Let's take a look at the pictures of chemical formulas again to shed some light on the subject.



Do you notice anything about these two chemical formulas? The main part of both molecules (on the right side) is the same. What's the difference? The chemical represented by the left image has two hydroxyl groups (OH) consisting of an O (oxygen) and an H (hydrogen) shown on the left. The chemical molecule represented by the image on the right has two acetyl groups consisting of the H₃C or CH₃ (a methyl group) and an O (oxygen) shown on the left. That may be confusing but the main idea is that both molecules are almost exactly the same.

The molecule on the left is Morphine. The molecule on the right is Heroin, also called Diacetyl Morphine or Diamorphine. What happens to heroin when it enters the body? One of the two acetyl groups is removed through metabolic processes and the molecule becomes monoacetyl morphine and then another acetyl group is removed to form pure morphine.

The "high" that heroin addicts seek is the same as that given by morphine, although heroin crosses into the brain quicker. In fact, heroin has been used medically for quite a while in just the same manner as morphine and is still used this way in the United Kingdom. Both are very effective in relieving certain types of severe pain, and for those who are terminally ill, the question of them being addictive is not relevant. No terminally-ill patient should ever worry about becoming addicted to these medications.

For obvious reasons, patients and their families need to monitor what is happening with the medications. Are the medications given appropriate for the patient's clinical condition? Is the dose given needed? Remember, shortening the time interval between doses is the same as increasing the dose! Increases should only be made if the patient's pain is not controlled.

When hospice staff use these medications appropriately, there is nothing to fear. If the pain is not controlled, then an increase in dosage is appropriate, justified, and adverse effects are much less likely to occur. But let's stop kidding ourselves: these medications need to be respected. Hospice staff who do not show respect for these medications are either dumb, ignorant, or lying about what is going on. They may be intending to impose death without letting the patient and family know what is going on.

If I asked you, "Can heroin kill?" You would know the answer right away. Just think of the hundreds of celebrities who died of overdoses. **Heroin, which is one of the most common drugs that have caused death, is morphine once it's absorbed into the body.** So, it's obvious that morphine can kill *if misused*, just like heroin. Other opioids also affect the respiratory center in the brain, so they can cause death in just the same way if an overdose is taken. According to the U.S. Centers for Disease Control and Prevention:

Opioids (including prescription opioid pain relievers and heroin) killed more than 28,000 people in 2014, more than any year on record. At least half of all opioid overdose deaths involve a prescription opioid.⁶

That number, 28,000, does not include deaths within a hospice or palliative care setting! These deaths are people "on the street," or in their homes, taking opioids with or without a prescription. If opioids cannot kill, as many hospice staff will tell you, have them explain these tragic, untimely deaths!

Of course, some will tell you that heroin is taken intravenously so it has a much faster onset and the effective dose circulating in the bloodstream will be much higher taken this way. That is true. Morphine or other opioids given intravenously also have a double or even triple effect using the same dose if given intravenously compared to if given orally. Nevertheless, that we are dealing with the same morphine molecules (once heroin is absorbed into the body) should be understood, and therefore this medication (and similar opioids) are to be respected.

Even with oral tablet forms of opioids, thousands of people are still dying, because the standards are not being followed, or the patient is not being closely monitored at all, or the individual taking the oral opioid has not even been prescribed that medication and does not need it for symptom relief. When the medication and dose fits the patient's need, and the medication is taken as ordered, and the patient is being closely monitored for adverse effects, it would be a rare occurrence for patients to die from that opioid.

In fact, staff who authentically care for the patient will use a medication like Narcan (naloxone) to reverse the effects of an opioid overdose if one occurred just as might be done in a hospital emergency room. When staff are pro-life, terminally-ill patients' distressing symptoms are managed and the patients are given supportive treatment until they die from their incurable terminal illness, not from any form of stealth euthanasia.

Now, many hospice staff will be infuriated that this has been explained, because they don't want patients and their families to fear the medications being used, or to think some of them may be imposing death, and that is understandable. Many hospice staff also do not know the details

explained above about the similarity between morphine and heroin, yet, the patients and family members have a right to know the truth. This is part of the right to informed consent that is basic to the standards of health care.

There are standards of care for everything that is done within healthcare, and administering opioids is one area that especially requires that they be followed. Whether the patient is given morphine, hydromorphone (Dilaudid), oxycodone, methadone, fentanyl, hydrocodone, or any other opioid (short or long-acting), the standards for administration must be understood and followed so that the patient's safety and well-being is assured.⁷

So remember: if a hospice staff member tells you, "Morphine has *never* harmed anyone." Or, "Morphine at any dose is *absolutely* safe," without qualifying what they are saying, you can know that they are either dumb, ignorant, or lying to you.

Any so-called "expert" who tells you that there are very few untimely, imposed deaths within hospice or palliative care settings is either dumb, ignorant, or lying to you! If it is clear that they are not dumb or ignorant, you can be sure they are lying. If they are pro-life leaders, then they are frauds.

Morphine (or other opioid) given in *appropriate* doses, to those patients who need it, is safe and a blessing at a time of great need!

Next: ["Dumb and Dumber - Part Two: The Age of Lies"](#)

Endnotes:

1. Ron Panzer, [Time to Wake Up to the Realities of Hospice, Mr. Smith!](#), Feb 7, 2015, Hospice Patients Alliance. [Back](#)

2. Ron Panzer, [Getting It Right \(Contra Smith and Byock\) - Part One](#), March 7, 2015, Hospice Patients Alliance. [Back](#)

3. Ron Panzer, [The Call and the Counterfeit - Getting It Right \(Contra Smith and Byock\) - Part Two](#), April 4, 2015, Hospice Patients Alliance. [Back](#)

4. Ron Panzer, [*Remembering The Religious Foundation of Cicely Saunders' Hospice Mission*](#), April 13, 2015, Hospice Patients Alliance. [Back](#)

5. Hospice Patients Alliance, [*From Euthanasia Society of America to the National Hospice & Palliative Care Organization \(1938 to Present\)*](#), Hospice Patients Alliance. [Back](#)

6. U.S. Centers for Disease Control and Prevention, [*Injury Prevention & Control: Opioid Overdose*](#), Retrieved April 29, 2016, U.S. CDC. [Back](#)

7. Hospice Patients Alliance, [*Clinging to the Original Hospice Mission - Part Three: Standards of Clinical Practice*](#), Retrieved April 30, 2016, Hospice Patients Alliance.
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Dumb and Dumber

Part Two - The Age of Lies

by Ron Panzer

May 16, 2016 (Updated May 24, 2016)

We need not fear taking morphine if we have severe pain, but as we have seen, it must be used wisely. Let me share a thought you may not have considered. We know that today when a State orders a prisoner to be executed as punishment for a capital crime, they usually use three different medications: a barbiturate to induce a coma, a paralytic that stops the breathing, and potassium chloride that stops the heart.

Upon first glance, one might think that the officials are making great efforts to peacefully and painlessly put the convicted prisoner to death. Yet, there have been problems using that or other methods. Problematically for the States, some prisoners didn't go to sleep. Some didn't stop breathing, and some didn't die. Some prisoners died painful deaths.

They tell us they're trying to improve the process to avoid inflicting pain upon those sentenced to death, — which used to be done by electrocution, hanging, the guillotine and other horrific means. Whether you think capital punishment is justified or not, some of those executed in modern times with lethal medications have died in terrible suffering.

Similarly, in States or nations where "physician assisted suicide" has been legalized and patients take a lethal medication, some have endured terrible suffering before they died. Others have been harmed by the medications yet still did not die, requiring active intervention to finish the job and kill them (direct euthanasia).¹ You don't hear much about that in the major media!

There are all sorts of discussions, research, and articles debating what drugs are best to use in capital punishment. There are many who seek to outlaw capital punishment altogether for those who have committed murder and other heinous crimes, yet it seems just as many are calling for the legalization of methods to impose death upon vulnerable elderly, disabled, acutely or chronically ill, as well as terminally-ill patients!

To anyone familiar with opioids and their effects, the effort to avoid using them doesn't make any sense. It's like the proverbial elephant in the room! Though I am adamantly opposed to legalized euthanasia and assisted-suicide, it is obvious that a much surer method of imposing death without pain has been available all along — one that has already been proved for many decades.

High dose morphine given intravenously, orally, or through injection (to someone who was not already taking high doses — the "opioid naive") would most certainly swiftly cause sleep, cessation of breathing, and painless death. Intravenous administration would have a very immediate effect. That's exactly what happens when someone overdoses on heroin (which we've already seen rapidly become morphine once metabolized within the body).

The only rational reason morphine is not widely used to kill prisoners already in the U.S. is that physicians and other elite decision-makers don't want the public to know the truth about morphine's potential to impose death if misused. It would make obvious one method of killing used surreptitiously when patients are involuntarily killed — most often in hospice or palliative care settings that are not pro-life.

Here is an email just received this morning. It's just one of hundreds we and other patient advocacy organizations receive regularly. This is unedited except for removing the name and location of the hospice:

Hello,

My father was given morphine overdose by hospice care staff in our home, so he could "die already". We had a terrible experience with _____ Hospice in _____ in 2012 and are still stunned. I am finally able to speak out about what's really going on because a neighbor recently had the same experience with _____ hospice. They had time to switch providers at the end, but they said to me that the staff at _____ Hospice are "murderers". I have looked and looked for a place to review them but they are very good marketers and hide what is really going on there.

Thank you!

This woman, only after four years of terrible anguish, is now able to write about the horror of seeing her father killed! Yet, contrary to Wesley J Smith and others like him who know the truth yet tell the public that severe problems in hospice do not exist or that patients are not regularly being killed in many non-pro-life hospices (which are now the majority in the USA), the truth arrives from every corner of the nation, over and over again, just as this woman has written.

It is despicable when these pro-life Pharisees lie and effectively enable the untimely deaths of unsuspecting victims who enter the killing fields. These deceivers are similar to the Nazis who reassured innocent Jews, Christians, and others, "Come along!" "You're just going to be able to rinse off in the shower and get clean," as they opened the doors to the gas chambers — that were converted showers. When will they stop lying?

It becomes hard to understand where these pro-life Pharisees like Smith "come from" when they seem to be advocating for the protection of human life and make some sensible pro-life arguments (as they get paid to travel around the country in the pro-life lecture circuit), yet enthusiastically applaud those corporate scientists who have inserted human genes into animals to produce medications.²

While we don't like the idea of testing on animals — that is necessary to avoid testing upon humans — the idea of inserting human genes into animals (that Wesley J Smith enthusiastically supports) is opening up Pandora's box! Supporters of such genetic experimentation, which unavoidably eventually ends up being released into the environment, are playing with fire! They show no sense of caution when there is a very great probability of an unforeseen great harm to mankind and other life arising sometime in the future!

If the deceivers were on the federal or state payrolls their lies might be explainable. The Federal and State governments save billions when patients go into healthcare settings that are not pro-life and that hasten death. The government leaders wish to encourage secular hospice utilization and don't wish to discourage *any* patients from accessing these services.

They don't want the public to realize that in addition to the permanent sedation of patients into death, the administration of morphine overdoses is another common form of stealth euthanasia practiced nationwide. Patients and their families don't always know what is being done to them, but they expect to be cared for, not killed!

It is astounding that the public is being so well-deceived! With all the publicity about opioid addiction and individuals dying from overdoses all across the nation, the media and physicians never mention the possibility that patients might be dying either inadvertently or intentionally from the use of exactly the same drugs within hospice or palliative care settings.

Over time, more and more people are waking up to the horrific truth and are figuring this out. They realize what has been done to them. They know they have been deceived and victimized and robbed of time with their loved ones. If euthanasia is to be practiced legally, probably after being sanctioned by the U.S. Supreme Court, morphine will then very likely finally be *openly* used for that purpose. And those who have been victimized and who have been ignored and whose reports have been discounted will finally be able to respond, "Now, you see the truth!"

Some may not believe that the Supreme Court of the USA will legalize euthanasia. If citizens had been told in 1950 that the Supreme Court would one day legalize abortion or that a large percentage of woman would have children without being married, they would not have believed it. If citizens had been told as recently as 2010 or even 2013 that the Supreme Court would create a legal arrangement called homosexual marriage, they would not have believed it. Those prescient leaders who warned the public decades ago where our society was headed have been proved right year after year.

If euthanasia is legalized in the USA, the deconstruction of good end-of-life care will be accelerated. The provision of authentic palliative care that relieves suffering while supporting life will suffer and decline! Many will argue, "Why bother with the relief of suffering?" "Just end it and get it over with!" "These lives have no meaning!" just as their Nazi predecessors thought. There is no denying that this is the direction our society is heading.

Canada's Supreme Court did recently legalize euthanasia, and this evil practice will certainly be used to involuntarily end the lives of thousands of vulnerable individuals! Without a major

change for the better — where respect for the sanctity of life is restored³ — tragically, sooner or later we will do the same.

We will have increasing numbers of doctors and nurses who lie to patients and then kill them while death certificates state that the patients died of natural causes. More and more of the *caring* of *healthcare* professions will become a lie.

Just as soldiers, who do not agree with homosexuals serving openly in the military or women being placed in combat forward positions, are being purged, so too pro-life professionals like Jill Stanek who speak out are being purged from hospital settings where abortion or infanticide is to be performed, or purged from end-of-life care settings.

When they stand against assisted-suicide that has been legalized in their state or nation, they will be purged from the staff so only those who adhere to the government agenda remain to practice. It has already happened.

Those truly ignorant, professed opponents of assisted-suicide who have stood at lecture podiums but have *never* stood in the trenches of the healthcare industry year after year, simplistically and naively tell health care professionals to simply "not cooperate" with assisted-suicide. They don't have the slightest clue.

Healthcare professionals will not merely be subject simply to "criticism, ostracism, and emotional pain."⁴ Those in power will seek to have them professionally and financially destroyed! They will possibly lose their homes and freedom in years to come. I and many others who have stood up as whistleblowers and pro-life advocates know the cost of taking a stand.

When the American colonists pledged their lives to stand up to the British monarchy and revolt against the tyranny of King George, they chose not to cooperate, but the reality is they declared war and were warred against. Thousands of American colonists *died* in battle, of disease, of exposure, or in British prisons! Thousands were wounded and became disabled.

When the law mandates euthanasia or assisted-suicide practices within healthcare settings, there will be a type of real war against those who disapprove and resist. This culture war has real victims and many will suffer!

Intolerance is the common *modus operandi* of the culture of death. Yes, it's necessary to stand up for life and liberty, but to pretend it will come at a small cost, or to mislead others to believe that non-cooperation is a simple thing, is just another lie! People need to understand this is a real battle, with suffering to be endured by those who are pro-life. It is not going to be easy at all! Nevertheless, there are rewards and blessings for those who make a stand for life! Their lives will never be the same.

The Age of Lies

For various reasons throughout history, men and women have lied. Professionals within culture of death hospice or palliative care settings lie routinely to the patients and their families. How tragic that those trusted to care for the vulnerable consciously seek to end their lives!

The tale of Adam and Eve eating from the tree of the knowledge of good and evil is all about a terrible lie. The serpent lied telling them they would become "like gods," but it was they who suffered when they believed the lie rather than the truth given to them by God.

When their son Cain killed his brother Abel, Cain lied to God and said he didn't know where Abel was (Genesis 3-4). When we do wrong, we also wish to avoid responsibility and punishment. Nothing has changed in our human nature.

So, people lie to cover up the wrongs they do. Many also lie to acquire what they desire: the enjoyments of this world, wealth, fame, or power. It doesn't matter whether we're considering children who lie to their parents and cheat on tests, those who lie to get a promotion, or supposedly great scientists who fabricate and manipulate data to obtain a pre-ordained result so the grant funding keeps rolling in or so that they make a name for themselves in history.

There have always been some who lie easily without a pang of conscience, stepping on others to get ahead, and others who generally strive to speak the truth. None among us are spotlessly pure. We can look at all of history and see the perpetually dishonest nature of man.

We can also see that in every place and in every time, there have been some who have sought out God and others who could care less about Him. Within every culture, within every religious group, there are some who deeply hunger for Him and others for whom religion is either merely a social practice to be tolerated or something considered to have no value.

Whether East or West, Left or Right, ancient or modern, some seek Him sincerely. Other than these few whom God only knows, the rest wander aimlessly in a spiritual desert of their own making. Many supposedly great philosophers justify their own personal leanings with flowery language that upon closer inspection borders upon or arrives at the absurd.

Some philosophers now tell us that our reality is not real. Others say that with the aid of science, men can be real women and women men, while transhumanists insist that by accessing a digital world, our true selves — our minds — can be uploaded to a computer and we would then live forever.

Though you might dismiss these proposals as the ravings of lunatics on the fringe of society, these individuals are actually being supported and encouraged by many of the most wealthy and powerful in society. Their views are promoted by many in the mainstream media and corporate world.

There are vastly well-funded initiatives promoting what are called the "NBIC" (Nano-Bio-Info-Cogno) areas of science and technology: Nanotechnology, Biotechnology and genetic

engineering, Information and computer technological advancement, and Cognitive technology. These technologies are changing our world very swiftly while most of us are "asleep at the wheel!"

For example, Google and other mega corporations have provided millions to fund the Singularity University and other initiatives whose goal is global transformation through technological change and the transhumanist agenda. They seek to develop and utilize artificial intelligence, nanotechnology, genetic modification of living organisms, and more, in order to create what they believe will be a "bright future!" They do embrace the quest for immortality, which reminds me of the story of the serpent's promise to Adam and Eve that they would not die but would become like God.

They label anyone who questions their agenda as anti-science, but they couldn't be more mistaken! True religion does not discourage scientific and technological advancement, but there is a line beyond which attempting to do good becomes sheer evil. Pacemakers, artificial hearts, knees, or various surgical and medical advances are wonderful. Exploring the depths of space or science of all sorts is wonderful, but polluting the Earth, permanently damaging the genetic nature of mankind, or taking actions that will result in the deaths of millions of people is not.

One area we can no longer ignore is the effects of gender-bending chemicals that now pervade our environment. We must realize that the push to confuse gender issues is intentional and the introduction of some gender-bending chemicals into the environment is intentional.

Scientists know about these effects but do nothing. For the businesses, it is just part of a quest for profit whether the manufacturing process and products created result in harm to many or not. For the politicians, it may be a matter of their being paid off by the industry lobbyists or they may be among those who actually believe that the pollution involved is a necessary evil on the road to progress.

We must come to grips with the reality of this very strange world scientists, corporations, and powerful government leaders have fostered. Our physical world is being transformed, just like the societal mores that are being turned upside down. The debate about transgender individuals is not just a matter of individuals who are *psychologically* disturbed, though many are. Some of the transgender individuals have been physically effected by very real biological causes, resulting in their gender confusion. There is a type of chemical chaos in our environment!

Estrogenic chemicals awaken genetically female characteristics or influences in males, for example. Plastics that pervade the environment also have an effect. Some affect physical sexual characteristics while others shift the brain chemistry toward that which is characteristic of the opposite gender. Many think these problems are all solely due to mental illness, but they are not. The truth is not that simple.

Through the sum of all the chemicals and pollutants released into the environment, we are damaging the very nature of our own children, the unborn, and even the gametes — sperm and oocytes — that when joined together into one actually are a new unique human life. If our basic

physical nature is changed, we will no longer be human as we understand it; we will be *posthuman*, and that is the goal embraced by many elite leaders around the world.

Any pro-life organization or effort that does not take into account the gender-bending transformation that is actually occurring due to physical, chemical contamination in our environment will fail to remain relevant in the years to come as the human race becomes physically other than it once was. Are pro-life leaders and organizations even addressing this? These issues are not science fiction!

We don't wish to think about these problems perhaps because the issue seems so unwieldy. We don't wish to discuss it because we don't believe we can stop it or simply don't know what to do. However, if gender-bending pollutants are not prevented from continuing to enter into the environment and altering the very nature of mankind, the chaos of so-called multiple gender identities will be the reality, not just a far-fetched conspiratorial fantasy about a political agenda or concern!

We may ask, "Who could ever imagine that a President would command every public school to allow boys into girls' locker rooms and bathrooms, girls into boys' locker rooms and bathrooms, or allow either to participate in sports teams of the opposite biological gender? Yet, this has happened and is the strange, quite insane national situation that has been thrust upon us by those with an anti-Christian, secular, utilitarian, and socialist agenda.

While we know that many predators will take advantage of these commands to exploit the situation and victimize the vulnerable children in school bathrooms and locker rooms, something needs to be done to accommodate the truly physically, biologically-occurring transgenders. Increasingly, parents find that some newborns have sexually ambiguous characteristics.

These are victims of gender-bending chemicals, and we cannot accurately and honestly deny that some of this is physically occurring. We must protect our children from predators, but we must also find some way to help those who are physically or psychologically confused. TV series and spinoffs of *Law & Order* have been among the most-watched of all shows, even internationally, very likely because we yearn for good to triumph over evil and for there to be a sense of common sense, sanity, and order in society.

But the order we yearn for does not arise from evil. *Chaos arises from evil*, and that is what we are experiencing in our world, whether psychologically, spiritually, politically, or physically (1 Corinthians 14:33). We must find some way of restoring order within the flames of chaos fanned by evil-minded individuals leading the nations of the world!

The corporate owners and scientists behind the manufacture of certain materials tell us, "Trust us!" "Everything we're doing is perfectly safe!" They continue to profit as they create "wonderful" products that we readily accept, but when not only fish are born with both female and male characteristics, when some of our children are born this way, we know there is something terribly wrong. Again and again, just like tobacco corporations that denied their products had anything to do with cancer, they lie to us!

Many of us want a simplistic answer and denounce transgenderism, but we must admit that these are being created by what is being done to our environment. Although decades ago, transgender reassignment surgery was universally denounced and forbidden, now it is more accepted and performed by some surgeons for the small percentage who have major psychological problems and sometimes very real physical problems.

Even when surgery is performed, physicians and psychiatrists warn that reassignment surgery still does not resolve the psychological problems that torment these individuals. We will have to find a way to compassionately help these individuals, while at the same time we seek to preserve some societal order.

If the introduction of gender-bending and other damaging chemicals into the environment is not halted — and it seems they will not be halted — the world will experience more and more genetically-different, sexually different, and chronically-ill children and adults.⁵

Never before have such problems confronted humanity. A completely satisfying solution to these problems will likely elude us, because humanity has wed itself to a path of destruction. Our leaders are not receptive to wisdom like the king of Ninevah — who after being warned by the prophet Jonah, turned away from evil and led the people back to a path of sanity.

When it comes to the food we eat, scientists who increasingly tinker with genetics tell us that they have improved upon Nature by genetically-modifying all the major foods mankind eats. *This has already been done!* Other scientists seek to improve mankind himself by removing defective human genes and improving the genes we already have!

They tell us all the wonderful things they seek to accomplish while assuring us, "Don't worry! Everything we're doing is perfectly safe! We know what we're doing!" "Trust us!" Yet, as they add more and more toxic chemicals, more and more suffer from various chronic diseases, whether gastro-intestinal disorders, cancer, autoimmune diseases, hypersensitivities or allergies, and other conditions or even changes in human sexual development.

Do you remember hearing about many children suffering from leukemia or autism decades ago? Do you remember so many adults who suffered from gastro-intestinal problems or cancer? While they tell us, "The increases are only due to better monitoring and records," they lie. We may be better at curing some illnesses and conditions, but chronic illnesses are becoming more widespread each year.

It will not be surprising to those who know basic genetics that they are leading us toward disaster since they mostly work with nuclear DNA and have little understanding of and for the most part have ignored the mitochondrial DNA. Even when they work with human nuclear DNA, they have the most primitive understanding of the entire DNA process and believe they really understand how much of it works. The chemical components that make up DNA code may have multiple functions, many of which are completely unknown to them today, yet these tinkerers blindly barge ahead without caution.

If you sense that all of this is eerily similar to those who intend to impose death upon unsuspecting patients yet tell them, "Trust us!" you would be quite correct. The same type of worldview that allows one to impose death upon the vulnerable also allows blind guides, scientists, politicians, and wealthy elites to speed our world towards certain disaster while lying about what they intend for us.

It is no accident that elite population alarmists like Bill and Melinda Gates openly speak about the need to depopulate the Earth and that they influence the decisions being made around the world.⁶ The Bill and Melinda Gates Foundation has invested millions to fund research into sterilization programs, genetic modification of food, or vaccination efforts that could be accomplished topically without injections (and intentionally without the vaccinee's knowledge).

The harm done through vaccination programs is concealed by the powerful pharmaceutical industries who influence the policies of their comrades at the Food & Drug Administration and the Centers for Disease Control (or corresponding government entities in other nations). Data manipulation and fraud in research studies has been widely publicized for any who wish to look at it.

The incidence of childhood neurological and other chronic conditions is expanding exponentially year after year, often corresponding to years when certain vaccines containing mercury or other harmful ingredients were administered. This is evident when considering the incidence of these childhood neurological diseases that suddenly appear once vaccine programs are instituted in other nations around the world.⁷

While we are assured, "Trust us!" "Nothing we are doing can cause any harm!" college students who received the mumps vaccine are getting mumps, and measles outbreaks are occurring in groups of people who similarly received vaccination for measles. Yet we are told, "Our vaccines are very effective!" Some of those who received the oral, live-attenuated polio vaccine, or who were in contact with those receiving the vaccine, have suffered from full-blown polio and become paralyzed.

While professing to be dedicated to global health improvement, the Gates have stated in some circles that they seek to actually lower the human population. They have the financial and political pull to do more than much harm. Obama's Science Czar, John Holdren, just one of numerous elite depopulationists, has advocated forced sterilizations and efforts to reduce world population since the 1970s. They've been working on this agenda for decades.

Clearly, while great steps have been made through scientific and medical advances, not all of them are beneficial. Vaccines have without doubt been used to sterilize unsuspecting women in Africa, yet the people are told, "Trust us!" "Everything we're doing is perfectly safe!" Some scientific "engineers" experiment upon an unwitting public and have taken steps that will eventually cut down large swaths of humanity (Revelation 6:8). Again, the elite in power have lied!

Basic biology teaches us the survival value of biological diversity. Yet, international and national leaders across the world are exerting irresistible pressure upon farmers around the world to plant

monocrops: genetically modified, identical, and patented seeds. Now we have genetically-modified identical species of wheat, corn, rice, and others that will undoubtedly eventually succumb to a disease that will wipe those monocrops out, resulting in worldwide famine.

Knowing that this will be the result, they are moving as swiftly as they can toward this goal, all the while pretending that their modifications will erase hunger and starvation. Speaking partial truths is the nature of evil-minded individuals. If they succeed in erasing hunger and starvation, it will only come about because billions fewer will be living on this Earth!

Those of us who survive will be able to "thank" brutal global corporations like Monsanto - that literally hold humanity's future in their hands, manipulate nations' government leaders with impunity, and have destroyed those farmers who attempted to resist them.

Thousands of poor Indian farmers have committed suicide due to the losses they suffered. Monsanto and other holders of patents on the GMO seeds require farmers to buy their seeds each season, rather than collect seeds from the crops they grow. With only one bad season, they have to shell out money they don't have and go bankrupt. Many farmers were and are coerced to use the GMO seeds. When they go bankrupt, other wealthy corporations scoop up the land. It's one of the biggest exploitative scams ever heard of, all covered up by the powerful elite and the media.

Others have lost their herds of animals when they died after foraging on GMO plants like Bt cotton! Glyphosate has finally been labeled a probable carcinogen by the World Health Organization even though much of the public is still spraying Roundup to kill weeds in their lawns. Farmers are using it on most of the corn, soy, sugar beets, and canola fields in the USA and in other nations as well. As a global society, we are basically bathing ourselves in glyphosate, other pesticides and chemicals!

I was surprised to learn that the Quaker Oats Company (bought out by Pepsico in 2001) sprays glyphosate on its 100% natural oatmeal as a desiccant! Glyphosate is detectable in numerous foods and if any of us had our blood tested, it is certain that we would test positive for some levels of glyphosate!

Poisons, poisons everywhere! Even infinitesimal amounts taken in year after year obviously are having their effects! What will happen to the world fertility rate when large percentages of the young are autistic, chronically-ill, genetically damaged, or otherwise rendered incapable of living full, normal lives?⁸

It is arrogance that moves blind guides forward and prevents them from seeing what mere high school students should be able to see. Yet, this is man: proud, blind, and impulsive. Scientists used to honor a Precautionary Principle that prevented them from doing something that *might* result in harm to the public, even if it were to occur far into the future. Some Native American tribes also had that same principle of not doing anything that would harm the children born several generations into the future.

Rather than be cautious, these modern scientists, politicians, and philosophers refer to what they call a Proactionary Principle, which is simply a fancy name for doing whatever they want to do, without considering the consequences, making as much money as they can in the process, and if anything goes wrong, it will be too late to stop it anyway. The elites assume that they will not be affected by the disaster they invite, but they are mistaken.

In other words, they do not care if they unleash irreversible, horrific harm to mankind. In their blindness, believing themselves to be doing great good in reducing the human population, they have a natural bent toward evil and unfortunately, global suicide. Globally imposed evil will result in globally occurring death (Romans 6:23; Revelation 6:8).

Like teenagers hurtling along at 100 MPH on a curving country road, everything seems to be a thrill until it's absolutely not, and suddenly they crash into a tree, dying instantly. That is the nature of modern genetic experimentation, whether that experimentation is done on humans, animals, or upon the foods of the world.

To these blind leaders, it matters not that with every advance in our understanding of genetics, we see a seemingly infinitely complex yet perfectly harmonious function within living beings. They fail to perceive the infinite genius revealed in all living things! These scientists have no idea what the results of their experimentation will be generations into the future.

"Wow!" they childishly think as they enter the "control room" of our genetic structure. "If I push this button, what will happen?" "If I push that button, what will happen?" And if they push the wrong button, they don't care. Or maybe, they won't be alive to suffer the consequences.

Their reckless experimentation is playing with the very genetic makeup of man and will be carried forward forever by future generations. Who can stop them? While mad scientists play with humanity, nobody in power is even speaking of this danger. Many of the leaders actually are privately encouraging them to move ahead with their agenda!

Unfortunately, all will suffer terribly and certainly. Man may become something other than he was designed to be. They tell us man will be *posthuman* — a new and improved man! They believe they know better than God all the while they lie to themselves and try to convince themselves that He does not exist! While they continue this deception, they never stop rushing ahead while promising nothing they do will invite the obvious consequences of their actions!

That man has lied at one point or another, for one reason or another, throughout history is our nature. Yet only in modern history have men and women so thoroughly believed the lies of the high priests of our time: scientists and technical engineers who tell us they can improve the genetic makeup of man himself, or physicians who tell us that the embryo or fetus is not a human being, not a human person, not a life.

For thousands of years, people always at least understood the utterly basic fact that a pregnant woman was carrying an unborn child. But we who consider ourselves so advanced, have convinced ourselves that this unborn child is simply a collection of cells and tissues that can be

killed without a pang of conscience. We are so indoctrinated that we don't recognize a truth that even the most ignorant man and woman understand rightly to be true!

In what other time have men and women actually believed that their unborn child was not what it clearly is, or that killing is not killing? That millions believe the lie shows how far we have fallen. That millions and millions are willingly killing their own unborn children shows how evil we have become.

In ancient times, in some places, some number of children or adults were cruelly sacrificed to "the gods" in ignorance. Even if it actually had been hundreds or thousands sacrificed each year, it would still not equal the slaughter of millions occurring today in the name of personal freedom. At least they understood that they were sacrificing lives. We don't even honor the victims of this slaughter by recognizing them as human beings who are just as much human as we once were!

You may wonder how the world could ever have become so crazy or evil. You may wonder how people no longer value life as they once did. You may question the sanity of many individuals within our society and ask, "How can people be filled with so much hate or selfishness?" "Why is there so much strife in the world?" "How can people choose to and then kill the innocent?" "Why did they kill my loved one?"

Many just can't understand it at all and want it to end. They want to call someone and have the government come in and fix what they think is an isolated problem. On and on, one after another, they call advocacy organizations and cry out, "They killed my mother/father/wife/husband/son/daughter/grandmother/grandfather!" They don't realize that there are easily a few hundred thousand hastened deaths every year within healthcare settings in the United States alone.

They don't realize that today many physicians really think, "What harm will it do if this patient dies a few days, a few months, or a year sooner?" or "Why not end this life and do him a favor?" Many don't realize that their loved one's doctor may believe it is better that the patient die rather than suffer from a terminal illness or may believe that spending money on such a patient is a waste of health care resources. They don't realize that there are thousands of ways to make patients die sooner and that making patients die sooner *is* done by doctors, nurses and others every day all over the country and in many other nations of the world.

The reason all these things occur is the same reason for evil in the past: man's pride and selfishness. Just as the serpent tempted Adam and Eve to defy God, many of our leaders and educators encourage us to care nothing for God and His ways. Jesus told us:

".... The kingdom of heaven may be compared to a man who sowed good seed in his field. But while his men were sleeping, his enemy came and sowed tares among the wheat, and went away.... - Matthew 13:24-25

Those of us who are not grain farmers probably think that this story is about wheat and simple weeds

we might be familiar with, something that would be tedious to deal with but would not harm anyone. However, Jesus mentioned the *tare* as a very specific well-known plant, the darnel or *Lolium temulentum* (which means "drunken"). This darnel is a species of rye grass that is almost indistinguishable from wheat until the final mature stage is reached at harvest time.

The tare or darnel is a poison that can make one feel intoxicated, vomit, lose control of one's body, have convulsions, and if a large amount is eaten, even cause death.²

The poisonous darnel grain (tares) looks just like wheat until the very end. If we are impatient and do not wait till the very end when the grain is fully mature, we may not see that what we are about to eat is actually poison.

So, we are being warned that what we have been told is "good" is actually evil. We may not realize that what we are about to do is really wrong and terribly harmful, though we are sure it is very desirable and good. Sometimes, it takes years, even hundreds of years to see the terrible harm arising from our actions!

It takes great foresight to envision what the consequences of our actions may be, whether in the near future or far into the future. It takes a prayerful opening to God's Spirit to discern which of our actions is "wheat" and which of our actions is poison.

We must remember the command God gave Adam and Eve in the garden. It is a command that actually applies to us today:

.... You may freely eat from every tree in the garden except the tree of the knowledge of good and evil. You are not to eat from it, because on the day that you eat from it, it will become certain that you will die." - Genesis 2:16-17 (Complete Jewish Bible)

Many of us think the verse means that on the very day Adam and Eve ate from the tree of the knowledge of good and evil, they should have died. But they didn't die *that* day. They were thrown out of the garden and eventually died after living a long life. This is why I use this translation for this verse. Rather than implying that "on the very day that you eat from it you will *surely* die," we understand the actual intended meaning: "it will become certain that you *will* die."

Adam and Eve were estranged from God, dying spiritually, and could no longer freely speak with Him directly and hear His response. They were cut off and barred from entering the garden again. What was this all about? Is it just a nice story told to entertain children or is there a much deeper meaning? Does it have anything to say about what is happening today in our society and in our own lives?

The simple story is difficult to understand and is something most of us have struggled with for quite a while. "How can it be wrong to know the difference between good and evil?" we think.

"Why wouldn't God want us to understand these things?" "He created us with the capacity for rational thought, so why shouldn't we have this knowledge?"

But that's not what this story is about either. I believe that what is meant here is that Adam and Eve ate or took in — they embraced and *knew* evil in the biblical sense — they became intimate with and one with evil and with good. The only way we can *know* evil in this sense is to participate in sin, to miss the mark, to go astray and live a life out of harmony with His will.

It is not about sexual relations at all. It's all about an arrogant rebellion against His will. It's about living without His love in our hearts. It's about living without the Holy Spirit in our lives.

God is life itself: infinite life and power. He is being that has no beginning and being that goes on being without end. He is perfect wisdom and love. So, to do evil is to think, will, and act in a way that is contrary to the life-giving will of God, to reject His Spirit, to act in a way that harms us and others, and in a way that eventually causes death, both physically and especially spiritually.

Adam and Eve thought that the fruit was good to eat, even though they had been commanded not to eat it and warned that if they did eat it, it was certain that they *would* die. Clearly pride had already entered their hearts and minds so that they thought they knew a truth contrary to what God had told them. The "truth" they "knew" was a lie!

They thought they knew better than God! Just like our scientists and leaders today, they imagined they were doing a good thing, but they did not know the truth and did what was wrong.

Many of the Pharisees of Jesus' time were great thinkers. In their time, they were the equivalent of PhDs in academia today. They knew what was to be known, yet still judged as evil He who is perfectly Good. They condemned the utterly innocent dear Lord Jesus to death (John 11).

Remember, Jesus was a Galilean, a country teacher without credentials. Many of the Pharisees and Sadducees had only disdain for Jesus whom they considered to be uneducated and ignorant. The Sadducees especially rejected Him as His manner of teaching reflected the oral mode of teaching and tradition rather than their own academic approach derived more exclusively from the written scriptures.

They considered themselves to be the true and faithful, righteous servants of God. In their time, they were as pro-life as anyone could be. They were invited to the conferences and elegant dinners of their time and were well-respected by men, yet they were evil. They did not have love for God within their hearts and lied to the public.

They did not speak the truth and did not recognize it when it was presented to them. Many were more concerned with bringing money into the Temple and thereby into their own pockets! When Jesus overturned the tables of the moneychangers in the Temple, He was not only condemning the dishonest thievery practiced by the moneychangers, but was condemning the entire scheme through which the Temple priests enriched themselves.

Many do not realize that the Pharisees considered Jesus to be a *mamzer* — a person born of illicit relations, of unknown heritage, who existed on the lowest level of society. Mamzers could not marry those who were born of known heritage and were treated as badly as some of the lower castes in Hinduism!

Many of the Pharisees and Sadducees rejected out of hand the idea that Jesus might have even the slightest possibility of being a teacher or rabbi with something worth listening to. They could not imagine him to be a holy man, let alone a prophet, or the actual messiah. They saw that He did not come as one who would rule as the worldly king, who would restore the temple and do many other things *they* expected of such a man. So, they acted to destroy Him.

Some pro-life leaders today also think themselves to be among the great and the righteous — whether they are religious ministers, attorneys, or others. But those who also do not speak the truth about what is going on are just as untrustworthy as the Pharisees. They betray the very mission they represent! They enrich themselves while concealing the truth from the public.¹⁰

In our secular world, *our* high priests — some doctors, scientists, lawyers, judges, for example, — are just as blind and cannot see the evil in what they do. They are comfortable with the most barbaric practices: the casual killing of the vulnerable elderly, disabled, chronically and terminally-ill by withholding food and water (the misuse of terminal sedation into death), and the killing of the unborn and unwanted newly born. They kill without even blinking an eye.

Adam and Eve were completely unaware of the reality and immensity of their error. The Pharisees and Sadducees were completely unaware of the reality and immensity of their error. Our leaders are completely unaware of the reality and immensity of their error!

They had, and have, no idea what terrible consequences would arise out of their decision to reject God's command and defy His guidance. God had not commanded them out of any sort of willfulness or fear, but had commanded them and cautioned them out of pure love. He knew what would happen and did happen. They fell from their state of perfect grace, and we continue to do just the same when we defy God and remain in a state of alienation from God.

We are not different at all! Don't all of us think we *know* what is right and wrong and condemn those who think differently? We are *so* sure of ourselves, aren't we?

Our knowledge is imperfect and our judgment is imperfect. For this reason, we should exercise every precaution so that we avoid acting impulsively or in a way that results in harm. If we give in to what deceptively seems to be great, without checking and double-checking our science, our goals, and our decisions, we embrace a path that is a recipe for disaster and invite our own deaths.

Unfortunately, modern society shows no signs of reining in the mad push by those who are experimenting with modifying the basic genetic makeup of man. There is no sign of any halt to those who genetically modify food and animals, who spray toxic pesticides across the land, who mandate either ineffective or outright harmful vaccine utilization, who create products that pollute the environment and are causing chronic illnesses.

There appears to be no stopping the current global experimentation upon a mostly unsuspecting world population. We can call it dumb, even dumber, or terribly foolish, but more than that, it is an evil that threatens the well-being of all of us and all of our children.

We must choose whether to be guided by love and wisdom or to be guided by greed and the quest for worldly attainments. We can only serve one or the other (Matthew 6:24). We can only follow the path of the heart that considers all around us as well as generations into the future, or not.

Through all time and through all the world, people may choose to love or choose to hate. The push and pull of this world comes naturally to us. We love our own but do not naturally love those we consider *other* than us. So, the never-ending disputes, alienations, killings, and wars continue.

We look at others who appear superficially different from our own group, or do not live in our neighborhood or nation, and may hate them. Only because we fail to recognize our own reflection in their eyes do we hate. When I am consumed with self-pride, recognizing only that which is *mine* or controlled by me, I fail to love and then act in ways that harm others — whether I realize it or not.

Yet, we have been called to a higher way, an eternal way that honors and respects the others as well as ourselves, and a way that allows for loving relationships, open discussion, enterprise, discovery, innovation and societal peace. God has told us that we are to be industrious. True religion empowers man to advance in knowledge and wisdom (Proverbs 2:6).

Love is more than any feeling we may have. It is much more than the infatuations of youth or even the partiality we show to *our own*. I remember searching for love, as we all do, and searching in so many ways, till I realized that God is the only One who could be relied upon to love. Therefore, He is known as our refuge, God reliably with us. He is my refuge (Psalm 91:2).

Somewhere souls are dancing to most beautiful music, like flowers swaying in a field. Filled with love, they step to a song called, "Narrow is the Way." It is a way rejected by most and thought to be most-boring and restrictive, but it leads to perfect bliss and peace. Souls that yearn for the Beloved know this dance, and weep for the world.

Our ways as men and women in the world are not His ways. If we are to walk with wisdom through this world, we must be willing to listen and learn so we gain insight into the real significance of things in this world. We then must participate in the world in a way that protects the others we can protect and manifests His love to those we meet.

He is our Teacher, the only One who truly possesses Wisdom and *is* Wisdom. "Lady Wisdom" of the Proverbs is none other than a poetic representation for the dear Lord Jesus Himself, the Word of God (Psalm 33:6; John 1:1, John 20:30-31).

Throughout history, He has made Himself known to some of us. His face shines like the Sun with a blinding spiritual light, radiating the fierce purity of His Love, before which we can only

bow with reverence and humility. Before Him, we recognize that we are as nothing, and our faults too terrible to consider.

Faith is more than the mere thought of Him as an idea. If we only would relate to Him as we relate to our own loved ones, not only would we believe in Him, we would know His touch! We recognize that our foolish arrogance is based upon nothing, nothing at all. Nevertheless and unfathomably, we know that He loves you and me!

We see that He is not only the Truth, the reality, but that out of His being, out of His love, arise all the good paths for man, and all the ways that restore order and sanity to this world. His nature is justice itself — righteousness. We see that all laws that are true are expressions of His justice.

Within society and especially within healthcare, we see that our role is to safeguard, to protect, and to nourish life that He has given. Without the recognition and acknowledgement of God, the foundation for all good that is done in healthcare and throughout society is lost. Therefore, He told us,

I am the Lord thy God, ... Thou shalt have no other gods before me - Exodus 20:2-3

Contrast that with the advice given by blind pro-life leaders, pastors, attorneys, and others who strategize and say, "Keep God out of any discussion about abortion, assisted-suicide or euthanasia." "It's a losing argument." "People don't want to hear about religion or God."

Well, the problems we're seeing all around us are due to the failure to honor Him, failure to follow His law, failure to even remember Him, and failure to reverently invite His presence into our lives. What these blind leaders fail to see is that all the chaos around and all the killing, arises out of the lies of our time and our acceptance of those lies: "You will become like gods." "You will live forever." "*We will solve all mankind's problems — without God.*" "Trust us!"

This is the truth: any efforts to protect life that do not honor Him are bound to fail. Without Him and without honoring Him with every breath we take, our world will be swept away with evil. Overnight, frightening changes will occur that we could never have imagined. Be sure: you and I can never honor Him if we are ashamed to even mention Him (Matthew 10:33)! We cannot honor Him if we do not follow the path of sacrificial love.

Whether or not to oppose assisted-suicide, euthanasia, abortion, or any other evil is really not the most important question confronting any of us who are pro-life. *The only question that matters is whether we open our hearts to Him and receive His presence in our lives. Everything else follows from this decision.*

Those who refuse to honor Him publicly or to even speak His name rely upon shifting sands. They have rejected the only sure foundation for the work. Although we must do our part, *He* is the One, the *only* One, who can empower us to succeed in the little we may do and Who will one day restore respect for life (Psalm 118; Matthew 10:32-33)!

Endnotes:

1. J H. Groenewoud, MD, et al, *Clinical Problems with the Performance of Euthanasia and Physician-Assisted Suicide in the Netherlands*, N Engl J Med 2000; 342:551-556 February 24, 2000 DOI: 10.1056/NEJM200002243420805. [Back](#)

2. Wesley J Smith, JD, *First "Pharming" Drug Approved*, Feb 6, 2009, FirstThings.com.

Malaria Vaccine in Goat's Milk, March 9, 2012, FirstThings.com.

Making Animals More Usable in Medical Research, June 5, 2007, FirstThings.com.

Ira Byock, MD, *Physician-Assisted Suicide Is Not Progressive*, Oct 25, 2012, The Atlantic.

Note: if you have doubts and still believe Wesley J Smith is a true pro-life advocate read the [Wesley J Smith, JD/Ira Byock, MD Expose](#).

Wesley J Smith, JD has absolutely known for many years that the euthanasia movement has infiltrated most of the hospice industry yet continues to deny the horrific truth that there are many killed within hospice settings.

Smith whole-heartedly endorses Ira Byock, MD without qualification.

Byock, like Smith, outwardly opposes open asstd-suicide and/or euthanasia (and is therefore accepted by many pro-life organizations as pro-life), but Byock has popularized *undeclared*, stealth, medical killing of patients in hospice through terminal sedation, and Byock proudly supports abortion rights and Planned Parenthood. Byock was a leading voice in the Euth Soc of America known at the time as Choice in Dying and later Partnership for Caring. Byock admits he practices terminal sedation into death which is the same as *covert* passive euthanasia that is hidden from the public's view. [Back](#)

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<http://www.hospicepatients.org/articles-from-heart-of-ron-panzer.html#restoring%20the%20culture%20of%20life>

Restoring the Culture of Life is intended to be read prayerfully and digested spiritually.