

Table of Contents

[The Heart Of End-Of-Life Care by Ron Panzer President of Hospice Patients Alliance](#)

[The Heart of End-Of-Life Care](#)

["Called To Serve"](#)

[The Greatest Civil Rights Struggle of Our Time!](#)

[The Killer](#)

["Death Is Not the Enemy"](#)

[Physicians Who Have Researched Euthanasia Speak Out](#)

[When Your Loved One Dies Under Questionable Circumstances](#)

["Listening to The Mindless Gibberish Of A Right-to-Hasten Death "Leader"](#)

["A Very Small Candle"](#)

[Why Doctors Are Perhaps the LEAST Qualified To Make Judgments About Life and Death Matters!](#)

[Hospice Agencies That Terrorize the Chronically Disabled](#)

["Hospice Industry Shoots Itself In the Foot"](#)

["Lynching the Elderly and Disabled?"](#)

["THE PASSION" and the Dead](#)

["Love & the Corporate Money Machine"](#)

[Shame](#)

[A Fading Rose](#)

[The Hospice Life Pledge](#)

["When All is Said and Done"](#)

The Heart of End-Of-Life Care

by Ron Panzer, President, Hospice Patients Alliance

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"Called To Serve"

You may understand what it means to be called, what it means to serve. Either you do, ... or, you don't. It's not complicated, and it is very real.

In every field, it's the same: you'll find a majority of people who approach their work as "only a job" and drift along, or you'll find a few people who approach their work with intense motivation and concentration. Of those, there are some who mainly seek to advance themselves and those that see their work as a mission.

You may be drifting along doing the work to be done without great zeal, you may be seeking status, power, wealth, even fame, or you're seeking none of those, serving out of dedication to your purpose. You work because it is the right thing to do, and it's something you feel you have to do. It's the only thing you know how to do. It's the only thing you want to do.

People with a mission are not motivated by status, power, wealth or fame, even though those may come to them. They listen to a "different drummer," and travel a path "less traveled." People with a mission are leaders, though they don't need followers to be who they are. They are either respected or ridiculed, either labeled crazy or inspiring. They arouse hatred or love. And though there are moments of self-doubt and searching, they always come back to serve. No matter what they do, it is done in the spirit of service and love.

What is it for you, or for those around you? If you feel that calling, you may have noticed a few around you who are of a like mind. You also will have noticed those who simply work for their own benefit without a real concern for those served. Outwardly you and they may be performing the same duties, but inwardly you are worlds apart.

Sophisticated business advisors spout theories about how to be "successful" and imply that they have discovered a "new" truth; they advise others that to be *truly* successful, one must discover the real needs of your clients, and work to meet the needs of your clients, your customers, your patients. They hold seminars informing well-paying participants that you can't just think about yourself; you've got to be thinking of meeting the explicit needs of the client. They have not created a new truth; they have merely repackaged it and marketed it.

In other words, while a slick, smooth-talking salesman can get many people to buy something they don't really need, that salesman won't have a long term relationship or a truly successful career. In fact, he'll have firmly slammed doors staring him in the face year after year. The renewals and referrals will be few and far between. However, a salesman who serves and meets his clients' needs has the key to open the door to a flourishing business relationship.

What it all boils down to is that if you're only dwelling on your own paycheck, thinking about what you're going to get from the relationship, it's a poor plan for long term business success. With hard work, there may be temporary achievements, even impressive achievements for the very ambitious, but in the end, this type of opportunism is a sure road to failure and frustration.

Selling or providing a service that gives people something they really need and something they really want is a solid plan! When Henry Ford created the factories to manufacture the automobile and when Thomas Edison invented the light bulb, their vision provided a quantum leap in societal progress. The success that came their way was not achieved out of greed, but because what they had to offer fulfilled the basic needs of so many. But is this a revelation?? Hardly! Sometimes, even often, the most basic truths are matters that even children would recognize.

There is a major difference between the three basic ways of thinking, doing and being. Whether it is health care, manufacturing, service or sales, whether it is parenting, science or computer technology, there is a basic decision that each of us must confront in what we do. It's a decision that each person must make wherever they find themselves, at every point in life, in any situation. To make that decision, we must first answer a basic question. What is that question?

How are you going to choose to approach life? How are you going to choose to approach your work? How will you relate to family and society? Do you see your function as meeting the needs of your clients, customers or patients, or do you grab as much as you can for yourself while the "going is good?" Are you like the seagulls that fight bitterly over a tiny piece of bread on the beach, or are you ready to share what you have with the hungry around you?

Some never examine their lives, never set goals and never achieve them. But if you have a mission, you have passion for your work, and you care about everyone you serve and everyone you meet. You give when you feel like giving up, and sometimes you don't even remember why. The paths your life takes are sometimes unpredictable and surprising, but they are deeply fulfilling. Even when others question your choices, you intuitively know when it's right to take a turn in the road. And you instinctively recognize those who follow the same mission.

You don't need a thousand dollar seminar to learn that you're supposed to help others and meet their needs. You don't have to think about it. You don't need to be convinced. The attitude runs through your veins.

People can feel the difference. You "connect" with others, because you are fully invested in what you are doing. People remember what you do and what you did. It's not every day that they meet someone like you. You probably don't even feel that you're any different. And when the self-centered ambitious step on others to get ahead, you just don't understand how they can act that way. You don't understand their way, and they don't understand your way.

It's not like you could explain it to them. Their outlook is totally foreign to you, and yours is foreign to them. Even if you tried to explain your way of living, they would not be able to "hear" you or relate to your vision, because their basic approach to life is completely different. Your worldview is essentially different. It's almost as if you live on completely different planets. You have different windows through which you view the world.

When they grab positions of power to themselves, it's not surprising. When they propose solutions to the problems at hand, you don't wonder how one can so completely miss the point. You know that their solutions often involve schemes and scams that reward their own network of "friends."

And when, to get what they want or to save their skin, they smile and lie through their teeth, you know what they are and what they're about the moment you meet them. They can betray anyone in a moment, if necessary to move their own career forward. And they do so regularly. They are empowered leaders. They do not seek to understand those under their power, because they believe they know better. They don't listen to others, because they really don't care. They lord it over others and become intoxicated with their own sense of power, believing that because they have power, they are great.

Your experience and your heart help you to recognize them and differentiate them from those who are among your own. You do not seek power, nor do you ever feel you are great if power comes to you.

The self-centered ambitious may meet with hundreds of their own type, year after year, pretending to be the best of friends, but they are always alone in the deepest sense of the word. They cannot share the innermost feelings within. They are not emotionally intimate with others, and they cannot admit their own fears, even to themselves. They run roughshod over others, bullying their way through life, putting others down in order to pump themselves up.

They can never share their hearts, never truly know or understand others, and they fear the loss of whatever they have grabbed to themselves. Any of their "friends" could betray them in a moment, and each knows their "friendships" are convenient, circumstantial arrangements.

Though you may or may not meet with many others, if you have a mission, you do not feel lonely. Your heart is full and freely shared with all.

Though we read and hear about the necessity to have a "meeting of the minds" or that "everyone is equal," the reality is something quite otherwise. However much you try, there can be no real meeting of the minds between the two intense types.

They race through life thinking of the happiness they'll find when they finally get this or that. And if they fail, they are quick to blame others. They become extremely angry if anyone suggests that their failures in life have anything to do with themselves. They refuse to examine their own behavior toward others or the impact they have on others. They believe they are victims in life, yet regularly victimize others.

You race through life trying to bring happiness to others, and if you fail in some way, you pick yourself up and try again and again. Never stopping long to think of yourself, you're too busy enjoying yourself as you serve to think of yourself as a victim.

While they seek the thrills of amassing wealth or drinking, drugs, sex clubs, and the fast life, ... or gambling or even crimes of one sort or another, you thrill at the most basic realities in life: spending time with your friends, family, people you meet and God.

They are so busy seeking the thrills of another victory or pleasure (grabbing things along the way) that they fail to notice the moments that make up the journey. And life passes swiftly by. At the end of it all, they stand at death's door reaching back to their wealth, longing for pleasures that now elude them, as they did throughout life. Just as the grains of sand in an hourglass are all swept away, they take nothing with them and are forgotten.

They die just as they lived, grasping and fighting. And you die as you have lived, accepting, contented and reverent. While their world calls you a fool, you know their *preoccupation* with amassing wealth is the real folly. Recognizing the finite nature of this life, you live life fully in the moment.

Ever fearing the thought of their own death, they feverishly strive not to think about the end. As it approaches, they are depressed and then surprised. For them, death is the ultimate betrayal. For you, death, when it comes, is a continuation of everything that came before.

You see and feel the beauty of life, nature and the world around you. You appreciate the uniqueness of each person you meet and the gift involved in each moment of life. You constantly endeavor to find ways to improve your service to others, to create, to provide. Whether at the beginning stages of your career or at the end of life, you know that there is a purpose and a meaning to life that transcends anything you might possess.

And while they crave admiration and fame, if some call *you* heroic, you are repulsed, knowing that you are merely one human being. The large numbers of those who drift along in life, never examining their decisions and goals, may be amazed at the energy you bring to the mission, but then again they don't feel the fire within. They don't have the thirst that drives you. They simply don't understand.

For you, life is not a reaching over and through others to get what you want. For you, life is intense, full, a constant, unending, demonstrable prayer. And for that reason, in the end, you are grateful and fulfilled. You are ready. You have few regrets.

When the end comes, you are not surprised. You are not depressed. You have known all along, through whatever trials came your way, you were called to serve. And it is enough.

The Greatest Civil Rights Struggle of Our Time!

When historians look back at our time, I believe the greatest civil rights struggle identified will NOT be for the rights of ethnic minorities.

The greatest struggle of our time is for life, existence itself. Patients who are harmed or worse in a health care setting may never be able to access the system of justice in our nation.

The moment anyone enters into the health care system, in reality, you forfeit your rights as identified in the law, in the Bill of Rights or the US Constitution. On the books you retain your rights, but what actually happens is quite different.

Perhaps you have not thought about this, but prosecutors on every level have "discretion" about what cases to pursue. They do not normally go after wrongdoing in the health care setting. They do not usually indict a respected physician within their own community. There is great reluctance to intervene at all. There are so many cases that many complaints are simply filed away and not only are charges not brought, but no investigation for criminal activity is done!

If by any chance you are accidentally "killed" in a health care facility, the problem will quite often not be addressed by a criminal prosecutor. Even if the killing is intentional, quite often government bureaucrats who deal with regulations will be brought in to inspect the facility. The facility may get "cited" for a violation of a standard of care, but almost never will criminal charges be brought. District attorneys, state attorneys and US prosecutors have not acted to protect the citizens of our nations, once the killing occurs in a health care setting. The one or two cases you may read about are the exceptional cases, and even then, charges brought may not result in conviction.

The mission of hospice is to serve those nearing the end of life by relieving suffering, offering compassionate care in the best spirit of all that is good in humanity. Those who would pervert the mission of hospice are using hospice as a wedge to corrupt our nation's health care system. By shunting patients into hospice when they are not terminally ill or by hastening death in the terminally ill, a step down the wrong path has been taken by some.

This betrayal of the hospice mission fits in quite well with budgetary savings for governments and HMOs. Family members who seek to get their hands on the inheritance before funds are used up in caring for an ailing family member, sometimes make the decision to hasten death and use hospice as the tool to do the killing. Unwitting and naive nurses sometimes just go along without questioning.

Some physicians and nurses are aware of what is occurring, but some still comply because they believe they know better that "this patient would be better off dead" than to live with a particular illness.

Those who have Alzheimers disease, Parkinson's, Multiple Sclerosis, dementia or who are elderly or chronically ill are particularly vulnerable to this threat. How we choose to react to these troubling developments says a lot about what kind of person we are. Those who have a conscience and turn away without coming to protect the vulnerable will be haunted for the rest of their lives. Those who have a conscience and work to protect the vulnerable will learn some of the richest lessons in life.

The agenda of those pushing to use hospice as a wedge to transform health care? ... budgetary savings and the fulfillment of a utilitarian bioethicist view which views life as "not worth living" once a person becomes very old, weak, chronically ill or somehow "imperfect" in the eyes of those who decide. Who decides? Ethics committees that institute "futile care protocols" that not only stop the provision of truly "futile" care, but also stop the provision of necessary care... care that once given would successfully save a patient or cure a condition. Who decides? Nurses, doctors and others who choose to withhold care or give medically inappropriate care resulting in the death of a patient. It happens every day.

So remember this, every time you or a family member enter the health care system, the only thing standing between you and death or harm is the integrity of the staff at the facility and someone close to the patient... you, a friend or loved one. You are the advocate who can protect the patient in the moment.

What You Can Do!

- Please forward this article to everyone you know.
- If you know of problems in hospice, call or write to your Congressional representatives (See your local phone book for telephone number or look them up at Capweb.net or at Congressional Directory .
- Remember that your representatives will listen to you if they think enough voters in their district care about an issue. Make your voice heard!
- Tell at least two people every week about the work of Hospice Patients Alliance.

This is an important initiative to promote open discussion of the realities in hospice! We are working to preserve the original mission of hospice. Many discuss what is to be considered "a good death." We say that health care professionals should be more concerned with "what is good palliative care?" Good end-of-life care will do the most to assure a good death. Sloppy medical or nursing care will not suffice. Pushing sedatives and narcotics for all terminally ill patient is not what hospice is about. Careful assessment of the patient's individual needs will allow for an effective plan of care that relieves distressing symptoms while fostering patient dignity.

The Killer

There is a killer loose in our nation. Bent upon killing again and again, no matter what twists or turns in the road arise, this killer has succeeded in going unrecognized for over three decades. Unbelievable, but true. Slipping away quietly, pretending to be a well-respected part of our society, the killer continues his trade. Striking fear into the hearts of his victims, he silences them before they can even begin to expose his dark agenda.

The TV stations have not reported any of his crimes; they dare not! The radio stations and newspaper editors know all about him, but they too remain mum. Not a word. Pretending that the "see no evil, hear no evil, speak no evil" policy is good for society, the media stands shoulder-to-shoulder in agreement: THIS killer will NOT be discussed.

More than that, the media raises money for the agencies that sponsor this killer: the hospitals, the nursing homes and especially the "angelic" hospice. How could the media expose the dark deeds of the beneficiaries of its own fundraising campaigns? It can't, and the killer knows that.

Elderly women, often confined to their wheelchair or bed, cry out in sheer terror when the killer enters their room and reveals his plan, as he always eventually does. He must. Doors are closed. Music is turned on loudly. Their cries are muffled. He sometimes even uses pillows held over their mouths to stifle their urgent pleas for help.

As the elderly lie there dying, he smiles. He confidently believes in his mission: to end the lives of those he "knows" are better off dead. He "knows" that his victims would prefer to be dead since he knows that he would not wish to live under the same circumstances. He knows that he is doing his part for the greater good. He knows that society is better off without them. And he believes he is just doing his victims a favor. In fact, he would be offended if anyone suggested they were "victims." He is "helping" them, "aiding" them in dying, not "killing." How dare anyone suggest that he has "killed" anyone!

Yet that is exactly the charge being leveled. He has killed and killed, so many times that realistically there may be many thousands of his victims. How could such a large number of killings go undetected and not be connected with each other? The killer makes sure to kill only one at a time, in a separate location, so as not to attract any attention. Because this killer is a health care worker, he makes sure to falsify the chart, the medical record, in order to cover his tracks. He is not dumb. He knows that the legal record, the record of events, the record that matters, is whatever he puts down in the chart, so he justifies medically, whatever it is that he has done.

Any family member who objects is no concern. He simply accuses them of being "out of control," a "threat to the patient and staff," or a "troublemaker." Social workers quickly step in advising the family member to not visit at this time. If they object, the courts quickly issue restraint orders prohibiting the family member who cares from even visiting. They are absolutely banned from visiting their own loved one. It doesn't matter if it is a husband, wife, child, mother or father. Banned.

If they happen to have a power of attorney for health care, a way is found to make it null and void. Not a problem! The killer finds the family member who agrees with the plan. They are welcomed with open arms. The killer and the co-conspiring family member get along famously. They are the ones immediately granted a new power of attorney for health care. Even if the patient has dementia, has not signed any document for ten years and can't even hold a pen, they will put the pen in her hand, move the hand and claim that a "new" power of attorney was made out and is, of course, completely valid, and witnessed by several individuals who can attest to its authenticity. The killer has the family problem "covered."

No friendly family members who agree with the plan? Simple! The social worker steps in. All that is needed is a request for a court-appointed guardian to make sure that the patient gets "everything" and "the best" that health care has to offer. The new guardian makes sure the killer is accorded every benefit of the doubt, while simultaneously plundering the assets of the patient so nothing at all is left for the family. Kickbacks are even paid by the guardian, using the patient's money of course, to the judge and others who are involved in the scam. And it goes on and on for years. Raking in the dough while families are helpless to stand against the power of the court.

He is like James Bond: he has a "license to kill!" And nobody is going to take that license away from him. He moves often, not from nation to nation like Bond, but from job to job, hospital to hospital, nursing home to nursing home, hospice to hospice. Never staying long enough to show the pattern. He even moves state to state if needed. He doesn't want to attract too much attention. But his good work does attract the attention of some of the most senior administrators at work.

They call him in to the office for private interviews. He is encouraged to continue his special work, to find ever more creative almost undetectable ways of ending the lives of his patients: some of them almost unimaginable. Definitely unthinkable. And who is going to look anyway? Just about every prosecutor wouldn't waste a dime on investigating the murder of an elderly person: they're just going to die anyway. Who cares? Why bother?

Inspectors? Any inspector who reads the chart "knows" that everything the killer did was absolutely appropriate and within the standards of care. How could it be otherwise? The killer is not dumb. He makes sure to write what an inspector would want to read. Using the "defensive charting" taught in school, he avoids any unnecessary scrutiny and continues to ply his trade. The public does not suspect him. Nobody really knows him. Even the patients don't know at first. He's good with patients. And some of them even like him.

The state inspectors? No problem. They are paid not to find anything significant and he knows that. Any inspector who dared to objectively inspect an agency would be fired immediately! He knows that the health care agencies and corporations regularly donate to the elected officials, the Governor and legislators to make sure that only industry-friendly "inspectors" are hired to make the rounds. They are paid to give the impression that they are enforcing the regulations which protect patients. And everyone knows, ... well, everyone like himself knows, that it is only a charade.

The businesses give protection money to the politicians who appoint the inspectors, and the inspectors pay the industry back with protection; the industry gets what it paid for. No serious violations are ever found, unless the agency was stupid enough not to donate to the Governor and the Legislators. Isn't it clear?

Even the laws that are passed are industry friendly, making it almost impossible for any person to really interfere with the business interests of the health care corporation. Most people wouldn't even dare to try to sue a health care agency. Of those who do think of it, only a few are serious, and of those few, only one here or there ever get an attorney to file suit ... especially when the patient was elderly. Why bother suing? They were going to die anyway and they're, ... right! "better off dead."

The police? They have more important killings to investigate. Gun killings. That's real police work. Killing with drugs? That's only important if it's an illegal drug, unprescribed. Police will not dare step into the realm of medical practice when it comes to killings of the elderly. How could they? Be accused of looking over the shoulder of a doctor, the protected class, the guild that protects its own.

Mr. prosecutor has other cases, more important cases to focus on. And he knows that with every death of an elderly person comes a reduction in the expenses the government pays out for their care. It's a win-win situation. The state saves. The federal government saves. The private agency makes more profit, and the patient no longer has to "suffer" the indignity of even being alive. What a horrible thing: to be alive, like that! This killer? He's doing the society a favor Mr. prosecutor thinks.

The judges? ... if the killer ever got caught, the cover story he will tell is well-rehearsed. "It was a 'mercy killing' done to relieve suffering." The judges who decide his fate, should it ever go so far? Well, of course! In the administrative law courts, they're appointed by the Governor that the industry donated to, so we can be sure they are industry friendly. Those who are elected? They're put forward by the party, the ol' boy network, the Dems or the Repubs. And don't think for a minute that if you are NOT a party boy (or gal) that you have a chance in hell of getting party-endorsement, let alone elected!

Those judges will be sure to do what is best for their own continued role as a judge. They make sure to find a reason not to "throw the book" at anyone doing the work of "policy." And policy is supreme! Policy is to save the budget by eliminating the people, er, expenses.

The killer? He has no doubts. He has no questions. His mission is approved and crystal clear! His superiors are pleased with his work, and give him everything he needs to accomplish his task. Bonuses, respect and power. They trust his judgment. They call him the "closer." And that's what he does. He closes the book of someone's life. He ends it. He does it because he wants to. He does it because he can. He enjoys the thrill of almost getting caught, but not really getting caught. He is quite creative in making sure his victims end up dead. Whatever he does, they do die, that's certain.

The killer? He is efficient. He is successful. He is pleased with himself. He serves society. He is making a difference. He is well-paid. He is a killer. Only he calls himself a nurse, a doctor, a respiratory therapist. Respected, important. He goes about his work. Proud to be a health care "professional!"

Are you afraid? Are you concerned? Does it really matter to you?

"Death Is Not the Enemy"

A simple statement, but one many choose not to accept, as if life including death were a cruel joke. We are tempted to rage against the inevitable suffering that comes our way. We often are. We see the hungry, the poor, disease, crime, violence and war, and we struggle to cope with it all, to take it all in and still cling to hope.

Some pretend these problems don't exist; some put it all out of their mind, losing themselves for a time in the pleasures of life. But suffering and death have a way of making themselves known, creeping along, persistent, nagging, never lagging far behind. Waiting patiently, suffering and death know that eventually all will succumb to their irresistible embrace.

Like a moth to the flame, we may struggle to survive without them, but eventually their attraction overpowers us and we are swallowed up.

In hospice, these issues move to center stage as dying unfolds. You see, it's not the oft' quoted, "death and dying," ... it's "dying ... and THEN death." And hospice is about serving those living through dying into death.

In hospice, as in everyday life, we wipe away the tears of those we care for, providing comfort and love. But that does not mean tears are "bad" or that dying and death are wrong. They simply are. How we respond to the challenges of life, including dying and death, is what life is really about.

These are opportunities to demonstrate in life who we are and what we're made of, what we can be and become. How we approach life determines how we die, how we live while dying.

It is ironic that those who have reverence for life, more readily accept death when it comes in its own timing, while those who think little of ending the lives of OTHERS (the vulnerable) struggle through life and struggle in dying. Reverence for life gives birth to a grace that carries man through life.

Those who reject that grace neither understand the meaning of life nor do they know how to die with grace. They fight to control everything in their lives and knowing they cannot prevent death, they seek to control death's timing. They cannot put death off forever, so they hasten death: this way, they still delude themselves into thinking they are in "control." They fear loss of control even more than death itself!

For these, it's about power, control, refusal to surrender to the rhythms and cycles of life. Out of place throughout their lives, out of time, out of grace, like fish out of water, they struggle all the way through life. Never finding peace, never accepting God's design, they seek to dominate whatever they touch.

Of course, this explanation is offensive to them, because their worldview is completely opposed to basic reverence for life. They hate those who revere life, and they hate the truth of life itself. They seek to change reality to suit their design.

Nevertheless, the reality of life remains: those who seek a hastened death reject the basic vulnerability of life and reject what they see as the ultimate humiliation of death. As they go through life, they choose to conquer nature, death and dying, however they ultimately fail, for death and dying are part of the cycle of life.

Fearing vulnerability, loss of control, they choose predictability. When in control, they decree death to any who stand in their way, who might disturb their plans, their "self-ordered" life. Their answer for unwanted babies who might disrupt their plans? Abortion. Their answer for unwanted dependent others who might require the total reversal of their plans? "Euthanasia."

How do they justify this killing? Any way they can. When it suits the death-dealers' plans to kill, they cite concerns about individual rights to privacy and "autonomy." But if individuals choose to save the lives which the self-appointed death-dealers deem to be "unfit" and useless, they do not respect the privacy rights of the parents who wish to save the severely or moderately brain-injured, mentally retarded or ill, or save their unborn or newborn, the death-dealers try to impose death and cite "beneficence" for the benefit of society as a whole, arguing that "scarce" health care resources should be rationed for those who can "most" benefit.

Death-dealers do not truly respect the right-to-privacy of the individual; they respect the right to kill of those who choose to kill. Their duplicity is exposed when individuals choose life. Then the death-dealers exert as much pressure as they can to force the individuals to choose death, or they manipulate situations to end the lives of those they deem "unfit" for life. Parents of congenitally disabled children can tell unending stories of how some physicians and nurses tried so hard to intimidate them into NOT treating their children and somehow "let them die."

The culture of death is founded upon a basic fear of life's unpredictability, uncontrollability, life's inevitable suffering and death. Those who embrace the culture of death cling to an illusory sense of man's supremacy and domination of nature. Man can never dominate ALL of nature, for man is finite and the universe is infinite.

If there is anything one can learn from scientific exploration, either of the macrocosm or the microcosm, it is that there is always another level of understanding and reality. Molecules give way to atoms; atoms give way to nuclei, protons and electrons, and these give way to subatomic particles. Beyond these, our conception of what exists is inadequate to describe the reality. "Where" an electron "is" at any one moment in time has been determined to be not any one "place," but rather physicists talk of the probable set of all possible locations it may be, like a "field."

And there is vastly more "space" within each atom than identifiable particles. Yet, we perceive objects in our world (which sub atomically have more space than particles) as "solid."

Looking outward toward the vastness of the universe, physicists exploring the universe now state that there is more "dark matter" (which is not even perceivable by our senses at all) than there is matter which we observe as the planets, the stars, galaxies and physical universe! And our understanding of "black holes" and how they shape the universe is only beginning.

In the face of the constantly expanding understanding of reality, many physicists find themselves humbled and in awe of the vast Creation. However much man achieves, however much man understands, there will always be new frontiers, new challenges and new setbacks. True scientists exult in the pursuit of knowledge, yet understand the never-ending nature of the quest.

Science uncovers ever-unfolding mysteries of reality, yet it creates none of it. Man's technological manipulation of matter and energy is not the creation of new matter and energy, and the inventiveness that allows man to shape his world is a gift given to him by his Creator.

Yet those who refuse to give credit to the Source of their gifts stubbornly worship their own achievements and deny the very existence of God. They ignore the pervasive order and intelligent design found throughout Creation.

The shallow understanding of those enamored with the creations of man, insanely ascribe all of Nature's intelligent design to chaos and chance. When flaws in their theories are exposed, they stubbornly dig in their heels and ridicule anyone who has faith in God. They fail to recognize that the very basis of the science they exult in, is the intelligent design of the Creator. They loudly proclaim the nonexistence of God with their limited understanding.

Science and religion are not mutually exclusive. On the contrary, faith explains the basis for natural law and science. Science has no flaw. The flaw rests in man's pride, which refuses to acknowledge the source of his gifts, and in that pride which impels him to misuse his gifts. The greater man's abilities, the greater the technological application of science, and the greater the good and evil man may accomplish.

To strive for achievement is natural to man. To improve, create, modify the environment, cultivate the land, explore, ... all natural and good. Yet, however far man travels, however much he achieves, however much he learns, the basic limitation of life remains: dying and death immovably stand waiting for every man at the end.

Each day unfolds as a new opportunity to do, create, achieve, and each night man must start all over again. There is a famous story, the myth of Sisyphus, which tells of a man whose task it was to roll a huge stone up a hill all day - only to find that when he was just about to reach the summit, the stone was thrown down to the bottom of the hill again by some unseen force. Sisyphus was destined to start anew each day, never reaching the summit, never completing his task.

To some, the message is that man is cursed by the gods and that as a symbol, life is unfair. To others, the story simply explains a reality of life that man's work is never done and that the summit of perfection is beyond man's grasp. In accepting and surrendering to this truth, the humble man steadily applies himself toward his life's goal and makes steady progress. However, he knows that ABSOLUTE perfection will never be achieved and finds peace.

The proud man cannot accept life's limitations, cannot accept the humiliation of not being in control. The proud man cannot accept the utter humiliation of dying, suffering and death, and all they represent.

Man's overarching pride, his "hubris," makes him seek to elevate himself and become like a god. Man may play with the building blocks of life created by God and think himself great. Man learns more and thinks himself even greater. But man creates nothing, FROM nothing. He only creates from that which is given to him, using the mind and abilities given to him by God. Though man prospers for a time, the seasons of his life inexorably move on till old age: disease and death swallow him up.

Like waves in the ocean, tides come in and tides flow out. Storms rage and storms recede. Cycles are an unavoidable part of life. And the seasons of life are just as unchanging as the seasons of the year. While many prefer Spring, Summer or Fall, Winter eventually arrives laying bare all that once blossomed with the splendor of youth.

Every season has its place and so with every season of life. Childhood, youth and the productive years are only part of it all. And each stage has its purpose and contribution to the whole. Each step has meaning for the individual and for society. The joyous state of childhood brings joy to the others. The wisdom of elders brings peace and prosperity to those who follow its instruction.

While children learn from their elders, their dependency evokes the passion for caring from all around. And that passion for caring motivates much of what we call the activities of man.

Men and women awaken every day and get to work creating and maintaining the conditions that nurture and support their children, their families and their very lives. People care about something, someone - or they wouldn't work at all. They have a passion of caring, for themselves at the very least, and for their families and friends.

Whatever man does, caring is at the root of his activity, even war and violence. However, the span of one's circle of caring determines the path each person takes. If you love someone, his life acquires value in your eyes. You care about him and what happens in his life. If you love all, you will care and be concerned about all. If your heart is open to others, you will reach out to each person you meet.

Having an open heart and caring imply a vulnerability to the experiences of life, vulnerability to both pleasure and pain. And having an open heart allows us to live fully as we travel through life.

Open hearts do not foment the winds of war. And open hearts do not turn away from those in need. Open hearts do not kill the vulnerable.

But those with small circles of caring, caring only for themselves, and their own, foment war or violence. They do turn away from others in need. They do not hear the cries, the pleas for help or merciful caring and service.

For those who are open, the dependency of others evokes the caring attention of those more able, to serve: the elderly, the ailing, the disabled and vulnerable. The elderly, ailing and disabled contribute much to society, though the shallow do not understand it. They give much more than dollars and cents measurements can tell.

For although the law and courts mete out judgments in terms of money and property to make a person "whole" or to "right" a wrong done, the wrongs done by man to man cannot truly be erased; the wronged cannot truly be made "whole" through actions of the court. "Justice" as envisioned and implemented through the courts is only partial, imperfect and not real "justice."

The law and the courts do not deal in a currency that makes man "human" or "humane." The law and the courts cannot understand or fathom the meaning of love or tenderness or caring. They cannot truly repair the brutality done by man's injustices to man. The courts and attorneys can only feebly attempt to right some of what is done. Dollars and cents cannot compensate for the loss of even one smile, one friend, one child, parent or even one tear of joy or sorrow. The most powerful of judges are merely men, and possessed of the same flaws and limited perceptions of any other man.

Judges and attorneys fancy themselves superior to lay people. They fancy themselves part of an elite clique, and so they are: members of the modern-day aristocracy. However, with all their power, they cannot determine the value a loved one's life may hold for those who care. Only one who loves and cares has insight into another's worth. Only one who is part of that life, involved in that life, understands a bit of the worth of that life.

And what of the physicians who toil to care and cure? Dedicated physicians can only make feeble attempts to prevent the pain, suffering and death that are part and parcel of life. Like someone standing at the ocean's edge, trying to stop even one wave from coming in, physicians are helpless to stop the oncoming storms of life, including death. Though scientists and physicians seek to find cures for all life's ailments, there is always another mountain to climb, once any one disease is understood, prevented or cured.

It is a terrible blunder for society and its government to allow attorneys, judges, courts or physicians to hold the power over life and death of the vulnerable. From where did they get the authority to do so? How is it that mere men can determine who is to die and who may live based upon arbitrary and shifting standards of what they call an "acceptable" quality of life? For the life of man is given by God, who understands life's purpose, which man can only glimpse and intuit over time.

Judges, attorneys and physicians may have contact with the individual. They will and do pontificate about the individuals, but they do not live with nor serve the individual day after day. They do not choose or rule from the heart. They have simply assigned to themselves power over life and death that the founders of our nation never intended them to have. The tyranny of the courts is bolstered by those attorneys and physicians who subscribe to a lethal philosophy that knows no principle but death, and changes its standards to accomplish a predetermined end.

Attorneys, judges and the courts cannot measure the worth of anyone's life, for the "worth" of someone's life is not a matter of dollars and cents, the only currency the courts recognize. What is the worth of an elder's smile or story to a wide-eyed child? What is the worth of the ailing who bring out the very best in humanity?

What is the worth of the disabled who are admired for their courage and achievement in the face of adversity, and who again, bring out the best in humanity, in those who choose to serve and recognize their brother and sister in all those who come before them?

The heart of a servant belongs to every one who cares, and those who care, choose to serve. In serving, their caring grows into love. These are those who enter into health care out of dedication and compassion. There is great value to man in serving: it is not only the basis for relationships in life, but also the very foundation of all commerce, invention and trade.

Those in the summer of their lives may serve those who find themselves at the winter of life, but each one's life has its value that those without love cannot begin to know. Men without love are those who fear life's reality and crave power above all. They decree death to the different, the elderly and vulnerable; they make expressions of faith they do not understand, a "crime."

They lecture the world about separation of church and state, the "privacy" rights of those who choose to kill and the "justice" in denying food and sustenance to those who cannot survive on their own. They proclaim the "dignity" of death in the murder of the innocents and call killing "mercy," rather than giving mercy. They glory in efficiency and their own self-perceived brilliance and have no idea what made this nation great.

Yet, there are still those who understand what it means to be free and think for oneself; there are still those who choose to live lives permeated with a basic reverence for life and God.

The value of a life is "measured," in part, and can only be "measured" in part, by those who love and serve them. Mother Teresa of Calcutta demonstrated a life of merciful living, not mercy killing. She cared for each one she met, seeing God's spark of life within each one. Setting the example not only for those in her religious order, but also for all mankind. Her vision and lifelong service demonstrated the heart of what hospice is supposed to be and can be.

Caring can never be killing the one that is loved, and killing the one that is loved is never caring. Even though we hear of "mercy killings," sometimes perpetrated by husbands or wives who assert their "love" for the ailing spouse, it is a lack of understanding of God's ways that prompts the ignorant man to kill.

When suffering is great, there is always something that can be done to lessen suffering, including loving support, relief from pain, and "being there" as a co-traveler through life. Although we seek to cure the sick and relieve suffering, sickness and suffering are part and parcel of the process of life. Birth is a gift of the Creator, and so is death, however most people do not think of death as a gift.

There comes a time when people are ready to die. When the unfinished business of life is done, when a person is ready to "go home." Hospice professionals know very well that when a dying person speaks about "going home," quite often the meaning of "going home" has nothing to do with the physical location, but has everything to do with letting go of this life naturally, and moving on to the next life.

Death is commonly seen by the truly imminently dying, as "going home." Yet, there is a beauty and intimacy in sharing the last moments of someone's life. Those who have not immersed themselves in lovingly "being there" for a dying man have no understanding of the immediacy and intimacy impending death bestow. And those last moments of life are sacred beyond words. To those who love, there is no price that could compare with the worth of a few more moments with the one that is loved.

To deliberately kill the object of one's love is so incomprehensible to those who love, that the suggestion by limited minds and shallow thinkers, secular bioethicists, humanists, that "mercy" lies in killing, is preposterous and perverted. Only those who have completely lost touch with loving an individual, who don't even enter into the spirit of love, could propose such monstrous actions, let alone kill in the name of so-called "mercy."

Such "mercy" is motivated, at least when it comes to the decisions of the courts and governments, on huge financial gains for budgets and for the men who control those budgets. The public is manipulated with carefully crafted and deceptive language so that what is abominable in the sight of God is considered "right" by the gullible masses. And they only learn the truth when untimely death is foisted upon their loved ones in the name of "mercy."

Our nation was founded upon the principle that all are CREATED "equal."

Certainly, the concept of "equality" does not imply "equality" in ability, talent, gifts or individual characteristics. The founders of our nation were referring to an equality of worth in the sight of God who created each life. There is no reference in the founders' writings to the relative "quality of life" of a life, which would make one life more "worthy" of life than any other. There is only the transparent and obvious reverence for the life given by God.

Those who have NOT lost sight of the Creator do not begin to presume to judge the worth of, or to end another's life. And those who have not lost sight of God know that we are here to learn, to serve and to know that there is wisdom in accepting the changes that come with life with grace. They know that dignity cannot be bestowed by cold-hearted, ruthless politicians or judges who railroad the innocent into death. A death with dignity springs from a life lived in dignity and nothing else!

There is no bridge that can join the alien and harsh terrain of the worldview that has no room for God, no reverence for life, with that of the faithful who cling to the original mission of life and hospice and health care.

Those who have not lost sight of God know that it is rebellion against God's Supremacy that leads to the shallow and deluded worship of man's accomplishments and all the evils that follow from that worship. What do the barbarians of death who propose a new "right to accelerated death" know of the tenderness that comes with ardent devotion to the Lord? What do they know of the worth of a sunrise or sunset, or of the wind that flows across the plains? The real enemy is not death or even suffering. The real enemy is man's own overarching, arrogant pride.

When we remember the Creator, we realize that death is not the enemy. When we recognize the spark of life in each one we meet, we understand the inexpressible worth of life and give and care with everything we've got.

Physicians Who Have Researched Euthanasia Speak Out

For those who advocate euthanasia as a solution providing a death with dignity [which I strongly challenge as completely unfounded], I provide some expert opinion by physicians who have studied the subject in depth:

Carlos Gomez, MD, Ph.D., wrote in his book, *Regulating Death - Euthanasia and the case of the Netherlands* , the following:

p. 138: "...I remain unconvinced that under current regulations the practice [of euthanasia] is not abused. those in the United States who point to the Netherlands as a public policy model for assistance with suicide have not, I would suggest, looked carefully enough. If the Netherlands - with its generous social services and universal health coverage - has problems controlling euthanasia, it takes little effort to imagine what would happen in the United States, with a medical system groaning under the strain of too many demands on too few resources."

Herbert Hendin, MD, Executive Director of the American Suicide Foundation and Professor of Psychiatry at New York Medical College has written the following in his authoritative analysis of euthanasia in the Netherlands: *Seduced By Death - Doctors, Patients and the Dutch Cure* :

"The doctors who help set Dutch euthanasia policies are aware that euthanasia is basically out of control in the Netherlands. They admitted this to me privately. Yet in their public statements and articles they maintain there are no serious problems...." p. 14

"The experience of the Dutch people makes it clear that legalization of assisted suicide and euthanasia is not the answer to the problems of people who are terminally ill. The Netherlands has moved from assisted suicide to euthanasia, from euthanasia for people who are terminally ill to euthanasia for those who are chronically ill, from euthanasia for physical illnesses to euthanasia for psychological distress, and from voluntary euthanasia to involuntary euthanasia (called "termination of the patient without explicit request"). The Dutch government's own commissioned research has documented that in more than one thousand cases a year, doctors actively cause or hasten death without the patient's request." p. 23

"Virtually every guideline established by the Dutch to regulate euthanasia has been modified or violated with impunity." [emphasis added] p. 23

"In the selling of assisted suicide and euthanasia, words like "empowerment" and "dignity" are associated only with the choice for dying. But who is being empowered? The more one knows about individual cases, the more apparent it becomes that needs other than those of the patient often prevail.

Empowerment flows toward the relatives, the doctor who offers a speedy way out if he cannot offer a cure, or the activists who have found in death a cause the gives meaning to their own lives. The patient, who may have asked to die in the hope of receiving emotional reassurance that all around her want her to live, may find that like Louise she has set in motion a process whose momentum she cannot control. p. 43-44

"Euthanasia advocates are arguing that if there are ten cases in which euthanasia might be appropriate, we should legalize a practice that may wrongly kill thousands." p. 44

" The alarming statistics in the Rummelink Report indicate that in thousands of cases, decisions that might or were intended to end a fully competent patient's life were made without consulting the patient." p. 77

"The Dutch seem reluctant to acknowledge that the doctor's role in euthanasia is more than that of a neutral observer responding to a patient's needs. This is particularly evident when families pressure patients to request euthanasia more requests for euthanasia came from families than from patients themselves." [emphasis added] p. 93

Speaking about how doctors make decisions to implement euthanasia, even when the patient does not request it himself,

"The Dutch courts have implicitly encouraged physicians to make such value decisions. Originally the courts interpreted force majeure as applying if virtually anyone in the doctor's situation would have acted as he did, essentially saying that basic human decency and compassion compelled such action.

Subsequently the courts have interpreted it as applying if merely any other member of the medical profession would have acted as did the doctor, which is quite a different standard. Jos Welie, an ethicist formerly at the University of Nijmegen, points out that this ruling elevates physicians to a superior moral status, making their judgments on life and death always just." [emphasis added] p. 94

That is an extremely relevant observation, when considering so-called safeguards some suggest to put in place to prevent abuse of euthanasia and/or physician assisted suicide. A physician advocate of euthanasia, when working with a prospective euthanasia candidate, could refer the patient to a known physician supporter of euthanasia for a second opinion, and both being advocates of euthanasia, would of course come to the conclusion that euthanasia was appropriate, even if many other physicians would strongly disagree. This type of reasoning has resulted in the medical killings of depressed patients, chronically ill and others.

"Dr. Richard Fenigsen, ... was a strong critic of involuntary euthanasia, which he considers to be widespread. [in the Netherlands] ...his contentions concerning the prevalence of involuntary euthanasia, ... were supported by the Rummelink Report." p. 100

"Chris Rutenfrans, a strong secular critic of euthanasia in the Netherlands, has a doctorate in law and criminology. Together with Caterina Dessaur, writer and professor of criminology at the University of Nijmegen, he had written a book suggesting the ambivalence of most requests for euthanasia, stressing the coercion of the patient that often accompanied the decision to perform it, and indicating how frequently it took place without the consent of patients." [emphasis added] p. 106

Excellent palliative care provided in hospice settings, either in the home or a facility is the preferred and truly compassionate way to provide a death with dignity. Pain relief modalities must be taught more in medical and nursing schools and put into practice using the latest medications and treatments for pain and relief of other distressing symptoms.

When Your Loved One Dies Under Questionable Circumstances

Some families sometimes wonder if their loved one died because of the terminal illness or if the cause of death was related to the use of medications given during hospice care. Normally, most patients die due to their terminal illness and the medications given are simply to control pain or other distressing symptoms. It is important for families to ask questions and get answers from hospice staff so that all the family members understand the reason for the various medications used.

Communicating with other family members who have questions is important as well, because some family members may not have been present when explanations about medications were given by hospice staff. Sharing this information can reduce stress and worry in other family members.

Hospice staff need to be alert to detect these sometimes unspoken questions in family members and to provide explanations about the medications and treatments given during hospice care.

Assisted Suicide, Death and Murder

In very rare circumstances which have been documented and confirmed by the courts, some physicians and/or hospice staff have given medications in dosages which were either inappropriate or given in larger dosages than that needed by the patient, resulting in adverse reactions and in some cases, even death. Accidental administration of an overdose of any medication is one thing, but intentionally overdosing a patient is in a very different category of action. Intentionally overdosing a patient so as to cause death may be termed "active euthanasia." and if involuntary, "plain talk" would call it murder.

Blatant violations of the standards of care occur when a patient is given a medication that he or she is allergic to and which he directly refuses. A patient always has the right to refuse a medication, even if the medication is appropriate. Some state regulations governing hospice specifically mandate that a hospice patient has the right to refuse a medication or treatment without risking being discharged from the hospice.

A basic principle of health care is "informed consent." Consent of a patient means that the patient accepts the procedure, medication or treatment plan. If a patient does not consent, then a physician or nurse cannot continue to impose a procedure, medication or treatment against the patient's will.

Assisted Suicide is Not Accepted in Hospice Regulations

Dr. Jack Kevorkian brought the idea of assisted suicide to the forefront of public debate in the late 1990s and the public rejected his views. However, a small portion of the public still favors the use of assisted suicide. In some cases, health care workers have unilaterally decided to administer "assisted suicide" to willing or unwilling victims of their philosophy of hastening death. An unwilling suicide is not suicide but rather is labeled murder by the courts. Administering potassium chloride as an agent for causing death was one method popularized by Dr. Jack Kevorkian (who was found guilty of violating the law and is now residing in jail).

It is not necessary however, for an overly eager proponent of assisted suicide to use an agent as deadly as potassium chloride. These misguided individuals believe it is their role to hasten death as an act of mercy, similar to how dogs and cats may be "put to sleep" when they become too ill.

In our society, putting a person "to sleep"/to death intentionally is labeled murder and is a criminal offense. Even in a location where "assisted suicide" is legalized, administering an agent that causes death to an unwilling terminally ill patient is still considered murder.

Just because a patient has a terminal illness does not lessen the value of that person's life. A patient may be elderly, sick and weakened. However, no one knows with certainty exactly when a terminally ill patient would die. Some patients die within days, others within weeks and some within months or even years. Cases of seemingly miraculous recoveries have been documented. Hospice regulations do not normally allow for the performance of assisted suicide in a hospice program. Performing assisted suicide is illegal in all states except for Oregon. Any individual who informs you that a hospice has a right to perform assisted suicide is misinformed.

Overmedicating the Terminally Ill: A Method of So-Called "Mercy Killing" or Euthanasia

One method of hastening death used by physicians, nurses and even family members is to administer overly high dosages of narcotics, sedatives or antidepressants when the patient has no need for them. Giving high dosages of narcotics when the patient is not in pain or does not have a symptom requiring the use of that narcotic is inappropriate and may cause death. The most serious adverse effect of giving inappropriately high doses of narcotics, sedatives and antidepressants is "respiratory depression." Respiratory depression can be so severe that breathing stops altogether resulting in death. Families need to ask questions and know exactly why medications are given and to be especially aware of rationales for increasing a dose.

Morphine is commonly given for severe pain in terminal illnesses, especially in cancer pain. In the case of severe pain, extremely high doses of morphine or other narcotics may be necessary to control that pain and have been determined to be safe to administer under the careful supervision of the physician and hospice staff. Morphine is also given for other reasons which most family members may not understand. For example, in the case of end-stage heart failure with respiratory congestion resulting from the weakened heart action, fluid from the blood percolates out through the capillaries in the lung, causing severe respiratory congestion and distress. Medical textbooks list morphine given in combination with a diuretic like Lasix (furosemide) as a classic and one of the most effective ways of reducing respiratory distress and congestion caused by such heart failure.

In the case of overly high dosages of narcotics, sedatives and antidepressants, family members may be the only protection left for a medically comatose patient. "Medically comatose" refers to a patient that would not normally be comatose at that time due to his illness, but who has been placed into a coma (nonresponsive and unarouseable mode) by medications being given. The patient can no longer speak for himself, and the family is the only advocate left for that patient. If the patient was willing to sleep during the very last days of his life, then administering high doses of sedatives might be acceptable if the situation warranted it.

However, there are physicians and nurses who believe in administering high doses even when the patient is not willing and receptive to those doses.

Research Demonstrates Some Physicians Approve of Actively Causing Death (Active Euthanasia)

Research studies published in medical journals confirm that a small percentage of health care professionals, including physicians, admit to having hastened a patient's death. It is reasonable to conclude that a larger number have hastened death and that some physicians are not willing to admit what they routinely do in secret. The ethics of physician assisted suicide is currently being actively debated throughout our nation.

A 1998 article in the Journal of the American Medical Association conclusively reports that physician assisted suicide or hastening death is occurring and is not "unheard of" or a "rare" occasion. This report documents cases where the patient wished to die and was assisted by his or her physician to do so.

A summary of this article is listed at: [The practice of euthanasia and physician-assisted suicide in the United States](#). [For complete article see [JAMA](#) 1998 and search from the JAMA site for the following article: Aug 12;280(6):507-13 entitled "The practice of euthanasia and physician-assisted suicide in the United States: adherence to proposed safeguards and effects on physicians." written by Emanuel EJ, Daniels ER, Fairclough DL, Clarridge BR done at the Center for Outcomes and Policy Research, Division of Cancer Epidemiology and Control, Dana-Farber Cancer Institute, Boston, Mass 02115, USA.]

In the above survey of 355 oncologists, "(15.8%) reported participating in euthanasia or physician assisted suicide." "Thirty-eight of 53 oncologists described clearly defined cases of euthanasia or physician assisted suicide." In the cases reported by that 15.8% of oncologists, "(60.5%) [of the patients] both initiated and repeated their request for euthanasia or physician assisted suicide, but **6 patients (15.8%) did not participate in the decision for euthanasia or physician assisted suicide.** [emphasis added] Thirty-seven patients (97.4%) were experiencing unremitting pain or such poor physical functioning they could not perform self-care."

What does it mean that "6 patients did not participate in the decision for euthanasia or physician assisted suicide?" Isn't the obvious conclusion: **these patients died without having requested to be killed, without asking for their death to be hastened. Who is deciding who dies and who lives in these situations? Do doctors have the right to play God with the terminally ill, even when the patients have NOT requested such "assistance?"**

In the case of a patient who definitely does not wish to die and who is actively "euthanized" against his wishes, that is an even more serious question of medical ethics and law. If you are aware of a situation where the physician, nurse or other family member is giving dosages of medication which have been directly refused by your loved one, you need to directly confront that physician, nurse or family member and ask them to explain their actions. If you are not satisfied with that explanation, you need to promptly get in touch with an attorney for professional advice.

American Nurses Association Stands Against Active Euthanasia"

The American Nurses Association, the major professional nursing association in the United States has stated:

"The American Nurses Association (ANA) believes that the nurse should not participate in active euthanasia because such an act is in direct violation of the Code for Nurses with Interpretive Statements (Code for Nurses), the ethical traditions and goals of the profession, and its covenant with society. Nurses have an obligation to provide timely, humane, comprehensive and compassionate end-of-life care." See the [American Nurses Association website](#) .

American Medical Association Opposes Physician Assisted Suicide

The American Medical Association, one of the largest physician organizations in our nation has taken the following official position on physician assisted suicide: "...the American Medical Association strongly oppose[s] any bill to legalize physician-assisted suicide or physician-assisted death because physician-assisted suicide is fundamentally inconsistent with the physician's role as a healer."

Significant Number of Physicians May Approve of Euthanasia and/or Physician Assisted Suicide

It is common knowledge in hospice that there are some physicians in the community who do not prescribe adequate pain medications to properly control the pain of patients with severe pain. It is also common knowledge in the industry that there are some physicians who are extremely "aggressive" in treating pain with narcotics. Being "aggressive" in treating pain is admirable and exactly on target when it comes to hospice care and its reason for being. However, it is also common knowledge that some physicians step over the line and are willing to "push" a patient into death by hastening its arrival through the use of high doses of sedatives and narcotics. Hospices will not normally inform you or your loved one if your physician falls into either extreme category: those who under-medicate for pain or those who overmedicate and hasten death.

An article in the Archives of Internal Medicine, Vol. 160 No. 1, January 10, 2000, "Attitudes and Practices Concerning the End of Life - A Comparison Between Physicians From the United States and From the Netherlands" (by Dick L. Willems, MD, PhD; Elisabeth R. Daniels; Gerrit van der Wal, PhD; Paul J. van der Maas, PhD; Ezekiel J. Emanuel, PhD) reports the varying percentages of physicians in Oregon who were willing to increase the dosage of morphine given under various patient circumstances. This article is summarized briefly at: [Entrey-PUBMED](#) where you can search for the article by title, you can also order a full copy of the article. The article is also available from the AMA site at: [Archives of Internal Medicine - AMA](#) where one must register to get the full article online.

1. When pain was involved, 97% stated they approved of increasing the dosage of morphine; 53% approved of physician assisted suicide ("PAS") 24% approved of euthanasia
2. When severe weakness and debility of the patient were involved, 36% approved of increasing the dosage of morphine; 37% approved of "PAS"; and 14% approved of euthanasia.
3. When patients felt that they were a burden on their families, 24% of the physicians approved of increasing the morphine dosage; 24% approved "PAS"; 7% approved of euthanasia.
4. When patients felt that their lives were meaningless, 20% of the physicians approved of increasing the morphine dosage, 22% approved of "PAS", and 7% approved of euthanasia.
4. See the table of data at:
http://archinte.ama-assn.org/issues/v160n1/fig_tab/loi81180_t3.html

Increasing the dosage of morphine when pain is involved makes sense and leads to improved quality of life for the terminally ill. However, other than hastening a patient's death, what is the reasoning for increasing the dosage of morphine when patients feel their life is meaningless or feel that they are a burden on others in the family? It is obvious that physicians approve of hastening death in many end of life circumstances. 20% or one out of five physicians approved of "PAS" when patients felt their lives were meaningless. 24% approved of PAS when the patient felt they were a burden.

Even more surprising is that 24% of the physicians approved of euthanasia when the patient had severe pain, 14% (or one out of every 7 physicians) approved of PAS when the patient had debility, 7% when the patient felt they were a burden or felt that their lives were meaningless. 7% is one out of 14 physicians who admitted to being willing to act to end a patient's life in those circumstances.

48% of the physicians reported that patients had requested "PAS" or euthanasia. None of the physicians admitted to having performed euthanasia, but 7% admitted to performing "PAS", and 2% admitted to ending a patient's life without a request from the patient.

While these results are from confidential surveys of physicians in Oregon, attitudes of physicians around the country may be quite similar.

Durable Power of Attorney for Medical Care Does Not Give Right to Overmedicate and Kill a Patient

Some family members who have been approved and appointed by the terminally ill patient as their Representative for medical decisions feel that they have the right to "do anything." However, the regulations regarding the administration of medications do not allow medications to be given in a manner contrary to the physician's orders. Nor does a medical power of attorney allow the Representative to intentionally go against the conscious wishes of the terminally ill patient. Even if morphine or other narcotics are ordered to be given for pain, that does not mean that the family member can give whatever dose they want to give.

If death results when a family member gives an overdosage of narcotic, the family member may be held responsible for that death, rather than the physician.

Even if the killing is done out of a belief in euthanasia or mercy killing, it is still killing or causing death. The district attorney or U.S. attorney for that region would be able to bring a charge against the individual involved and the criminal court system would then be able to rule on what punishment would be appropriate for a person who is found to have intentionally caused another person to die, even in the case of a terminally ill patient.

If a patient or loved one had refused certain medications and those medications were given against his or her will, and the patient later died when those medications were given, you need to consult an attorney who has expertise in criminal law. By discussing the situation with an attorney with expertise in criminal law, the attorney will be able to advise you how to proceed to address your concerns. In some cases, family members have actually gone to the County District Attorney or U.S. attorney and had charges brought against unethical health care staff who have intentionally killed a patient.

Criminal Prosecutions on Record for Hastening Death

For a discussion of the criminal prosecutions of some cases involving the deaths of patients in health care situations, please refer to the following article posted at the American Society of Law, Medicine and Ethics website: "[Criminal Act or Palliative Care? Prosecutions Involving the Care of the Dying](#)" by Ann Alpers, JD. Ann Alpers is a professor at the University of California at San Francisco's School of Medicine and has taught Medical Bioethics, among other topics.

What To Do About Involuntary Euthanasia

If you know of any incidences of involuntary euthanasia where a patient was medically killed (various methods), please contact us to let us know. Visit our [euthanasia and hospice information center](#) where we provide directions on how to stop these medical killings.

Involuntary euthanasias, if continued, offer the greatest threat to hospice as we know it. In countries where euthanasia is encouraged, hospice services decline and patients are killed rather than cared for (documented in The Netherlands, Europe).

One important point to remember though, you will need to send a detailed complaint to the [State Board of Medicine](#) as soon as possible, because in some cases, the DEA will wait to see the findings of the State Board of Medicine. You can also file a complaint to the [State Board of Nursing](#) if a nurse was involved in administering a fatal dose of narcotic. It is wise to consult a medical malpractice attorney before filing your complaint to the Board of Medicine and it is also important to get a [medical review](#) by an independent physician.

If you wish to stop the involuntary euthanasias (medical killings of patients), you will need to get a copy of the medical record for an independent medical review of your loved one's case. Your attorney can assist you in that, because most hospices will fight tooth and nail to never give you the medical records if something truly terrible happened. If you don't have or know of a medical malpractice attorney in your area, you can [search for a plaintiffs' attorney](#) .

It is very important that you try to find an attorney who files claims as a plaintiffs' attorney to represent you. If you get an attorney who handles medical malpractice, but regularly represents the corporations, you may not get the legal representative you deserve! Hospices have been known to falsify documentation, delete information, send incomplete records, stall and many other tactics that infuriate the families of the victims. A plaintiff's attorney will be able to successfully overcome the obstacles that hospice corporations routinely throw in the way of families seeking the truth (and a full, accurate copy of the medical record).

Taking the step by step approach to achieving justice will help make it more likely that the truly egregious violations of standards of care are noted (some you may miss, not being a physician) and corrected through the government justice departments and local district attorney's office. Having a medical malpractice attorney help you will assure that the complaint to the Board of Medicine and Board of Nursing is written in such a way that the allegations are not capable of being misunderstood or brushed aside.

If people remain silent about these medical killings, nothing will happen. Rape, murder and child molestation can only flourish if families or victims remain silent. Only when crimes are reported can they be stopped. In the same way, hospice abuses must be reported for the medical killings (involuntary euthanasias) to stop. We urge you to report what you know to our government representatives. See our hospice and euthanasia information and action center for addresses to write to, sample letter and examples of involuntary euthanasias in our nation. You can make a difference! Let others know about our efforts to stop medical killings!

The Hospice Patients Alliance provides information in the spirit of consumer advocacy, believing that informed consumers of healthcare are best able to protect their rights and obtain quality hospice care. If you have questions about the legality of certain health care interventions and are seeking legal or medical advice, we strongly encourage you to consult with a competent and experienced attorney or physician. In order to obtain completely objective and un-"politicized" advice, you may need to consult with an attorney or physician who is not located in the same area as the hospice or physician involved.

"Listening to The Mindless Gibberish Of A Right-to-Hasten Death "Leader"

I was "present" the other day for an online internet radio "debate" between Nancy Valko, RN, spokesperson for the National Association of Pro-life Nurses and Doug Aberg, RN, founder of Hospice for "Choices" (formerly Hemlock) and life member of the Hemlock Society (now called End-Of-Life "Choices." I actually hosted the "debate" but found myself continually surprised by the lack of rational justification for the right-to-hasten death side. It was supposed to be a real debate between two opposing points of view!

I say "debate," (in quotation marks) because it was fairly one-sided. Well, two sides were presented, but there was no rational argumentation or reasoning that was discernible on the part of Mr. Aberg, representative of the right-to-kill patient side of the debate.

Whenever a question was asked by Nurse Valko, Mr. Aberg went into "broken record" mode and repeated what he had said before:

Mr. Aberg stated he "supports" a patient's right to kill himself in hospice and that the reason why he supports that right is because he supports that right of a patient to kill himself in hospice!

When Mr. Aberg was asked why a patient should have the right to kill themselves in hospice, Mr. Aberg stated "because" he supports the patient's right to kill himself. He stated they "should have" the right to do so. Repeated attempts were made to get Mr. Aberg to explain his rationale for promoting the right of a patient to commit suicide within hospice (or anywhere).

When it was pointed out that traditionally, medicine had a code of ethics which required doctors and nurses to "do no harm," Mr. Aberg ignored the ethical implications and patient protections afforded by the principle of "doing no harm." He simply kept repeating he felt that it was right for patients to kill themselves if they chose to do so, that assisted suicide should be just one of many options a patient could select within hospice.

To make assisted suicide just one of many "options" within hospice and healthcare is like putting good food in a refrigerator along with poison and letting individuals choose what they want:

"Have some salad!

Have a sandwich!

Have some poison!"

"You have a right to all the poison you want,"

I can imagine Mr. Aberg stating.

"Just so long as assisted suicide is legalized, there is no problem!" he has said. The absurdity of the refrigerator scenario above is no more absurd than adding "killing" into the mix of services to be provided within healthcare!

When Mr. Aberg was asked about the danger of nonterminal patients being placed in hospice and then sedated and dehydrated to death, he stated that he had never seen it happen. He did not say it didn't happen. He didn't say it never happens. He didn't say it couldn't happen. He simply said he had not seen it happen at the hospice where he worked. He did not suggest safeguards to prevent such problems.

When I mentioned that we have reports from families about it happening, he only responded by asserting that because there are (supposed to be) two physicians involved in hospice (the attending physician and hospice medical director) it was not possible (in Mr. Aberg's thinking) for a nonterminal patient to be admitted to hospice. Mr. Aberg did not respond to the question about a nonterminal patient being harmed in a hospice. He did not address the complete denial of patient/human rights of having a person in hospice against their will and illegally euthanized against their will. He attempted to "explain away" the question by implying that it does not happen, when it obviously does! Evading the questions presented to him, he merely restated his position about assisted suicide.

Mr. Aberg's assertion (that because there are two physicians involved in a hospice setting, nonterminal patients cannot enter hospice) falls flat on its face. First of all, in many real cases, there is only the medical director of the hospice, since many hospices (wrongly) encourage the patient's own attending physician to completely sign off and let the medical director take complete charge of the case.

Secondly, if there is still an attending physician who remains on the case and who has "certified" that the patient actually is terminal, in reality, many hospice medical directors merely "rubber-stamp" the attending physician's "certification" that the patient is "terminal."

There is a conflict of interest inherent in the medical director's role which may motivate the hospice medical director to look the other way when a nonterminal patient is admitted into the hospice: the hospice medical director is an employee of the hospice; the salary paid to the medical director depends upon a steady supply of patients that justify billings to Medicare, Medicaid and other health insurers for services claimed to be provided.

If a patient was not terminal, but was falsely declared terminal by the attending physician (and there are many reasons why some physicians do that) hospice medical directors are absolutely not going to get into a disagreement with a referring physician who is bringing revenue into the hospice by sending a patient to the hospice! Even if the attending physician created a completely fabricated admission diagnosis such as "lung cancer" (when the patient was actually a chronically ill emphysema patient), no medical director in hospice is going to argue! If a medical director did so, or if a hospice staff member did so, their employment at the hospice would be terminated immediately! Guaranteed!

In addition, there are many hospice medical directors that subscribe to the right-to-die mentality that many people are "better off dead" since their quality of life is declining. These physicians do not subscribe to a belief in the sanctity of life; neither do they subscribe to the dictum to "do no harm." They have no qualms about hastening the death of a patient who though nonterminal, may be chronically ill, medically complex or severely disabled.

Many doctors admit that they will increase the dosage of morphine (not just for pain management) when a patient is very weak, feels that his life has lost meaning or fears becoming a burden on his family. Increasing the dosage of morphine when there is no medical justification to do so, i.e., no uncontrolled pain to be managed, is a sure recipe for sudden death! See "[Questionable Deaths, Assisted Suicide: Mercy Killing \(& Involuntary Euthanasia\)](#)"

Mr. Aberg ignored the reality that there are problems in every industry, including hospice, and that things can go wrong, that people may have other motivations, that the "ideal" is not always the reality. In Mr. Aberg's twisted version of reality, hospices have no problems and are not prone to have the kinds of problems that every other niche in health care so obviously does.

When confronted with the examples of serial killer nurses, such as a Swiss nurse who killed 24 patients, he chose to not even comment. Amazingly, he had nothing to say about it! Mr. Aberg didn't want to talk about the effect of assisted suicide upon the professions, the field of health care or how easy it is for medical people to just let people choose death rather than meeting their physical, spiritual and emotional needs, which is really what hospice is all about. He did not want to talk about the effect his proposed changes would have on society as a whole!

Mr. Aberg spoke about the excellent services of hospice, that address the patient's needs on all levels. He never admitted that any wrongdoing occurs in hospices.

When questioned about statistics that show that depressed patients are some of those who seek assisted suicide, Mr. Aberg did not suggest that the patients might change their minds if given psychiatric counseling and support from their families and the health care team. He did not emphasize that significant efforts should be made to make sure the patient received proper psychiatric help and medications to overcome their depression.

It appeared clear that Mr. Aberg, as hospice patient care director, would cooperate fully with a depressed patient's request to have her death hastened! It also appeared clear that he would not ask the physician involved for a psychiatric consult or for significant counseling for the patient. Rather, he repeated that he "supports" the patient's right to kill herself in hospice for just about any reason!

When Mr. Aberg was asked about disabled patients (like Terri Schiavo, who are NOT terminal) being dehydrated to death, he refused to take a stand, or even to comment, and again repeated that he "supports" a patient's right to choose to kill herself.

Mr. Aberg started out saying that it is "well-known" that 95% of patients with pain have their pain well-managed in hospice and that the National Hospice and Palliative Care Organization had officially gone on record saying that "95%" of patients had their pain well-managed. He pointed out that the conclusion to make is that for 5%, there were problems resolving or managing their pain. He cited this statistic repeatedly (at the *beginning* of the "debate") as the main reason patients might choose to kill themselves in hospice. And he again affirmed his support for the patient's right to kill herself in hospice. Remarkably, he later admitted that almost all cases of a suicide within hospice (through terminal sedation or self-starvation and dehydration) do not involve physical pain.

Mr. Aberg's admission exposes the lie involved in the legalization of assisted suicide in the state of Oregon. Oregon's Death with Dignity Act was legalized under the pretense that patients in severe uncontrolled pain could opt for assisted suicide as a "last resort" option and that in all cases, other physicians would be consulted and psychiatric counseling provided before any "assistance" with suicide might be provided.

In reality, the statistics show that uncontrolled pain is not the reason patients may choose to hasten their death. Arguing for assisted suicide's legalization under the pretense that pain may be uncontrolled just does not stand up to scrutiny. Hospices and pain management specialists are extremely successful in relieving pain. Even in the difficult cases, research shows that experts can make pain bearable, according to the patient's own estimation of their pain.

Mr. Aberg did not elaborate upon the research which shows that even in the 5% of cases which may be more difficult to manage, specialists in pain management can reduce the pain and satisfy the patient's need for pain management. He did not mention, for example, that palliative radiation therapy can be done to reduce the size of a tumor causing pain, nor did he mention that even surgical procedures could be done.

Mr. Aberg admitted that most of the patients who chose to kill themselves in hospice, that he has witnessed, did so by self-starvation and dehydration and that in these cases, they were motivated by a desire to control their death and the timing of that death, not because they were in severe pain.

He admitted that a major reason for patients to choose physician-assisted suicide was that they had a fear of becoming a burden to their families. He thus contradicted his earlier statements about pain being a significant reason for assisted suicide. Mr. Aberg went on to state that he "supported" assisted suicide in hospice and would favor legalization of euthanasia and assisted suicide.

Mr. Aberg never affirmed the basic belief in medicine that one is to "do no harm." Mr. Aberg never affirmed any basic reverence for life or a belief in the sanctity of life. In fact, Mr. Aberg never admitted that hospice should allow a death in its own natural timing. Mr. Aberg asserted that patients should be allowed to hasten death, for just about any reason.

When asked if he would support patients killing themselves by using guns or knives, Mr. Aberg said that he would not, but that killing through overdosage or poisoning or dehydration and starvation should be allowed. He could not and did not explain why he supported one type of killing and not the other type. Again, his reasoning was that he supported assisted suicide and "patients should have that right." No reason is given; no logical defense of his position, just a repeated assertion that it's "ok" for patients to kill themselves in hospice.

Mr. Aberg did try to say that assisted suicide should be allowed because we allow people to refuse food and water. When Nancy Valko pointed out that the Quill v. Vacco Supreme Court case was a unanimous decision that disagreed with that argument, he dropped that point.

Unlike most Hemlock supporters, Mr. Aberg didn't propose any safeguards to prevent misuses of assisted suicide within health care.

A striking point Mr. Aberg made almost in passing, was his admission that he would hide assisted suicide from relatives if necessary even though he emphasized how he and his hospice work "so well" with relatives. It was clear that when he admitted "hiding" assisted suicide from families, he was admitting that if necessary, he would lie to the families so they would never know or understand the truth that the patient was killing herself through self-starvation, dehydration and by taking unnecessary sedatives or pain medications. Mr. Aberg stated such medications were commonly taken when Mr. Aberg's patients killed themselves in hospice.

Nancy Valko confirmed that terminal patients she worked with would also sometimes request assistance to hasten their death. However, she explained that when she listened to the patient without judging and allowed the patient to talk it out, after she refused to assist their suicide, the patients would state they felt relieved that they had gotten that off their minds, knowing that it was not a real option. They went on to die a natural death, receiving the loving support not only of the staff but also their families.

Mr. Aberg ignored these stories about the patients and relatives who were grateful after staff refused to hasten death in hospice. He did not comment on the devastating effects of guilt on the bereavement process for those relatives who witnessed the self-starvation and dehydration of their loved one.

When asked about the reported coercion of non-terminally ill patients and disabled patient to be admitted into hospice, rather than condemn that coercion, he unbelievably insisted that not allowing the disabled to choose PAS was discrimination.

Mr. Aberg admitted having participated in cases where patients were assisted to death through self-starvation, dehydration and sedatives as well as pain medications, even though assisted suicide is illegal in California where Mr. Aberg practices. The reality is that Hospice Patients Alliance gets reports of such hastened deaths in hospices from families all over the USA. What Mr. Aberg reported, patients who choose to end their lives, hasten their deaths within hospice and who choose to do so by stopping to eat and drink is much more common than may be imagined.

In fact, recent research about dying and hospice nurses in Oregon showed that the hospice nurses were aware of (just as Mr. Aberg is aware of) many patients who hastened their death through self-starvation, dehydration, sedatives and pain medications. The Oregon nurses called these deaths "peaceful." See: [Physician-Assisted Suicide: Is it Still a Possibility?](#) by Barbara A. Olevitch, Ph.D
01/12/04 Catholic Exchange

And while Mr. Aberg attempted to appear "respectful" and calm during the "debate," making his claims calmly does not make what Doug Aberg said any less mindless, irrational or downright dangerous! To allow assisted suicide into health care turns the very nature of health care upside down. Allowing assisted suicide into health care violates the laws against killing and violates the commandment not to kill! Allowing assisted suicide negates the basic relationship of trust in the health care provider as one who will care for the patient under all circumstances. Patients entering a hospice need to know that they will be cared for, not killed.

Allowing assisted suicide into health care has the potential to usher in horrific abuses of patient and human rights, realistically leading into another Holocaust type nightmare right now in the 21st century. Not one of these problems was even mentioned or addressed by Mr. Aberg who is either historically naive or disingenuous when he presents such a "syrupy sweet" interpretation of what assisted suicide in hospice is all about!

"A Very Small Candle"

I've often told my son that if he misbehaves, he will not even know what he has lost, what wonderful gifts or times he would miss, and that he will not know the full price he has paid. I might have chosen to take him to the new movie in town or bought him a new game or taken him to see something he really wanted to see. We might have gone somewhere. It might have been something he would remember for the rest of his life. But if he misbehaves, it doesn't happen. The opportunity is lost forever. Time moves on, never to retrace its steps.

Yet, that kind of message does not always register so well with an 11 year old. Then again, it doesn't register well with the right-to-kill ("assist" to die?) zealots. "Take something away?" "Lose 'precious moments?'" they ask? "What are you talking about?" "We are compassionately respecting the patient's right to determine their destiny," they protest. "We are honoring their 'right to privacy' ... "we're respecting their right to make their own decisions." And, when they've done their deed, they say, "he looked so PEACEFUL lying there DEAD." "It just seemed SO right."

There is something incredibly blind about those who don't have the slightest clue what life is about, who go through life bulldozing their way into, through and over others around them. And they are convinced they know SO much better than any of the rest of society! Whether they kill one person or dozens, they believe in what they are doing.

The amazing thing is that these same people who preach about how much they respect the patient's wishes and the patient's right to choose, never lift a finger to protect the rights of those patients who are coerced into death, they do not fight for those who are neglected and abused within health care. They are not exposing the serious understaffing in health care agencies, while at the same moment major health care corporations are raking in billions of dollars in profit. They do nothing to encourage better treatment of the severely disabled. They don't want to. Where is the respect there?

In their minds (and they are sure they think better than the uninformed, "unenlightened" who revere life), they know better. They are absolutely sure of that! It means nothing to them that only God may create life. It means nothing to them that every moment of life reveals a unique opportunity for communication, sharing, loving, and learning. It means nothing to them that you never know what may happen from one moment to the next.

Had President Reagan been killed within health "care," terminally sedated, overdosed or suffocated ("whatever method does the job," they would say), would Nancy, his wife, have had the opportunity to look into his very aware and conscious eyes at the very end and feel that he had come out of the long fog of dementia to share one last loving look, one more time?

How many hospice workers have witnessed a last moment before death, where a patient suddenly said something, or smiled, and everything was transformed. Those last moments are snuffed out forever, stifled, prevented, never to be experienced, never to be remembered, when the right-to-kill zealot hastens the death of the patient, when the patient is terminally sedated inappropriately, when a decision is made to "push" the patient over into death through a massive overdose.

I have listened to the story of one hospice nurse who was horrified by a physician who chose to push a cancer patient, against the patient's wishes, into death through an over-dosage. The patient did not want to take the medications; she wanted to live. She left hospice and lived for another year, grateful for the time with her family and friends.

I will never be able to forget the call I received from an 81 year old woman, a wife and mother, whose husband had just been enrolled into hospice. As she sobbed on the phone, she told me that her husband (who did have cancer) had been walking, talking, eating and drinking when the hospice nurse arrived. The nurse told the family she would give the patient something to help him relax, and she promptly left the home. One hour later, the man was dead. She knew that her husband had been murdered, plain and simple.

I remember a man who was imminently dying and who had great trouble breathing due to fluid building up in his lungs. He had not said anything much at all for more than a week. He had not been sedated (his choice). He had refused strong opioids and his eyes were open throughout. At the very last moment of his life, his last breath, (and his family and two hospice nurses were there with him), he looked straight through us into the distance and smiled the most ecstatic, beautiful smile I've ever seen ... and he died.

Had he been terminally sedated, or overdosed, or suffocated, to prevent suffering, out of the small "compassion" of those who believed they "knew better," (the right-to-kill zealots), nobody would have ever witnessed that smile. The family would never remember that smile. And I would never have been able to share this story with you for you to tell a thousand others, who will tell another thousand others the richness of even one moment in life! I will never forget that man and his last expression on Earth, such a beautiful smile.

I remember a man whose mother was dying, who stood there and told me that he had heard the voice of a long-deceased uncle, telling him that his mother would soon be with the uncle up in heaven. His story was unusual and surprising, and he was having difficulty believing it was real. He said it happened to him two separate times while standing in the kitchen, washing the dishes. There were no trumpets. No "vision." Just hearing his long-deceased uncle telling him his mother would go on to heaven with him.

Was this man hallucinating? Was this real? The man was having great difficulty because, as he said, the voice he heard was as loud and clear as this "real" life in the physical world. And he said he was not at all "a religious man." Was it real? I believe it was, and many hospice workers have been present for numerous other experiences as well. Every experienced hospice worker has a story of something amazing that happened sometime, in some moment before the end. Had this man's mother been hastened to death a week before he had this experience, he would have missed that spiritual experience and lost a lesson that only comes rarely in life. And in his family, everyone would remember the death completely differently.

You know that there are some people who hurt just about everyone they meet, yet never realize it. They believe they are "doing good," "only helping," and perhaps, even "doing great things." Yet, just the same, the bull in the china shop never realizes the damage done when it knocks over racks and racks of the most costly and precious china. People who kill the dying, the severely disabled, the very elderly or not so elderly, and others, ... they really don't know what they are destroying.

They don't value what they are destroying. They do not know what has been taken away forever. With a lack of vision, with shortsighted goals, with a very small and shallow "compassion," they bully their way over the lives of countless others, imposing their will and corrupting the very heart of health care. They congratulate themselves on a job "well done." With no imagination, they cannot even conceive of what might have been or happened. And the world is a worse place for every death they have hastened, for every life they have snuffed out before its time.

Hospice can be one of the most admirable areas of service. And many call the hospice workers "angels" for doing what they do to relieve the pain and suffering of the dying. Well, if they are angelic, they might be imagined wearing white robes symbolizing purity of service. Those angels would "do no harm," thereby honoring the Hippocratic Oath which has governed health care for so long. What the purveyors of death have done is to smear those white robes with black tar, a stain that can never be removed for those who have been violated, betrayed and whose loved ones have been taken away through murder.

I imagine a scene from a time before cars or electricity. You are walking along a dirt path up a hill on an urgent mission. As the journey proceeds, night falls. A "friend" had packed your belongings for your trip and chose to give you one small candle, a very small candle. Now, it's dark, so you search through your pack and find the tiny, thin candle provided, and you mutter under your breath. There is nothing to be done. So you light the small candle that you were allowed by your "friend." You proceed up the hill slowly, picking your way on the trail, avoiding as best you can, the rocks and other dangers along the way. You know that you must move forward.

As you move along, you grow angry that you have nothing but this very small candle. You know how much safer you'd be with a larger candle. You wish you had brought a larger candle. And, you worry because you know that you will not reach the end of your journey before the small candle is completely used up.

As the night proceeds, the candle melts down until there is nothing left. You continue, ever so slowly up the hill, seeing almost nothing, hearing strange sounds, not knowing what will come next. You pick your way forward, and sometimes bump into rocks, sometimes trip and fall, sometimes lose the path altogether. Luckily you regain the path again. Suddenly, there is a turn in the path that you never see. You continue straight on, thinking the path goes on and you fall off a cliff that you never saw, never even knew was there. And you die. You never knew what could have been seen at the top of the hill. You never got to know what was there. You never accomplished your mission. You never got to come back. You never lived long enough to experience all that there was up above and ahead of you in your life.

You never experienced the friends you would meet later on in life. You never raised the children you and your future spouse would have. In fact, you never even got married. You are dead.

Your "compassionate" friend "knew" that you would be "just fine" with the small candle. He "knew" that it was "ok" if you died along the way, because you would not have to experience the hardship of the mission, the trials and tribulations that would face you. He "knew" that you would have no more suffering. He "meant well." And after you died, he was right there at the funeral, like the faithful "friend" he forever will believe he was. You can't tell him what you think about his "compassion." You can't tell him why you died. And you can never live through what you missed. And he doesn't know what you missed.

He can't even imagine it. All he knows is that "it was for the best," and that you won't have to suffer in life.

Like I tell my son, every now and then, "you will never know what you are missing if you misbehave." And those who snuff out the last precious moments of life never know what might have happened in that time. They don't allow themselves to imagine what good might have come out of allowing a death in its own natural timing. They have no idea. They have no clue. They don't know what they are doing, really.

Though our lives are filled with hardship, challenges, and without a doubt, pain, through that suffering an inner purpose is recognized and understood by many. There is an essential ingredient of life that transcends any difficulties we may face; it is the evolution of a soul moving through this life in expression, and then returns back into the Hand that created it.

Those who love deeply, those who are not afraid to bear the sacred "burden" of caring for others, understand that there is more to life than the physical and that the inner person appreciates and thrives on that give and take of love. A physician who sews up a wound is gratified seeing the patient smile and give unspeakable thanks. A nurse who bathes or assists a dependent patient feels purpose in doing what is sometimes disagreeable, knowing she brings dignity to the one she serves. The social worker, the counselor, the volunteers who spend time with the family and patients in hospice know that simply "being there" is enough to bring much that is inexpressibly rich to those they serve.

Like a torch held high, guiding the way, caregivers never allow their patients to feel abandoned and alone. If the patient stumbles, they raise them up and help them along the way again. They travel along with the patient, but they cannot travel for the patient. They work tirelessly to help at every step of the way, offering a supportive hand, a reassuring word, the comfort of a loving gaze. They struggle with the effort, the demands and the challenges encountered. Their compassion is like a never-ending river of love that soothes and supports the fellow traveler through life. Such compassion never fails to shed light on the path for their patient. And for that, the hospice workers have been called angels.

These angels are like guides along the path, but they do not end the journey. They do not bring a very small candle to the job. They know that the job is not complete, till the last goodbye is made, the last kiss given, the last note written, the last loving glance directed at a loved one, the last tears shed and the last smile smiled.

Why Doctors Are Perhaps the LEAST Qualified To Make Judgments About Life and Death Matters!

Having had five doctors in my family, having sat around the dinner tables watching some of the "all-knowing" doctors in my family argue with each other, *I know* that doctors are *people* with very different and varying points of view. They are not all in agreement on just about any subject. And they do not tend to *listen* very well at all to those who are not physicians, who may think differently about ethics, politics, morality, world view, religion or just about anything at all!

Doctors disagree just as much as other people, but they have one major difference: most of them believe they ***absolutely*** know better than the "common people." This attitude is well known by non-physicians and accounts for the public's accurate belief that doctors often consider themselves to be "above" others and that physicians as a group are arrogant. Physicians ***do*** consider themselves ***above*** others, in a perverted, aristocratic way, as if they belong to "***The Club***" and others are simply, merely ordinary, uneducated underlings.

Part of this self-proclaimed supremacy comes from their academic success in school, which qualifies them for entry into the clique. Yet, they fail to remember that there were many academically gifted students who ***did not*** become physicians, or even lawyers (another clique). The perception that doctors think of themselves as gods is often quite accurate. They don't "literally" think of themselves as "gods," but think of themselves as the earthly equivalent of gods, i.e., they believe in their superior training, superior thinking abilities, superior understanding of what is involved when patients are injured, ill or vulnerable.

Physicians believe they are superior to judge just about anything, even if they have no knowledge of the subject. Anyone who has been around physicians much knows that this is the tendency. Humility among physicians is a rare thing nowadays. And, when the "all-knowing" doctors disagree with themselves, their superior "all-knowingness" is exposed for mere arrogance!

Doctors may be the ***least*** qualified to make ethical decisions about life and death for patients! Why? Because they have been schooled in a thought process that inculcates a disdain for the opinions of others; many subscribe to a philosophy/quasi "religious" point of view which exalts human knowledge, worships at the altar of man's achievements, denies the validity of any religious explanation for existence, denies the validity of religiously based ethics, denies the existence of God, denies the concept of sanctity of life, denies the existence of anything which cannot be seen or sensed through the five human senses.

History tells us that physicians can be among the cruelest of all groups of individuals; it was ***doctors*** who ran the Nazi extermination camps during the Holocaust; it was ***doctors*** who began the euthanasia programs by experimenting in ways to put to death the mentally ill and mentally retarded.

With about 50% of physicians favoring physician-assisted suicide and 50% disapproving of physician-assisted suicide, there is absolute proof that doctors themselves are divided on what is "ethical," "moral," or justifiable practice in health care.

When physicians are the gatekeepers of who gets treatment and who is denied treatment, when physicians are rewarded to the tune of many thousands of dollars every year IF they dance to the tune of ***for-PROFIT*** HMOs, and other health insurance companies (by minimizing care and maximizing profit), they can ***least*** be trusted to do what is right for the ordinary person.

This is not to say that all physicians misuse their power. However, it is obvious that as a class, they are definitely *not* superior in anything except that they have training in medicine. That does not make them morally or ethically superior.

By their own admission, many physicians have admitted to killing patients, even though they don't use that language. They admit to increasing the dosages of morphine when there is no pain and the obvious consequence is death. Why? They did so when they found patients thought their lives were meaningless, when the patients were very elderly or weak. See "[Questionable Deaths, Assisted Suicide: Mercy Killing \(& Involuntary Euthanasia\)](#)" In other words, doctors chose to end the lives of their patients when they determined that the lives of their patients were not "worthy of living."

The reality is that physicians are human beings, but not necessarily more humane! Some are, and those are to be admired, but just having an MD after one's name does *not* alone make one admirable. The Nazi doctors were MDs and were despicable, some of the most horrible examples of man's capability to do evil.

No, society as a whole must be involved in deciding what is right and wrong. When decisions are made by those who routinely deny the sanctity of life, when decisions are made by those who, for the most part, no longer swear an oath to "do no harm," then mankind is endangered. When the very lives of ordinary citizens are entrusted to physicians who are increasingly rewarded for minimizing care, then mankind is endangered.

We must remember that physicians institutionally excel at hiding behind nameless committees when they choose to deny care to the vulnerable. In Nazi Germany, three member panels of at least two physicians were commonly used to order the execution of the mentally ill, and those deemed "unworthy of life."

Yet, those "unfit for life" often thought differently. The politically incorrect, those out of favor with the government can easily be victimized through physicians' decisions. In the former Soviet Union, physicians were used to "diagnose" political activists as "mentally ill" and send them off permanently to be imprisoned in psychiatric prisons.

Physicians are just as capable of tyrannizing humanity as any other group. Physicians should *never* be allowed to be the sole decision makers when it comes to life and death. If that is allowed, then they will literally be the "gods" of our society, an aristocratic group that has no check or balance within government: tyrants who cannot be questioned.

History is filled with proof that physicians can be among the most noble and the most evil of individuals. As a class, they should not solely be entrusted with life and death decisions. No one class of individuals should solely be entrusted with such a responsibility and power. As it has been said, "power corrupts; absolute power corrupts absolutely." ([Lord Acton 1834-1902 - Professor of Modern History at Cambridge University](#))

A just society, a democratic society, would never entrust one class of individuals with the power to order the death of individuals without any check upon their power. As a society, we must maintain a balance and must reaffirm the sanctity of life!

- Ron Panzer

For more information, see:

[American eugenics](#)

[Nazi T-4 Euthanasia program](#)

[The Holocaust](#)

[Not Dead Yet](#)

Hospice Agencies That Terrorize the Chronically Disabled

October 15, 2002 - Terri Schiavo currently is being held in a Pinellas County Florida hospice that is not licensed to provide care for the chronically ill. Terri Schiavo is a non-terminal disabled patient with brain damage. Terri's own treating physician, Dr. Vincent Gambone, testified before the court, saying "her condition is one that there is no recovery. The damage that is done to the brain is not repairable." However, the chronically disabled are by definition not going to recover completely. These are not terminal patients, and the disabled can live many years so long as they are not intentionally killed.

Terrorizing the Disabled in America

The practice of enrolling chronically disabled patients into hospice endangers all disabled citizens of the United States and directly violates their Constitutional rights to life, liberty and the pursuit of happiness. The disabled are not so much afraid of getting anthrax or being shot; they are afraid that society will toss them away like a used tissue and kill them. The disabled are terrorized by those holier-than-thou self-proclaimed bioethicists who have no morality and no sense of humanity and proclaim, like Adolf Hitler, that the disabled are "better off dead."

Adolf Hitler summarily executed the mentally ill and developmentally disabled "for the greater good of society." The utilitarian philosophy which promotes the killing of patients in order to save health care resources for others has plunged the US health care system to a depth which calls for shame and disgust. If hospice is to become a killing center for the disabled, then hospice agencies that do so are no different from the gas chambers in Nazi Germany.

Adolf Hitler had his program of euthanasia going on throughout World War II. He relished the opportunity that wartime gave him to carry out his agenda to kill the disabled:

Wartime, Adolf Hitler suggested, "was the best time for the elimination of the incurably ill." Many Germans did not want to be reminded of individuals who did not measure up to their concept of a "master race." The physically and mentally handicapped were viewed as "useless" to society, a threat to Aryan genetic purity, and, ultimately, unworthy of life. At the beginning of World War II, individuals who were mentally retarded, physically handicapped, or mentally ill were targeted for murder in what the Nazis called the "T-4," or "euthanasia," program.

The "euthanasia" program required the cooperation of many German doctors, who reviewed the medical files of patients in institutions to determine which handicapped or mentally ill individuals should be killed. The doctors also supervised the actual killings.²

Terri Schiavo would have been summarily executed by Hitler's agents of death. Anyone who harms her, by removing her feedings and causing her to become dehydrated, is killing her just as if they shot her with a bullet, just as if they were part of Adolf Hitler's Nazi death squads.

Hospice that enrolls Non-Terminal Patients Commits Fraud

The United States Office of Inspector General has issued its warning to the public about questionable hospice agency practices and stated that some hospices have been found to engage in, "practices which ... have inappropriately maximized their Medicare reimbursements at beneficiary expense. These practices include: Making incorrect determinations of a person's life expectancy for purposes of meeting hospice eligibility criteria."3A hospice that bills Medicare, Medicaid or a private insurer for a non-terminal patient is violating the contracts which allow hospices to provide services for the terminally ill.

Hospices are not licensed to care for the chronically ill. In order for a patient to be admitted to hospice, the physician must "certify" that the patient is likely to die within six months due to a terminal illness. Terri Schiavo has no terminal illness; the only cause of death in her case would be her intentional murder by those intent on ending her life.

Original Hospice Mission Violated

The original hospice mission is to care for, support and manage the symptoms of the terminally ill until a death occurs in its own natural timing. Every hospice nurse and physician knows that hospice is supposed to neither hasten death nor seek to cure the terminal illness. Hastening the death of a patient goes against everything hospice stands for.

Although Terri Schiavo's case will be decided in a Pinellas County courthouse, any hospice that accepts a chronically ill patient has violated not only the spirit of hospice and the mission of hospice, but the federal regulations governing hospice4

Hospice Organization Remains Silent on Euthanasia Case

It is mind-boggling that the national organizations promoting hospice in this country have remained silent about Terri Schiavo's case, the stream of intentional killings in hospices across our nation and the killings going on in Oregon. Anyone who is informed about the killings in Oregon know that the state of Oregon is NOT reporting the full truth about the cases and that there are cases which are not even recorded by the state.

Hospice lobbying groups like the National Hospice and Palliative Care Organization and the state hospice associations need to act immediately to preserve the hospice mission before hospice practice descends into the gutter and hospice becomes synonymous with "house-of-murder." It is common knowledge among the public that some hospices routinely kill their patients with overdoses of morphine and sedatives before the patient dies a natural death from the terminal illness.

These national groups need to take a stand for morality, ethics and compassion. They loudly proclaim that hospice is "compassion and caring for the dying," but killing the disabled is the furthest thing from "compassionate" or "caring." They do nothing when non-terminal patients are threatened by those who wish to kill them in a hospice. Hospice staff throughout the nation eagerly learn how to terminally sedate patients and then end patient's lives (through dehydration and circulatory collapse) when they have no medical need for sedation.⁵ Many physicians are more than willing to end the lives of their patients. (See⁶ , and⁷ . And approximately 50 per cent of physicians in our nation approve of physician-assisted suicide⁸!)

In many so-called physician-assisted suicide cases, the patient cannot take the medication themselves, so the patient is actually euthanized, i.e., killed outright by the physician or nurse. That is the reality! Let's get real here! If you or your loved one are disabled, you will need to beware of your physician's attitudes about euthanasia and physician-assisted suicide. Terri Schiavo's case has gained national attention, but it is far from unique!

The hospice industry as a whole, each hospice agency, the physicians, nurses and the courts need to remember that the United States is a nation founded with the belief that all are created equal. "Equal" in this sense means that each citizen deserves equal rights under the law. Executing the disabled, such as Terri Schiavo, is the violation of all the rights guaranteed to the disabled Terri Schiavo, as an American citizen; it is a violation of everything America stands for. Hospice is about allowing a natural death in its own time, not hastening the death of a patient who is not terminal and responds to family. If euthanasia is allowed into hospice, then the wonderful service we know as hospice will cease to exist. If the courts allow the killing of Terri Schiavo, we will have already slid down the slippery slope. God help our nation if we do!

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- - See the BayNews9.com story: [Final chapter of Terri Schiavo case is underway](#)
 - See [Nazi Murder of the Handicapped](#)
 - See [Office of Inspector General Publication of the Medicare Advisory Bulletin on Hospice Benefits](#) ; Federal Register / Vol. 60, No. 212 / Thursday, November 2, 1995 / Notices
 - See [42 Code of Federal Regulations ch iv, part 418](#)
 - See [Terminal Sedation](#)

Research indicating euthanasia is more widespread than commonly thought and that some euthanasias are clearly done without patient knowledge or permission:

- [JAMA at http://jama.ama-assn.org](http://jama.ama-assn.org) 1998 and search from the JAMA site for the following article: Aug 12;280(6):507-13 entitled "The practice of euthanasia and physician-assisted suicide in the United States: adherence to proposed safeguards and effects on physicians." written by Emanuel EJ, Daniels ER, Fairclough DL, Clarridge BR done at the Center for Outcomes and Policy Research, Division of Cancer Epidemiology and Control, Dana-Farber Cancer Institute, Boston, Mass 02115, USA.]
- [Archives of Internal Medicine - AMA at http://archinte.ama-assn.org/issues/v160n1/full/loi81180.html](http://archinte.ama-assn.org/issues/v160n1/full/loi81180.html) where one must register to get the full article online. Once at the AMA - Archives of Internal Medicine site, search for Vol. 160 No. 1, January 10, 2000, "Attitudes and Practices Concerning the End of Life - A Comparison Between Physicians From the United States and From the Netherlands" (by Dick L. Willems, MD, PhD; Elisabeth R. Daniels; Gerrit van der Wal, PhD; Paul J. van der Maas, PhD; Ezekiel J. Emanuel, PhD)
- See [Survey of Physician Ethics](#) Medical Economics Archive: Oct. 11, 2002

For more information about Terri Schiavo and her family's fight to save her life, see [The Terri Schindler-Schiavo Foundation](#) .

"Hospice Industry Shoots Itself In the Foot"

While the Hospice of the Florida Suncoast ("HFLS") works diligently with right-to-kill zealot Ronald Cranford, Attorney [George Felos](#) (former HFLS board member) and others attempting to ["assist" disabled Terri Schiavo to death](#), the entire hospice industry is looking to increase enrollment in hospice and increase the length of stay of patients receiving hospice services. Some in the hospice industry question why the Board of Directors of HFLS even allows a NON-terminal patient to be enrolled in hospice. There is no report known to us saying that Terri Schiavo is terminal; why is she in hospice?

Hospice industry leaders and planners often explain public resistance to enrolling in hospice as being caused by the public "not understanding" what hospice is all about. While many individuals do not truly understand what hospice is all about, there are many who simply recognize the realities of the industry.

Either through their own family's experience or the experience of a friend, they know that is becoming increasingly common for hospices to hasten a patient's death.

The public is not as dumb as the professionals in the industry would like to think. The public knows that if they enter hospice, in some cases, their death may be hastened. Doctors in the community often comment, "if you enter hospice, you'll be dead in two weeks." Why? Because in many cases, patients are *routinely* given morphine and Ativan (a common sedative) even if their symptoms do not require it. The irresponsible administration of clinically inappropriate medications in order to make for a "nice hospice death" is seen by some as what it is: medical killing.

If patients are in pain and need morphine, then of course, they should receive it. If they have agitation or severe anxiety, they should receive anti-anxiety medications. But in many cases, hospices dispense these medications to just about every patient coming into their agency, whether or not they ask for it, whether or not they need it and whether or not administering these medications shuffles them off to death much sooner than their disease would take them! And patients with a terminal illness do not universally wish to be hastened to their death. On the contrary, many patients beg and pray that they will live even just one more day with their loved ones. Family members pray that the patient live a little bit longer if possible.

While death is inevitable and hospice services do much to relieve the suffering of many, hastening patients to death against their wishes violates the trust of the community, the patients, the pledge of all health care professionals to "do no harm," and betrays the very mission of hospice. Many who fear being hastened to their death in hospice completely refuse to ever enter hospice. The result of [efforts to kill Terri Schiavo](#) (and others like her) will have drastic counter-productive affects on the entire hospice industry.

Hospices Seek Longer Length of Stay to Improve End-of-Life Care

The median length of stay is regarded as the most accurate way of showing the length of stay of most hospice patients. According to data from the [National Hospice and Palliative Care Organization](#) the median length of stay is a little over three weeks. [Last Acts](#) and other end-of-life focused organizations have consistently emphasized the need for an increased length of stay so that patients benefit most from palliative care services.

Last Acts Financing Committee released its report, "Medicare and End-of-Life Care" which states, "lengthier hospice stays allow the patient and family to benefit most from the hospice services that Medicare covers" Discussion of the problem of short lengths of stay is found in almost every scholarly analysis of problems in end-of-life care.

It is clear that efforts to hasten the death of the terminally ill or to impose death upon helpless patients (like Terri Schiavo) who are disabled will cause many to think twice about entering hospice at all. And if they do enter, they won't enter months before their "time to die;" they will enter when they are almost at death's door. In fact, they won't have to "think twice" about it. They will know not to enter hospice if hospices like Hospice of the Florida Suncoast get their way in being allowed by the courts to kill helpless patients.

When one of the largest hospices in our nation such as Hospice of the Florida Suncoast can kill patients who are NOT terminal, the public will know that it can happen anywhere, in any hospice, at any time. It doesn't matter how many wonderful dedicated hospice professionals there are who would never think to do such a thing! The public knows: it only takes one right-to-kill zealot working in hospice to endanger them. And [more and more health care professionals support the "right-to-die"](#) (right-to-kill)!

Organizations with names like "[Hospice for Hemlock](#)" truly frighten those who are not seeking to be killed! The mere existence of hospices like Hospice of the Florida Suncoast, eager and willing to kill the disabled (non-terminal) and organizations like Hospice for Hemlock, will do more to shorten length of stays in hospice and decrease utilization of hospice services than many PR spots on TV and radio. **Hospice could not find a greater enemy of the mission than those who seek to kill within hospice agencies!**

When organization such as the National Hospice and Palliative Care Organization and Last Acts say *nothing* about the mainstreaming of the right-to-kill agenda into hospice; when they say *nothing* about the attempt to kill Terri Schiavo, the public has a real right to be concerned. Hospice, as an industry, is truly "shooting itself in the foot!"

"Lynching the Elderly and Disabled?"

"Lynching the Elderly and Disabled?" would be the title of a news report that just might, *might*, catch the attention of the public and *might* get a politician to actually do something about it. But probably not. "Eldercide" as a term doesn't get much mileage nowadays. The elderly don't seem to count for much to those who enforce the laws. And the disabled? "Disabled-cide" just doesn't cut it. Language is power and the language is not yet created or accepted which can convey the horror, exploitation and abuse occurring throughout our nation. Action to relieve the plight of the elderly and disabled is long overdue.

Why should we be concerned? With 1.6 million people residing in 17,000 nursing homes (11,000 of them for-profit businesses), the opportunity for actual harm to our nation's loved ones is staggering. A recent Congressional study found that 550,000 residents were in homes cited for instances of severe abuse. [1](#)

"Lynching" ("hanging" for those who don't know their history) the elderly and disabled would be a shocking thing to do. But merely "euthanizing" the elderly or disabled, at least to some, doesn't seem to sound so bad. But what is "euthanizing?" or "assisting someone to die?" or "hastening death?" It means different things to different people.

Utilitarian vs. Service Oriented Approach to Health Care

There are two completely opposing visions of what health care is supposed to be. One vision takes a utilitarian approach to evaluating life and encourages the killing of undesirable patients through various means; the other vision reveres life without the need to evaluate it, recognizes the intrinsic worth of life and refuses to incorporate the killing of any patient as a valid medical practice. Those who cherish the lives of those they serve embrace a vision of love and caring; they naively find it extremely difficult to admit or believe that others may have such a completely opposite view to their own; they are therefore quite easily misled, manipulated and controlled by those who consciously wield the utilitarian vision from their positions of power. This is now the common scenario in health care administration - health care worker relationships.

The utilitarian approach subjectively evaluates whether or not a person has the ability to be "productive," whether or not his or her life has "quality" in the eyes of the utilitarian observer or whether or not his life simply costs too much for the respective health care agency to treat. This approach looks to corporate profit when there is any question about whether or not to treat a patient. The utilitarian observer may be a physician, nurse, respiratory therapist or any other health care professional. "Love" is given no consideration in the decision-making process. In fact, any suggestion to consider "love" as a factor in decision-making would be ridiculed.

Yet how striking is the difference between the utilitarian approach to observing a patient, how one perceives a patient, and the "loving" approach. For it is the "loving" approach that motivates many nurses, doctors and other professionals to enter into what was once objectively termed the "caring" professions in the first place. Yet "loving" a patient would be considered "unprofessional" by the modern utilitarian approach.

The utilitarian observer who resides at the extreme opposite end of the spectrum may choose to take the role of executioner. Those executed through various means, are the elderly, the disabled, the chronically ill, the congenitally "defective," and various targets of exploitation.² Various other targets of exploitation will include anyone who poses a threat to the financial plundering of the spigots of money pouring out of the federal and state treasuries through Medicare and Medicaid into the pockets of the unscrupulous white-collar criminals.

According to Linda Peeno, MD, those health care practitioners who execute the vulnerable (whether they act directly or through foreseeable consequences of their decisions) are actually rewarded when they make decisions or take actions that result in the death of patients and thereby increase the profit of the corporation.³

Charles Phillips, MD reveals that large HMOs such as Kaiser and others are training their physicians as "gatekeepers" who deny effective treatment to patients in order to increase the corporation's and the physicians' income. Physicians in Kaiser are vested in the corporation's profit in ways that are unimaginable to the general public. Not only do they profit when the corporation profits, they are instructed how to limit care provided, even when patients are not the elderly or disabled, or even the chronically ill. Dr. Phillips reports that the perversity of HMOs such as Kaiser goes much farther than most would even suspect. In his report, he reveals that the Kaiser health system has fabricated its own unique and unscientific medical lab values![4](#)

The reported Kaiser practice is so astounding that most individuals would not believe it possible, however this is just another example of how the utilitarian administrators take advantage of the naiveté of the unsuspecting and plunder health care under the noses of others. Medical lab values are established by rigorous laboratory and scientific analysis, yielding the "normal" ranges of human physiology. These scientifically established values are used in medicine to diagnose diseases.

By widening the range considered "normal," Dr. Phillips reports that Kaiser is able to deny treatment to patients in the Kaiser plan telling them that they "still fall within the normal ranges" for any specific value, while at any other standard hospital or office, the same patients would be told that their lab values are outside the normal range, that further testing is required, or that they have a specific disease requiring treatment immediately. For example, widening the range for white blood cell count would allow patients with beginning stages of cancer to never be informed of their cancer, never receive further testing and never receive treatment for their cancer until the cancer was well-developed and not curable.[5](#) It is obvious that the savings (on tests and treatments not provided) and consequent boost in profit to Kaiser is astronomical as well as obscene.

Utilitarian health care corporations have no shame and they do not value human life. The business of utilitarian health care corporations is not "caring;" it is profiting. Yet such corporations always profess to care most about their patients, offering sugary sweet advertisements about the superior qualities of their services. Dr. Phillips, other physicians and attorneys reveal another side to these monstrosities.

Attorney, Sharon J. Arkin testified before the U.S. House Subcommittee on Health: "Under ERISA,[6](#)an HMO can deliberately and purposely deny a claim which it knows is covered under the plan. The most that can happen to the HMO if the member sues is that the HMO will have to pay for the wrongfully-denied benefit and may possibly have to pay some attorneys' fees to the patient. That's it. ***If the denial is for life-saving treatment and the patient dies without obtaining that treatment, the HMO is completely free of any potential liability*** : It will never have to pay for even the treatment because the treatment was never received and the family cannot sue for wrongful death. That, of course, builds in an incentive to the HMO to deny care and take the chance that the patient will never sue and, tragically, may not be alive to do so..."[7](#)

The utilitarian vision empowers the judge-health care practitioner ("HCP") with absolute executorial power, basically setting up each HCP as potential judge, jury and executioner with the power to terminate the lives of any person whose "quality of life" is inadequate, according to the subjective evaluation of the HCP or, whose continuing life would cost more than the health care system wishes to pay. The "executorial power" of the HCP-judge does not imply "administration" as in "executive branch of government;" rather, it implies power to literally execute or cause the death of the patient.

The best example of the utilitarian approach to health care comes from Holland where euthanasia is legalized. "Most alarming in the Dutch studies has been the documentation of several thousand cases a year in which patients who have not given their consent have their lives ended by physicians. About one quarter of physicians stated that they had "terminated the lives of patients without an explicit request" from the patients to do so."⁸

A health care professional's license, up until recently, has empowered him to act for the welfare of all patients entrusted into his or her care. The Hippocratic oath, proclaiming the physician's duty to "do no harm," was an unwavering basis upon which all other decisions were to be made by the physician. That has completely changed in the past few decades as more and more hospitals, nursing homes and hospices swallow the utilitarian approach to health care. This "cutting edge" philosophy arises out of the managed care business environment that focuses not upon patient welfare, but upon fostering cost containment, increased profit making and stockholder dividends.

Hospitals: Failing to Protect

Hospitals are now making sure the elderly, disabled or otherwise "unworthy" die by instituting "futile care protocols" that have nothing to do with the futility of treating a patient, as the name implies. Yes, "it used to be that people were afraid of being hooked up to machines when they wanted nothing more than to go home and die a peaceful, natural death. The early bioethics movement deserves great thanks for helping do away with that form of abuse by pointing out that patient autonomy means the right to say no to unwanted interventions."⁹ ***But the current almost universally implemented "futile care" protocols are instituted in order to make sure the hospital can assure the death of the elderly and disabled and get away with it legally !***¹⁰

Nursing Homes: Failing to Protect

If they don't "get them" at the hospital, the duty-to-die advocates can rest assured that the nursing homes of our nation will do the job: "government auditors have found evidence that U.S. nursing homes employ a significant amount of workers who have criminal records." [11](#) One proposed solution is proposed by Congressman M Thompson (D-St. Helena) who has introduced "The Senior Safety Protection Act, H.R. 208, which would allow long-term care facilities to perform federal and state background checks on all potential direct care workers at no cost to the prospective employee or to the facility." [12](#) But even without the criminals killing them off, the elderly and disabled have a full range of other methods of getting killed. Understaffing and callous management of these facilities results in a myriad of problems for the residents. It results in some of the worst civil rights violations of our time! [13](#)

The Greatest Civil Rights Struggle of Our Time

The Blacks, Hispanics, Jews, or other ethnic groups that have historically experienced discrimination are not being targeted for abuse and extermination in the USA. The elderly and disabled are. There are overwhelming reports that violent criminals working or residing in our nation's facilities, [14](#) along with staff who believe in the "right-to-die," are suffocating them, [15](#) overdosing them, [16](#) dehydrating them, [17](#) starving them, [18](#) raping them, [19](#) beating them, [20](#) literally leaving them to hang and die on their bedrails, [21](#) letting them rot to death with gangrene [22](#) or leaving them to die of untreated infections [23](#) *There are so many ways to absolutely make sure the elderly and disabled die that we cannot count them all!*

Getting bitten by hundreds of fire-ants [24](#), having one's lungs paralyzed, [25](#) being burned, [26](#) frozen [27](#) (all depending upon the climate when they are left outside unsupervised and uncared for), allowed to bleed to death, [28](#) or maybe even drowned [29](#) - these are just some more ways to make the "problem of the elderly and disabled" go away. They make for an occasionally shocking report and prod the morbid curiosity of readers, thus selling more newspapers, but have not yet succeeded in forcing our nation to address the issue. Sham ombudsmen programs in each state give the illusion of protection, yet such ombudsmen do not have the power to enforce regulations or cite agencies. Those who sincerely try to improve conditions quickly find a "brick wall" blocking their progress.

Events like these occur every day somewhere in every state of the nation and are commonplace. Almost everybody is familiar with stories about the neglect, abuse and wrongful deaths of our elderly, disabled or mentally impaired. How many ways can we exploit them? Billing them (or Medicare, Medicaid, or other insurance) for services which are not rendered, misappropriating their tax payments into the U.S. treasury for funds used to reimburse the industry through Medicare and Medicaid, convincing them they have the "right to die" and are better off dead? Placing them in facilities that choose not to hire adequate staff while pocketing revenue designated for staff salaries and hiring.[30](#) These are the things being done nowadays.

Corporations Engaged in Fraud: Failing to Protect

And who is running the facilities that care for the elderly and disabled? Who is running the large hospital chains? Many nursing home and hospital corporations have been billing the government for services not rendered to the elderly and disabled (fraud), misappropriating government reimbursement derived by tax payments into the U.S. treasury made by those very same elderly and disabled individuals along with the rest of the U.S. citizenry.[31](#) One need only look at the lengthy listings of corporations that have entered into "corporate integrity agreements" and settlements with the U.S. Justice Department (or those who are completely excluded from participating in Medicare)[32](#) to realize how widespread the problem is.[33](#)

Mega-corporations like Beverly Enterprises, Kindred Healthcare (formerly Vencor) and HCA - The Healthcare Corporation (formerly Columbia HCA) are notorious enterprises that were found guilty of defrauding many millions of dollars from Medicare and Medicaid.[34](#)

HCA's, chairman, "Dr. Thomas Frist, ... consistently denied back in 1998 that there was *any* "systemic fraud or abuse."[35](#) But just two years later, "HCA ... agreed in 2000 to plead guilty to criminal conduct and to pay more than \$840 million in criminal fines, civil penalties and damages for the alleged unlawful billing of Medicare, Medicaid and other federal health care programs."[36](#)

In December 2002, HCA agreed to "pay the federal government \$631 million *more* to settle fraud claims" on top of the hundreds of millions already agreed to be paid back. Even Senator Charles E. Grassley (R-Iowa) asks the same question raised here: will "the taxpayers get their money back from any fraud perpetrated by HCA?"[37](#) In other words, has the Justice Department rewarded HCA by allowing them to keep many millions of dollars stolen when agreeing to a settlement less than the amount fraudulently taken from Medicare? Without a doubt, the answer is "yes." Are huge health care corporations capable of influencing the government including the Centers for Medicare Services and the Justice Department? Sen. Grassley certainly thinks so: he "suggests that the balance is shifting too far, and that the feds are getting too cozy with providers"[38](#) such as HCA.

Disheartened Healthcare Workers

Health care workers who care about their patients and the quality of health care look at the widespread fraud in the industry and are disheartened. Those health care workers who are dedicated to serving patients become frustrated at every turn when attempting to provide the quality of care that was inculcated in the professional training schools and which is the goal of every quality improvement committee in the nation. It is the corporations' management that frustrates the health care workers achievement of increased quality of care; the indisputable priority of corporate management is increased revenue, not increased quality of care!

They set up sham quality improvement committees to perform "busy work," while simultaneously making it impossible to accomplish the goals. I have seen administrators who professed to support quality improvement, but who implemented patient care protocols that they knew were directly in violation of the standards of care and which they continued to implement even after being informed of the violations by myself and other nurses.

Is it any surprise that those health care workers who entered the field out of love and a dedication to service are absolutely outraged and disgusted? Is it any wonder that those dedicated workers repeatedly find themselves in conflict with management, labeled as "troublemakers," and forced to leave their chosen field of work (due to harassment or outright termination of employment) for fighting for the rights of patients to the quality care supposedly to-be provided.[39](#)

Rachael Weinstein, RN Director, Clinical Standards group within the Centers for Medicare and Medicaid Services writes: "studies indicate that current working conditions have led to the decline in enrollments in schools of nursing, an increase in the number of those leaving the profession, and an older nursing population remaining in active employment."[40](#)

Is it any surprise that the words and actions of sanctimonious right-to-die zealots condescendingly convince the elderly and disabled that they have the "right" to die and actually are better off dead? Is it any wonder that depression is extremely common among the elderly? The U.S. Administration on Aging reports: "depression can occur "out of the blue," for no obvious reason, or it can occur as a response to adverse life circumstances."[41](#)No kidding! We have seen all of the "adverse life circumstances" facing the elderly and disabled in health care facilities, so depression, even despair, is not unexpected.

Diane Meier, MD, says, "Existential despair, not physical pain, is what motivates many patients to consider" ending their lives.[42](#) However, "when they are treated by a physician who can hear their ambivalence, understand their desperation and relieve their suffering, their wish to die usually disappears."[43](#)

The utilitarian approach to health care takes advantage and exploits the existential despair of the ailing, the frail, and most of all, the vulnerable. The "prophets" of death, such as Peter Singer, Ronald Cranford and others, go around pushing the new right-to-die agenda, never admitting their real agenda and never warning the gullible public that the approaching reality for all of them, is a "duty to die" and for the utilitarian health care practitioner: a "right to kill."

The Florida Supreme Court wrote there is "a very legitimate concern that the "right to die" could become a license to kill," and that "there are times when some people believe that another would be "better off dead" even though the other person is still fighting vigorously to live."[44](#) "Assisting the disabled and elderly to die" is just the thing needed by our society proclaim the "oh-so-wise" medical experts who go from county to county courthouse helping to make sure some disabled person gets killed with court approval.[45](#) And looking at the scorecard, some of the elderly and disabled are concluding they just may be better off dead. At least their despair of finding rescue from the dread conditions imposed upon them by our society causes them to think that way. Hope for some is not forthcoming.

State Regulators: Failing to Protect

Can the elderly and disabled trust that the State inspectors will come to the rescue and make sure care is properly provided? Definitely not says the U.S. General Accounting Office. In fact, the GAO found that "complaints alleging that nursing home residents were being harmed have gone uninvestigated for weeks or months."[46](#) Charles Phillips, MD writes about sham inspections: "Inspectors come in only to find something nearly useless - like fire extinguishers not having been tested - and cite the organization for a violation of the unimportant while completely ignoring un-requested euthanasia."[47](#)

Internationally known patient advocate Ila Swan writes about her own experience dealing with the nursing home industry:

"My mother was abused, neglected, hospitalized twice in a months time, raped and dropped on the floor many times. They tried to intimidate me by telling me "that I put her there because I did not want her." I, like thousands of other families, put her in the nursing home with no preconceived ideas of good or bad care. I truly believed she would receive "nursing care." What a joke!"

"I then tried the system, Ombudsmen, DHS, my city and county counsels, my senator, the police and finally went to the Grand Jury who not only verified every one of my complaints but found an additional 15 life threatening conditions that I had not mentioned. Then the grand jury was told that they were a county grand jury and had no jurisdiction, apparently some more political payback for the contributions these politicians receive from the nursing home industry! I feel it was political interference to have the grand jury back off. The entire system failed. I then sued and my mother's won the highest non-punitive damage award ever in California."[48](#)

The GAO also found that nursing homes rarely make reports of abuse to the police and those that do make a report, wait two days before contacting the police. That delay often results in evidence being lost, further harm to the patient and failure to successfully prosecute the criminal victimizer.[49](#)

State Attorneys General and Regulators: Failing to Protect

Can the elderly and disabled trust that the state Attorney General and the Departments of Health Services will force the nursing homes to provide quality care by citing and demanding payments of hefty fines? Absolutely not! Ila Swan "checked to see how many fines against nursing homes were outstanding in her state and *found over \$2 million in fines billed for citations but only \$19,000 collected.*"[50](#) "How is that possible?" you might ask. The answer, as usual, is found by "following the money trail," and this money trail leads in a circle from nursing home owners into the pockets of the politicians governing our nation at both the state and federal level and then back from the government into the pockets of the nursing home owners.[51](#)

A 1998 government report exposes the priority our society places on protecting the elderly: of all federal money spent on preventing or dealing with abuse, *only 2% is spent on elder abuse*, while 7% is spent on domestic abuse, and 91% spent on child abuse. "Up to five million cases of elder abuse, neglect and exploitation occur each year," and "not one single employee in the federal government is devoted full time to address elder abuse and neglect."[52](#) Judging by what we do as a society, we are horrified at the abuse of children, but couldn't care less about the elderly. And for every case of elder abuse reported, five times as many go completely unidentified and unreported.[53](#)

Management Imposed Understaffing

What about staffing? Can the elderly and disabled hope for adequate staffing at the facilities that eagerly advertise themselves as "better than your own home, hoping to entice the unwary into their clutches. No, with "over 90 per cent of all nursing homes understaffed," "simple understaffing can have tragic consequences." [54](#) The elderly and disabled live in terror of either entering a facility or in terror of the thought of remaining in one for even one more day.

What about the terminally ill and others who enter a hospice? Can the elderly, disabled and others who enter hospices rely upon the public assurances that at least these agencies will be adequately staffed? No. Interviews with hospice administrators reveal that hospices also "are already experiencing staffing pressures." [55](#)

"Many hospices and their associations have notified ... the U.S. DHHS Center for Medicare Services that the shortage of nurses is having a significant impact on access to hospice services and that *hospices have had to deny services to eligible patients because they do not have adequate staff to provide nursing services.* [56](#) Hospices and patient's families report that understaffing can be a problem that undermines timely delivery of necessary care. In some cases, the promised care is never provided at all, with terrible consequences." [57](#)

Hospices: Failing to Protect

Hospices have also been involved in fraud, just like the nursing homes (though you would never think that from the PR the hospice industry keeps spitting out). The US Office of Inspector General issued a warning to the public about fraud [58](#) committed by hospice agencies, many of them involving failure to provide adequate services to the patients being served. Even a hospice executive director, Mary Labyak, admitted when asked: "are there bad guys among hospice organizations?" (Labyak): "there have been some bad guys who have set out to manipulate Medicare and who have chosen to do it through hospice." [59](#) "Manipulate" Medicare is just a fancy and politically "correct" way of saying outright fraud has occurred in hospice.

"Justice" in the U.S. Justice Department?

According to the Washington Post, the competition among hospices is cut-throat and hospices fight over patient referrals. To me it appears the new rogue hospices are as different from the dedicated hospices as vultures are from eagles. These new utilitarian based hospices are like vultures circling over dying animals in the desert, waiting for their financial kill! Vitas was using questionable practices and paying "finders" to locate terminally ill patients!

In 1998 Vitas Corporation (based in Miami, Florida) the largest for-profit hospice chain in the nation was under a major investigation by the Justice Department for fraud. What happened to the investigation is unclear, however we note that Janet Reno, also of Miami, Florida, was Attorney General at the time, that Westbrook, the CEO of Vitas, helped raise millions of dollars for Pres. Clinton and the Democrats at the time, even sleeping over at the White House.⁶⁰ The author of the article, Charles Babcock, told me in 2000 that the Justice Dept. apparently shut down the investigation without any explanation. The questions linger: "what was the truth involving this largest of all hospice corporations?" and "why was the investigation shut down?"

One plausible answer is the constant corporate bribery flowing from corrupt corporations into the hands of politicians with their hands out who in turn, reward the corrupt corporations by shutting down most investigations into their criminal activities.⁶¹ For example, "it is estimated that in just one state Florida loses \$1 billion to Medicaid fraud each year. However, *more than half of Florida Medicaid fraud investigations are closed without any formal state finding that a health care provider was overpaid* ." ⁶² The question remains: why?

Whether in a hospital, nursing home or hospice, the elderly and disabled don't want to be neglected, abused or treated to whatever other insult our society is going to throw at them! If they enter a facility, they enter in order to get help in relieving their symptoms, not to be killed or be neglected while a hospice milks the federal government for cash from the Medicare cow. The elderly and disabled simply wish to be treated respectfully as human beings.

Families: Failing to Protect

But the elderly or disabled do not always willingly enter a facility. Family members or others may obtain legal guardianship over an unwilling vulnerable individual (elderly or disabled) and put them away into a nursing home or hospice, then seize all their assets: home, bank accounts, stocks and bonds and whatever else there may be!⁶³ In fact, "in almost 90 percent of the elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member, and two-thirds of the perpetrators are adult children or spouses." ⁶⁴

Facilities, whether nursing home or hospice, rarely question the adult children or spouse of a patient being transferred into their facility. As a business, they must look to the bottom line and naturally make sure that more residents or patients come in to keep the money flowing. They are simply pleased to have another patient filling a bed and allowing them to bill for more services. As the agency's census increases, so does the revenue streaming into it.

Physicians: Failing to Protect

If the victim is forced into hospice enrollment, whether in a nursing home or hospice's own facility, the criminal/guardian has the added convenient protection of being able to permanently silence the victim by having an overdose administered "out of mercy," or by "terminally sedating"[65](#) the patient into a coma from which they never recover and which allows them (intentionally of course) to die from dehydration.[66](#) The practice of terminal sedation is a "hot" item eagerly learned by physicians;[67](#) 44.5% of rank-and-file physicians said doctor-assisted suicide should probably or definitely be legal."[68](#)

Nurses: Failing to Protect

Will the elderly and disabled find nurses to protect them from this onslaught of physicians wishing to "assist" them to death (when they deem appropriate)? Apparently not! Even more nurses, 46 percent of them, want to make it legal to "assist" patients to death. Only ten years ago, the percent was closer to 36 percent![69](#) And many dedicated nurses are leaving the field out of disgust for what management is foisting upon them. At this time, it appears that among the health care professionals, nurses and physicians are about equally divided into two camps with totally different world visions, values and ideas of service.

Is it possible that those health care professionals who subscribe to the loving/caring vision of health care as a service are leaving the field in greater frequencies than those health care professionals who subscribe to the utilitarian view?

While I am not aware of any study to have addressed this topic, I believe this to be the case and conclude that as time goes on, a greater percentage of nurses working in the field will subscribe to the utilitarian view, while those nurses no longer working in the field may have a greater percentage favoring the loving/caring approach.

The Courts: Failing to Protect

When another family member objects to the abuse of a patient in a facility he or she can be banned from visiting the victim (with the force of a court order backing it up) and voila: the perfect crime! The courts cooperate superbly, and the criminal who put the victim away, stole the assets and has everything to lose by exposing the truth, controls the entire process! The court-appointed guardian perpetrator becomes the "executor of the estate" of the victim, so, no other person, even if they are a family member, has legal access to the medical records that just might provide a clue to the murder and/or theft of funds.[70](#)

Facilities will only release the medical records if the criminal (personal representative of the estate) gives permission to release the evidence of his crime. Not something you would want to bet on! And the public's reaction to accounts of such horrible victimization? Either they don't believe it could happen to them or the time worn response: "So what!"

If the elderly and disabled cannot fully trust all health care professionals who work with them, how are the elderly and disabled to know when they are receiving proper treatment? How are they to know when they are being informed of all the options? How are they to know that they won't be killed in their sleep or euthanized when they take their medications? How are they to know which type of health care worker stands at their side? Is she or he helping them or killing them? And does it matter? If there is only one health care worker willing to kill them, all the caring of the other health care workers may not save them from execution!

These are outrageous fears that the elderly now have to confront, in addition to all the problems associated with old age or disability. In Holland where involuntary euthanasia (the un-requested killing of the patient) is occurring in the thousands each year, "the elderly are afraid to drink their orange juice for fear of being poisoned. Those with incurable diseases are afraid to go to hospitals to have their distresses relieved."[71](#)

State and National Right-to-Life Organizations: Failing to Protect

One would think that there might be somewhere the elderly and disabled can turn with a reliable assurance that their interests will be respected and defended. What about the state and national "right-to-life" organizations? Surely, they would come to the rescue of the elderly and disabled. Surely, they would publicly fight the killings of the elderly and disabled occurring in the nursing homes, hospitals and hospices. Surely. But what is remarkable is that those "right-to-life" organizations that make a big point of "opposing" euthanasia and physician-assisted-suicide actually do absolutely nothing to expose the killings of patients in hospices in our nation. Not one state or national right-to-life group has issued a public statement about abuses by the hospices of our nation, since they refuse to criticize the hospice agencies that they deem to be their natural allies in the fight against euthanasia.

When I addressed the issue of involuntary euthanasia occurring in hospices with some right-to-life leaders, *they said* they simply did not believe the problem was significant. Yet they admitted it might be occurring in small numbers. My question is this: if the killing of patients is occurring even in small numbers in hospices, why won't the state and national right-to-life organizations at least fight against that or publicly condemn those cases? *They say* they condemn euthanasia and offer all sorts of well-written reasons why they are against it. But why do they remain silent about the hospice killings?

The obvious answer is that they don't wish to offend those individuals who support right-to-life as well as hospice and palliative care. Many in the palliative care community also support the right-to-life organizations. Perhaps the right-to-life groups do not wish to offend their donors. They know all about the "chilling effect" sharing the truth would have on the level of donations coming in to their coffers. Perhaps they care more about assuring that flow of donations into their hands than they care about protecting the vulnerable by bringing out the offensive reality: there are very real problems, very serious problems in the hospice industry, just like every other niche within the health care industry!

Hospice Organizations: Failing to Protect

Well, where can the elderly and disabled find assistance then? If right-to-life groups refuse to fight against euthanasia occurring in the hospices, what about the well-known hospice organizations such as National Hospice and Palliative Care Organization and Last Acts? Again, these organizations receive donations and fees from those in the hospice industry. They can't afford to bite the hand that feeds them. Although they profess to advocate for the highest standards, they will not and have not taken a public stand to condemn the hospice killings. When even the slightest criticism of hospice occurs, they mount well-organized publicity campaigns to deny any wrongdoing at all, as if hospice is immune from the faults of the rest of the health care industry![72](#)

Stealth Right-to-"Die" Organizations in Hospice

What about other hospice leaders? Even Dr. Ira Byock, well-known hospice proponent and founder of the Dying Well and Partnership for Caring organizations, admitted the same thing to me privately when I discussed these types of problems with him back in 1999. The large mainstream hospice organizations such as Last Acts[73](#) have never admitted to these killings and are excluding the disability rights advocacy organizations from participating in policy decisions that directly affect the future of end-of-life care and in particular, the disabled.

"Last Acts is now promoting beliefs, policies, and practices that are in direct opposition to those of advocacy organizations run by and for people with disabilities ... None of the disability rights organizations are involved in the well-financed policy groups currently defining "end-of-life" care in a way that allows the intentional killing of disabled people, especially cognitively disabled people, through the denial of basic, non-extraordinary care such as food, water and antibiotics"[74](#)

The disabled and elderly know that their lives are directly being threatened by current changes in the health care system. Ron Seigel, Vice-President of the Michigan Citizens With Disabilities Caucus, warns "doctors overrule patients' right to live." "Under such policies, there seems to be an unclear line between denial of treatment and outright killing;" when food and water have been defined as medical treatment ... patients who are considered inferior quality lives might conceivably be starved to death."[75](#)

Standards of Practice Thrown to the Winds

Unfortunately, the right-to-die advocates have already infiltrated hospices[76](#) as well as the big hospice organizations and are committing euthanasia (or attempting to commit euthanasia) under the radar and around the country without publicly admitting what they are doing, whether legal or not. Misuse of standard hospice practices can easily result in "hastened" death, i.e., "medical killing," murder, or the official term "homicide."[77](#) Medical records and death certificates are easily falsified,[78](#) and the right-to-die activists around the world readily admit that they will lie if necessary to cover up what they are doing. One of the right-to-die movement's leaders, Dr Philip Nitschke, stated that, "assisting suicide can attract a life sentence in jail" so, he says, "the best advice is to do it and say you didn't."[79](#) Any "angels of mercy" accused of killing a patient will only say, with much feigned conviction, "it was out of mercy;" that they killed the patient or "I wanted to relieve the patient's suffering."

What was once an absolute outrage to health care professionals and the public alike is now looked upon as quite acceptable practice to growing numbers who subscribe to the utilitarian view of life and health care as a business. The "standards" of care, once strong bastions of morality, faith in God and the law, now shake and tremble like saplings blasted by hurricane winds. When it comes to health care practice involving the elderly and disabled, in practice there are no standards of care: only "standards" written into the law books, ignored by many. A health care professional that cares about maintaining the standards of care can burn out quickly under the prevailing winds of corruption; they will certainly come into conflict with the utilitarian administrators of the agency they work for.

Hospice: The Sacred Cow of Health Care

Further, hospice is the sacred cow of health care: nobody in a position of power wishes to criticize it. The federal government created it in order to save money, and both state and federal governments actively promote it, again, to save expenditures in the budget. Hospice services are extremely cheap when compared to acute hospital care.⁸⁰ The health insurance companies and HMOs are promoting it to increase their profits; the media receives advertising dollars from the industry and even fundraises together with hospice for hospice. Why would the media wish to seriously criticize hospice? Is there anyone left to speak for the victims? Obviously not. And the public's reaction? Again, "so what!"

While there are certainly many wonderful health care professionals in every niche within the health care industry, there also are many rogue health care agencies, corporations and even corrupt government regulators. We regularly receive complaints from caring hospice staff about rogue hospices that have mistreated patients and violated standards of care. White-collar criminals may go unpunished while elderly and disabled who just happen to have the misfortune to enter a rogue agency where hastening death is promoted ... well, they apparently just die a little sooner than would naturally occur. "Well, everybody's got to die one day," the right-to-die zealots proclaim. Does anybody care? Does the government care? or is this a savings for them? *No more Social Security Checks have to be paid, no more nursing home, hospice, hospital or in-home care bills.*

Reports coming into Hospice Patients Alliance repeatedly confirm the pattern that most county prosecutors will refuse to investigate a hospice killing.⁸¹ ***Probably the most blatant cover up of serial killing in recent U.S. History was exposed by CBS's 60 Minutes which reported it occurred in a Florida hospice*** . CBS reported that two physician medical examiners and a forensic scientist at the county coroner's office had made official determinations that 19 deaths in a hospice were homicides. However, the county prosecutor refused to act and contacted the State Attorney General's office for assistance in covering it all up. The state then re-did the autopsies to make sure they were all ruled "natural deaths" (despite overwhelming evidence to the contrary)!⁸² Every patient advocacy organization in the nation knows that this type of killing goes on. Every county prosecutor and coroner in the nation knows it too; if they deny it, they're lying.

Widespread Abuse

The July 2001 report by U.S. Rep. Henry A. Waxman of California states that "abuse of residents is a major problem in U.S. nursing homes" and that "over thirty percent of the nursing homes in the United States -- 5,283 nursing homes -- were cited for an abuse violation that had the potential to cause harm." "Nearly 10% of the nursing homes in the United States -- 1,601 nursing homes -- were cited for abuse violations that caused actual harm to residents or worse."[83](#)

While the nursing home industry unanimously complains about inadequate funding, constantly begging for increases in reimbursements from the government, US News and World Report states that "the nursing home industry is profitable and growing, with operators spinning a far brighter tale for Wall Street than for Capitol Hill. Many nursing homes are earning exceptionally healthy profit margins, often 20 and 30 percent." The U.S. General Accounting Office reports "Medicare payments to most free-standing nursing homes substantially exceed facilities' cost."[84](#)

The industry commonly over-reports losses which when analyzed, simply indicate their practice of padding their list of expenses, "self-dealing" and overpaying their executives to the tune of millions of dollars.[85](#) And when the government finally does pay them more, it doesn't go to pay for services to the elderly, the disabled or the staff that serve them.[86](#)

U.S. "Justice" Department Practices Encourage Fraud

Industry giant Beverly Corporation's C.E.O., *William Floyd received*[87](#) \$1,288,897 in 2001 (plus stock options worth \$2.3 million more) at the same time Beverly was paying back \$77.5 million in 2001 and \$175 million for a 2001 settlement to resolve charges that the company defrauded Medicare of \$460 million dollars. The government let Beverly keep (paying them to steal) the other \$285 million that they had stolen .[88](#) It is an obvious obscenity that a company can pay its executive in millions of dollars while at the same time admitting it defrauded Medicare of hundreds of millions of dollars . It doesn't take a rocket scientist to figure out where the money to pay the executive came from!

Another industry giant, Kindred Healthcare Inc., with total 2002 revenue of \$2.5 billion⁸⁹ (formally known as Vencor), was charged with a long term massive fraud: "The Justice Department demanded \$1.3 billion for fraudulent billings. Eventually the parties settled for repayment of \$130 million."⁹⁰ ***That means the Justice Department rewarded Kindred Healthcare by "paying them" (allowing them to keep) \$1,170,000,000 (Yes, that's \$1.17 billion dollars) to steal from the government!*** These kinds of government-rewarded mega-felonies are commonplace in the healthcare industry. In FY 2001 alone, Edward Kuntz, Kindred's CEO, was paid \$ 10,139,677 in cash compensation (salary, bonus plus other) plus stock options valued at \$2,700,000."⁹¹

The Justice Department investigates Medicare fraud; who investigates the federal Justice Department? How is it conceivable that their actions result in the mega-million dollar windfalls that regularly reward those who have defrauded our nation's treasury through Medicare?

When a whistleblower files a complaint about fraud in health care, they risk their careers to protect the patients entrusted to them. These whistleblowers are intimidated, threatened and blackballed by employers from working in their field, employee-protection laws notwithstanding!⁹² The False Claims Act has allowed whistleblowers to come forward and force a judicial determination of the fraud being perpetrated by these corporations.

" 'We believe many other hospitals and health care facilities have profited from cost reporting fraud, and they have little chance of being caught without insiders stepping forward.' Fewer than 20 percent of costs reports are audited in any given year. The Medicare program must depend on the good faith of hospitals to submit accurate claims. 'Nothing less is required if the Medicare reimbursement system is not to be turned into a cat and mouse game in which clever providers could, with impunity, practice fraud on the government,' a 1996 federal appeals court decision held."⁹³

While the Enron, Worldcom and other recent corporate scandals make big headlines because they defrauded investors, Beverly, HCA and Kindred are almost unknown to the public. The conclusion? ***Defrauding investors of billions of dollars is very serious; defrauding Medicare of billions of dollars is routine! Criminals who steal from investors go to jail; criminals who steal from Medicare get rich and flourish!***

Abuse and Neglect of the Elderly and Disabled: Related to Fraud

All the while these mega-health care corporations defraud Medicare of billions, their actions and inactions directly result in the abuse, neglect and even killing of the elderly and disabled in our nation's healthcare facilities. It is clear that administrators of these criminal enterprises number among those who care more about their own financial gain than caring for the elderly and disabled which their corporations purportedly serve.

Whether or not these administrators call themselves "right-to-die" advocates, their actions directly deprive the elderly, disabled and other patients of the care they deserve and result in many of the horrific deaths agonizingly experienced by the elderly and the disabled. By diverting funds paid out by Medicare, Medicaid and other health insurers for *care* services, the executives of these corporations create obscene self-compensation schemes, approved by boards of directors made up of other executives like themselves. Meanwhile, the patients suffer without relief!

One could easily and believably assert that a new type of organized crime runs many health care corporations; it also obviously influences what the Justice Department does. Of course, we just call that influence "corporate lobbying," "campaign contributions," or the deceptively reassuring "soft" money. "The nursing home industry--which often sees its fiscal health ebb and flow depending on Congressional action--donated more than \$1.4 million in the 2002 election cycle."
[94](#)

The larger nursing home chains own the majority of nursing homes in the United States, [95](#) and the Justice Department has determined they have committed long-term fraud. While not all nursing homes are making this kind of profit, it is clear that there are numerous cases of fraud perpetrated by industry leaders. [96](#) "Cases involving ... health care fraud have been the primary source of recoveries by the U.S. Justice Department for several years now." [97](#) And the money for this fraud comes from not only working men and women of the USA, but also from the elderly, disabled and chronically ill who have paid their own share of taxes and facility fees.

Even more troubling, "despite more federal dollars, nursing homes haven't spent them on what is considered the best way to improve care: more staffing." [98](#) More importantly, that translates into inferior care for the patients whose very lives depend upon the care they receive. For example, "both Beverly and Kindred were subsequently forced to admit that money that was supposed to go to care was diverted to elaborate corporate schemes and offensive executive salaries." [99](#) More patients die when understaffing exists. [100](#)

Death with Dignity is Caring Service: Not Killing

It is imperative that the laws against killing anyone, including the elderly, disabled and chronically ill be enforced. The killings must stop. There is no death with dignity when patients are killed; these are not so-called "mercy killings." Many cases have shown that the right-to-die zealots who murder patients or approve of hastening their death do not believe the patients' lives have any meaning.¹⁰¹ With organizations and hospice professionals openly promoting euthanasia within the hospice setting, the elderly and disabled are right to be confused and worried: are they going to be cared for or killed?

With blatantly pro-euthanasia names such as "Hospice for Hemlock"¹⁰² and others that offer no indication of their pro right-to-die agenda ("Compassion in Dying,"¹⁰³ and "Partnership for Caring,")¹⁰⁴ the elderly and disabled may be afraid to enter hospice. The former "Choice in Dying" which merged into Partnership for Caring started out openly as the Euthanasia Society of America; the Partnership for Caring doesn't advertise that.

Compassion or Imposed Death?

Another organization, "Compassion in Dying, has depicted itself as being broadly interested in improving the care of terminal patients when it appears their only interest is to make assisted suicide/euthanasia seem part of the spectrum of legitimate medical care."¹⁰⁵

The elderly and disabled don't know if they will be cared for or "assisted to their death" within a hospice. Partnership for Caring provides a wealth of helpful information about improving hospice and palliative care, working with many mainstream hospice groups but also adds the assisted-suicide philosophy into the mix, sort of like a smorgasboard of end-of-life care: we can care for you or we can "assist you" by killing you! Examples of such imposed deaths are posted on the Hospice Patients Alliance [euthanasia issues page](#).

"Experimental Hospice"

It's quite remarkable that the hospice that is holding disabled and **non**-terminal Terri Schiavo, ready to be euthanized through withdrawal of all tube feedings the moment a court gives the order allowing it, [106](#) is the same hospice where Mary Labyak has served as Executive Director ... the same Mary Labyak who serves on the board of Partnership for Caring which is perceived as a "mainstream" hospice advocacy organization, but includes assisting patients to their death as one of the services they believe should be offered. Every professional working in hospice knows that [federal regulations](#) only permit a "terminally ill" patient to be enrolled in hospice. "Terminal" is defined as a disease which will likely cause the death of the patient within six months, given the usual course of a disease. No physician is reported to have diagnosed Terri Schiavo with a terminal illness, yet the hospice is "experimenting" with how far the regulations can be violated with impunity, in the attempt to execute the disabled and helpless Terri Schiavo. The federal regulations do not permit "experimental" violations of the law!

Nancy Valko, RN, writes *"it is sadly ironic that so many people are arguing against capital punishment lest one innocent person die but offer no similar opposition to withdrawal of food and water and/or basic care from patients despite the many publicized and non-publicized cases of cognitively disabled people who get better even years later."* [107](#)

In an apparent contradiction to the pro right-to-die stance of Partnership for Caring, board member and prominent hospice physician Ira Byock, MD conjectured years before PFC was formed: "what happens if assisted suicide and euthanasia become legal in today's environment? I submit that *in the absence of adequately funded palliative care programs and residential hospice settings, it will become our responsibility to recommend assisted suicide to those who lack basic financial or family resources* . What a horrific way for society to respond to the needs of the destitute and dying." And hospice organizations unanimously agree that funding is inadequate. [108](#)

While Partnership for Caring and other hospice organizations actually do contribute much that is praiseworthy to the end-of-life care in our nation, their current acceptance of euthanasia and physician-assisted suicide is a policy replete with opportunity for exploitation and harm to helpless patients. In Dr. Byock's own words, warning about financial pressures encouraging the killing of patients, i.e., "assisted suicide" is "horrific!"

It goes without saying that many who end up in hospice are the elderly and disabled. It appears Dr. Byock's prediction is quite accurate: there is a current financial pressure to limit expenditures for health care in order to balance the federal and state budgets. HMOs and health care insurers also wish to limit expenditures in order to increase profit: the obvious answer? passive euthanasia and physician-assisted killing. Of course, the right-to-die zealots have come up with more pleasing language: "aid in dying."

Creating the Legally Sanctioned "Right-to-Kill"

The shortsighted, the naive and the evil: these are the proponents of the right-to-kill movement. Actually, there is no "right to die" movement: it's about the right-to-kill - you - or whomever they wish to eliminate in the health care concentration camps of the 21st century. Let's be frank: they admit they wish to be able to kill old Aunt Jane, disabled veteran Joe and ailing Uncle Bill, who just happen to be helpless and whose intrinsic worth as a human being is not "acceptable" to the right-to-kill zealots' idea of what a "quality" life is. Any system of health "care" that can calmly contemplate the killing of the weak, the old, the depressed or "expensive" is evil, a word not mentioned at all by the self-proclaimed bio "ethicists" who eagerly promote the "right-to-die" agenda.

It is no surprise that they do not mention evil; they do not concern themselves with real ethics, only the manner in which the greatest profit can be made by themselves and the mega-corporations they support. Rationing health care is another name for determining that the unworthy of life will be executed or made, one way or another, as we have seen, to die.

And what is the absolutely ideal location to push the "right-to-die" onto the unwilling? Hospice! Hospice utilization has been growing by about 10% annually for several years.¹⁰⁹ The government and hospice industry do not publicize the financial pressures which may push patients into hospice. They only proclaim their dedication to providing "compassionate care." They do not publicize the real reason the hospice benefit was created by Congress: "*Congress established the Medicare hospice benefit as both a cost-containment mechanism to limit the program's high costs for beneficiaries in their last year of life and a quality improvement tool to improve care for the dying.*"¹¹⁰ Let's be real: ***if there had been no cost-containment capability in creating the Medicare hospice benefit, the Congress would never have created the Medicare hospice benefit !***

The public "angle" to "sell" hospice is that hospice is the compassionate way to care for those facing a terminal illness, and yes, the palliative care offered in hospices is the best way to serve the dying, however, what they don't admit publicly is that to save even more, the elderly, disabled and other patients are being killed outright, under many different circumstances; that is what [they don't wish you to know](#) .

The lives lived by the abused and neglected are miserable, with much unnecessary suffering, when society looks the other way! And with all the problems we've reviewed that might happen to the elderly and disabled, isn't it clear that what actually happens to them is like playing Russian roulette? They live in terror of entering a facility or remaining in one. They know; they don't have to pretend that these facilities are all "just fine." They know that entering any health care facility in the nation, while possibly being a lifesaver, may also be a quick path to the grave!

The Public: Failing to Protect

Now back to the original question in this article: what does it take to get the public's attention? What headline would really awaken the sense of horror at what is increasingly happening to the disabled and elderly? I have listed more than 20 different ways the elderly and disabled are currently being killed, and noted that the public still doesn't seem to care. Yes, perhaps "lynching" is the only type of killing society could get alarmed about. Of course, we already do that with bedrails. I guess it's just hanging from a rope that is unacceptable! Our society has become so callous that we cannot call ourselves civilized when we allow the abuse, neglect and killings to continue.

A humane society's role is to protect the vulnerable. That is the vision of a loving service-oriented health care system. That is the image of health care that the health care industry markets to the public. However, there is a "schizophrenic" kind of disconnect between the idealized image promoted in the advertisements and press releases of the health care industry and the constant stream of government investigations reporting severe and longstanding problems with fraud, criminal abuse, neglect and killing of the elderly, disabled and chronically ill.

The image portrayed purposely by the industry itself (which is utilitarian in administration) is that of its opposite: the loving caring service-oriented field where all decisions are based upon love, caring and the patient's welfare above all. The portrayal of the industry in this way directly contradicts the actual actions and decisions taken by the industry every day, moment to moment, in every state of our nation. Industry administrators consciously exploit the goodwill created by those dedicated health care professionals who still abide by the values and standards of the loving and caring vision of health care.

However, decisions are not based first and foremost, upon the patient's welfare in all situations. Decisions are made first and foremost upon what will reduce expenditures for services and increase the revenue stream flowing into the corporation! Once expenditures for service are "approved," then service is provided.

I remember an unforgettable incident back in 1990 when a fellow nurse was caring for a just-admitted 23 year-old migrant worker who had been rushed into a local acute care hospital, suffering from a heart condition, rare among those so young. Once admitted to the hospital, doctors and other consultants evaluated the patient. They declared he needed treatment and should be admitted. However, my friend was astounded when the hospital administrators essentially threw her patient out of the hospital by discharging him back to his home since he had no insurance coverage that could adequately cover the treatments he would require. [111](#) We both sat there with disbelief in our eyes until the reality hit us: "welcome to health "care!"

Our society has failed miserably when it comes to the elderly, disabled and chronically, or even acutely, ill. Judging by the actions of our society, it must be concluded that we are not a humane society. The problems in health care could be much reduced if industry owners and administrators subscribed to the same values as the workers who comprise the industry, who serve directly in the field.

We must choose to cherish and care for our fellow citizens, including the elderly and disabled, because they are literally "we, the people." As disability rights organization, Not Dead Yet, so eloquently put it, the constitutional rights of the elderly and disabled are being "trampled as health care providers rule their lives too burdensome." [112](#) Whether through abuse, neglect or direct euthanasia, the elderly and disabled confront a formidable evil alliance of those responsible and willing to kill them or let them die, one way or another!

Disability rights activist Harriet McBryde Johnson, a lawyer and a voice for those who are disabled, writes: Prof. Peter Singer, [113](#) of Princeton University "is the man who wants me dead. No, that's not at all fair. He wants to legalize the killing of certain babies who might come to be like me if allowed to live. He also says he believes that it should be lawful under some circumstances to kill, at any age, individuals with cognitive impairments so severe that he doesn't consider them "persons." ... "At this stage of my life, he says, I am a person. However, as an infant, I wasn't. I, like all humans, was born without self-awareness. And eventually, assuming my brain finally gets so fried that I fall into that wonderland where self and other and present and past and future blur into one boundless, formless all or nothing, then I'll lose my personhood and therefore my right to life. Then, he says, my family and doctors might put me out of my misery, or out of my bliss or oblivion, and no one count it murder." [114](#)

The utilitarian vision does not recognize the soul; it does not recognize God; it does not recognize an ethics derived from a basis of love or religion; it does not recognize any worth to a life that might contain intense suffering. Those who suffer, such as the elderly, disabled, chronically ill, and others, are "better off dead," they argue without making any sense to those who live with a completely different world-view. The utilitarians fail to recognize that the elderly and disabled have their own right to live.

The Constitution does not say that "all men are created equal, *except the elderly and disabled or ailing* ." It doesn't say that any person should be executed simply because they exist, yet that is exactly the goal of the right-to-die zealots, the utilitarians and the big-business interests of mega-healthcare corporations that worship at the altar of their own personal greed and corporate profit.

Congressional Law: Failing to Protect

And that brings us to one area we have not discussed: the law. It is through the law that the utilitarians wish to impose their dark vision of health care upon the rest of us. While ERISA provisions exempting HMOs from liability were originally set into law by Congress to encourage the proliferation of HMOs, which would promote "health maintenance" and prevention of disease, the HMOs found that the fruits of their efforts made to promote health, prevent disease or maintain health were lost when participants in the HMO plan transferred to another company or plan.

In other words, an HMO's efforts to maintain health and prevent disease were not rewarded with any financial gain, in fact, costly services provided regularly ended up benefiting the HMOs or other insurance plans which acquired the participants as plan members upon transfer. Without any financial incentive to continue health maintenance as envisioned by Congress, the HMOs altered course toward the lean, cost-cutting, treatment and life-denying lords of health care that we see today. The HMOs today bear no resemblance to the ideal envisioned by Congress years ago!

The ERISA exemption entitles HMOs to kill, maim and otherwise harm with impunity. And now the type of unconscionable abuses found in some of the worst HMOs is making its way quickly into all areas of healthcare. When patients and families seek relief through the courts, based upon the rule of law, "the patient will find that the usual state law Tort Claims [115](#) are also preempted by ERISA, so any claims against the HMO or Employee Benefit Plan for medical malpractice, wrongful death, fraud, etc. will be summarily dismissed." [116](#) It is the Congress which originally gave this immunity to HMOs and it is the Congress that can and must remedy this loophole which allows the chronic plundering of the citizens of our nation, by subjecting them to abuse, neglect, denial of treatment and outright killing in health care facilities.

If all the victims of this evil alliance of killing were to be lined up together and placed in one mass grave, it would fill an entire city and would be called the worst incidence of mass killing ever known.

Because each death is conducted, rather, each "killing" is conducted individually, in a separate location, known only to separate individuals who are isolated from all the other individual cases, each case appears to be "an isolated incidence." However, these are not isolated cases; they are all part of the pattern of victimization of the vulnerable.

The First Amendment in the Bill of Rights states that "Congress shall make no law... abridging ... the right of the people ...to petition the government for a redress of grievances." Yet, the ERISA exemption for HMOs prevents the redress of grievances and creates a class of invulnerable mega-corporations that can manipulate the patients in their care without any real oversight or regulation. Without access to the courts to correct the wrongs perpetrated by some HMOs, the people are made to be a subservient class of citizens, [117](#) without the rights guaranteed by the Constitution, and capable of being maimed or killed without even a whisper of outrage from the courts or society!

In many states, the obstacles to filing legal action against health care agencies or other providers (to seek justice from the courts) are almost insurmountable for the common citizen. While wealthy individuals have full access to the courts, many victims or families of victims simply do not have the funds to hire an attorney. Legal assistance on a pro-bono basis is as rare as a flight by the fabled Pegasus in downtown Chicago. The creation of an under-class of the legally shutout victims of health care is a foreseeable consequence of the various legal protections for HMOs, health care agencies and the financial power of these entities. Corporations hire law firms on retainer as a matter of course; individuals are unable to hire them at all.

Victims and families of victims find it extremely difficult to find any attorneys to represent them when an elderly or disabled person is harmed or killed in a hospice or other facility. Attorneys will almost universally proclaim the validity of the claim, but universally reject the case on the basis that recover is limited and is not worth filing a suit. Prosecutors almost universally refuse to prosecute cases involving hospice as well. When there is no potential for legal action, whether in criminal or civil court, against the victimizers, the victimizers are free to do anything at all they wish to do, including murder! The utilitarian vision of health care is currently free to wreak havoc without regard to the harm it unleashes upon the public.

Steps to Reform

However, evil is not the only force in the world. While our health care system is not perfect, it still contains many dedicated workers who truly care about the residents and patients they serve. There are those working to protect the elderly and disabled. Their voices are not always heard and their wishes are not always carried out, but they are trying. We must move forward with hope that correction of the evils mentioned can occur. We need effective enforcement of the regulations that are supposed to protect the vulnerable. We need county prosecutors who are willing to prosecute the murderers and rapists of the elderly and disabled; we need courts that will put these monstrosities in jail for life, just as they would do when any other group of citizens had been victimized.

It does not take a majority of health care workers who harm, neglect or abuse patients; it only takes a few who are left unpunished, unrestrained who continue to terrorize the elderly, the disabled and other patients in facilities across our nation. While some debate the numbers of those creating havoc in our system, there is no question that the combination of corporations exploiting the system along with individuals who are willing to abuse, neglect or harm those entrusted to their care results in truly horrific circumstances.

Some suggest that further study is needed and that we need a dispassionate discussion of the issues. Others say that, "now is not the best time to get this issue discussed or to get action from Congress." There are always other problems, other concerns which have seemingly overwhelming importance: wars, scandals, budget concerns and turf wars between doctors, malpractice insurance companies, lawyers and patients. But there is no excuse for any further delay.

How long shall these atrocities go uncorrected?

How long shall the vulnerable suffer?

What is needed first and foremost, is a decision to choose the right path, which is a path dedicated to service to and protection of the vulnerable. The elderly, disabled and other patients need justice. We must decide to correct the wrongs occurring on a daily basis. The people know they need a law protecting their rights as patients. The people know when they go up against an HMO and find they cannot take legal action at all, or find their search for justice otherwise blocked, that there has to be a change. The ERISA exemption took away patient rights that up till that time had existed. A new patients rights law would restore patient rights and justice to the system, stopping a decades long trend of exploitation of patients within the system.

We must make a strong resolve to end the abuse!

We need an independent investigation of the behind-the-scenes manipulations of the Justice Department that result in policies rewarding criminal corporations who defraud Medicare. Years ago, almost all health care agencies were nonprofit since they were uniformly founded upon missions of service and caring. We need to re-think the very entry of for-profit corporations into health care. The for-profit corporations have implemented policies that have been disastrous for those entrusted into their care. The worst cases of fraud in health care have involved for-profit corporations manipulating the health care system to personally profit and reward the stockholders of their corporation.

However, if for-profit corporations are allowed to remain, then strict enforcement of the laws and regulations of our nation must be implemented in order to protect the most vulnerable of all. The ERISA exemption for HMOs needs to be reformed; it has become the license under which HMOs kill. Hopefully, the recent ruling by the U.S. Appeals Court for the 2nd District in [Cicio v. Vytra Healthcare](#) [expanding the right of patients to sue HMOs](#) will survive certain appeal to the Supreme Court.

And those who seek tort-reform at this time, are truly seeking to stifle the only voice left to the weary and suffering victims of health care abuse. Those who support tort reform's proposed cap on punitive damages argue that their proposals would still allow payment for all medical bills and rehabilitation for the lifetime of the victim. What is left completely unmentioned, is that there are no payments of medical bills or rehabilitation when the patient has been killed. Tort reform basically allows health care corporations to kill any patient and merely "pay off" the family to make them go away. The "cap" is the maximum price the corporations would have to pay (only in those cases where a plaintiff actually bothered to file legal action), whether the patient still lives or is killed outright. With patients who have complex medical conditions, killing them is cheaper than caring for them!

We Need An Elder Justice Act!

Senator John Breaux and Senator Orrin Hatch, of the U.S. Senate Special Committee on Aging have re-introduced legislation to pass an Elder Justice Act. [118](#)

"[The Breaux-Hatch measure](#) establishes dual Offices of Elder Justice at the U.S. Departments of Justice and Health and Human Services to coordinate disparate federal, state and local efforts to combat elder abuse, neglect and exploitation in residential and institutional settings."

"The bill also establishes new programs to assist victims and provides grants for education and training for law enforcement and prosecutors, while developing more forensic expertise. It requires reporting of crimes in long-term care settings and requires FBI criminal background checks for those employed by long-term care providers, rather than state checks alone."

"Finally, the Breaux-Hatch bill includes measures to increase and retain staff in long-term care facilities, including a staff demonstration project, training and degree programs, and incentives to draw more people to health professions serving elders."

I pray that this time the U.S. Congress hears the cries of the elderly and of the disabled and quickly takes strong action to stop the massive victimization and murder of the elderly and disabled. The vulnerable can no longer wait for relief! Their very lives are at risk each and every day! It is time for Congress to take strong action to protect the elderly and disabled. Any further delay is choosing to allow further harm to our nation citizens and its health care system.

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Ron Panzer is President and Founder of the Hospice Patients Alliance, a not-for-profit patient advocacy organization working to assure the highest quality of end-of-life care and to prevent exploitation and harm to patients.

Visit HPA online at: [Hospice Patients Alliance](#)

Please support the Elder Justice Act.

Read the proposed [Elder Justice Act of 2003](#) at our website. If you wish to see the same exact material at [the Senate website](#) , search for S.333 under "bills" by number and then click on the link you will see for the Elder Justice Act. Select "printer friendly display" to read it easily.

Contact your Congressman and the President and let them know how you feel!

[Contact Information for Your Congressional Representatives,
Senators and the President](#)

Contact Senators Breaux and Hatch:

Senator John Breaux
503 Hart Senate Office Building
Washington, DC 20510
(202) 224-4623
E-mail: senator@breaux.senate.gov

Senator Orrin Hatch
104 Hart Senate Office Building
Washington, DC 20510
(202) 224-5251
[Web Form](#)

Learn more about the [Elder Justice Coalition](#) which is working to pass the Elder Justice Act.

To support the Elder Justice Coalition to pass the Elder Justice Act, send your contributions to the [Elder Justice Coalition](#) .

[The Hospice Patients Alliance Main Page](#)

Endnotes:

[1](#) [Congressional "Nursing Home Abuse Report: Elderly Abused at 1 in 3 Nursing Homes"](#)

ABCNews.com: 8/8/2001

[2](#) See other endnotes in this section for numerous examples of patients being killed through various means.

Also see examples of such killings at the "[Hospice News page](#)," and four cases of euthanasia at: "[Euthanasia Issues](#)," Hospice Patients Alliance:

[3](#) "In the spring of 1987, [as a physician, I caused the death of a man](#) . Although this was known to many people, I have not been taken before any court of law or called to account for this in any professional or public forum. In fact, just the opposite occurred: [I was "rewarded" for this](#) . It bought me an improved reputation in my job, and contributed to my advancement afterwards. Not only did I demonstrate I could indeed do what was expected of me, [I exemplified the "good" company doctor: I saved a half million dollars!](#) - [Testimony of Linda Peeno, MD](#) before the U.S. House of Representatives, Committee on Commerce, Subcommittee on Health and Environment: 5/30/1996;

[4](#) All references to Kaiser HMO are copyright 2003: Charles Phillips, MD from [HMOs - Licensed to Kill](#) , draft version; Fresno, California and [Inside Kaiser's E.R. - An Exposé](#)

Dr. Phillips is a former Kaiser physician for 18 months and was the lead plaintiff and expert in [Timmis v. Kaiser](#) about the \$500 million issue of pill splitting into uneven fragments; he served as background expert in successful San Francisco case challenging the "in the hands of experts" ad campaign of Kaiser and whistleblower in the issue of Kaiser pretending to be an open staff hospital to get \$5 billion in tax relief. Expert on Kaiser stocks and venture projects

[5](#) All references to Kaiser HMO are copyright 2003: Charles Phillips, MD from [HMOs - Licensed to Kill](#) , draft version; Fresno, California

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7"[Statement of Sharon J. Arkin, attorney](#): Partner, Robinson, Calcagnie & Robinson, Newport Beach, California, on behalf of Association of Trial Lawyers of America Testimony Before the Subcommittee on Health of the House Committee on Ways and Means: - Hearing on Patient Protections in Managed Care - 4/24/2001;

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[The Greatest Civil Rights Struggle of Our Time](#); by Ron Panzer, President of Hospice Patients Alliance

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The management refused to fully comply with the standards of care, having implemented the policies intentionally for their own benefit, rather than the patients' benefit. I resigned, as many whistleblowers find they have to do, and another nurse who protested these policies was harassed for six months. When she no longer could stand the constant pressure by the hospice for her to leave, she resigned; she was one of the most dedicated and competent hospice nurses I have ever known.
- Ron Panzer

Stefanie Fletcher, RN writes: "the answer to the most basic question, why did I become a nurse, was the most important. Because of my desire to help people, I began the difficult journey necessary to report fraud against the government."
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Mark Gaines, RN writes: "[the nurses and doctors that speak up are fired!](#) Read "Nursing Revolution" and other nursing journals to check this out for yourself. There is no legal protection for a honest professional engaging in whistle blowing. I know of Florida nurses who have been blacklisted statewide for being honest patient advocates."
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[89](#) [Kindred Healthcare, Inc.](#)

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[95](#) [Beverly Enterprises](#) is one of the top nursing home operators in the US, with more than 500 facilities in about 30 states and the District of Columbia;

[Kindred Healthcare \(formerly Vencor\)](#) owns 55 long-term acute care hospitals and more than 300 skilled nursing facilities;

[Manor Care](#) has 300 nursing homes in 30 states;

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"Dr. Ian Dowbiggin, chair of the history department at the University of Prince Edward Island (UPEI), reveals that many leading euthanasia activists have approved extending the right to die to handicapped newborns, the disabled and the elderly -- and not just consenting adults with terminal diseases -- and that many of the people who supported eugenic measures such as the sterilization of the disabled, also supported mercy-killing and an individual right to die." from: [A Merciful End: The Euthanasia Movement in Modern America](#) , published by Oxford University Press, 2003.

When discussing the vegetative state, author Bryan Jennett suggests: "Special attention be given to matters of withholding and withdrawing treatment in particular, so-called artificial nutrition and hydration," [The Vegetative State: Medical Facts, Ethical and Legal Dilemmas](#) by Bryan Jennett, New York, NY, Cambridge University Press, 2002.

Note: " This is the current state of medical "ethics;" patients who are disabled cognitively and are not brain dead (or are disabled in other ways) are direct targets for execution through withdrawal of feeding. Important to note: anybody who is kept from eating or drinking will die!

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Quadriplegic PhD candidate Erik Leipoldt:

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[103](#) The Hemlock Society, Hospice for Hemlock and the World Federation of Right-to-Die Societies all list Compassion in Dying as one of the Right-to-Die organizations.

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Prof. Peter Singer of Princeton University advocates the extermination of any person whose quality of life is deemed "unworthy" of life, yet Singer is an ardent animal rights activist!

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"THE PASSION" and the Dead

There's a lot of talk about the movie "[THE PASSION](#)," and there's a lot of talk about the "brain dead" (and related subjects). Completely different topics coming my way, coming your way. We can't avoid hearing about them although we try not to think about brain death or injuries.

On the surface, they have nothing to do with each other. Used to be, people were either "alive" or "dead." Now society has redefined "death" to include the "brain dead" (as "good as dead"), "vegetative" (not brain dead but also "as good as dead"), "brain-injured" (not brain "dead" but certainly "as good as dead") and the "hopelessly injured."

It's the same with "passion." There's the really, really "passionate," the very passionate, the passionate, the somewhat not so passionate and the really not passionate. That's where the "hopeless and brain injured, and the idea of "passion" or, rather, the idea of the "utterly not passionate" meet.

The "utterly not passionate." I would call them the "heart dead." They have not had a heart attack or stroke; it's not even something physical, but it can affect the physical and can even be lethal to others. "Heart dead." It's all about passion, or rather, the lack of passion.

People who are "brain dead," or "hopelessly injured" are said to be not "really" alive, "as good as dead." I say that the "heart dead," the utterly without passion, are not "really" alive! They are dead to life.

And the irony is that it is the "heart dead" who so readily look the other way when other groups of individuals are labeled as "good as dead," as "nonpersons" and targeted for real death.

We have ever-increasing, redefined categories of those deemed to be "as good as dead," and "candidates" for organ donation, or should I say "candidates" for organ harvesting or death. The severely injured are no longer spoken of as "people" whose organs are to be taken from them. There is no mention that these patients' chance for recovery will forever be barred (since they will be dead, not from their injuries, but as a result of the taking of their organs). We don't even have "simple death" anymore. People can't just "die," they have to be evaluated to find out if they are "suitable" "candidates" to donate their organs.

It seems that anyone who is unfortunate enough to have a serious accident is hastily declared "beyond help" and the vultures rush right in to harvest the organs or just "let" (help?) the victim die. It used to be that the "system" did its utmost to save lives and prove the wonders of medicine. That is certainly not the case today!

There is nothing wrong with someone donating their organs if they had chosen to do so, but the slippery category of the "hopelessly" injured or "brain injured" keeps expanding. As a rule, the efforts of the medical establishment to treat and save the injured keep shrinking while the salaries of the owners and chief executives of the for profit health care insurance corporations and HMOs keep expanding.

One would think that as modern medical science and technology advance, the ranks of the "hopelessly injured" would become smaller. Yet the quickness of health care providers to "give up hope" and send these vulnerable patients to the organ harvesting tables or to hospice makes one wonder: are these patients truly "hopeless" or is there a financial motivation involved? Is the decision to forego treatment based upon sound medical science and a specific and individual patient assessment, or is it based upon the cold, hard calculators of bookkeepers and accountants.

There is a striking contrast between the passionate pursuit of medical excellence embodied by medical pioneers like Ignaz Semmelweiss, Joseph Lister, Michael DeBakey (among many other exemplary physicians) and the life-denying treatment denials of nameless, faceless "ethics" committees that are set up with the pre-determined goal of denying care to those they determine to be "hopelessly injured." In the rare instance that a "hopelessly injured" patient survives, despite all efforts to assure her death, these same all-knowing physicians shake their heads, never admitting they were wrong or that their life-denying decisions would have resulted in a premature and untimely death.

Strange how two completely different topics such as passion and the "dead" can be related. But what are we talking about, really? What is "passion" all about anyway? And what does it mean to be "alive" or "hopelessly injured?" What does it mean to be "dead?" Do people really understand what passion is? Do we understand any more what it means to be "dead?" Has the language allowed into use been so twisted and redefined by the [secular bioethicists](#) that we can no longer see what is right in front of our faces? ... that we can no longer speak clearly about what is so obvious.

There are many different types of "passion." And there are all sorts of books, movies and music about passion, most of it about romantic passion. It seems that as human beings, we crave passion. We crave the intensity and fulfillment that come with it.

I once attended a nursing seminar entitled "A Passion for Excellence" in nursing, and that's obviously a different kind of passion, a dedication to one's work. There are people who have a passion for their hobby, their work, and their sport. Parents have a passion for their kids, and kids have passion for a lot of things, especially playing with friends and their toys. Children in modern Western society have a passion for video games.

There must be a common thread of meaning in the different uses of the word. The word "passion" comes from the Latin root word "passus" or "pati" which means to suffer or submit. It is clear that those who speak of "THE PASSION" are using the word closer to its original meaning.

There is something about us (as human beings) that seeks out passion of some sort. It's something central to what we are as human beings. "Passion" also means to feel intensely about something. And when one feels intensely about something or someone, there is pleasure and there is pain or suffering of an emotional, psychological or even spiritual dimension.

And even if warned, "don't touch," "don't get involved," "you will get hurt," we can't help ourselves. Passion is part of the human experience, something that makes us who we are. It is our nature to feel and thirst for passion. Without passion, people cannot care, cannot thrive, and cannot fulfill their dreams.

People without passion don't fully "exist" as a full human being. They're "hollow" people. They become "heart dead," moving through life but not partaking of life.

The classic story of Romeo and Juliet demonstrates romantic passion with all its highs and lows: the joy of being with the beloved and the anguish of being apart. People of passion are willing to submit to the pain that their passion necessarily must bring. They would not have it any other way.

Without passion, however, one wouldn't care at all; indifference and apathy would flourish. Those who have passion feel "alive," know their lives have "meaning." They have purpose and focus. They "know" in the moment, with all that they are, that their passion has a lot to do with the purpose of being alive. Not that the purpose of life is easily put into words, but nevertheless, it is real and overwhelmingly experienced by the passionate.

Passion is intense. People who are passionate feel so deeply about something, they'll do just about anything for the object of their passion. People who are passionate about goals become leaders in their field. They, like Olympic champions, have the enthusiasm and energy to excel.

Galileo, Columbus, Martin Luther, Florence Nightingale, Albert Schweitzer, Gandhi, Jesus, ... they were all truly passionate and tireless in their efforts. They changed the world around them, giving all they had. Legendary characters such as Odysseus personified human passion, endeavor and love while suffering disappointment after disappointment. Great people of intense passion may suffer much in this world, but that is not all! They also can experience the joy of inner fulfillment and success in their mission in life.

There's something about passion that leads to suffering as an unavoidable consequence. And that's where the idea of "submission" comes in. "Submission" is not very popular in modern secular thought and it certainly is not part of what is called the "me" generation! But the idea of submission, as a virtue, is promoted in religious thought. It is and was central to basic society and standards of behavior. One submits one's individual will to that of one's parents, authority and God. One submits to the mundane obligations of daily life in order to provide for and care for one's family. This type of submission arising out of passionate love has nothing to do with exploitation or oppression.

The religion, "Islam," as a word, means "submission" to the will of God. And that "submission" is to be something passionate, intense. The idea of "submission" is also central to the Jewish and Christian faiths. "Not my will, but Thy will" be done is central to a life of faith.

Even in worldly endeavors, one has to submit to the discipline of work or one's hobby. One submits to the wishes of one's beloved, whether a romantic "beloved" or THE Beloved. The relationship between man and God is often compared to human passion. A life of faith is necessarily a life of inner passion.

In submitting, one gives up some individual control of circumstances and choices. One allows another (or another's needs) to determine that choice. One sacrifices the ability to choose the "easy" path, to choose what one prefers for the higher cause of fulfilling one's goal, or pleasing and meeting the needs of the one you love.

Real passion is not casual; it implies commitment, dedication, and intensity of relationship. Real passion is not a momentary fling or curiosity. It is an all-consuming thirst, a drive to do, to find, to be.

However, when the "me" generation blossomed, it was not out of passion or dedication, rather it arose out of defiance of authority, lack of respect for elders or the law, and a disdain for submitting to any established moral code or ethics. The "me" generation was about "doing your own thing," "anything goes," and a lack of commitment. Situational ethics and moral relativism are part of that approach to life. Some of those who lived through those times, who gave their hearts to a person or a cause, who were willing to sacrifice, dedicate themselves and commit, often found themselves disillusioned and heartbroken by the instability and lack of commitment which were and are intrinsic to the "me" generation.

The ideas of the "me" generation do not spring from passion but from boredom, rebellion, distrust and anger. They spring from inner emptiness arising from a closed heart. The means of fulfillment proposed by the "me" generation produce artificial "highs," temporary thrills, passing "joy." And the end-result may be depression, loss of focus and even suicide. "Me" generation people seek to fill the vacuum of their lives and the hollowness within. Like all human beings, their inner being calls out for fulfillment, but they reject the wisdom conveyed by established paths. They refuse to submit to discipline. They try to avoid even the slightest "pain," and seek only pleasure, something that is not possible for those living in this very real world.

The "me" generation never disappeared. It wasn't just a passing adolescent stage from decades ago, but became mainstream culture. Teenage hippies with their moral relativism and situational ethics grew older but not necessarily wiser and made their way into society and into positions of power. What else could happen when the "hippie generation" and baby boomers came into their own? They assumed power over the government, the panels, the policymaking committees and corporations that decide just about everything in our society. However, their situational ethics does not make for a stable society. That which may be desired by one may be harmful to another. Moral relativism and situational ethics lead to anarchy.

Whether it is "freely" partaking of uncommitted sex, drugs, alcohol or violence, human lives are lost to disease, over dosage and injury. The "me" generation's actual practices have resulted in millions of deaths and harm to the very fabric of a stable society. There is nothing "free" about it. In other words, there are consequences for every choice and behavior.

As a nurse, I've taken care of 40 year-old mothers who were dying of end-stage cirrhosis of the liver from years of alcoholism. I've cared for "free-thinkers" who had sex with people they didn't even know and didn't love and then died of AIDS. I've seen the babies who were disabled from birth due to drug abuse on the part of their mothers, "cocaine babies" who will never live a normal life. And I've cared for paralyzed patients with spinal cord injuries sustained from gunshot wounds during fights or from injuries sustained in drug or alcohol related accidents.

The papers and the movies don't tell the real story: the subsequent lifetime of years upon years of heartache and hardship of those wounded, injured, disabled or destroyed through uncommitted sex, drug or alcohol abuse and violence. And those who promote these make millions of dollars by selling music, art or literature glorifying that destructive "culture." The people who follow that message find disappointment and death.

The reality of life is something parents tell their children about every day: "be careful," "don't do this, don't do that," because parents love their children and know that the fantasy world presented in the major media does not convey the real threat to one's health or well-being contained in the ways of the "me" generation, situational ethics, or moral relativism.

People whose hearts are open are passionate, each in their own way. They have intense feeling. They have dedication to someone or something. But not everyone gets to have his story told. Even an outwardly ordinary life can contain great meaning, richness of passion and purpose.

On the other hand, "hollow" people seek the cheap thrills, the quick fix, the drugs, alcohol and casual relationships. They are among those I call the "heart dead." But there are others among the "hollow" people who are "heart dead." They may be working and living among us, but they don't feel "alive."

They may have much to say about what happens to others, may be in positions of power or influence, but not feel or "see" the others around them as "real" people. They may not be open to the intimacy, the vulnerability of understanding that we are each just one among many and all an equal part of the mix that is called "humanity." The "heart dead" live among us but never really "see" others and never really "listen" to others' voices or concerns.

The "heart dead" avoid suffering, submission to others or even to life or God. They are without passion and do not understand passion. They move through this life though they are not "alive" to life. The "heart dead" are anti-life, anti-God and self-focused. For them, the value of others' individuality is minimized or nonexistent. "Self," their "self" is supreme. And "society" as a whole is important, but only according to their shifting values and thoughts.

Not allowing themselves to feel intensely, not permitting themselves to submit to something or someone greater, they reject the reality of suffering and make suffering itself an evil. "Pleasure is good - pain is evil" "Life is good - death is evil" ... so goes their reasoning. And they would never wish to submit to anyone or anything that limited their pleasurable enjoyment of life, so therefore nobody should ever have to suffer.

So strong is their aversion to the basic suffering in life, that they would rather choose death than confront their basic vulnerability, lack of control, limitation and what they perceive to be the humiliation of submitting to suffering, dying and death. They therefore promote assisted suicide and death as viable "solutions" to the problem of suffering, dying and death. Even when excellent end-of-life care can relieve pain, they still choose accelerated death, because their basic approach to life denies the realities of life which include loss of control, vulnerability, dying and death!

The heart dead cannot accept the cycles of life, the pairs of opposites in life, that there is a beginning and an end, pleasure and pain, or birth and death. Whatever "passion" they have cannot be the type of passion that books are written about nor can it be the type of passion that inspires the telling of tales and legends throughout the ages. The "heart dead" cannot be admired for their courage, because they actually flee from life, hide from the realities of life and often, in their blindness, destroy life.

There is something about the human condition that struggles admirably through life for a purpose, for a goal, for something that uplifts one and makes the ordinary existence seem to be lifted up, ennobled. While parents may condemn the obsession of the younger generation with video games, one must look to the content of the video games that are most successful. Yes, there are many that are simply cheap violent thrills. But there are many that transport the player into a mythic world where there is right and wrong, the "good" and the "evil," and an all-important battle to win the prize, ... something almost completely lacking in prevailing societal teaching or example.

This "me" generation, a secular generation, does not engender mythic battles and achievements, because it rejects those values which make mankind "human" and which inspire and empower mankind to achieve great things. If we as a society choose to behave like animals, then we may not pretend to be "above" the animals. And so we find the [secular bioethicists like Peter Singer](#) elevating animal rights while simultaneously devaluing the human rights of the disabled, the different, and the "helplessly injured." Because they do not believe in an absolute "right" or "wrong," they have no constant or absolute basis upon which to judge actions. No unyielding foundation upon which they can build. The "anything goes" rationale fits right in with moral relativism, i.e., no absolute standard for right and wrong.

But the human soul thirsts for something greater, and the belief in standards of absolute right and wrong is something basic to the human condition. Rather than condemning those who subscribe to a belief in right and wrong, one must recognize the reality of right and wrong, good and evil.

The stories of knights in shining armor fighting epic battles to defend the lady or the crown describe human passion and inspire passion. There is no "hero" of great virtue in the "me" generation, nothing that could inspire entire generations for ages. But the story of the quest for the Holy Grail, stories of chivalry, and courage, and fairy tales such as Cinderella, are told generation after generation. They affirm the good and reward the reader with a renewed confidence in their faith. They affirm righteous and fair behavior along with sacrifice and determination.

These stories revolve around true passion. They include great sacrifice on the part of the heroes, and they include great suffering willingly accepted for the sake of the principles that governed their lives: honor, chivalry, love, devotion to God and King. These stories encouraged submission to the authority of "the good king" as well as acceptance of and an understanding of the harsh realities of life.

Great passion involves great love. And as it has been said, "there is no greater love than that of one who sacrifices his own life for a friend." Sacrificing one's own life can be done in a moment or be a lifelong labor of love in caring for those who are dependent and vulnerable. Submitting to suffering, sacrificing oneself even to death, one saves the life of the other. Outwardly, it appears foolish. But those who take that path know that the path of sacrifice and suffering is chosen out of great passion and love.

When we serve, when we care, when we submit to the realities of life, we lose some of what we may momentarily have desired, but we gain much more in the rich fulfillment of our passion and love. Those who have much to give in this way are given even more.

Our modern culture likes to ignore the harsh realities of life, mentally living in a false world. Rather than speaking of the constant portrayal of the ever young, ever healthy and ever alive, I would like to point out that this obsession with the young and healthy is directly tied into the "me" generation's cultural fear of being the "never again young," fear of being "the never again healthy," and fear of confronting the finality of death. Those who cannot accept the world as it is are uneasy when life's changes suddenly intrude upon the fantasy world the "heart dead" have created for themselves. Unable to prevent life from intruding into their dream, they seek to control these changes to suit their desires, to minimize pain, to even control and choose the timing of their own death. That is what is so central to the "me" generation: control of one's own life, not submitting to others or to other things.

And this explains the "me" generation's aversion to being vulnerable or helpless and dependent upon others. "Hopelessly injured" means being destined to live in a way that they would not wish to live, cannot imagine living and could not tolerate living. Projecting their own desires for complete self-control onto the lives of others, they say that others (the "helplessly injured") are "better off dead" than disabled, chronically ill or very elderly.

They would not wish to live under those circumstances. Those who use "quality of life" to determine whether a person is to be cared for (or even allowed to live) do not accept suffering as a natural part of life; they refuse to submit to the natural changes of life. For them, disability becomes a mark of revulsion, designating the disabled for devaluation, shunning and even imposed death.

Those who refuse to give, who are only concerned with their own self-interests, who choose not to care, who reject the path of sacrifice and suffering, find themselves alone; the little they did have is taken away.

And it all makes sense, because those who reject life are "heart dead" and do not feel the value in others' lives. Their "compassion" involves no sacrifice, no suffering, only death for those whose lives they devalue. They are quick to end the lives of the severely disabled, the different, the ailing. They are quick to deny treatment to the injured. They are quick to plunder the organs of the severely injured.

But real compassion for others always involves giving of oneself, even to the point of one's own daily, ongoing suffering, pain and sometimes death. THE Passion of life.

That is the example of giving without holding anything back, feeling so intensely that words fail, submitting one's will to something higher, sacrificing everything out of love. There IS something called "passion" and there are the utterly not passionate, the "heart dead." The really "dead" to life are walking among us. They are not "brain dead," but "heart dead," and though they think themselves wise, they do not understand the most basic facts of life! They do not live life and are not "of" life - that is why the culture they have built and promoted is called the "culture of death."

"Love & the Corporate Money Machine"

When we think about health care as a field of service, we must consider the mission involved. Why does the health care industry exist? It may seem a silly question to ask, but often, asking the simple questions forces us to focus on the essential issues confronting our society.

Health care as an industry exists to care for the ailing, prevent disease and promote health, not just for society as a whole, but for each individual life served. If every decision made in our health care corporate board rooms was based upon that mission, many of the problematic situations that exist today would be much improved or eliminated. While every health care corporation's leaders tell the public that they are acting for the benefit of those served, the reality is something quite different. Health care has become a money machine!

Many, many billions of dollars are poured out to health care corporations through the Medicare, Medicaid and other programs of the federal and state governments. Private health insurers pay out billions as well. And billions of those dollars are going into the collective pockets of those who are exploiting the system! According to some who have been caught committing health care fraud, it's easier to scam Medicare or a private insurer than to push drugs or commit other forms of ordinary organized crime. So organized crime has moved into the corporate boardroom, in health care, as well as other business fronts. With billions of dollars pouring out like a water faucet, is it surprising?

We like to think that our health care corporations and institutions are run by dedicated, charitable individuals who have nothing but the public's best interests at heart. The reality could not be more different! The days when major health care agencies were heavily influenced by the good wishes of dedicated public servants is long gone.

Hospitals, nursing homes and even hospices are being swallowed up by corporate chains that excel not only at committing health care fraud, but also excel at keeping the millions of dollars stolen from the taxpayers, even if the corporation gets caught by the US Justice Department. Examples of such corporate corruption continue to be brought to light. Beverly, a corporate nursing home chain, and HCA, a corporate hospital chain are some of the most glaring examples: convicted of felony fraud against the Medicare system, yet still operating without major setbacks for the corporation that was responsible for scamming the U.S. Treasury through Medicare fraud.

When a corporation commits fraud, gets caught, and pays back only a small portion of the amount stolen, it's called a "settlement" arrangement. The crook (read "corporation") promises to "be good" (read "corporate integrity agreement") and gets to keep millions of dollars stolen from the US Treasury.

Crime in health care pays bigtime!

When chief executive officers of health care corporations arrange to have themselves paid millions of dollars per year, something is very wrong with the system. CEOs earning less than \$150,000 per year is almost unheard of, even in relatively small health care corporations, whether they are for profit or "nonprofit." And executives at large corporations are commonly receiving multi-million dollar compensation packages annually. All the while they pay themselves handsomely each year, they cry "poverty" when explaining why their agencies can't hire a few more nurses aides or nurses to properly staff a facility and care for the patients!

The U.S. Office of Inspector General warns the public that scams are proliferating in health care. The OIG tells us that nursing homes may have kickback arrangements with hospices or hospitals for exclusive referrals, or that health care providers may take federal and state funding, and not provide all the services needed by the patient. These are the actions of manipulators of the money machine, not caregivers!

What health care professionals working for the very large health care corporations continually report is the oppressive pressure by management to squeeze more work out of the health care staff, to cut corners by minimizing services, and to maximize profit (or the "revenue stream" for "non"profits. People who enter health care as frontline caregivers do so, because they feel the call to serve and wish to help others in need. They are willing to work hard and endure what are often very difficult conditions, in order to make a difference in the lives of those they serve.

Those who enter high level administration in large health care corporations today have less lofty motivations, from the outset, and their actions reflect the different values they hold. For the most part, they do not enter the field out of a dedication to the needy, rather they are seeking career advancement, power, wealth and prestige. They know how to talk the talk (promising that their corporation will serve the public's interests as the first priority), but are not guiding their business in order to maximize patient care services; they do not "walk the walk."

The legitimate role for administration is to provide vision, guidance and management so that services are maximized and patient care made more effective. The actual role today for administration in large health care corporations is to maximize profit by short-changing services. Patient care service is regarded as a burden that must be endured to make that profit. Milking the money-machine is the prime directive behind all decision-making.

What does real health care look like? How would we recognize the ethical administration of health care? It's not a difficult matter. Ethical health care serves the needs of the patient, relieves suffering, treats disease, facilitates the well-being of the patient, respects the patient's individual rights as a citizen as well as a human being and does not intentionally cause harm to the patient. In short, ethical care is guided by a deeply held positive regard for the patient. Some would call it "love."

But using "love" as a guide in "modern" health care is "unprofessional" and "unprogressive," we are told. Health care workers are taught to be objective and not get too caught up emotionally in the lives or needs of their patients. Well, it is true that it is necessary to maintain one's emotional balance in order to survive the stresses encountered within the field, but that does not mean we cannot love. Many of the caregivers who enter the field do so out of a love for people.

Love is a word that means many things to different people. The love of a caregiver is what we are considering here. How can it be described? What attitude must we hold towards those served?

We can learn from various forms of love and relationships. When a child is born, the parents look to see if the baby is breathing, if the color of the skin is pink, if the child responds normally. "Airway, breathing, circulation ... and consciousness." Just as in the provision of first aid, we look to assess the "A, B, C's" of the patient's condition. But when a mother looks at her own child, it's an ongoing, never-ending pursuit, day after day, week after week, year after year: "A, B, C and D," "A, B, C and D" over and over. Ever watchful, attentive, she evaluates and looks to see if everything is "ok," or if action is needed. The mental checklist is reviewed moment to moment.

We can certainly incorporate the attentiveness of a mother's love. The constant vigilance. The motivation and ability to act immediately when needed. The intense devotion to serve. A caregiver also reviews the mental checklist moment to moment, assessing the patient's condition on an ongoing basis. She looks for any change and constantly evaluates whether the changes are significant. If significant, she intervenes or gets guidance from a physician or other expert.

Parental love has another constant quality: protectiveness. Dare to cross between the path of a bear cub and its mother and you will learn about protectiveness. It's all about preventing harm to those loved. And our patient's are entrusted to us for a time. While they are with us, we are responsible to protect them from any harm, to the best of our ability.

I remember when my son was born. My wife labored for 23 hours to give birth, and it was real "labor." Not easy. But when he was born, it was miraculous: where there was no independent, tiny life before, now a little child was present, dependent, and needing our care and protection. Holding him on my chest while he slept, I felt that his every breath was a miracle, and I learned how careful one had to be with him. I would look in on him regularly just to make sure he was breathing. And I continue to think of ways of helping him grow and do well in life.

Loving mothers and fathers think of their children throughout the day. They think of ways to help their children grow, learn, and have happy, health lives. They do what they can to accomplish those goals. Dedicated caregivers work to help the patients grow and learn (if children), and have happy, healthy lives as possible.

The dedicated caregiver is constantly thinking of the patient's condition and what might help the patient or what might improve the outcome.

We know that we hold our patients lives in our hands. A little fear of that ultimate responsibility is a healthy thing. Good nurses can all tell stories of student nurses who had no fear of providing patient care, who rushed right in and always acted like they "knew everything" that had to be done. These student nurses who had no sense of their own ignorance were often thrown out of the program for one huge mistake or another. They are dangerous because they had no healthy fear at being responsible for another life.

Caregivers need to have a little awe at the tremendous responsibility they have to protect and care for the patient. They need a little fear to keep them on their toes and to motivate them to act immediately when needed. When you truly care about a patient, what happens to the patient matters.

During the time we serve our patients, we need to view our patients as just as important as our own family. We need to treat them as we would wish our loved ones to be treated. We know that just about everything we do in health care must be done in just such a very specific way or harm could result. That is why there are standards of care and protocols for every technique and procedure within nursing and medicine. In health care, love is the "gold standard" of care, against which all our actions are to be measured. And love demands that we not only feel for our patients, but that we are competent, professional and well-trained professionals.

Are we treating our patients' lives with such love, respect and reverence? Are the caregivers in the health care system receiving proper training? Do they have the knowledge necessary to successfully intervene to relieve suffering and promote the well-being of the patient? Do we provide the maximum in needed care, or only that which would provide a solid excuse to bill for services "rendered?" Before the corporate spokesman cries "poverty," protesting that there isn't enough funding for that kind of service in health care, I say, stop the fraud! Stop the personal pocket filling at the trough of the health care money machine. Stop plundering the system!

When health care executives are paid on a reasonable basis (certainly not more than ten times a nurse's salary), and when priority is given first to patient care services, then it will be appropriate to determine whether there is enough money to pay for the services needed. Now top administrators are getting one hundred times a nurse's salary in compensation! I am not convinced that health care resources are so "scarce." I know that what is scarce is honesty and integrity within the health care administrations of the very large health care corporations. These huge health care corporations are increasing their control over the health care industry and the provision of services to the patients in our nation. They are motivated by profit first and the trail of patient abuse, neglect and actual harm speaks for itself.

Government efforts to rein in fraud and corruption in health care have been woefully inadequate for decades and have been intentionally so. They are not sincere at all! Millions of dollars in contributions to our elected officials flow from the health care corporations as "protection money," and the elected officials make sure to appoint industry-friendly "regulators" so that the regulatory departments do not become too serious about cleaning up the widespread fraud within the industry. Should an inspector be hired who takes the job seriously, that inspector is reprimanded or fired. Sometimes, should they dare to become whistleblowers revealing the corruption of the agency, they are blackballed and their reputations are smeared.

The only conclusion an objective person can make, as shocking as it may seem, when observing how the US Justice Department allows the huge health care corporate criminals to keep so much of that which they have knowingly stolen, is that the government officials have chosen to reward the criminals (health care administrators) who contribute so regularly to their re-election campaigns in an unbroken circle of shameful "payback." Health care crime is a very safe and profitable choice.

Health care is absolutely a money machine, for top administrators in the very large health care corporations as well as for the government officials who accept the bribes disguised as campaign contributions; health care workers who are trying to serve the patients are merely caught in the middle. Dedicated physicians, nurses, social workers and others try to provide services as best they can, while the administrators manipulate the money machine to maximize their own personal gain. The conflict in values could not be greater. We repeatedly see losing battles by caregivers who seek to maximize care; losing battles, because all the power within the health care corporate structure resides in the hands of the administrators who care nothing about patients and care everything about personal profit. With certainty, both patients and staff suffer needlessly.

To reform health care as an industry, we must remember why the industry exists and stop rampant fraud within the system. When health care takes up so much of the federal and state budgets, we can no longer tolerate a US Justice system that pays criminals to steal. Reform is needed in government first so that laws against fraud are enforced. When the corporations realize that they can no longer scam the system without risking jailtime, and when they know that they would have to repay all stolen funds, the risks of committing fraud and getting caught would outweigh the benefits. Only then will the fraud stop.

Health care must return to being administered as a labor of love. Only then will our patients and society be well-served. Only then will care givers be freed to provide the services needed by the patients. Only then will doctors be free to provide services that truly serve their patients. We need not pretend that our health care corporations provide the very best; we need to actually provide the very best. It is the administrators of our health care corporations who could allow that to happen. Rather than stuffing their own pockets through the money machine, they need to place patient care services first. And it is the government regulators and criminal justice forces who could make sure they do just that.

Shame

by Ron Panzer

June 30, 2004

Shame is something that people silently endure. It can be inexpressibly painful and something familiar to every health care professional as well as patient. At any stage of life, shame has many faces.

If you've ever cared for the elderly, the severely disabled or the chronically ill, as I have, you know the look, the unspoken shame. Shame at being naked before another who is not a lover, not a parent, not family. Shame at being other than what you once were. Shame at being unable to do the things you used to do or that others do. Shame at needing help to stand, needing help to sit, needing help to eat.

When your mind is clear, well, as clear as can be expected, and you realize the truth of life, you know that we leave life much the same as we entered. And for quite a long time you've seen your life drifting away bit by bit like grains of sand being blown in the wind.

The strong young man with strapping muscles now stumbles to walk even one step. The beautiful woman's face becomes wrinkled with age. Once proud, thinking old age would never visit, she wishes for the days gone by, when men could not take their eyes off her, when desire filled her heart. Memories remain, some that comfort and some that torment.

Shame arises when a person feels they are "less." Less than what they once were, what they wanted to be, what they should be. Shame is felt when a person is treated as less than what they once were, what they would like to be, what someone else thinks they "should" be. Shame is felt when a person is treated as less than what they still are, a human being.

But shame is a cowardly adversary. Shame flees from a caring heart, a gentle touch, a wiped tear, a cleansed body, a smile.

Shame flees from a respectful gaze: simple recognition, an acknowledgement that you are a fellow human being, an indication that someone, someone at all cares. The vacant stare becomes a suddenly animated glow, alive once more.

People are not ashamed to be in pain; though we do everything we can to relieve it. They are ashamed to not be seen, not be heard, not be known. Those who would kill the dying, the disabled, the elderly or chronically ill ... those who would kill these vulnerable ones are already dead themselves. They don't recognize the life before them and they don't live the life they have. All they know is death and how to kill. They don't know love, and therefore they shame everyone they come in contact with.

Black-robed councils hide behind each other's black robed decisions, finding strength in unified evil. Those who advocate the killing of the innocents have no shame, but should be ashamed. Their cold, short-sighted vision gives birth to twisted and circuitous reasonings that defy common sense, common decency and the basic rights of man. Their decisions and actions have no basis in logic, science or decent society. Decadent, perverted, and low, they reward each other's power over others at all costs, protecting the abuser, not the abused.

Shame. Those who are concerned about preventing shame and promoting a death with dignity, those who feel a need to "help" people die sooner need have no concerns. In their deluded minds, they think that killing the living is a solution for the living, yet all that is needed is to love the living, care for the ones still here, and then, there is no shame, neither for the living nor for the dying nor the dead.

A Fading Rose

by Ron Panzer
President, Hospice Patients Alliance
September 14, 2004

Fading rose,
Still beautiful,
 though only some see your beauty.

Still fragrant,
 though only some can appreciate you.

A petal falls,
 and then another.

I remember how you once were.
 how truly dazzling you once were.

Still holding your head so high,
now, only with much effort.
still turning to face the Sun.

Once so admired,
everyone would stop to look.

Now, they hardly notice,
they turn away.

Soon to be discarded.
I too soon will be tossed away.

I walk among the living
and am not even seen.

Visible? Of course!
yet invisible I am.

I am still alive!
I still yearn!
I still feel!

I reach out.
you reach out,
but nobody cares to reach back.

I call out.
you call out,
but though their ears hear,
they do not listen.

I speak my wisdom,
but they do not heed my words.

I see ever more clearly,
... old as I have become.

So many stories I have,
I would share,
but no one asks.

No one even imagines
I have anything to share.
little do they know.

Visible? Of course!
yet invisible am I.

Petals falling,
I am still a fragrant rose,
fading,
a fading rose.

The Hospice Life Pledge

I affirm the value of all human life regardless of age, disability, or the disease process involved, and reject the prevailing notion that some lives are less worthy to be lived than others.

I reject the practice of assisting a suicide or performing euthanasia in health care.

I affirm that supportive medical care must be provided to all individuals.

Nutrition and hydration, and other treatments such as antibiotics, x-rays, bone-setting, etc., are basic human needs (ordinary palliative care), and provision for those needs sometimes requires medical expertise and technology.

These basic human needs should not be withheld or withdrawn unless they cannot be absorbed or are unusually burdensome for an individual, an individual is in the final stage of a terminal condition, the individual's death is truly imminent, and not intended.

Palliative care and hospice programs that respect life and do not intentionally hasten death must address the proper care of the dying individual. Palliative care and hospice programs which serve those nearing the end-of-life should be encouraged.

These programs should provide medical, informational, emotional, psychological, and spiritual support as well as the management of symptoms in order to make that individual's last days as normal and comfortable as possible.

Are you willing to take a public stand against the culture of death? We will post your name along with all the others supporting life in our Hospice Life Section.

Send an Email with Your Name (and professional status if applicable in one or two words please) as well as your City and State, stating that you take the pledge to caring@hospicepatients.org

"When All is Said and Done"

When all is said and done.

When we last "look ourselves in the mirror."

When we review our lives with our last breath.

When we are called to account for all we did in this life.

When "push came to shove" and we chose, one of the few things that will matter is the question: did we choose to act in a way that honored the life given to us by God and given to those we met along the way.

"Honoring life." A concept that is foreign to those who promote the culture of death. We are not speaking of "honor" alone, for even Hitler's most vicious SS squad had a sense of "honor." They certainly did and were proud of it! But they honored a madman responsible for the mass murder of several million people. They honored principles that exalted one group of individuals while devaluing others.

They honored a system that stripped people of their property, stripped people of their freedom, stripped people of their families and friends, stripped people of their jobs, stripped people of even the clothes on their back, leaving them, in the end, literally naked as they were "processed" and forced to march into the gas chambers of Auschwitz and other death camps. Even their dead bodies were eventually taken from their relatives, as the bodies were cremated in the ovens where an evil smoke rose over an evil government at an evil time.

Those who promoted the culture of death in Nazi Germany honored loyalty to the Third Reich. They believed that some people were more worthy of life while others simply were not! They respected principles such as "respect for SOME persons," "justice," and "the greater good of society." They had their own interpretation of what "respect for persons," "justice," and the "greater good of society" meant.

No, the Nazis were not just brute murderers, as some would make it out to be; they had high-sounding philosophies. Their actions were authorized by the Chief Executive of the Nation: the Fuhrer, Adolf Hitler himself. Their actions were approved with the full authority of the courts and the legislatures. Everything was done with the appearance of legitimate government action. The leaders of society, the judges, attorneys, physicians and other scholars approved the actions that were taken, or, they were eliminated.

If you've ever read Hitler's writings such as Mein Kampf, (see www.fatherryan.org/holocaust/meinkampf/mk1.htm) you would know that Hitler was not a totally illiterate barbarian. He had a way with words, a perverted but convincing logic, and a power of persuasion. The German and Austrian people were enthralled with him - at least SOME were. Enough to form a core group of activist societal leaders who step-by-step, incrementally changed the laws, increasing the power of government while making the individual's rights subservient to the state, the nation, the "greater good." There were no rights that were to be guaranteed to an individual who challenged the agenda and authority of the government.

With a strange mesmerizing ability, a strength of voice, rhetoric and charm, Hitler transformed the very fabric of society. Though he acted quickly, he did not accomplish all of this overnight. It took years and the active cooperation and zeal of many followers, especially that of the scholars, academicians, and other societal leaders.

When even one person speaks with authority and takes a strong stand, there are sure to be some, somewhere, who will resonate to that message. Hitler was the wrong person in the right time and place in history to sweep the nation under his control. The people were thirsting for a leader who would bring back renewed national pride and power.

One of the first things Hitler did was to empower his followers with power in the armed forces, making the national army an instrument of brutality and absolute obedience. The officers of his army and police force became the eyes and ears of this leader and part of the ever far-reaching tentacle-like network reaching into every facet of society and individual lives.

One of the next things Hitler did was to have his officers seize and eliminate any person who stepped forward to oppose his plans, principles and ways of oppressing the people. These natural leaders, people who otherwise may or may not have had actual positions of power, had something Hitler would and could not tolerate: conviction of spirit, a strong belief in human rights that compelled them to speak out and condemn the evil perpetrated by Hitler and his thugs. These natural leaders were systematically arrested and executed, often on the spot, setting an example to terrorize those remaining.

People all over knew that anyone could and would be taken, that freedom and life itself were dependent upon absolute support and loyalty to "the cause." Those who questioned were killed or destroyed, one way or another.

As the balance of power shifted in favor of Hitler, the leaders who remained enacted additional laws. These laws controlled many details of daily life, assuring that there would be violators who could then be arrested, which would further terrorize the public into submission.

Those who excelled in serving Hitler were rewarded with respect, position, power, pleasures and wealth. These were the well-respected judges, attorneys, officers and police. Cultural pride was nurtured with zeal. The contributions of other cultures and societies was ignored or suppressed. Non-Germanic people had their possessions plundered; they were targeted for degradation, humiliation, servitude and death.

You may wonder how all this was possible. How could thinking people not only accept such evil but also enthusiastically embrace it and make it their own? They had pride. They had principles. They had education and skills. They had their own sense of honor. But they did not honor the individual. They did not honor life as something created by God.

The courts administered what they called "justice," ignoring the testimony of the disenfranchised, suppressed evidence that worked against the Nazi agenda. Decisions of the court were pre-determined, the results, a "sure thing." Those who were to be condemned, were condemned. Those who were to be executed, were executed. Defense before these courts was futile, although those who advocated reason and fairness did raise their voices.

Some survived. Somehow. But oh! the people who did not! What of their individual lives, their families and friends, their jobs, their relationships? Snuffed out with no more concern by the Nazis than someone swatting a mosquito.

"Justice" you see, no longer meant "justice" for all. A "person" no longer meant all persons. "Rights" were not for all. They were only accorded to those deemed to be "persons" and who served the cause. The misuse, brutalization, torture and extermination of others were seen as "ethical." How? Through re-definition of all the basic terms of life and society, through re-defining how the people were to view the world. The media was completely involved in promoting the new worldview, reinforcing the system of beliefs that made all of that possible.

The "good" was no longer seen as what was good for each individual. Rather the "good," or "beneficence" became anything and everything that would further the agenda of those who "knew better." Those who did not serve their agenda? Slated for death.

And now, you see, we have come full circle. The American nation - so, so righteous in its fight "to make the world safe for democracy." So righteous in its condemnation of the evils of the Nazi tyranny. But America did not enter World War II primarily to save the oppressed and to stop the killings. We entered the war because we were attacked at Pearl Harbor and because Nazi Germany had invaded several other nations in Europe.

Hitler had dared to trample boundaries among nations and disturb the international equilibrium. We fought to defend ourselves from attack and to restore sovereignty to our international friends, the French, the British and other nations. We took credit for liberating those who survived the concentration camps when the war ended, and we did liberate them. However, had Hitler kept his Nazi tyranny confined to Germany and Austria alone, I doubt we ever would have declared war.

Just as the USA tolerated Saddam Hussein's atrocities against his own people in Iraq for decades. We launched the Gulf War I when Hussein entered Kuwait, disturbing international boundaries and threatening to disturb the stable flow of oil from the Middle East. And again, in Gulf War II, which is currently ongoing, the USA did not enter Iraq primarily because of the suffering of its people or to stop the mass killings of its people. The justification given for the war was to stop international terrorism. Again, we took credit for the liberation of the Kuwaiti people and later the Iraqi people, but that was not the primary goal of entering into war.

Yes, there were some in the USA, even many, in the mid 20th century who agreed with Hitler, with his program of "eugenics," "euthanasia" and extermination of those deemed to be less worthy of life. Hitler and the Nazis glorified man and his achievements above all. They were enthralled with the greatness of man and science. They bowed to no other god but their own self-interest and pride. They used the force of law to validate and impose their views upon all. Yet they were not so different from elements within every society, even in our own time, here in the USA.

Genetics, selective breeding, forced sterilization, abortion, euthanasia and the elimination of the unfit - these were the tools Hitler's followers used in their attempt to create a "purified" Aryan race. These are the same tools used or advocated by his modern day heirs, the culture of death proponents, the right-to-die advocates.

If one carefully reads the internal writings of leading advocates for the so-called "right-to-die," you will find references to eugenics, population control, and elimination of those whose "quality of life" is unacceptable. You will find clear definitions, RE-definitions of what it means to be a "human," relegating some people to the "nonperson" category.

"Eugenics" and "bioethics" are not new terms; they were used in Hitler's time. Euthanasia began as Hitler's program to medically murder the vulnerable. A "good death," he asserted. He started with "death to the mentally ill and disabled: having them summarily executed outright, with the nodding approval of many physicians and nurses of the time. He moved on to "death to the Jews," death to the "Gypsies," "death to the Christians," and "death" to those who spoke up for human dignity and equal rights for all.

The currently vanishing generation of those who lived during those times, witnesses to the atrocities committed in the name of Hitler's "greater good," knew and knows the truth. When all is said and done, when you "look in the mirror," review your life, when the end comes, will you have chosen to honor the life given to us by God? Or will you have bowed to the gods of personal power, pride, the glorification of man and his achievements without acknowledging the source of each person's gifts?

For all we do, and all we achieve, all we "understand" is little compared to the infinite Greatness, Beauty and Love demonstrated through God's Creation. This wonder includes even one child or one adult, one person, even the disabled or mentally ill.

These questions that confront us are not the sole concern of Christians or the Jewish people or any one portion of humanity. They are universal questions basic to the human condition; these questions must be answered by each of us, in all places, throughout all of time.

And again, I ask, when all is said and done, will I, will you have chosen to act in a way that honors life? You see, your choice, just like every other person's choice, makes all the difference. Collectively, we as individuals, determine the future of our world. Ultimately, the dignity of man rests not in the glorification of man, but in glorifying God and all of his Creation, even the least of those among us. Will we, out of fear, refrain from speaking up, refrain from confronting those leaders around us, refrain from risking all to save our fellow man?

In Hitler's time, so many were terrified of saying anything, of being judged, condemned and losing everything. In our own time, so many just don't care. In our own time, so many do not understand the consequences of the small changes in laws, here and there. But that is where it all began before. Either you will choose to care or you will not. Either you will choose to act or you will not. For evil only flourishes when the people remain silent. And evil flourishes when the people do not act. What will we see when we review our own lives, at the end? Will we have honored life?

For more information, see:

[American eugenics](#)

[Nazi T-4 Euthanasia program](#)

[The Holocaust](#)

[The Terri Schindler Schiavo Foundation](#)

[Not Dead Yet](#)

For more information, [contact the Hospice Patients Alliance](#) .

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