



Annual Report of the Terri Schiavo Life & Hope Network

2020 Edition | lifeandhope.com

A Beacon of Light

The Terri Schiavo Life & Hope Network joins Catholic Healthcare International's effort
to restore Christ-centered healthcare to America



Also In This Issue:

- Bearing Witness: Terri's 14th Anniversary
- Texas Testimony
- Vincent Lambert, 'France's Terri Schiavo', Put to Death by French Courts

Helping families fight for those who cannot fight for themselves

Annual Report

The Network in Numbers...



Headquarters: Philadelphia



Top 5 Donor States:

Pennsylvania • Ohio • Florida
New York • California

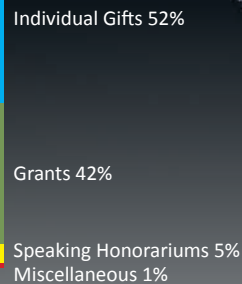


Years in Operation: 14

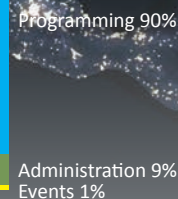


Total Patients & Families Served:
3,000+

2019 Revenue



2019 Expenses



National Crisis Lifeline: 855-300-4673 (HOPE) or lifeline@lifeandhope.com

Case Summary *(Hard Number of Cases in 2019 at time of publishing: 179)*

In this sampling of 2019 Network cases, actions taken are reflected on graph at right. Family privacy obliges us to omit names and change locations.

Arizona – Mother called regarding her son who was diagnosed “brain dead” within two weeks of experiencing a brain injury. Hospital was pressuring mother to remove her son’s life-sustaining treatment.

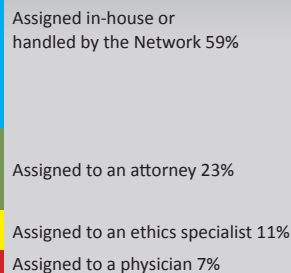
South Carolina – Woman contacted us about her friend with cancer and that her insurance denied her continued treatment believing it wasn’t effectively treating her condition.

North Carolina – Supporter contacted us with the encouraging news of a brain injured woman in a coma who improved after being administered a new drug.

Oklahoma – President of the International Hyperbaric Medical Foundation contacted us to let us know that his services are available for those who need this type of treatment.

South Carolina – Woman advocating for her friend with lung cancer whose insurance carrier is denying ongoing chemotherapy treatment despite the fact that

2019 Action



she is responding to the treatment.

New York – Woman seeking help for her friend who made the decision to end his life by removing his ventilator.

Connecticut – Daughter was concerned that her father’s caretakers were pressuring the family into making hurried medical treatment decisions.

Nebraska – Woman seeking help for her sister-in-law whose husband made the decision to stop all of her medical treatment.

Florida – Mother’s stepdaughter experienced an anoxic brain injury and despite doctor’s hopeless prognosis, she began

to respond after being administered the drug, Ambien.

Michigan – Physician seeking support in his effort to hold clinicians responsible for what he believed was the intentional ending of a family member’s life.

Florida – Daughter contacted us regarding her mother. Hospital is pressuring her father (who is her mother’s caretaker) to hasten her death due to the hospital’s pessimistic “quality of life” outlook.

Oklahoma – Daughter contacted us regarding her father who has been battling diabetes and congestive heart failure for several years. The hospital wants to transfer him out of state because of his inadequate Medicare/Medicaid insurance.

Georgia – We were contacted by a family advocate, helping a father and mother whose son was declared brain dead by Georgia facility. The parents were seeking help wanting to transfer their son to a facility that will agree to treat him.

New York – Daughter called who believes her father is not receiving proper care by his court appointed guardian. She is seek-

ing an attorney in the hopes that she can be appointed as her father's guardian.

Minnesota – Daughter contacted us after the hospital where her mother is being treated notified her that they intended to remove her mother's oxygen, which would end her mother's life. The mother is conscious, expressing her desire to live.

Florida – Daughter contacted us wanting to share the account of her mother who she believes was euthanized.

New Jersey – Daughter called about her mother who she believes was euthanized and was seeking an attorney for a possible wrongful death claim.

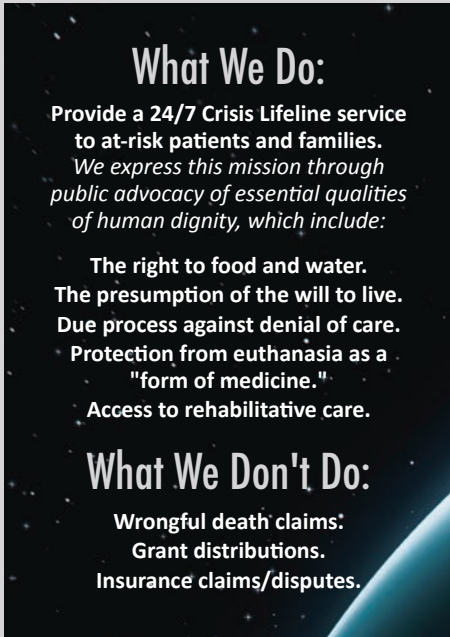
Florida – Woman called who was a caregiver for the elderly and wanted to share her experiences of how elderly patients' lives were being purposely ended.

North Dakota – Mother contacted us regarding her twenty year-old son who was diagnosed as "brain dead". Within a week's time, the hospital began pressuring the parents to remove their son's life-sustaining treatment. Mother is seeking help, wanting more time and for the hospital to continue his care.

Arizona – Mother contacted us regarding her twenty six year-old son who was diagnosed as "brain dead". Hospital is pressuring parents to remove his life-sustaining treatment because the son is an organ donor and they want to begin the process of harvesting his organs. Parents are requesting more time and asking the hospital to continue his care.

England – Parents contacted us seeking help for their brain-injured daughter after the UK hospital informed the parents that they were going to deny their daughter continued care and remove her life-sustaining treatment. Parents objected and were able to locate a facility in Italy that is willing to accept their daughter. Case is similar to Charlie Gard and Alfie Evans.

Michigan – Mother contacted us regarding her son who is being diagnosed as "brain dead" after suffering a brain injury from a cardiac arrest that resulted from an asthma attack. Less than a week after being admitted to the hospital, clinicians began pressuring his parents to remove



What We Do:

Provide a 24/7 Crisis Lifeline service to at-risk patients and families.

We express this mission through public advocacy of essential qualities of human dignity, which include:

- The right to food and water.
- The presumption of the will to live.
- Due process against denial of care.
- Protection from euthanasia as a "form of medicine."
- Access to rehabilitative care.

What We Don't Do:

- Wrongful death claims.
- Grant distributions.
- Insurance claims/disputes.

his life-sustaining treatment. The parents are asking for more time and for the hospital to continue his care.

Texas – Wife contacted us regarding her husband who was diagnosed as "brain dead" after he suffered a stroke. Wife claims that her husband made her promise not to take him off life support. Hospital is allowing spouse four days to find a facility for transfer, or they will harvest his organs.

An Appeal from Life & Hope Network

The Terri Schiavo Life & Hope Network's community of supporters is central to our mission of service to those in crisis. Since our founding, we've relied on the spiritual, medical, legal, and financial support of supporters across the country and internationally to ensure that those facing medically imposed death are respected, protected, and in many cases given a chance at rehabilitation.

As we celebrate the successes of our first fourteen years, we're also looking forward to what the years ahead will bring. There's simply no way we have a future without you and your continuing support.

Sustaining Allies

We ask you to consider becoming a Sustaining Ally—a monthly donor—today. Our monthly donors contribute anywhere from \$1 per month to hundreds per month, as they're able. The average monthly gift across our community of supporters is \$30/month. Each gift, and the stability that monthly gifts bring, helps us focus on life-saving mission work rather than spending needed funds.

Are you willing to support us with a monthly gift? You'll impact not only the lives of those we're able to help, but also benefit from our nonprofit status. Call (855) 300-4673 to sign up, or visit lifeandhope.com/sustaining to sign up now. **Thank you and may God bless you!**

North Carolina – Woman contacted us wanting information regarding the brain death diagnosis in order to help a family whose son was diagnosed as brain dead.

Montana – Supporters were seeking help regarding the mother of an infant with craniosynostosis whose child was being denied care.

Florida – Mother called about her son in ICU who continues to need the aid of a ventilator. Hospital is pressuring mother to remove his ventilator.

California – Man called regarding his nephew who experienced a drug overdose, resulting in a coma due to oxygen deprivation. He is seeking help after the hospital began to pressure family to remove his life-sustaining treatment.

Texas – Friends of parents contacted us regarding parent's daughter who experienced a brain injury after a near drowning. The Texas hospital treating the daughter is taking steps to remove her life-sustaining treatment.

New York – Family is seeking help after hospital treating their father is refusing to honor father's wishes and placing a unilateral DNR within forty eight hours of his admittance.



Bobby Schindler

TEXAS TESTIMONY

On April 10, 2019, Bobby Schindler was invited by Texas Right to Life to testify in front of the Texas Senate Committee on Health and Human Services. His statement to the committee follows:

Dear Chair and Members of the Committee:

My name is Bobby Schindler, President of the Terri Schiavo Life & Hope Network, and I am in favor of SB 2089.

My work as a disability rights advocate began with fighting for the life of my sister, Terri Schiavo, which began in 2000 and lasted for five years until she was starved and dehydrated to death by court order, on the demand of her husband.

Terri was simply a disabled American; she was not dying or near death, but death was intentionally caused by denying her basic care, food, and water. It took nearly two weeks.

I have spoken about Terri extensively throughout the United States and internationally, and of countless other individuals facing the prospect of similar forms of denial of basic care.

Acting as a patient advocate for the past decade, it has become disturbingly evident to me that protections for medically vulnerable persons are slowly being eroded, thereby increasing the risk of patients facing an imposed premature death—helpless in the face of laws, policies, and health care systems.

Section 166.046 of the Texas Health and Safety Code continues this erosion of a patient's medical decision-making power. As we've heard today, this Section affords a patient just ten days to find an alternate facility for transfer, once the treating hospital authorizes withdrawal or withholding a patient's life-sustaining medical treatment—against the patient's expressed wishes conveyed through an advance directive, verbally stated medical decisions, or direction by the patient's surrogate.

In my nonprofit work as a patient advocate for over fourteen years, we receive regular calls from families in crisis who are confronted with exactly these types of scenarios. Sadly, it has become alarmingly evident that our health care system is now incentivized to impose death upon vulnerable patients, and the powers of law and medicine have become weapons rather than shields.

This underscores the concerns opponents have about these



types of intolerant laws that undermine the dignity and the rights of medically vulnerable patients to receive care, especially in situations where hospitals are given sole authority to override medical decisions explicitly expressed by patients and the families advocating for them.

It is clear that this Section of the Texas Advance Directive Act not only ignores the patient's expressed wishes, but their rights to due process when families have less than two weeks to find another facility before their loved one will be killed, with no other alternatives.

Where in this process are the rights of the patient taken into consideration? Indeed, it is ironic that these decisions refusing treatment are applauded by hospitals for those patients who want to end their life; however if the patients want to continue treatment, they are overruled by hospitals who have the power to make these rulings.

It is the reason why pro-life, medical, and bioethical experts have condemned Texas' infamous, so-called "conflict resolution process" and the emotional trauma it inflicts on families, based on decisions by the hospital that are not medical determinations, but rather value judgments based on the patient's "quality of life."

Texas, of all states, should adopt comprehensive reforms of the Texas Advance Directive Act to protect patient's rights, restore patient autonomy, and create an even

playing field so that these critical medical treatment decisions are not left in the hands of strangers.

In summary, no other state has laws as egregious as Texas's, which violate the patient's Right to Life and constitutional right to due process. Therefore, I respectfully urge the Texas Legislature to pass comprehensive reforms to Section 166.046 of the Texas Health and Safety Code.

Please vote in favor of SB 2089.



Fake News: Media Still Paints Judge Who Ordered Terri Schiavo's Death as the Victim



Photo by Tim Boyles

LifeNews.com | OPINION, July 9, 2019
BOBBY SCHINDLER | WASHINGTON, DC

Long before President Donald Trump exposed media corruption by popularizing the term “fake news,” my family was subjected to a battle of deceptive reporting about my sister, Terri Schiavo. One-sided “journalism” continues today, as demonstrated by a recent Tampa Bay Times article titled, “Inside the Terri Schiavo case: Pinellas judge who decided her fate opens up,” by Leonora LaPeter Anton.

Ms. Anton writes about Judge George Greer of Pinellas County Florida Circuit Court, who ruled that Terri’s estranged husband and legal guardian, Michael Schiavo, could remove her food and water (via feeding tube). Greer’s decision was enforced on March 18, 2005. Thus began my sister’s grotesque and heart-rending death due to dehydration and starvation that lasted almost fourteen days.

For those who do not remember, Terri, at the age of twenty six, experienced a still inexplicable collapse that resulted in a severe brain injury. In typical media fashion, Anton distorts Terri’s condition, omits important facts about the case, and most egregiously, Michael’s apparent conflicts of interest in his pursuit to end Terri’s life. At the same time, she unapologetically portrays Judge Greer as the “victim,” requesting sympathy for all the suffering and hate he endured during Terri’s protracted legal battle and eventual death. This is the same judge who never visited Terri in the five years he presided over the case, despite several requests to do so. Not once did he see the innocent disabled person he sentenced to death.

Anton’s article also neglected to men-

How do we live in a time where judges are represented as “heroes” for killing innocent disabled persons?

tion that Michael Schiavo abandoned his fiduciary obligations as Terri’s guardian (and more notably, her husband) within three years of her brain injury. This led to a personal and financial conflict of interest. For example, in 1992 Michael initiated a medical malpractice lawsuit that blamed Terri’s doctors for her collapse. During the week-long trial Michael promised the jury he would honor his wedding vows, asking for enough money (he was suing for twenty million) to provide Terri with life-long rehabilitation and therapy. The jury agreed to a lesser amount and a medical trust of nearly one million dollars was formed. As Terri’s guardian, Michael would inherit whatever was remaining in the trust fund when Terri died. Within weeks of creating the trust, Michael attempted to deny Terri antibiotics for a urinary tract infection that would have led to her death. During this time, he began living with another woman with whom he bore two children prior to Terri’s death.

Also conveniently omitted from Anton’s article was the fact that prior to Michael’s petition to the court asking for permission to remove Terri’s feeding tube, Terri was appointed a *guardian ad litem* to investigate the merits of Michael’s request. The guardian’s report recommended against removing Terri’s feeding tube, due to Michael’s aforementioned conflicts of interest. His findings were ultimately submitted to Judge Greer whose response was to remove

the guardian and dismiss his findings.

Greer also accepted the hearsay testimony of Michael, his brother, and sister-in-law that Terri “wanted to die,” which surfaced almost ten years after Terri’s unexplained collapse. Later in the proceedings however, Greer disregarded the sworn testimony of forty medical professionals, some of them prominent neurologists. They argued that Terri was not in the condition portrayed by Michael and his doctors (supported ad nauseam by the media) and could have benefited from available therapy that doctors were more than willing to provide.

I could continue to expose Anton’s misleading information, such as that regarding Terri’s autopsy report or her claim that an eating disorder was the most likely cause of Terri’s collapse. However, at this point we need to ask the question, how is this happening? How do we live in a time where persons like my sister, the cognitively disabled and other medically defenseless who have lost the ability to swallow, are subjected to the worst kind of treatment society can inflict on them: a death by starvation and dehydration? How do we live in a time where judges are represented as “heroes” for killing innocent disabled persons?

There is no easy explanation—the dynamics are many, and we haven’t gotten here overnight. One thing that’s clear however, is what my family was combating: an onslaught of lies misinforming the public that becomes desensitized to, or doesn’t fully understand, the reality of what is happening.

How else can we explain the extremism of euthanasia proponents who have been aggressively (and successfully) pushing their

Continued on page 12...



A Beacon of Light

The Terri Schiavo Life & Hope Network joins
Catholic Healthcare International's effort
to restore Christ-centered healthcare to America

For over two years Catholic Healthcare International (CHI) and its Casa USA leadership team have pursued the foundational planning and processes to structure implementation of its vision to replicate St. (Padre) Pio's healthcare model in the Diocese of Lansing, Michigan.

The Diocese has offered to donate forty acres of property near Howell, Michigan, and Trinity Health has been supportive in refining the plans to implement our Casa USA vision.

Our leadership team has prioritized the first phase to include near-term implementation of several components of the overall vision, which will include the following:

- A Home for The Relief of Suffering Hospital, both in the charism of St. Padre Pio, and in the model of his healthcare ministry in Italy.
- The implementation of The Relief of Suffering Catholic Medical School.
- Construction of a Santa Maria delle Grazie Pilgrim Shrine.
- Implementation of a Worldwide Perpetual Eucharistic Adoration Program to provide constant prayerful support around the world in the presence of the Eucharist for our Casa USA vision, and finally,
- The Terri Schiavo Life & Hope Network is excited to announce the establishment of the **Casa USA Terri Schiavo Rehabilitation Center.**

As more and more families share their struggles to protect their brain-injured loved ones, the Schindler family began to envision opening a brain injury treatment and recovery center for the catastrophically brain-injured that would be established in Terri's name.

A Terri Schiavo Rehabilitation Center will be a state of the art facility that will serve as a refuge for our medically vulnerable brain-injured—in particular, those who have been misdiagnosed as being in a persistent vegetative state (PVS)—proving to the world that these patients are capable of a meaningful recovery and, in some cases, functionality under proper clinical protocols.

Indeed, this center will serve to honor the memory of Terri Schindler Schiavo and bring to these patients and caregivers new hope for compassionate care. Most importantly, this facility will work to establish—in the words of Saint John Paul II—a Culture of Life by recognizing the human dignity of those like Terri Schiavo, defeating the culture of death mindset that continues to target our most medically defenseless brothers and sisters.



"...this facility will work to establish—in the words of Saint John Paul II—a Culture of Life by recognizing the human dignity of those like Terri Schiavo, defeating the culture of death mind-set that continues to target our most medically defenseless brothers and sisters."



Bearing Witness: Nurturing a Culture of Life Through Love and Encounter

Photos by Tom Shakely

On March 27th, in remembrance of the 14th Anniversary of the death of Terri Schiavo, the Terri Schiavo Life & Hope Network and the Catholic Information Center were pleased to present Catherine Hadro, host of EWTN Pro-Life Weekly, and Mary Schindler, co-founder of the Terri Schiavo Life & Hope Network, and mother of Terri Schiavo, for an evening of prayer, remembrance, in Washington, DC.



Mary & Catherine

"Bearing Witness: Nurturing a Culture of Life Through Love and Encounter," honored Terri Schiavo's memory, in recognition of the anniversary of her death due to lack of food and water. The national controversy that erupted over the court-ordered decision that ended Terri's life by removing her feeding tube in 2005 has since been channeled into a positive effort of awareness, education and advocacy through the Terri Schiavo Life & Hope Network, which has provided critical assistance to thousands of patients and families.

This event began with a Mass that was celebrated in memory of Terri Schiavo and all victims of what Saint John Paul the Great termed the "culture of death." Following the Mass, Catherine Hadro and Mary Schindler sat down for an intimate conversation, sharing positive and life-affirming stories from the fight for the life of her daughter, Terri, a prominent victim of the culture of death. Catherine spoke on her experience as host of EWTN Pro-Life Weekly, sharing some of the most touching personal stories she's experienced after hosting 100+ episodes, and closing with reasons for hope amidst a culture indifferent to the intrinsic dignity of human life.

Bobby Schindler, brother of Terri Schiavo and President of the Terri Schiavo Life & Hope Network, was also in attendance and all attendees received a complimentary copy of the book, "A Life That Matters: The Legacy of Terri Schiavo, A Lesson for Us All."



By Bobby Schindler | October 11, 2019

On May 31, 2002, eighteen-year-old Brenden Flynn was involved in an auto accident and suffered a traumatic brain injury. He was med-flighted to a hospital in Syracuse, New York.

Shortly thereafter, he was transferred to Park Ridge Hospital near Rochester, where doctors notified his mother, MaryJo Flynn, that Brenden had a zero chance of recovery or having any meaningful “quality of life.” They suggested ending his life.

If Brenden were to survive, his doctors said, he would be in a nursing home for the rest of his life. Brenden’s mother, not wanting to make the decision to end her son’s life so quickly, asked the doctors to continue treating him.

On September 9, 2019, twenty-year-old Brandon Fuller was involved in an auto accident and experienced a traumatic brain injury. He was med-flighted to Sanford Medical Center, located in Bismarck, North Dakota.

Shortly thereafter, doctors informed his mother, Amanda King, that Brandon was “brain dead” and had a zero chance of recovery or any meaningful “quality of life” and suggested ending his life. Brandon’s mother, not wanting to make the decision to end her son’s life so quickly, asked the doctors to continue treating him.

Brenden Flynn was afforded more time. Today, Brenden is happily married to his wife of ten years, Nicole, and they have four beautiful children.

Brandon Fuller was not afforded more time. His mother’s requests were denied. Today, Brandon Fuller is dead.

In response to the death of my sister, Terri Schiavo, in March 2005, my family established the Terri Schiavo Life and Hope Network, which provides a 24/7 National Crisis Lifeline service for families to call if a family member or at-risk patient is having life-sustaining care either denied or withdrawn. Since its inception, the service has assisted on average nearly twenty patients and families in crisis per month, including Brandon Fuller’s mother.

Sadly, it has become disturbingly evident that we are witnessing a deterioration of our health care system, one by which treatment

When Hospitals Refuse To Allow Time For Brain-Injured Patients To Heal

Today’s health care system is making it increasingly difficult for patient advocates to receive the care they are seeking for their loved ones.

decisions made in the best interest of the patient—as determined by their family—are rapidly abandoned for those made in the best interest of the hospital.

Sanford Medical Center refused King’s request for additional time after the hospital’s ethics committee agreed with their doctor that Brandon was not going to improve. As a result, within a week of Brandon’s brain injury a day and time were scheduled to remove his ventilator. However, Brandon died before this could take place, as a consequence of the hospital’s refusal to treat his blood pressure, which was unstable due to his medical condition.

According to King, from the moment she arrived at the hospital, clinicians were mostly insensitive and hostile, unwilling to do anything that she felt would help her son, including treating his erratic blood pressure. The hospital even refused to afford her any time to locate a facility that might consider a transfer. As an alternative, King was approached about harvesting her son’s organs, which she refused.

This is not the first example of a surrogate being denied the life-affirming care he or she is seeking for the patient, even if the request is as simple and reasonable as asking for more time, believing that the decision to end their loved one’s life—only a few days after their accident—is an irresponsible rush to judgment by doctors.

They are not alone. Recently, the American Academy of Neurology (AAN) published new guidelines disagreeing with current intensive care unit practices, claiming that these practices are based on flawed and outdated information. The AAN states, “discussing prognosis with caregivers of patients with a disorder of conscious-





ness during the first twenty eight days post-injury, clinicians must avoid statements that suggest these patients have a universally poor prognosis.”

More importantly, the AAN states, “accurate diagnosis and evidence-based continuing medical and rehabilitative care may offer the best chance for recovery from these disorders.” In other words, ending the life of a patient within a week of them experiencing a brain injury contradicts the new AAN recommendations.

The origins of these new guidelines may come from the years of research by Dr. Adrian Owen and Dr. Joseph J. Fins who both agree that, more than anything, an injured brain needs time to heal. Their research has exposed that reassessment of current treatment protocols for persons with brain injuries is long overdue because the brain has the remarkable capability of healing itself by what is referred to as neuroplasticity.

Fins wrote in the Houston Chronicle: “Despite a growing scientific appreciation that injured brains need time to heal, the number of patients who gain access to specialized neuro-rehabilitation has decreased over the past decade. Most end up trapped in nursing homes, where they are often misdiagnosed. Upward of forty percent of patients thought to be vegetative after traumatic brain injury are actually minimally conscious. It is a staggering error with dire consequence that would be unacceptable anywhere else in medicine.”

Certainly, whether it’s the decision of hospital administrators, insurance companies, or the doctors, today’s health care system is making it increasingly difficult for patient advocates to receive the care they are seeking for their loved ones. This is not the way it should be.

Families enduring the emotional trauma of a life-or-death crisis of a loved one should be able to trust that they will be listened to by doctors and reasonably accommodated when asking for more time before making an irrevocable decision. In fact, doctors are duty-bound to provide all potentially efficacious treatments that might help with the patient’s recovery.

As a culture of death mind-set seems to be growing in health care, trust in our health-care system is growing increasingly tenuous. With billions of dollars at stake in the costs of care and organ donation, doctors must be especially careful not to abandon patients with serious brain injuries. That is both good science, as recent research demonstrates, and in keeping with the Hippocratic oath of “do no harm.”

Otherwise, stories like Brenden Flynn’s will become increasingly difficult to find.

— *This article was first published in The Federalist.*



Targeting People With Mental Illness and Dementia for Euthanasia

Several countries may be ahead of us in this area, but the U.S. is fast catching up.

The American Spectator | Oct. 17, 2019

by WESLEY J. SMITH

A few years ago, a Dutch doctor attended her elderly Alzheimer's disease patient at a nursing home. The doctor's purpose wasn't to examine the patient or prescribe new medicines. Rather, she was there to kill.

While competent, the patient asked to be euthanized when incapacitated, but she also instructed that she be allowed to say when. But before she did that, the doctor and her family decided that her time had come. The doctor drugged the woman's coffee and, once she was asleep, began the lethal injection procedure. But the patient awakened unexpectedly and fought against being killed. Rather than stopping, the doctor instructed the family to hold the struggling woman down while she completed the homicide.

This would seem to be a clear-cut case of murder. But a judge recently exonerated and praised the doctor for acting in the "best interests" of the patient by merely executing the woman's previously stated wishes. In other words, the judge essentially ruled that the struggling patient was no longer competent to want to stay alive.

The only unusual aspect of the "Case of the Struggling Alzheimer's Patient" was the struggle. Even when incompetent and unable to make their own decisions, the law of Netherlands and Belgium allows dementia patients to be killed by doctors if they so order in written advance directives.

Both countries also allow mentally ill patients who ask to die to be euthanized. Such procedures are not rare. According to government statistics, in 2017, Dutch psychiatrists and doctors euthanized 83 mentally ill patients. Sometimes these legal homicides are accompanied by consensual organ harvesting after death. One case — reported in an international transplant medical journal — involved a self-harmer (or "auto-mutilator") for whom doctors applied the ultimate harm as a "treatment." Without criticism — or even a moment's reflection about the moral questions raised by such an act — the medical journal reported approvingly that the lungs of the deceased psychiatric patient were well accepted by their recipients.

The Supreme Court of Switzerland, a country that permits assisted suicide clinics — ruled several years ago that the mentally ill have a constitutional right to access death. Accordingly, there are many verified cases of the non-physically ill being assisted to kill themselves — including an elderly woman who wanted to die because she had lost her looks.

Canada, which recently legalized lethal injection euthanasia for those whose deaths are "reasonably foreseeable," now is debating expanding the right to be killed to those whose lives are not in danger. Prime Minister Justin Trudeau is on record as favoring liberalization and has stated his government will not appeal a recent court ruling declaring the foreseeable death limitation to be unconstitutionally restrictive and discriminatory.

How far is the expansion likely to go? Many Canadian euthanasia advocates are pushing for revisions that would allow people with mental illnesses and dementia to be killed by doctors in the same manner as now allowed in the Netherlands and Belgium. And here's some breaking news: the Alzheimer Society of Canada — which is supposed to advocate for the welfare of such patients — has officially endorsed allowing euthanasia by advance directive. This means that even if the incompetent patient is not suffering — perhaps even if he or she expresses no desire to die — their former self's decision trumps the current self's needs and desires.

Meanwhile, there has already been at least one depressed Canadian apparently euthanized at his request even though his death was not foreseeable. The man's family even begged doctors to spare his life, but to no avail.

What about the U.S.? Would we ever follow such a course? As of now, the nine states and the District of Columbia that have legalized assisted suicide limit access to patients who are terminally ill. But that's more a political expediency than a principled limitation. Indeed, restricting assisted suicide to the dying is philosophically unsustainable.

Think about it. If the point of allowing suicide by doctor is to eliminate suffering — and if eliminating suffering can include eliminating the sufferer — how can facilitated death be forbidden to

patients, such as those with dementia and mental illness, who may suffer far more extremely and for a much longer time than the already dying? It makes no sense.

Despite continuing disapproval of euthanasia for mental illness by the American Psychiatric Association, that point is increasingly being made in the media and professional journals. For example, an article just published in the American Journal of Bioethics argues that since "the suffering associated with mental illness can be as severe, intractable, and prolonged as the suffering due to physical illness," as a matter of "parity," in "severe" cases, "PAD" (physician-assisted death) should be made available to mentally ill patients with "decisional capacity" — even when they have "a relatively long expected natural lifespan." The authors, University of Utah psychiatry professor Brent M. Kious and noted assisted suicide advocate and bioethicist Margaret (Peggy) Battin, go so far as to suggest that "psychiatrists and other mental health professionals" could one day become "gatekeepers for PAD" once "a metric for suffering in both mental and physical illness" is established.

Ponder this for a moment. Instead of being duty-bound to save the lives of all their suicidal patients, mental health professionals would become approvers for and facilitators of self-destruction. That should be unthinkable.

Alas, the first small legal steps toward permitting the demented and mentally ill to access suicide by doctor have already been taken. After California legalized assisted suicide for the terminally ill, the Department of State Hospitals promulgated a regulation requiring that patients who have been involuntarily committed — and who have become terminally ill — be provided access to assisted suicide despite their mental illness. By definition such people are not legally competent, or else why would they be involuntary hospitalized?

Meanwhile, Nevada just enacted a law that allows dementia patients to instruct caregivers to withhold "food and water" once they reach incapacity toward the end that they starve to death. Please note that this first-of-a-kind law isn't about refusing a feeding tube or preventing force-feeding. Rather, the law (SB

121) permits patients to order their future selves to be refused “food and water” — even if they willingly eat, perhaps even if they ask caregivers for sustenance. That’s homicide by neglect.

Don’t take my word for it. The influential bioethicist Thaddeus Mason Pope wrote about the law:

Even after we stop offering food and fluids, other problems may arise. Most problematically, the patient may make gestures or utterances that seem to contradict her prior instructions [to be starved]. Does such communication revoke the advance directive? A recent court case from the Netherlands suggests the answer is “no.” Once the patient reaches late-stage dementia, she is unable to knowingly and voluntarily revoke decisions she made with capacity. But the answer remains uncertain in the United States.

In other words, Pope believes that a court could one day rule that an advanced dementia patient isn’t “competent” to want to eat.

Of course, the point of such advocacy isn’t really starvation but convincing people to allow intentional overdosing of these vulnerable patients by doctors. After all, if we are going to end their lives, the reasoning goes, we should at least do it humanely. If we accept the propriety of intentionally ending dementia patients’ lives based on their prior instructions, that argument certainly has emotional appeal.

Accelerating advocacy for legalizing euthanasia is pushing us toward making a stark choice. We can decide that assisted suicide is an acceptable response to human suffering, allowing people to die — but also unleashing gravitational forces of logic that will lead inexorably (over time) to a broader killing license, including of the killing of dementia and mentally ill patients as advocated by Kious and Battin. Or, we can focus instead on suicide prevention in all cases. Such caring takes more time, commitment, and resources, but better exemplifies true “compassion,” the root meaning of which, after all, is to “suffer with.”

Kious and Battin are on the mirror opposite side from me in the euthanasia debate, but we agree that there is no such thing as a “little” euthanasia: In for a penny is in for a dollar. Those with eyes to see, let them see.

Award-winning author Wesley J. Smith is a Terri Schiavo Life & Hope Board Member and senior fellow at the Discovery Institute’s Center on Human Exceptionalism.

The Vincent Lambert Case

Statement from the Terri Schiavo Life & Hope Network Regarding the death of Vincent Lambert



essence, the attitude that we need a way to remove undesirable persons whom those in power decide have a ‘quality of life’ insufficient to justify their existence. In practice, the right to euthanasia will always be primarily a right for the state to euthanatize its most vulnerable citizens.”

Schindler continued, “Vincent has touched

and will continue to touch countless lives and our love for him matters. He will remain forever a witness to the truth that human life is precious, and that we are all members of one human family. Vincent’s loving, courageous, and outstanding parents have already ensured that politicians, judges, and governments will have a more difficult time attacking the next Vincent Lambert and his story will save many others from a similar fate.

“Vincent’s precious life will always shine brightly, even after his death, and he will be remembered as a child of God and as a chosen instrument that will remind us that the unspeakable injustice of intentional killing of persons with disabilities must stop.”

The Terri Schiavo Life & Hope Network upholds human dignity through service to the medically vulnerable.

“Vincent’s precious life will always shine brightly, even after his death, and he will be remembered as a child of God and as a chosen instrument that will remind us that the unspeakable injustice of intentional killing of persons with disabilities must stop.”

Vincent’s death was eerily familiar to what happened to Terri Schiavo; a disabled non-terminal adult who simply needed help receiving food and water. However, the French courts ruled Vincent to die, and he was denied food and water, which led to starvation and dehydration until he died after nine days.

“What we are witnessing is the increasing power of a global euthanasia mentality,” reflected Bobby Schindler, President of the Terri Schiavo Life & Hope Network.

“And that primary reason is, in



Vincent Lambert

A Life That Matters: *The Legacy of Terri Schiavo*

Paperback, \$14.99 on Amazon.com

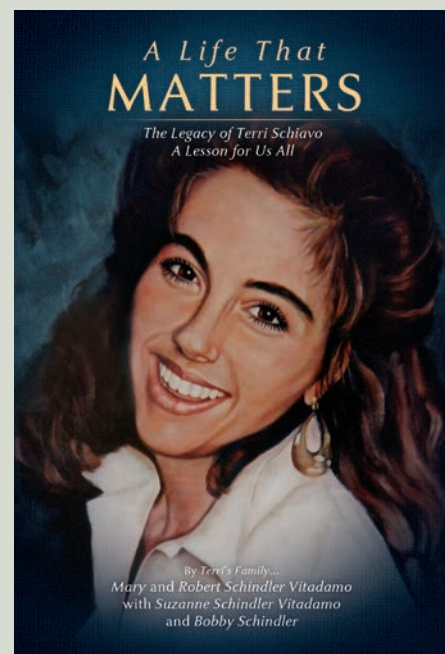
In marking the fourteen-year anniversary of the release of “A Life That Matters: The Legacy of Terri Schiavo,” co-author Bobby Schindler is excited to announce the book’s permanent paperback availability through Amazon.com.

“I wrote the story of my sister’s fight along with my family in the weeks and months following Terri’s death. This book is one way I hope Terri’s life and witness can continue to positively impact lives. Young people, in particular, didn’t experience my family’s fight and my sister’s witness firsthand. For so many of the youngest people I speak to, Terri’s story is simply a history lesson. This book is a way to bring her

alive in their imaginations in particular.”

New, paperback copies can be ordered 24/7 on Amazon.com, by searching for “A Life That Matters: The Legacy of Terri Schiavo.”

“I’m always interested in hearing reactions — and especially questions — from readers. I invite anyone to reach out to me anytime by emailing me at bschindler@lifeandhope.com. I’m grateful and hopeful that this book can be a gift for people, especially within the pro-life community, to understand someone whose name has become an indelible part of American history.”



Fake News: Media Still Paints Judge Who Ordered Terri Schiavo’s Death as the Victim

Continued from page 5...

agenda to the extent that it is now common practice to starve and dehydrate the medically vulnerable in all fifty states as well as in an alarming number of countries worldwide?

Examine Terri’s case, which made international news more than fifteen years ago. Unbeknownst to my family, but evidenced by the enormous amount of push-back we received and their success in killing my sister, a persuasive medical ethics movement had already indoctrinated our culture. Indeed, the new norm is that the brain-injured (and others) no longer should be considered “persons,” deteriorating into a category of the “sub-human.”

Once this premise was accepted (and it has

been), it was only a matter of time until the cognitively disabled were labeled as incapable of possessing moral equivalency. Consequently, the radical notion of “letting them die” when they are not dying is morally justified and it becomes a cultural obligation to put them out of their (and our) “suffering.” Even if that means killing these persons by denying or removing what was once considered the most basic care—food and water.


Consider the case of Vincent Lambert, who has recently been killed in France. The court rulings, the reporting by the media, and all of the justifications and reasons to end his life were eerily similar to what my family experienced. Sadly, Vincent’s disabled condition meant that he

no longer met the prevailing societal status for personhood, so how dare his parents fight to provide their son unconditional, life-affirming care?

There are many in the media and legal community who continue to honor Judge Greer and attempt to portray him as the victim and even a hero. However, for my family, his decision to deliberately starve and dehydrate my sister to death—based largely on hearsay testimony—is anything but honorable.

Terri was the victim, not Judge Greer, because it was Greer who denied her the most basic right that our laws are intended to protect: her life and her liberty.






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