



HALO HERALD

A Voice for The Medically Vulnerable

Summer 2020

WHATEVER HAPPENED TO THE HIPPOCRATIC OATH?

By Anne O'Meara, Executive Director



The Hippocratic Oath was once viewed as the gold standard in medicine. Dating back to approximately 400 BC, the oath is perhaps the oldest binding document still existing and available in both its original form and modernized versions. Unfortunately, the classic oath has largely gone out of fashion in the last several decades.

Historically, the Hippocratic Oath required new physicians to swear they would uphold a set of ethical standards. Over the years, the oath has been rewritten repeatedly to suit the values and morals of different times and cultures. Before addressing how the oath has evolved, I will highlight a particular nuance of the classic Hippocratic Oath which may surprise you. While the original Hippocratic Oath did NOT explicitly say, "First, do no harm" (as is commonly attributed to it), it did contain this life-affirming verbiage:

- I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan, and similarly I will not give a woman a pessary to cause an abortion.
- I will use those dietary regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them.

As you can see, the original oath focused on the preservation of human life. The newest versions of the oath, however, rarely contain this life-affirming language. Peter Paul Ruben, author of *The Oath: Meaningless Relic or Invaluable Moral Guide?*, states, "Even as the modern oath's use has burgeoned, its content has tacked away from the classical oath's basic tenets. According to a 1993 survey

of 150 U.S. and Canadian medical schools, for example, only 14 percent of modern oaths prohibit euthanasia, 11 percent hold covenant with a deity, 8 percent forswear abortion, and a mere 3 percent forbid sexual contact with patients—all maxims held sacred in the classical version."

These findings are probably not all that surprising, given we are living in a world where on-demand abortion, euthanasia, and even infanticide are becoming common and more accepted. Also, when it comes to physician-assisted suicide, the word "physician" was strategically invoked by the euthanasia movement to make assisted suicide appear legitimate. But this appearance is deceiving.

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However, I would argue the exact opposite is true. We can change and distort the language of the classic oath, but we cannot change morality. It will always be intrinsically evil to kill an innocent person.

WHAT'S INSIDE

- Ω **Avoiding The Word "Starvation"**
- Ω **When Is It Okay To Stop Giving A Patient Food and Water?**
- Ω **At 39, I Had a Massive Stroke**
- Ω **A Story About Brain Death**
- Ω **Should I Refuse to Be an Organ Donor?**
- Ω **Code of Ethics**

Healthcare Advocacy and Leadership Organization (HALO)

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HER DOCTOR AVOIDED THE WORD “STARVATION”

By Rosie G.

This case exposes why every person should be extremely careful about the wording of their healthcare advance directive and choosing the person they want to make medical decisions for them in a critical situation. For information about advance directives, read “The Best Advance Directive” in *Making a Difference*.

My mother-in-law Helen, over a period of years, had a series of mini strokes without any permanent mental or physical damage. Then, about 10 years ago, she suffered a massive stroke which left her with limited abilities of speech and mobility and other disabilities. Her loving husband was by her side and her eight living children were called home to spend time with her.

Helen had a Living Will expressing she would not want extraordinary treatment if she were ever in this type of condition. Due to difficulty swallowing, it was apparent that she could not continue to safely eat in the ordinary manner. Her doctor said that, to receive nourishment, she would need a feeding tube. He negatively presented the information regarding inserting and living with a feeding tube, as though it were extraordinary means, an inconvenience for all involved, and probably not the way she would want to live. Without a feeding tube, he said she would slowly and peacefully lose consciousness over the next few days and would have a painless death. He did not use the word “starvation.”

Helen was unable to express herself. However, when

praying the rosary at her bedside, she quietly joined in with us on the Hail Mary prayers. Her loving husband felt torn because he did not want to deprive her of nourishment, but if he allowed them to put in the feeding tube, he feared he would be going against his wife’s previous wishes. Most of her children helped him decide, convincing him that she would not want to live under these limited conditions. My husband tried to explain that a feeding tube was not extraordinary means; that it would be inhumane to allow their mother to starve to death, but to no avail. He then called in the local Catholic priest who explained to the family that not providing her with a means of nourishment would go against what the Church teaches about the dignity of life. He added that nourishment, even by feeding tube, was not extraordinary means, but in fact humane and necessary. My father-in-law, a practicing Catholic who respected the priest’s input, then allowed the procedure to insert the feeding tube, even though most family members were not convinced this was the right thing to do. During this time, my mother-in-law also developed pneumonia, but was not being treated for it because the medical team interpreted her Living Will to mean that life-preserving treatment was not allowed.

With little change in her condition, Helen was eventually transferred to a nursing home. After a period of weeks there, my husband was notified by his stepfather (Helen’s husband) that the decision was made to remove the feeding tube. Shortly thereafter, she passed away.

When Is It Permissible To Stop Giving A Patient Food and Water?

The answer to this question depends on the circumstances and motives. Here are some things to consider:



Acceptable:

- ✓ When the patient’s organs are shutting down so that the body can no longer process food and fluids
- ✓ When taking in food and water, whether by mouth or through a tube, is harmful to the patient

In these circumstances, the cause of death is the patient’s disease or injury.

Unacceptable:

- ✗ When food and water are taken away because the patient is not dying quickly enough to suit someone (“Someone” could be the patient himself or herself.)
- ✗ When the patient is denied food and fluids because his/her “quality of life” is viewed as too low or the cost of care is viewed as too high

In these situations, patients are intentionally killed by starvation and dehydration.

AT 39, I HAD A MASSIVE STROKE. THE DOCTORS TOLD MY FAMILY I WOULD DIE.

HALO's Mission Statement is based on age-old Judeo-Christian principles, in particular on the commandments "Love your neighbor as you love yourself" and "You shall not murder." We welcome members and partners of all faiths and no faith who agree with our Mission Statement and who desire to promote, protect, and advocate for the rights of the medically vulnerable. Margaret Beck, a Catholic, testifies to God's power and love as she tells her personal story of physical and spiritual recovery.

At 39, I had a massive stroke. The doctors told my family I would die, or if by some miracle survived, I would be a vegetable. (How can a human being ever be a vegetable?). My family all prayed diligently and one night, as my mom prayed at my bedside, she received a sign from the Lord that I would be alright. After three and a half weeks in a medically induced coma, I woke up and began a long road to recovery. God hears all our prayers.

A few months later, one day in prayer, I had a good talk with God. I told Him how proud I was of all I had accomplished, especially in His service. His response is ingrained in my heart; "Without me, you can do nothing." Then He filled me with His love and grace, leading me back to the Sacrament of Reconciliation after 17 years, and revealing His great mercy.

He helped me fall in love with Him in the Holy Eucharist, leading me to pro-life activism and weekly Eucharistic adoration. Then He did the same beautiful transformation with our oldest daughter, diagnosed with a rare cancer. He transformed her heart in the three years until her death. She became a witness by her great faith, strength and trust.

Margaret Beck

"SHOULD I REFUSE TO BE AN ORGAN DONOR?" IS A PRUDENT QUESTION

Let us be clear. HALO does not reject all organ and tissue donation. We question the validity of "brain death." A determination of brain death is generally made when an individual with a traumatic brain injury is slated to be an organ donor. This diagnosis is also used to justify stopping life-sustaining/life-saving treatment. However, a "brain death" diagnosis does not guarantee that a patient is truly dead. Numerous people have been declared brain dead and lived to tell about it! Simply put, HALO insists that persons must not be killed in order to procure their organs or for any other reason. HALO cautions people: When in doubt, err on the side of life. We advise that you sign a wallet card refusing to be an organ donor and carry it with you at all times, but the decision is up to you.

BRAIN DEAD?

A stroke in February 2010 left Kate Allat, a 39-year-old mother and wife and avid runner, on a life-support machine at Sheffield Northern General Hospital (UK). She spent 10 days in a coma, but remembers hearing everything going on around her. She listened fearfully as medical staff talked to her family about removing her from life-support. "They thought I was in a vegetative state. I couldn't move a muscle. There was no signal I was in there," Kate said. As she began to recover, all she could do was blink once for "yes" and twice for "no." Her husband Mark, stated, "We had specialists and medical experts telling us she won't come home, she won't speak, won't walk, won't be able to even breathe or eat, and they have all been proved wrong." Amazingly, eight months after her devastating stroke, Kate was back on her feet and able to speak. Her experience led her to start a charity – Fighting Strokes – to help other people who have suffered strokes. She has also written a book, *Running Free*, published by Accent Press.

"Mother in Coma Heard Everything, Was Scared They'd Turn Off Her Life Support." LifeNews.com, 20 Oct. 2014, www.lifenews.com/2014/10/20/mother-in-coma-heard-everything-was-scared-theyd-turn-off-her-life-support/.

DID YOU KNOW?

To transplant a human heart, the surgeon must take it from a patient *with a beating heart.*

Sign and carry with you an **I REFUSE TO BE AN ORGAN DONOR** wallet card.



To request a wallet card, email feedback@halovoice.org or call us at **1-888-221-HALO (4256)**

Code of Ethics for Healthcare Providers

Profound respect for the life and dignity of every human being has always been at the heart of medicine, but that is changing. The law, society, and medicine now endorse immoral and inhumane medical procedures, forms of under-treatment that pose serious threats to vulnerable patients, and even the direct killing of certain people. This is corroding the values that define the medical professions and undermining public trust in them.

The inherent dignity of each human being demands a consistent and deep respect for life – regardless of age, race, social or economic status, disease, or disability. The healthcare profession is called a noble profession because revering and tenderly caring for the sick and suffering ennobles—that is, heightens respect for—the healer and caregiver. HALO is committed to protecting the medical-vulnerable. We are also committed to helping healthcare providers restore reverence for life within healthcare.

This is the reason HALO recognized an urgent need to formulate the “Code of Ethics for Healthcare Providers,” which consists of 10 essential principles that recall the ancient oath to inflict no harm, respect life, provide the best available medical care, and protect all patients from injustice.

Please read our enclosed “Code of Ethics for Healthcare Providers.” Then share it with your healthcare providers. This is a great way to begin a discussion with them about medical ethics and discover whether you should trust them with your health and life.

IMPORTANT UPDATES

CORRECTION: The previously announced HALO “event” has been moved up from September 22, 2020 to August 31, 2020. Watch your mailbox for your invitation and prepare to be surprised.

In addition to monthly e-newsletters, we are considering sending quarterly newsletters to your home. Please GIVE US YOUR FEEDBACK on our first print edition of the HALO Herald!

Kudos Korner

“Thank you for your work to help those who are in need of keeping their God-given right to life and dignity to the end.” – JF

A REAL AND PRESENT DANGER: MEDICAL DISCRIMINATION

Nichole Charpentier is a 39-year-old woman who uses a wheelchair. She identifies as having cerebral palsy and asthma. In March 2020, she was feeling very sick and having a hard time breathing. Her doctor recommended that she go to the hospital because she was experiencing COVID-19 symptoms. When she got to the hospital with her personal care worker, the physician argued with her regarding her disabilities and whether she should get any accommodations or access to needed medical services. This same physician also recommended that her personal care worker maintain a six-foot distance regardless of her care needs. She is worried that, if she ever needs medical care again, she will have to fight for care and her rights to accommodation and to be free from discrimination.¹

Would you like to help HALO with its life-affirming work?

Credit card donations can be made securely at:
www.halovoice.org/donate/

Send your order form/donation (checks only)
to: HALO, 7301 Bass Lake Rd, Minneapolis, MN
55428

Healthcare Advocacy and Leadership Organization is a 501 (c)(3) organization. Donations are tax-deductible to the extent allowed by law.

MOVIE REVIEW

Sing a Little Louder -Review by Anne O'Meara

Sing a Little Louder is a life-affirming movie inspired by a true story – the story of an elderly man who is haunted by the horrors of the Holocaust that he saw as a young boy from the pews of his church. He remembers singing, with other churchgoers, at the top of his lungs when train cars passed by while attending church services. Everyone in the church knew genocide was occurring, and they wanted to drown out the cries of the Jews. This film embraces a culture of life and sends a strong message for today's times where the genocides of abortion and stealth euthanasia are occurring. Sometimes the only way forward is to face the past. This is a must see movie!

¹ 5/8/20 Letter from Disability Rights Oregon to the Office for Civil Rights, U.S. Department of Health & Human Services, "Complaint Regarding Oregon's Crisis Care Guidance."