



HALO HERALD

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A Voice for The Medically Vulnerable

Winter 2021

NIGHTMARISH ORDEAL IN A TEXAS HOSPITAL

As told to Julie Grimstad by Sandra Hollier

My son (Clifton, pictured with me at right) was a typical rambunctious little boy who enjoyed playing outside with his Great Dane. He loved animals, Thomas the Train, the movie "How to Train Your Dragon," music, and being in church where I sang and his father, my ex-husband, played guitar.

Clifton had just turned four. While alone with my ex-husband's girlfriend, Bridget, he sustained a traumatic brain injury (TBI). She did not call 911. Instead, she called his father at work and told him Clifton had slipped in the bathtub and hit his head. His father rushed home and took him to a local hospital. On June 20, 2012, Clifton was life-flighted to Children's Memorial Hermann Hospital in Houston, Texas.

"Vultures" Hanging Around His Room Waiting

Clifton was given a ventilator to help regulate his breathing, a feeding tube to help sustain his body with necessary nutrients, and, initially, five different blood pressure medications. He also had surgery to reduce brain swelling. However, as a requirement for continuing Clifton's treatment, a doctor informed me that, against my consent, a DNR (do not resuscitate) order would be enforced.

Doctors and other hospital staff encouraged my family to remove Clifton from life support and donate his organs to "others in need." I kept saying "no" but they kept asking, saying things like, "He could be doing good for others – saving other lives." I felt pressured and uncomfortable. Every time he appeared to be near death, the organ procurement team, like vultures, would hang around outside his room waiting, but Clifton would rally. Then they would show up at the next opportunity.

Twice, that I know about, he was subjected to an apnea test. I was informed that this was being done but not that the sole purpose of this test was to determine if Clifton was brain dead. The apnea test entails turning off the ventilator for up to 10 minutes to see if the patient can breathe independently. (This test can cause additional brain damage and/or a heart attack.) During the first test, eight minutes elapsed before he took a breath. The second test, he took his first breath after three minutes without ventilator sup-



port. A test was also conducted to see if there was blood flow to his brain. It showed blood flow to the back of his brain. Clifton was never declared brain dead.

Within a few weeks of admission to the hospital, Clifton's condition began to improve. For example, Clifton no longer needed any medications to regulate his blood pressure.

The 10-Day Rule

Our family endured many hospital ethics committee meetings to discuss Clifton's health and treatment. At each meeting, removing him from all life-sustaining treatment was discussed. We refused. We told them we wanted to continue treatment; that, even if he lived with significant impairments, we wanted to take care of him.

Child Protective Services became involved. Claiming that they could not know how Clifton had suffered the TBI and who was responsible, all family members were banned from visiting the hospital! I was not allowed to be with Clifton for the last couple of weeks until they determined he was "actively dying." Several times, I would be allowed to visit him, and he would rally.

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Healthcare Advocacy and Leadership Organization (HALO)

HALO Helpline: 1-888-221-4256 (HALO)

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NIGHTMARISH ORDEAL

(continued from front page)

I would be told to leave, only to be called back again when his condition deteriorated. Finally, they permitted me to stay.

At the earlier ethics committee meetings, there were 10 or fewer people. As the meetings became more hostile, the number increased to more than 30 people from the hospital and they were now telling us how they were going to proceed. They talked about “quality of life” and asked, “Why would you want that for him?”

We were being given conflicting information. At one point, the doctor in charge of the Pediatric Intensive Care Unit said to me, “I would never let my five-year-old daughter suffer as your son is suffering.” However, the doctor who performed Clifton’s brain surgery told us, “Your son can’t feel anything.” Which was true? Was he suffering or could he feel nothing? Out of all the doctors who cared for him, only one was encouraging. He told me that “a Higher Power must be working in Clifton” because he was still alive.

At the final ethics committee meeting, the committee decided to remove Clifton from life support due to “poor quality of life.” The hospital implemented the **10-Day Rule** (see box below), leaving my family to find another facility that would be willing to treat Clifton. I was given no voice in the matter, nor was I offered any assistance.

The Countdown

When the 10-day countdown began, Clifton’s quality of care also began to decline. For instance, he would sit in soiled diapers for hours before someone would come and change him. I was not allowed to touch or move him. His feeding bags went empty more frequently and it took longer for the staff to refill them. Nurses became hard to find and the doctors were not speaking to me anymore.

He did have a few nurses who were very caring. When I was allowed to come back and visit, I found a nurse at his bedside holding his hand, talking to him. She told me she was praying a lot for my son.

I assumed the hospital would try to find a facility willing to care for Clifton and help with the transfer. I wasted a whole day because of that assumption. The hospital did nothing to help, so I started Googling level one hospitals, making lists, and giving them to the hospital social worker to no avail. It was so hard. I was torn and didn’t know what to do. Should I be fighting to find a hospital that would take Clifton? Or should I be spending the time with my son? At the same time, we were involved in the criminal aspects of this situation. I was overwhelmed.

The dreaded day arrived when a doctor came into Clifton’s room and told me what time they were going

to remove him from the ventilator. It was early that afternoon. One of the nurses I did not like was there to administer morphine to Clifton in case I asked for it. The respiratory therapist removed his ventilator. I was told that it would take approximately 20 minutes for my son to die, but I held Clifton in my arms for over an hour while he was convulsing, choking on his own saliva because he could not swallow, and gasping for air. I could not take any more and asked the nurse to administer the morphine. She gave him a fatal dose. Toward the end, he took a deep breath and it never came back out. Twenty minutes later, the machine monitoring his heart flat lined. My son had passed away.

Clifton spent a total of 5 ½ weeks in the hospital before he was removed from all life-sustaining treatment, against the family’s wishes, on July 27, 2012.

After Clifton’s death, an autopsy showed evidence that he had been shaken, and there was a great deal of circumstantial evidence that the ex-husband’s girlfriend, Bridget, had caused his injury. She was subsequently charged with a first-degree felony, tried, found guilty, and sentenced to 99 years in state prison.

Sandra Hollier was unaware of Texas Right to Life and the help they offer to families when a loved one’s life is at stake due to the 10-Day Rule. She is now the Education Associate at Texas Right to Life.

TEXAS 10-DAY RULE EXPLAINED

The **10-day rule** is a part of the Texas Advance Directives Act (§166.046). Basically, this “rule” allows a hospital ethics committee to decide to remove life-sustaining treatment from a patient against the patient’s or family’s wishes. The patient or patient’s decision maker (usually family) is informed of the committee meeting only 48 hours in advance, often on a Friday afternoon, so they have little time to prepare. During the meeting, adversarial medical “experts” advocate for the cessation of treatment against the patient’s family and/or friends who desire

treatment to continue and who are, most likely, not professionals and are generally ill-equipped to defend their position. The committee follows with a written notice of its decision that life-sustaining treatment is “inappropriate.” Receipt of this notice marks the start of a ten-day countdown. “The physician and the health care facility,” states the law, “are not obligated to provide life-sustaining treatment after the 10th day after the written decision.” Finding another facility that will honor the patient’s/family’s treatment wishes and transferring the patient—at the expense of the patient and/or family—are monumental tasks which often prove impossible within the ten-day window.

UNEXPECTED RECOVERIES

Some patients are prematurely declared dead or deemed “too far gone” to benefit from medical treatment. Also, patients who are unable to move or communicate are frequently diagnosed to be permanently unconscious when, in fact, the condition is often not permanent. Patients who have recovered from such a state have recalled things that were said or done to them while no one knew they were aware. Remarkable recoveries in such cases are frequently called “miracles.” But calling them “miracles” makes it too easy to brush aside the uncomfortable fact that a substantial number of patients who are diagnosed to be dead or irreversibly unconscious are misdiagnosed simply because no one is looking for signs that they might be alive or aware. Worse yet, signs of life and/or awareness may be ignored. [1] [Note: Belief that a person is permanently unconscious cannot and does not morally justify deliberately ending the person’s life.]

The following stories of two surprising recoveries, selected from among many, should make us pause before consenting to organ donation or accepting a medical prediction that a loved one will never recover consciousness. (In order to inspire hope, we periodically introduce you to people who have survived or recovered when, supposedly, there was “no hope.”)

Jenny Bone

In March of 2014, 40-year-old Jenny Bone was declared “brain dead” by doctors, but awoke from a coma to hear her husband being repeatedly asked by doctors if he wanted to remove her life support.

Jenny had been admitted to the hospital on a Friday after suddenly being unable to move or control her bodily functions. On the following Monday morning, Jenny’s husband was being asked by her doctors if he wanted to remove her life support. Although the doctors were unable to diagnose her condition, they declared Jenny “brain dead” based on brain scans and her lack of response to reflex tests.

Jenny’s husband thought the doctors were being premature in removing her life support and refused to cooperate. Eventually, doctors determined that Jenny had Guillain Barre Syndrome. Guillain Barre Syndrome is a rare condition that affects the immune system and can result in paralysis. It was the paralysis that made Jenny appear unconscious and rendered her unable to respond. *Today, Jenny is grateful that her husband fought for her life.* [2]

Trenton McKinley

The doctors were certain that 13-year-old Trenton McKinley was dead—“brain dead” that is. He had suffered skull fractures and a traumatic brain injury in a vehicle accident in March 2018. He reportedly passed all the tests for determining “brain death.” Convinced her son was dead, his mother signed papers to donate his organs. Fortunately—some would say “miraculously”—he regained consciousness before his vital organs were removed. Trenton regained his speech and ability to move. He was taken off the ventilator and eventually went home. He is now not only conscious, talking and walking, he is playing basketball!

Trenton’s awakening was likely not a miracle, not a resurrection from death. Cases of unexpected recoveries from “brain death” are increasingly common. Trenton would certainly be dead now if his organs had been taken for transplantation. Thank God he regained consciousness in the nick of time. [3]

[1] Julie Grimstad, “Medical Decision Making: ‘Persistent Vegetative State,’ Life is Worth Living Series Brochure, 2018, Pro-Life Wisconsin. To order, call 262-796-1111.

[2] “This Woman Woke from her Coma after Hearing Doctors Planning to Withdraw Her Life Support,” Lifesitenews.com, 3/25/2015.

[3] <http://www.ncregister.com/daily-news/the-miracle-boy-and-problems-with-the-brain-death-diagnosis>; <https://www.goalcast.com/2018/05/07/brain-dead-boy-makes-greys-anatomy-style-recovery-day-organ-donation/>

Patient Advocacy at HALO

A patient advocate, in a very real sense, can be compared to a lifeline tossed to a drowning person.

Patient advocates save lives and souls, one person at a time. We are immensely grateful to each and every one of our volunteer patient advocates who staff the HALO Helpline! Starting with this newsletter, we will be introducing our volunteer patient advocates to you.

This month, meet Ioana!

Patient Advocate Spotlight

Ioana Caranica, RN MSN AGNP-BC



Why did you become a Patient Advocate?



Very simple. God opened my eyes. He showed me the WAY, and the TRUTH, and the LIFE.

“For I, the LORD your God, hold your right hand; it is I who say to you, ‘Fear not, I will help you.’”

Looking Back at 2020

After hiring two employees and opening our office in January of 2020, we hit the ground running! Listed below are a few of the highlights!

- **24/7 HALO Helpline launched** - The **HALO Helpline 1-888-221-4256 (HALO)** offers free and confidential information, support, and referrals for patients, their family members, and caregivers who have concerns about the treatment and care a patient is receiving in any healthcare setting, either at home or in a facility.
- **Making a Difference guide**- *Making a Difference, A Guide for Defending the Medically Vulnerable* was distributed to thousands of prolife organizations, donors, subscribers, friends, pastors, ministers, conference attendees, and more. This well-researched guide arms patients, loved ones, and caregivers with the information they need to make important medical decisions.

This guide was also instrumental in saving a young father's life!
- **Huge win in the Texas Supreme Court** - HALO co-signed an Amicus Brief to defend "Baby Tinslee," an ill 20-month-old girl in a Fort Worth hospital. This brief delivered more time for Baby Tinslee to live!
- **The Health Care Civil Rights Task Force formed** - HALO joined other like-minded organizations to form the Health Care Civil Rights Task Force, a voluntary association between HALO, the Christ Medicus Foundation, the Life Legal Defense Foundation, the National Catholic Bioethics Center, and the Terri Schiavo Life and Hope Network. The objectives of this joint task force are to promote respect for the sanctity of life in medical decisions, and to educate the public about bioethical and health care civil rights issues. (Visit healthcarecivilrights.org.)
- **Social media challenge introduced** - We invited everyone to review difficult-to-grasp life issues with the children in their life to educate the next generation on the sanctity of every human life.
- **Print edition of the HALO Herald published** - Due to numerous requests, and in an effort to reach new readers, we started issuing a quarterly print newsletter in addition to our monthly e-newsletter.

We are gratified that, over the past year, HALO has touched the lives of many patients, families, and caregivers in a special way. Whether by battling medical futility policies, fighting unjust discrimination, praying with or for patients and Helpline callers, HALO has truly made a difference.

UPCOMING EVENTS

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JAN
16

ANGLICANS FOR LIFE - SUMMIT 2021!

Saturdays 1/16/21 & 1/23/21, 11 am - 3 pm (EST)

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JAN
23

Anglicans for Life will be hosting a virtual conference encompassing informative speakers and workshops, and opportunities to connect with others who are passionate about protecting life. HALO's Board President, Julie Grimstad, will be one of the speakers on January 23rd!

For details on registration & costs:

www.AnglicansForLife.org/Summit-2021

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JAN
23

PREVENTING THE SPREAD OF EUTHANASIA & ASSISTED SUICIDE - WHAT YOU NEED TO KNOW

Saturday, 1/23/21, 10 am - 4:30 pm (EST)

The *Euthanasia Prevention Coalition* and *Physicians for Compassionate Care* are offering an informative and free online Zoom conference. There is no cost to attend but registration is required.

For more information:

alexschadenberg.blogspot.com

JANUARY IS THE SANCTITY OF HUMAN LIFE MONTH

Take a moment to focus on God's precious gift of human life. Respect for life calls us to defend and protect life from conception to natural death.

\$10,000 MATCHING GRANT

Exciting news! A generous donor has offered HALO a **\$10,000 matching grant!** Please prayerfully consider donating. \$500 will become \$1000, \$100 will become \$200, \$50 will become a \$100 donation. And every donation will help HALO promote life-affirming healthcare, advocate for vulnerable patients, and defend the conscience rights of ethical healthcare providers.

There are two easy ways to donate:

1. **Credit card donations** can be made securely at: www.halovoice.org/donate/
2. **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.

**"My past, O Lord, to Your mercy;
my present, to Your love;
my future to Your providence."**

-Padre Pio