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time and date, introduced visitors who came, etc.

I also closely watched for any sign of voluntary movement or reaction. As in Jacob's case, almost imperceptible movement could be a sign of awareness and I encouraged my patients to repeat the movement.

I was often teased and asked if I spoke to my refrigerator too, but the teasing stopped when some of these patients started to respond or even recovered. Some of them later related what they heard and/or felt when they were assumed to be unaware. My point was that speaking empathetically to all our patients was a matter of respect that could even help them get better.

Hopefully, Jacob's story will be an encouragement for all healthcare providers as well as people with severe brain injuries and their families.

Conclusion

But Jacob has another big message for every one of us in our daily lives: simplicity.

In Jacob's own words: "My life was never a walk in the park, but I never truly appreciated how important the simplicities of life are until I began my journey to recovery. My reasoning for this word is multi-focal just like my case. The only word that can accurately describe my case is "complex" and I am un-ironically striving for just the opposite, simple. After surviving and overcoming locked in syndrome, all I want are the simplicities in life; things like talking, connecting with friends and family, enjoying solid foods, breathing on my own, going outside instead of being locked in a

hospital, being able to feed myself and even taking a walk in the park. All of these simple things I took for granted are now goals I am working towards being able to enjoy again."

Especially at a time of such discord in our society now, we all need to remember and celebrate the so-called "little things" that make us grateful for our own precious lives.

This article was written by a member of HALO's Advisory Board, Nancy Valko RN ALNC. It was originally posted to Nancy's blog www.nancyvalko.com and is reprinted here with her permission.

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Joni also reports that in Europe, multiple sclerosis and ALS (Lou Gehrig's Disease) are now viewed as terminal illnesses that qualify people for euthanasia or PAS.

Once a society permits certain people to be killed, where will that dark path lead? Opponents of PAS believe the so called "right to die" will lead to its corollary, the duty to kill. One thing we know for certain is that, if Joni had died by PAS, the world would have lost a shining light. 50 years after her accident, Joni is a champion for life and is encouraging Christians to get involved in the fight against euthanasia and assisted suicide.

Please get involved in opposing PAS wherever attempts are made to legalize it or expand existing state laws. Know what is happening in your state. HALO has resources to help you educate yourself and others about assisted suicide and reasons to oppose it.

1, 2 <https://decisionmagazine.com/when-is-it-right-to-die>

Now More Than Ever, We Are Being Called to Make a Difference!

Because we know you care about HALO and our mission, we are asking you to make a gift today that will ensure HALO continues to be a voice for the medically vulnerable. With just a couple of months remaining in 2021, we want to share a few helpful tips and reminders for your year-end giving and tax-planning.

 **Gifts by Check or Credit Card** - If you plan to send your donation in the mail via check, your check must be postmarked by December 31 to count for 2021.

 **Recurring Donations** - When donations are scheduled on a recurring basis, we can better anticipate funding that will be available at any point during the year.

*Also, ask your tax preparer about the \$300 'above the line' charitable gift deduction and other giving strategies.

 **Required Minimum Distributions** - If you are over 70 ½, consider making charitable donations from your IRA using a Qualified Charitable Distribution (QCD). While a QCD does not generate a charitable deduction, you do not have to report the income. This is a great option for people to still get a tax benefit even though they are not able to itemize deductions.

 **Appreciated Securities** - Gifting appreciated securities (stocks, bonds) is one of the best ways to donate. You can avoid capital gains tax when gifting stock that has appreciated for more than a year.

 **Donor Advised Funds** - Donor advised funds are a flexible, easy to administer and a relatively inexpensive way to leverage your charitable giving over time. They have become a very popular giving tool for those reasons.

THE HALO VOICE

A Voice for The Medically Vulnerable

Vol. 2, Issue 4

Fall 2021

An Unexpected Recovery and What We Can Learn from It

By Nancy Valko, RN ALNC

When 28-year-old Jacob Haendel was rushed to an emergency room in Massachusetts four years ago, the doctors thought he was having a stroke, but brain scans showed something very different. Instead, his brain scans showed that his "brain seemed to be unplugging itself from the rest of his body". One doctor described it as "The wires weren't sending signals from place to place."

The doctors were unsure what was going on until Jacob revealed that he had been doing drugs, mostly opioids, until he turned to street heroin. The medical team thought he might have ingested a toxin which led to their diagnosis of a very rare condition called Toxic Acute Progressive Leukoencephalopathy. Only a few dozen people had ever been diagnosed with this.

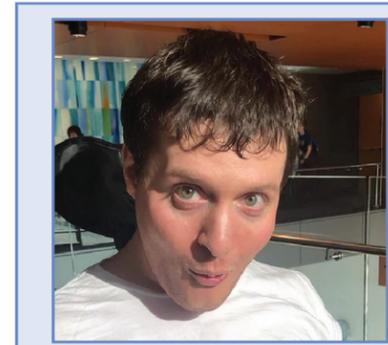
Six months later, Jacob deteriorated to what the doctors thought was a "vegetative state" and seemed completely unaware of himself or his surroundings. He was sent to an extended care facility on a ventilator to breathe and a feeding tube. Eventually, he was put in hospice and by Christmas, his family was told that he probably would die in a couple of days. Jacob's father whispered to him that it was "okay to let go".

But Jacob didn't die and slowly his brain started to sputter back to life. The first sign was a small twitch in his wrist. Some thought this meant nothing, but his family thought otherwise.

A few weeks later, everyone was stunned when Jacob started moving his tongue and his eyes, almost imperceptibly at first, but enough to use a letterboard to spell out a message he'd been desperately trying to send for almost a year. His message was "I can hear you." (Emphasis added)

As Jacob began communicating, the doctors realized that he had not been unconscious but rather awake the whole time. Jacob remembered nurses calling him "brain dead" and that visits slowed over time.

In a July 25, 2021 CBS Sunday Morning television segment, Jacob told CBS correspondent Lee Cowan, "I couldn't express anything to anyone. No one knew what



"But Jacob didn't die and slowly his brain started to sputter back to life."

was going on in my head, and I just wanted someone to know, like, that I was in there."

Jacob said that he talked to himself a lot and felt pain. He also revealed that "he would do math problems in his head just to help keep himself from the guilt that his drug use has caused all of this."

Jacob's mother had died of breast cancer. Jacob said he started using drugs to cope.

Jacob's road to rehabilitation has been long and is still ongoing. However, he has "come back with such a profound understanding of what a second chance really means. "I am an improved Jake," he said. "And I'm a happier Jake. I don't want to give up."

Although Jacob still has limitations of speech and movement, he now has a website (www.jhaendelrecovery.com) and writes updates.

What can we learn from Jacob's story?

Over my years in mostly critical care nursing, I spoke to all my patients--regardless of a diagnosis of coma, "vegetative state", etc.--as if they were totally awake. I explained everything I was doing as well as the

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Friday Was Death Day

By Judie Brown



Late last Thursday night, September 16, my husband Paul was taken by ambulance to our local hospital. After hours in the emergency room, he was admitted Friday morning at 5:30 am with overwhelming pain in his neck and across the top of his back.

Paul has a history of breathing problems, spinal pain, and atrial fibrillation—which is controlled by medication—so his doctor’s advice that he be hospitalized was taken seriously.

During the day Friday, September 17, he was visited by his cardiologist who was very assuring and explained to Paul that if things went wrong and he should confront a life-threatening situation, he and I would have to make some decisions. We told him that we understood this. Then we told the doctor that Paul had signed a Loving Will, and it is on file at the hospital and with his doctors. “Great” the doctor said, and he left.

So far so good. But his next visitors were two young female doctors from his pulmonologist’s office. The two doctors do hospital rounds for the practice. One of them, clearly the more experienced physician, explained the same thing to Paul that the cardiologist had explained, but she added comments that would lead any vulnerable hospitalized patient to feel stressed and that left him to wonder whether or not these two came to encourage him to die.

I hate to admit it, but that is also the way I heard their message. First of all, they said that if his breathing got worse and he had to be put on a ventilator, he would never get off. This is not true, but that is what they said to him.

They then explained to him that if his heart stopped, the efforts that would have to be made to restart his heart could be so seriously painful that his ribs might

get broken because, as they said, “the paddles can cause severe pain and suffering.”

Such statements are overly broad, to say the least! But we decided to remain calm in our response. As my husband lay there with eyes wide open, I said to them, “He has a Loving Will on file with this hospital. We know all of our options and will discuss them if that time comes.”

To that they said directly to Paul, “We just want to make sure you understand. This is a lot think about, Mr. Brown, and we will give a moment to consider what we have said.”

After a good 60 seconds, they said, “Well, what do you think?” He replied, “Do whatever you need to do to keep me alive. I have a lot of living left to do.” The doctor doing all the talking said, “Are you sure? Remember what I told you.” He said, “Yes, I am sure.” And thankfully the two of them left his room at that point. He said little after that experience. I honestly think that, at the age of 83 and with so much confronting him, he simply did not want to say much. But later, after thinking about all of it, he looked at me and said: “Today was death day. Those two women want me to die.”

If we had not experienced this together and if I had not been with him at that moment, I wonder what might have happened. Could he have had a heart attack from the stress of those few moments? I do not know.

What I do know is this: No older person who is suffering should ever have to be confronted with such a discussion. But clearly the younger generation has a different set of values when it comes to their older patients.

In spite of this, Paul is holding his own. He has serious health challenges ahead of him but worrying about dying should not be one of them.

I wrote about this because it is important for anyone reading this to be aware that the culture of death is not simply a phrase. The exemplars of it are alive and well. This is why the vulnerable elderly need protection, advocates, and love.

There was no love to be found in the young doctors who made last Friday death day.

This article was written by Judie Brown, President of American Life League and a member of HALO’s Advisory Board. It is reprinted here with her permission. In Memoriam: Paul Brown departed this world on November 4, 2021. He sacrificed his time, talent, and treasure for the pro-life movement.

Top 10 Things to Know About Assisted Suicide

1. **“Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer.” (American Medical Association Code of Medical Ethics Opinion 5.7)**
2. **Doctors make mistakes.**
3. **The claim that Assisted Suicide is painless, quick, and peaceful is misleading.**
4. **The “safeguards” in Physician Assisted Suicide (PAS) bills are merely to win legislators’ approval.**
5. **“Unbearable pain that cannot be relieved” is far less common than the assisted suicide lobby would have us believe.**
6. **Physician-assisted suicide (PAS) laws foster a “duty to die” attitude/provide cover for coercion and murder.**
7. **PAS robs patients and families of closure.**
8. **PAS removes the incentive to search for cures that save lives and relieve suffering.**
9. **Legalizing assisted suicide undermines suicide prevention efforts.**
10. **Legalizing PAS puts pressure on healthcare providers to cooperate.**

For more information on Assisted Suicide, visit www.halovoice.org/

When Is It Right to Die?

By Anne O’Meara

Many of us remember Joni Eareckson Tada. A diving accident in 1967 left her a quadriplegic in a wheelchair. Today, Joni is an advocate for the disabled. She is an author, a radio host, and founder of Joni and Friends - an organization “accelerating Christian ministry in the disability community”.

When Joni became a quadriplegic, she struggled with deep despair. She pleaded with her high school friends to bring in their mothers’ pills or their fathers’ razors to the hospital. When they refused her requests, she violently jerked her head around, hoping she would break her neck in another place and kill herself.

In her article *When is it Right to Die*¹ Joni says she is comfortable in her wheelchair today, but she sometimes wonders what would happen if she was still in deep despair? Would she be able to legally get her death wish?

Assisted Suicide Bills Still Pending in the U.S.

In a June 2021 HALO Voice e-alert, we shared that 13 states (AZ, CT, IN, IA, KS, KY, MA, MN, NV, NM, NY, ND, and RI) had introduced bills to legalize physician -assisted -suicide (PAS) and three other states were debating expansion bills (CA, HI, and Washington). We also noted that proponents of PAS have been promoting the use of telehealth for approving lethal drug cocktails.

A number of these bills to transform the crime of assisted suicide into a “medical treatment” were defeated in 2021. However, in five states – Delaware, Massachusetts, Minnesota, New York, and Pennsylvania – legislation is still pending. These bills are carried over to 2022. It is certain that proponents of assisted suicide will be working extremely hard to gain support for them in the meantime.

For more information and analysis of each bill, go to the PRC web site (<https://www.patientsrightscouncil.org>). On that home page, click on “Site Map”, There you will find more information on a particular state or a specific bill.

Source: www.PatientsRightsCouncil.org

So, could Joni get her death wish today if that is what she wanted? Joni would qualify for PAS in several countries and, sadly, the United States is not far behind. In Joni’s article² she mentions that it would simply take a court decision to modify the definition of PAS. Such a change already has happened in Belgium, Switzerland, and the Netherlands which permit euthanasia by lethal injection.

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