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Patients Rights Council

Update

In Loving Memory of Kathi Hamlon (1946-2021)

The Patients Rights Council announces the passing of Kathi Hamlon, Public Policy Analyst and member of the Board of Directors. Kathi passed away from the effects of COVID-19 and a stroke on August 29. Her husband and daughter were at her side.

Kathleen Solari was born in San Francisco, California on February 19, 1946. She was raised in the city and graduated from Lone Mountain College for Women, majoring in history and art. She became a teacher at Presentation High School in San Francisco, where she met another first-year teacher, John Hamlon. The two were married at Notre Dame University on November 13, 1971.

Kathi joined what was then called the International Anti-Euthanasia Task Force at its founding in 1987. From the beginning, she was an essential element of the PRC's infrastructure, not only serving indefatigably as public policy analyst, but also writing and editing an astounding 112 editions of the PRC's quarterly newsletter, the *Update*. Her



dedication to the cause of preventing the spread of assisted suicide and euthanasia was absolute. Her contributions to the work of the Council cannot be quantified.

"My heart is broken," Rita Marker, executive director of the Patients Rights Council, said as she announced the passing of her beloved friend and colleague. "Kathi and I have

been best friends for more than 40 years. She was a tireless champion of the medically vulnerable and a selfless servant in opposing the culture of death. Nothing that the PRC has accomplished could have been done without her."

Her husband John Hamlon, also a PRC Board member, recalled that Kathi's maiden name Solari—appropriately—means "of the sun." He said, "Kathi was the most loving wife and mother, and especially grandmother, that can be imagined." Despite experiencing chronic pain from fibromyalgia for years, Kathi often worked seven days a week on behalf of the PRC. "Kathi was a perfectionist," John added. "Nothing could keep her from caring for her family or following her calling."

Kathi is survived by husband John, their three children John Hamlon, Rebecca Taylor, and Mark Hamlon, and seven grandchildren.

Wesley J. Smith

Also in this *Update*

Everyday survival tips
& other helpful
suggestions, Part 3 2

What's not in a bill? 4

Assisted suicide bills
still pending in U.S. 4

What's in a word?

It's been said that, "All social engineering is preceded by verbal engineering."

How true that is. And no more is it evident than in the words used to promote assisted suicide.

When a law to permit assisted suicide is proposed, its advocates take great care to stress that it contains "safeguards." But after the law has passed and been in practice, the seeds of change are sewn. And the push to expand the law begins.

A perfect example of this is a recent bill that

expanded California's assisted suicide law, euphemistically called the "End of Life Option Act."

Senator Susan Eggman authored the California law when she was in the California Assembly. Modeled on Oregon's law that permits doctors to prescribe a lethal overdose of drugs to certain patients, the California law went into effect in 2016. And it took fewer than 5 years for her and her colleagues to proclaim that the "safeguards" were actually "barriers" and "roadblocks" that prevented patients from accessing the law. *(continued on page 3)*

Patients' Rights

Everyday survival tips & other helpful suggestions

Part 3

Know where your doctor stands on doctor-prescribed suicide.

Do you know what your doctor thinks about assisted suicide? Have you asked him or her?

It may be surprising to know that many doctors have not even thought about this issue. In fact, in research done by the PRC, state medical associations differed greatly in the positions they have taken about this topic. Some had positions in opposition. Some had changed their position from opposed to neutral. Some had no position at all.

And, most surprising, some medical associations were not even aware that there had been a proposal to legalize the practice in their state.

On top of that, many physicians do not belong to their state's medical association. And few have really thought much – if at all – about what legalization would mean for them and for their patients.

So, if you talk with your physician about the issue, you will not only be able to find out his or her position but also may be educating your doctor.

It doesn't mean taking a lot of time. It can be done just by asking a few simple questions. For example, if there is a legislative proposal in your state, you can ask if the doctor is aware of it. If not, you can provide him or her with an analysis of the bill. (Whenever there is a legislative proposal pending, the PRC posts a documented analysis of that bill on the PRC web site. Just go to the site map and click on the name of your state.)

Also, the PRC has a card that has some suggestions on how you can discuss this with your doctor. If you'd like a copy of the "doctor card," please contact the PRC and it will be sent to you.

Isn't it important to make certain that we and our loved ones are cared for by physicians who believe in protecting their patients – not ending their lives by prescribing a lethal overdose of drugs?

Prepare for a natural disaster

There are two types of response to a natural disaster. One is a shelter in place response. The other is one in which evacuation is necessary.

Shelter in place

A predicted snow storm is one such event when individuals are advised to stay off the roads. The requirements for such a situation may be relatively short – just several days – but some preparation is still necessary. Generally, such situations are predicted and one has at least a day to prepare.

Here are some items to make certain you have available:

- Medications that you or other family members need on a regular basis.
- Food and water for at least a week.

In the event that power is lost, you'll need:

- Flashlights and other battery-operated lighting devices.
- Ready to eat canned food and a hand operated can opener.
- Packaged snacks (dried fruit and nuts).
- Blankets and other warm clothing.

If the water supply is cut off, you will need:

- Bottled water.
- Plastic knives, forks, and spoons.
- Paper plates, cups, and towels.

Evacuation

If you have received an alert that evacuation is necessary, there may not be time to begin packing important items. So, what can you do?

Have what is sometimes called a "go bag." That's a large shoulder bag that contains essentials that, if a home and the items in it are destroyed, you will still have some basic, yet very important essentials.

Those essentials can include copies of important papers and other necessities. Make a list of those and, then, prepare your bag. Here are some examples:

- Social security numbers.
- Birth certificates.
- Insurance papers.
- Phone numbers for family and others that you may need to contact.
- A list of medications that you and/or family members take and a one week supply of those medications.
- A copy of the Patients Rights Council's durable power of attorney for health care, called the Protective Medical Decisions Document.
- Several of your most treasured photos that are irreplaceable.

Such papers do not take up a lot of room and can be kept in an envelope inside of a large waterproof bag. That bag can be placed in your "go bag."

Other items to consider placing into the bag in small plastic containers include,

- First aid supplies, including bandaids, antibiotic ointment, pain medication such as aspirin, Tylenol or ibuprofen, anti-itch cream, and chap stick.
- A small bar of soap, tweezers, plastic gloves, fold-up scissors, a small can opener.
- Small flash light with batteries removed (otherwise the batteries may corrode).
- Pepper spray.
- Disposable tooth brush and small toothpaste.
- Light weight, disposable rain ponchos.

Think about other things you would need if you had to be away from home for a week. Make your own list. Then pack them in your "go bag."

Be sure to make a list of those items and keep it in the bag also. Make sure that the expiration dates are on that list so that, if they become outdated, you can replace them. (Batteries that don't work would be useless.)

Prepare for accidents

Suppose you're on the way to the store to do some shopping

and you are in a car accident. Suddenly, you are seriously hurt, unable to communicate with anyone.

It's extremely important that you have important information with you at all times in the event of such an emergency. This means having the following in your wallet.

- Your driver's license, if you are driving, or other identification.
- Your health insurance card.
- An ID card that states the names and contact information of those you have designated to make medical decisions for you if you are ever unable to make those decisions for yourself, either temporarily or permanently. NOTE: It's best to put that information right in front of your insurance information so that health care providers will see it when they check for insurance coverage. A card for you to fill in that information is included in the information that you receive with the PRC's durable power of attorney for health care (called the Protective Medical Decisions Document).
- A card that lists all medications that you are taking.

These Survival Tips and Other Helpful Suggestions are intended to give you an idea of what you can do to be prepared. You may have other ideas and items that you believe to be important. Be sure to incorporate those into your personal lists.

What's in a Word, cont. from pg. 1

Because virtually all assisted-suicide laws and proposals harken back to Oregon's law, Eggman did so when she proposed the expansion.

She stated, "There's been over thirty years of data from the state of Oregon that says there's been no abuses."

That sounds good, but it's not true.

In fact, the truth is that there have not been any reports of abuses. Lack of reports of abuse does not equal lack of abuse any more than lack of reports of shootings in Chicago neighborhoods means that no shootings are occurring.

From the time the Oregon law was implemented, Oregon officials have acknowledged that they have no way of being certain what is taking place.

Although prescribing doctors are supposed to report to the Board of Medical Examiners if complications occur; nothing in the law gives anyone authority to investigate.

Dr. Katrina Hedberg, who was the lead author of many of Oregon's official reports explained that there was no way to investigate whether reports were accurate or complete. Data for official reports is provided by prescribing physicians.

And, from the very beginning of implementation of Oregon's law, the state department responsible for formulating Oregon's official reports acknowledged that there was no way of knowing if reports provided by prescribing physicians were accurate or complete.

"For that matter the entire account [received from prescribing doctors] could have been a cock-and-bull story. We assume, however, that physicians were being their careful accurate selves." [Oregon Health Division, *CD Summary*, Vol. 48, No. 6 (March 16, 1999) pg. 2.]

Yet, Eggman based her claim on the need to expand California's law on the fact that there had not been any abuses in Oregon.

And California lawmakers fell for it.

The expanded "End of Life Option Act" passed on Friday, September 10, 2021 and was signed into law on October 5th by Governor Gavin Newsom.

Note:

In a November 2018 article, Newsom, who was then California lieutenant governor, acknowledged he had helped His mother commit suicide in 2002.

[The New Yorker, November 5, 2018]

What's not in a bill?

When a bill to legalize assisted suicide is proposed, there are provisions that are stressed by its drafters, making it seem more "protective" than it actually is.

For example, bills state a person must have a "terminal illness" to qualify for what is called "aid-in-dying," "death with dignity" or a similarly euphemistic term. And then a definition of "terminal illness" is included in the bill.

Virtually every bill defines "terminal illness" as a condition that is incurable and irreversible and is expected to cause death within six months.

However, a very important word is left out of that definition. That word is "uncontrollable." There are many conditions that are incurable and irreversible **but are controllable**. One such condition is type I diabetes. In fact, in an official Oregon report, diabetes was listed as the cause of death.

Always be aware of not only what is in a bill, but what is not in it.

Assisted suicide bills still pending in U.S.

A number of bills to transform the crime of assisted suicide into a "medical treatment" were defeated in 2021. However, in five states, legislation is still pending.

They are Delaware, Massachusetts, Minnesota, New York and Pennsylvania. These bills are carried over to 2022. And it is certain that proponents will be working very 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" where you will find more information on a particular state or a specific bill.

Death promoters continue to push the envelope

What if there were a time-release suicide device that people could use to select the time of their future deaths?

Writing in the May-June 2021 *Hastings Center Report*, which is one of the leading bioethics journals, Margaret Pabst Battin (also known as Peggy Battin) and Brent M. Kiouss

have proposed what they call a solution to dealing with dementia.

Their article, "Ending One's Life in Advance," describes the "Advance Directive Implant" (ADI). In it, they ask, "What if, while still competent, these people could opt for implantation of a device that would achieve their goals -- timed to release a painless, fatal drug at a future point they have selected?"

They explained, "We imagine the ADI is something like a computerized subdermal implant containing a lethal dose of medication....Release of these medications would automatically occur rapidly at a predetermined time."

Lest one think that the authors' views will be dismissed out of hand, one needs to know that Battin is a Distinguished Professor of Philosophy and Medical Ethics at the University of Utah and a long-time advocate of assisted suicide and euthanasia. Kiouss is an assistant professor of psychiatry, also at the University of Utah.

For years, Battin has been in the forefront of promoting assisted suicide and euthanasia. In addition to being a professor at the University of Utah since 1975, where she has held the position of Distinguished Professor of Philosophy since 2000, in 1988, she went to the Netherlands where she studied legal euthanasia. Following that research, she was nominated as a candidate for the Spinoza Chair at the University of Amsterdam.

As alarming as the ADI is, its proponents give assurances that there would be careful safeguards. They state, "We concede that slippery slope arguments may have more purchase in this context than in ordinary requests for medical aid in dying. That argues for greater safeguards, not for prohibiting advance directive implants altogether."

Yet, is there any reason to expect that it would only be a short time before the safeguards are called "barriers"?

The Patients Rights Council is a human rights group formed to promote and defend the right of all patients to be treated with respect, dignity and compassion and to work with individuals and organizations to resist attitudes, programs and policies which threaten the lives of those who are medically vulnerable. To those ends, the PRC compiles well-documented and up-to-date information on a whole range of end-of-life issues, including health care advance directives, futile care policies, health care reform, and doctor-prescribed death.

The *Update* is available to the general public; suggested minimum donation is \$25.00 [U.S.] a year. Add \$3.00 for foreign postage.

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LEAVE A LEGACY

Have you updated your will lately?

Please prayerfully consider naming the Patients Rights Council as a partial beneficiary in your will or trust. This gift will be felt by generations to come. For more information, contact Jason Negri at Jason@jasonnegri.com or 810-772-1897.