



Why a Center for Medical Ethics?

Louisiana Right to Life is committed to the protection of human life from “womb to tomb”. We strive to gain society’s recognition of the value and dignity of every human being regardless of age, health, disability, level of development, or state of dependency.

So when it comes to the critical issues affecting the ill, disabled, and elderly in our society, we cannot be silent.

The mission of Louisiana Right to Life’s Center for Medical Ethics is to protect the ill, disabled, and elderly from discrimination, abuse, direct killing, and denial of life-saving treatment. Through education and proactive legislation, we can encourage a life-affirming medical ethic at all stages of life.

Why Should You Be Concerned?

In light of efforts to expand assisted suicide outside of Oregon, new federal health care mandates, and a societal disregard for the value of life, the “end-of-life” issues facing our Center for Medical Ethics, and your family, are more critical than ever.

Who shall live, who shall die, when and where, and who decides, these could be the most important questions facing you for the rest of your life. You must understand the issues and be prepared to answer for you and your family.

Critical Issues at Hand

- Euthanasia and Assisted Suicide
- Denial of Life Sustaining Treatment
- Medical Discrimination
- Rationing of Healthcare
- Protecting Your Own Life

Are you and your family protected?

We encourage you to take time to study these issues and be sure you and your family are protected. Visit us online and call our office to take advantage of our Medical Ethics Resources which include:

- The Questions you should ask yourself
- Louisiana Right to Life’s Power of Attorney for Health Care
- Louisiana Right to Life’s Living Will
- Understanding LaPOST
- How you can help others protect their own life

Help Us Educate Louisiana

Open the Door for Life-Affirming Education...

Ryan Verret, the Director of the Center for Medical Ethics, is willing to visit with your church or group, no matter the background, to present on these issues and lead discussion. Ryan’s “Senior Concern” seminar has been successful across the state in equipping people with an in-depth knowledge of these topics. Bring Ryan to your group now at little or no charge!



Lead by an Expert...

Ryan Verret completed graduate work and training in Bio-Medical ethics as well as Theology and Clinical Psychology. He has worked for several years in Palliative and Hospice Care administration.

Contact Ryan at rverret@prolifelouisiana.org

“Dying with dignity is a part of God’s plan for each person. Often people are not aware of the critical choices that need to be made in this regard. Louisiana Right to Life’s Center for Medical Ethics is a valuable resource to people in our state who want to promote the dignity and respect of human life.”

Archbishop Gregory Aymond, Archdiocese of New Orleans

“Louisiana Family Forum holds that all human life is sacred from the earliest moments of conception until natural death. So I am excited to commend to your attention one of Louisiana’s leading “Voices for Life”, Louisiana Right to Life’s Center for Medical Ethics.”

Gene Mills, President of Louisiana Family Forum

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Helping to Protect You and all of Louisiana



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Should you be concerned about the national debate on Assisted Suicide and Euthanasia?

The words “euthanasia” and “assisted suicide” are often used interchangeably. However, they are different. “Euthanasia” is defined as intentionally, knowingly and directly acting to cause the death of another person (e.g., giving a lethal injection). “Assisted suicide” is defined as intentionally, knowingly and directly providing the means of death to another person so that the person can use that means to commit suicide (e.g., providing a prescription for a lethal dose of drugs).

In all 50 states euthanasia is illegal. However, assisted suicide is legal in Oregon, Washington, and Montana. Several other states are currently debating this issue and we want to prepare Louisiana for the possible legal challenges to come.



Should someone have the right to die?

It is understandable, though tragic, that some patients in extreme agony--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, permitting physicians or caregivers to directly kill patients (euthanasia) or enable patients to kill themselves (assisted suicide) would cause more harm than good. NEuthanasia and assisted suicide are fundamentally incompatible with the physician’s role as healer, difficult to control, and inconsistent with a basic respect for human life.

Should people be forced to stay alive if they desire not to live?

Almost all of those who attempt suicide do so as a subconscious cry for help. A suicide attempt powerfully calls attention to one’s plight. This is no different for those who have terminal illnesses or those whose life appears to have no value. The ethical response is to mobilize resources to address the issues of pain and suffering. Typically, counseling and assistance with a view of the dignity of the person at this stage of life are successful. In short, suicidal people should be helped with their problems, not helped to die.



Am I making the right decision regarding nutrition and hydration?

There should be a presumption in favor of providing nutrition and hydration, not only for those in a persistent vegetative state, but also for those who have had a stroke, dementia or other life threatening illness or injury and still are able to digest and process food and water.

Nutrition and hydration in such cases, whether medically or naturally provided, should be considered ordinary/proportionate (standard) care rather than a form of medical treatment that could be arbitrarily withdrawn. Death should not be caused by the deliberate denial, withholding or withdrawal of nutrition and hydration but should be the result of an underlying illness which is terminal and irreversible.

It is critical to always appoint a competent and trustworthy agent or surrogate who shares your values to make decisions in real-time for you in case you are incapacitated.

Learn more on nutrition and hydration, as well as how to safeguard your wishes, at www.ProLifeLouisiana.org/MedicalEthics.



Connect with us!

ProLifeLouisiana.org/MedicalEthics

Facebook.com/LouisianaRightToLife

Text “PROLIFE” to 22828!

Does medical discrimination exist? Could you be denied medical treatment?

Medical Discrimination against children and adults with disabilities is consistently seen as a factor in the denial of treatment and life. Selective disability abortions end the life of 90% of children diagnosed (accurately or inaccurately) with Down-syndrome and many elderly individuals are denied routine life-sustaining care because of age. No one should ever be denied treatment solely because of age or physical limitations.



Should you be worried about health care reform?

Yes. While health care reform must be addressed, it should be done in a manner without “rationing” health care or denying treatment based on age, disability, or arbitrary quality of life distinctions. In an April 28, 2009 New York Times interview, President Obama discussed having a “very difficult democratic conversation” about “those toward the end of their lives [who] are accounting for potentially 80 percent of the total health care bill out here.”

In particular, this “difficult democratic conversation” created the new **Independent Payment Advisory Board** in the Affordable Care Act. The IPAB is set to make decisions about payments for medical treatments, deciding what will be paid for and what will not. This might be acceptable under some scenarios but patients are not represented on the panel, there is no administrative appeal of decision, and appeals to the courts are prohibited. This prescription is potentially dangerous for America.

Under President Obama’s health care plan, we must demand that health care policies, especially when determined by the government, do not restrict people’s ability to pursue lifesaving treatments nor should they lead to the denial of life-saving treatment.

We strive to gain society’s recognition of the value of every human being regardless of age, health, disability or state of dependency.