

## Real Hope for the Dying

Jean Echlin, R.N., M.S.N.

Hospice Palliative Care is the provision of pain and symptom management for individuals experiencing life-threatening, life-limiting, progressive, or terminal disease. The cornerstone of excellence in this newer health care reform is the management of pain and other distressing symptoms. A person in pain is unable to focus on anything except their need for pain relief. Having to cry or plead for pain or anxiety medication leaves the patient feeling degraded, demoralized and dehumanized. In cases like these their desperation is often distressing enough to make them wish for death. Individuals have the right to appropriate pain and symptom management.

In addition, palliative care focuses on emotional, social and existential suffering. This care may be combined with therapies aimed at reducing or curing the illness or it may be the total focus of care. Grief and bereavement follow-up may be a part of this caring process.

Many therapeutic modes exist to help with the pain experience. These include, but are not limited to, the use of narcotics, nerve blocks, surgery, radiation, chemotherapy, guided imagery and relaxation techniques, therapeutic touch, reiki, hypnosis, music and art therapy.

Programs of hospice palliative care take a multi-disciplinary team approach utilizing the skills of doctors, nurses, chaplains, social workers and physiotherapists, with the added benefit of trained volunteers.

Including these in the care of patient and family can provide enough quality end-of-life support to eliminate the desire for a premature death caused by euthanasia or assisted suicide. For the infrequent situations where pain and anxiety may appear unmanageable, "palliative sedation" may be considered. This is not euthanasia. It is good palliative care. The intention is to relieve pain and suffering, not to hasten death.

*"Do not let anyone label me "terminal." I will tell you when it is my time. Give me a measure of hope and speak to my living!"*



### Palliative Sedation or Terminal Sedation?

It is important to note that there is a difference between "palliative sedation" and "terminal sedation." Unfortunately the literature does not recognize this.

Palliative sedation is medication given to relieve the distress of a terminally ill patient in their last hours or days when other methods of pain management have failed the patient. This only happens in a low percentage of patients – approximately 2 to 5 percent who have a pain escalation/surge at the very end of life.

According to the *Journal of Hospice and Palliative Nursing*, (2006;8(6):320-327) in the article: "The Process of Palliative Sedation" four criteria should be present:

- Symptoms that are unbearable and unmanageable
- A current do not resuscitate order (DNR) must be in effect
- A terminal diagnosis · Death must be imminent within hours to days.

It would be helpful to have a separate consent for palliative sedation. This would avoid any confusion around treatment plans. The intent of palliative sedation is to provide pain and symptom relief and not to hasten death.

On the other hand, "terminal sedation" as it is practiced in the Netherlands appears to be sedation followed by dehydration with the explicit intention of causing death.

One of the most significant findings in current literature indicates that the use of opiates (morphine, hydromorphone, fentanyl, etc.) when properly titrated according to the patient's pain intensity, do not hasten death. Also, this is one reason narcotics are not the drugs of choice for euthanasia or assisted suicide.

### What does "terminal" mean?

One of the most difficult clinical assessments is the determination of when a human being is actually "terminal." A disease can be labeled terminal at diagnosis, as in terminal cancer. This does not mean

*(continued on page 3)*



## From Our President..

Dear Colleagues,

"Nowadays, in America as elsewhere in the world, a model of society appears to be emerging in which the powerful predominate, setting aside and even eliminating the powerless: I am thinking here of unborn children, helpless victims of abortion; the elderly and incurably ill, subjected at times to euthanasia; and the many other people relegated to the margins of society by consumerism and materialism." **Ecclesia in America**, Pope John Paul II, 1999

How does this quote pertain to America? In America, one of the most affluent nations in the world, we are blinded by consumerism and materialism. How else can we explain the atrocities of abortion that have gone unchecked in these last decades? Will we fool ourselves into thinking that we deserve God's continued blessings in light of our apathy? It is never too late to change into a proactive force. I invite you to become an active part of this organization that carries the banner for higher standards & ethics.

We are working on a strategy, desirous of recruiting committed professionals. There is a paradigm shift of increasing awareness of abortion. It is sweeping our nation. This is a personal invitation for you to co-partner with us, allow your convictions to propel you forward. Start by attending our exciting First Annual Fundraising gala here in Orange County.

Our event will feature hors d'oeuvres, wine tasting, a very special dinner, music, and dancing. Our featured speaker, Rebecca Kiessling, will share her story as a child conceived in a violent rape and how this start has allowed her to become an amazing international symbol of the value of life. Come for a delightful evening and hear her incredible story.

Abraham Lincoln is known for saying 'Don't pray that God's on our side, pray that we're on his side.' Come live out your convictions amongst faithful professionals and pro-life friends. We look forward to seeing you at our fun filled gala!!

### LIFE SCENES

Publisher  
**California Nurses for Ethical Standards**

Editor  
Germaine Wensley

P.O. Box 45524  
Los Angeles, CA 90045  
310.413.1542

Membership Application Available  
on our website

[www.ethicalnurses.org](http://www.ethicalnurses.org)

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#### CNES Purpose Statement

California Nurses for Ethical Standards encourages ethics and moral integrity as the foundation of all responsible health care and health education. We promote respect for the life and dignity of every person including the preborn, newborn, physically and/or mentally disabled, aged and dying.

Anna Cody  
Office Manager/Newsletter Layout

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### CNES FUNDRAISING GALA

Saturday, October 23, 2010

Festivities begin at 5:00pm

2701 Madonna Dr. • Fullerton, CA

RSVP 714.525.9441



"We must not place choice and autonomy above God-given unalienable rights. The culture that emphasizes autonomy to the exclusion of truth is a denial of the most basic principle upon which our country is founded, namely, all human beings possess an equal and inherent fundamental dignity, and no class of human beings can with justice enslave, use, experiment on, or deliberately kill, other innocent human beings for their own purposes."

Professor Patrick Lee, Franciscan University of Steubenville.

**Real Hope for the Dying** (continued from front page)  
that a person is imminently dying. In fact, the life span may be anywhere from months to years. It is often difficult for the most astute diagnostician to predict the actual end stage or terminal stage of disease. This is true of the major categories of disease such as cardiovascular, neurological, cancer, renal failure, diabetes etc.

How dare we assume that a diagnosis of a life-threatening illness means that a person is "terminal?" One significant lesson learned from the bedside of a patient of mine is: "Do not let anyone label me "terminal." I will tell you when it is my time. Give me a measure of hope and speak to my living!" These were the words spoken by a 38 year old man who desperately wanted to live.

Individuals facing life-threatening disease are usually depressed. Depression is treatable even in late stage disease. Thus, euthanasia and assisted suicide represent a threat to people both needing medical and psychological support for clinical depression.

**Hospice Palliative Care – The Great Hope**

Everybody needs to have access to quality end-of-life care through hospice palliative care programs. Further, medical practitioners, nurses, pharmacists and other members of the health care team should keep informed of newer methods of pain and symptom management. This should be a mandatory requirement through the various licensing bodies.

According to Dr. M. Scott Peck in his book, *Denial of the Soul*: "Failure to treat pain is medical malpractice.... it is one of the worst crimes in medicine today." His words ring true and he too suffered the pain experience. Today,

“...Persons who receive timely, appropriate and expert pain and symptom management...do not ask for assisted suicide or euthanasia...”

there is no excuse for any individual, be they adult or infant, to experience an agonizing death. We have an armamentarium of methods and pharmaceuticals (medications) to modify physical pain and death anxiety. Unfortunately, too many of our health care providers, particularly nurses and doctors, are not effectively trained in the principles and practices of this newer health care reform (30 years) called Hospice Palliative Care. Neither are they educated in the newer methods of pain relief for acute, chronic and end-stage disease.

**A Voice of Experience**

In my 29 years as a palliative care nurse consultant, I have been at the bedside of more than 1,000 dying individuals. It is my learned experience that persons who receive timely, appropriate and expert pain and symptom management, including attention to their significant issues, do not ask for assisted suicide or euthanasia. According to Dr. Neil MacDonald in the *Oxford Textbook of Palliative Medicine*, proper pain management can actually extend the life span as patients experience improved quality of life. Palliative care is a life-giving therapy, not a life-limiting therapy. Dying with dignity can only be achieved with expert hospice palliative care. This is the compassionate choice and should be available for every individual in Canada and the United States, throughout their life span. Expert hospice palliative care requires a commitment of health care dollars, strong community and institutional and home health care and compassionate support for vulnerable people.

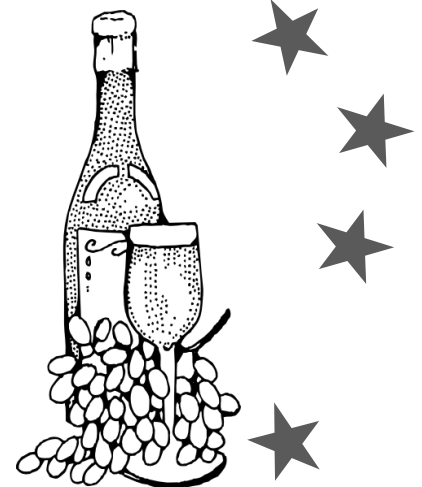
*Jean Echlin, R.N., M.S.N., is a pioneer in Hospice Palliative Care. She was instrumental in the development of the Hospice of Windsor & Essex County Inc. and established the Palliative Care Consultation Team in the heart of tertiary care at University Hospital, London (Canada) Health Sciences Centre. She is an independent nurse consultant, educator, free-lance writer, former vice-president of the Euthanasia Prevention Coalition and serves on the Advisory Council of the deVeber Institute of Bioethics and Social Research.*

GALA

Don't forget October 23<sup>rd</sup>...

You're in for a special evening when you attend our first annual fundraising gala. It will be held outdoors in a lovely garden overlooking a golf course: the home of our president Zonya Townsend. There will be wine tasting, dinner, entertainment and a fabulous special guest speaker, Rebecca Kiessling. She has an amazing story to tell.

Don't miss out!



## Invite to Participate in Nurses' Health Study

A new phase of the Nurse's Health Study is about to begin. The study would like a new cohort of young nurses to enroll. They are looking for female RNs and LPNs ages 22-45 years old. The study will be conducted entirely through the internet. They wish to examine recent changes in hormone preparations, dietary patterns, and nursing occupational exposures influences on women's health. Prominent new features include a closer look at fertility and pregnancy events with a greater focus on adolescent diet and breast cancer risk. NHS believes that nurses are the better qualified to participate in a women's health study, because they can be more accurate and reliable. If you wish to join the new study, visit [www.nhs3.org](http://www.nhs3.org).



*"Thank you for one of the most informative pro-life sites on the web. Nurses are in such a difficult position, as the law of the land permits, nay mandates, the murdering of helpless innocent babies. Nurses, as healthcare providers, who endeavor to provide*

*medical treatment and save lives, can be thrust into the cruel predicament of being legally forced to assist in the hideous act of infanticide. We admire your work and website, and are likewise honored in providing a link to your wonderful site on our links page."*

**T. Fromann**

<http://www.catholic-voter.com/Pages/Links.htm>

*"I am having a difficult time finding out if the state of Michigan would accept your CEU's. Do you happen to know this information? Thanks so very much."*

**Renee Schonschack, Michigan**

[Ed. Note – they do.]

*"Thank you so much for your prompt response regarding whether Texas accepts your CEU credits. [Ed. - they do] I hope to work toward protecting life in all its stages, throughout my professional career as a nurse, and as a practicing Catholic. God bless you."*

**Paula Salazar RN, Texas**

*"The new website is great! Thank you for all your work on this."*

**Carol Murdock**

*"Last week when I was at the salon getting a haircut, a group of teens came in, sang a song and passed the bucket. They also passed out little information cards. I encourage you to check them out at:*

*[www.waitteam.org](http://www.waitteam.org)."*

**Joyce Keske, President**

**Nebraska Nurses for Ethical Standards**



**Check out  
our newly  
updated website**

[www.ethicalnurses.org](http://www.ethicalnurses.org)

**CNES MEMBERS:** If you have not given us your **email address**, you may be missing out on some *important information*. Sometimes we want to alert you about things that can't wait until our next newsletter. Please let us know your **email address** if you haven't supplied it. On the other hand, if you have given the address to us and you don't want to receive any alerts by email, let us know that, too.

## Abortion Aftermath:

### Women's Brains vs. Men's Brains

**“W**omen's brains are, of course, in many fundamental ways the same as men's. Men and women think and reason in similar ways. But recent research shows that there are some significant differences in the brain and brain-related psychology of the two sexes. And a few of these differences can make a very large difference with regard to decision-making and its emotional consequences.” This is a quote from an article titled “Women, Abortion, and the Brain.” written by Professors Evelyn Birge Vitz and Paul C. Vitz and published on the website of “The Witherspoon Institute.” (*Evelyn Birge Vitz is Professor of French and Affiliated Professor of Comparative Literature at New York University. Paul C. Vitz is Professor Emeritus of Psychology at New York University and Senior Scholar at the Institute for the Psychological Sciences.*)

When one of the professors taught a class at New York University, the students were asked to study stories from a website [www.afterabortion.com](http://www.afterabortion.com) founded by a woman who has had 5 abortions. She wanted to provide an opportunity for other women who had abortions to have a place to go to talk about their experience and find peer support in a neutral, non-judgemental place. Hundreds of thousands of women have posted on this site, and it's obvious that there is a lot of pain out there - unexpected pain. In fact, most of the women were pro-choice before their abortion, and were stunned by their emotional reaction afterwards. Many are “haunted” by graphic and vivid nightmares. Some can't even go outside for fear of a “trigger” that brings back the abortion experience, and can set off a panic attack. (*continued on last page*)

# CNES Co-Sponsors Another Educational Day

Medical Ethics Seminar Aug. 15 – 20, 2010

by Carol Murdock, MSN, ANP-BC

**C**NES was invited by the International Institute of Theological and Tribunal Studies (IITTS) in the Archdiocese of Los Angeles to co-sponsor a week-long presentation of lectures on-bioethics/ medical ethics with a focus on the application of ethics to salient issues which we, as health care professionals, currently face. Fr. Juan Velez M.D. was the presenter and addressed such topics as ethical decision making, beginning of life, reproductive technologies, family planning, nutrition and hydration of the chronically ill patient, proportionate and disproportionate medical care, abortion, euthanasia, gene therapy, ethics of medical trials, health care reform and vaccines.

Fr. Velez was trained in Internal Medicine in 1988 becoming Board Certified in Internal Medicine in 1992. He was ordained a priest in 1998. He is the author of articles on Medical Ethics and recently co-authored a forthcoming book with Michael Aquilina titled: *Take Five: Meditations with John Henry Newman*.



Classes were held daily from 9-am-12 noon each day in the beautiful, historical retreat house of the Sisters of the Immaculate Heart of Mary. (photo)

Twelve nurses attended from one day to all five days, and earned one continuing education credit (CEU) for each hour of lecture. Three CEUs could be earned each day up to a total of 15 CEUs. The nurses' evaluations overall were very positive. Some of the comments were: "Excellent differentiation between medical ethics and bioethics." "Very enlightening and informative. Complex issues were presented in a simple form." "Fr. Juan facilitated very informative participant discussion and exchange of ideas. Fr. Juan has done excellent work on bridging the gap between medicine and moral theology." "Each topic: AIDS, ectopic pregnancy, health care reform and end of life issues could easily have been a 2-4 hours class." "Would like for this program to be continuing."

Thanks goes to Zonya Townsend, our CNES President, who attended each class, presenting information about our organization, checking in nurses each day for CEUs, and maintaining an information table. We obtained 2 new members and several prospective members.

*Carol Murdock is the CNES Educational Chair*



## Coming to a City Near You?...

The Final Exit Network (FEN), a right-to-die organization, has launched the newest campaign to promote legalizing assisted suicide by erecting billboards near senior citizen communities in San Francisco, Hillside, N.J. and soon in Florida.

Their signs read "My Life - My Death - My Choice" along with their website address. FEN says they are providing a community service by educating the elderly and terminally ill that they have a right to end their lives, and giving them information, materials, and emotional support they need to commit suicide. The membership organization recommends suffocation by inhaling helium under an airtight hood. Their volunteers, they assert, do not physically help members to commit suicide, but they will make house calls and hold members' hands while they do the deed by themselves. Their members also provided the funds for the billboards.

Though FEN says they are providing a service, their critics say they are preying on vulnerable senior citizens and mentally unstable people, and that its mission is unethical . . . and illegal. In fact, as previously reported in Lifescenes, four of their members in Georgia were suspects in an alleged assisted suicide case and indicted.

Bioethicist Wesley J. Smith warns that the FEN type of philosophy is dangerous: "Indeed, lurking beneath the loud assertions of 'My life, my death, my choice,' lurks an ideology that would lead us toward for-profit suicide clinics—[already proposed in Oregon]—and a virtual death on demand social ethic. That is the ugly truth that simplistic billboard sloganeering just can't hide."



# NEWS CAPSULES



## **PPAbortsAA**

In an effort to shed light on Planned Parenthood's racist roots, a new mass media campaign has begun calling itself PPAbortsAA (Planned Parenthood Aborts African Americans.) CDC data shows African American babies are 3 times more likely to be aborted than white babies. "When you look at the numbers, it's absolutely astounding the lie that's been given to African Americans – that this is really good for them," said Kimberly Speirs, a spokesperson for the campaign. Since anywhere from 62 – 78% of Planned Parenthood's facilities are in minority neighborhoods it's understandable that they can be accused of targeting black communities.

## **S. Carolina Babies Safer**

The governor of S. Carolina, Mark Sanford, signed into law a bill that creates a 24-hour waiting period for a woman to reflect and review information about the facts before an abortion takes place. Although the state had a "Right to Know" law, this bill enhances it by adding the waiting period. The governor said he hopes the new law will save more unborn babies who may have otherwise had their life taken away in abortion.

## **Basement Babies**

The Los Angeles Times reported that two dead babies found wrapped in newspapers from the 1930s has created a mystery that detectives are trying to unravel. Each body was found wrapped in a blanket and newspaper in a leather doctor's satchel. The satchels were discovered in a steamer trunk in an apartment building that was being cleaned out. The coroner's office is waiting to see if DNA or other tests will help determine whether the babies were stillborn, aborted, subjected to trauma or died of natural causes. So far they have traced the trunk to a Canadian nurse who worked for a dentist and his wife for 30 years.

## **Catholic Hospitals Attacked**

The ACLU is requesting that HHS investigate Catholic hospitals that refuse to provide abortions. The ACLU claims that "Religiously affiliated hospitals across the country inappropriately and unlawfully deny pregnant women emergency medical care," and are violating the Emergency Medical Treatment and Active Labor Act and the Conditions of Participation of Medicare and Medicaid. The Becket Fund for Religious Liberty has come to the hospitals' rescue and said it will provide pro bono legal help to any individual or institution being sued. Kevin Hasson, the Beckett Fund president, says the organization sent a letter to the HHS stating that legal conscience protection have been in existence for decades, and argued that the ACLU is misinterpreting the Emergency Medical Treatment and Active Labor Act.

## **Actress Patricia Neal R.I.P.**

The actress who won an Academy Award for her role in "Hud" has passed away. Less than 2 years after winning the award, when she was 39, she suffered a series of strokes that had her in a coma for a month. Her heroic struggle to overcome the effects of the strokes is legend. The Patricia Neal Rehabilitation Center for stroke, spinal cord, and brain injuries rehab in Knoxville is named after her in honor of those struggles. Not as well known as her acting career is the fact that she became a strong pro-life advocate. Early in her career she became pregnant during an affair with Gary Cooper. Since they didn't want to ruin her acting career, they chose to abort the baby. She stated in a TV interview with Msgr. Lesante, "Father, alone in the night for over 40 years, I have cried for my child. And if there is one thing I wish I had the courage to do over in my life, I wish I had the courage to have that baby." She has told many, many women considering abortion, "Don't make my mistake. Let your baby live."

## **Unborn Baby Saves Mom**

When an unborn baby started kicking in the womb, little did he know he was saving his mother's life. The mother, Claire, thought she was losing her baby at 18 weeks, but doctors discovered the "miscarriage" was actually a tumor. The cancer had apparently been growing for months, and when the baby started kicking, he kicked the tumor free. She was advised to have an abortion immediately so she could have the cancer treated, but she said, "I couldn't end my baby's life when he had just saved mine." By week 26 the tumor had tripled in size, and doctors said they had to deliver the baby. Little Harry weighed in at just over 2 pounds, and was rushed to intensive care. Two years later, Claire is now in remission and her boy is a healthy 2 year old.

## **Wisdom Teeth More Than Wise**

When it comes to adult stem cells, most induced pluripotent cells (iPS) have started from skin cells. Now Japanese researchers say that wisdom teeth contain a soft pulp similar to bone marrow cells which have been another common source for adult stem cells. Everyone might just be carrying their own personal stem-cell bank in their mouth. The researchers at Japan's National Institute of Advanced Industrial Science and Technology have successfully generated a series of iPS cell lines, and the good news is that the new technique doesn't activate the gene that can lead to the cells becoming cancerous. Wisdom teeth removal is common in developed countries so the perfect opportunity is there for removing biological material in a sterilized setting. The teeth can be frozen and stored for many years.



# NEWS CAPSULES



## Families May Be Misled on Death

A group of eight pediatricians are calling for a moratorium on harvesting organs from children whose hearts have stopped but are not yet "brain dead" in a letter published in *Pediatric Critical Care Medicine* 2010 vol. 11, No. 5. The controversy revolves around a process that bases the diagnosis of death on the heart stopping after a ventilator has been removed - death after cardiac death (DCD). There is the question of whether cardiac death after removal of a ventilator can really be defined as end of life, said Dr. Ari Joffe, one of the signers.

The letter cites four issues surrounding DCD which concern pediatricians that organs are removed before the patients are dead. It is noted that brain death doesn't occur until as long as 15 minutes after the heart has stopped, meaning some patients declared heart dead could still have brain functions. "The understandable desire to improve and prolong others' lives through organ transplantation could foster physician and institutional bias in favor of DCD," the letter states.

It's pointed out that pediatricians are not the only ones who have serious concerns about DCD. The decision to unplug patients is not always a straightforward one, and Dr. Chip Doig, another signer, said he has seen a number of cases where some of the treating doctors recommended patients be removed from life support — which would have led to cardiac death — but the individuals were kept hooked up and eventually recovered.

## Accurate Prediction of Alzheimer's?

A study published in the *Archives of Neurology* and reported on by the New York Times says that a spinal fluid tap may be 100% accurate in predicting whether a person will develop Alzheimer's disease. Until now the presence of the disease could only be confirmed after an autopsy. But a simple spinal tap could predict whether someone has the progressive and incurable brain disease and identify them as potential subjects for research into cures. "This is what everyone is looking for, the bull's-eye of perfect predictive accuracy," said Dr Steven DeKosky, dean of the University of Virginia medical school. In an accompanying editorial, two experts declared that spinal taps may become a routine "screening test to identify clinically healthy individuals at risk." But the existence of an accurate and relatively simple test creates many policy problems, says bioethicist Jonathan Moreno. How would it affect health insurance, and how will it affect families? Could it lead to suicide? Researchers say it would be far more efficient to test potential treatments on people in the initial stage of the disease.

## Unethical IVF Clinics

When unethical things are being done in the name of science, it is not too surprising to find out that those involved can also be acting in an unethical manner in other areas also. In New Orleans the Ochsnew Hospital had to shut the doors of its IVF clinic when it was discovered that embryos of up to 100 patients had been mislabeled or destroyed. This was happening in spite of the fact that safeguards such as color-coding, bar-coding and labeling were supposedly in place. Two lawsuits have been filed so far.

The Laurel Fertility Clinic in San Francisco is also being sued by a couple because it used the wrong man's sperm to fertilize eggs. When the clinic discovered this, they destroyed all the couple's embryos without their consent. The lawyer for this case said "There is no regulation of these fertility clinic laboratories . . ."

## "Silent Epidemic" Will Have a New Look

We're very excited. Our popular "Silent Epidemic" (STDs) brochure has been redesigned and updated. We are now able to make use of full color, so it should get more attention when it is in a brochure rack. It will be going to the printer shortly and ready for sale after that. Be sure and check it out at our fundraising gala and/or on our newly designed website.

## New Abortion Battleground: College Campuses

According to LifeSiteNews, the front lines of the new abortion battleground are college campuses. With 46% of all abortions being performed on college age women, Students for Life of America strive to connect college pro-lifers by holding information and training conferences. They are now energized by the fact that young people today are the most pro-life generation yet. This generation has seen the first-hand effects of abortion in our nation. They have had abortions, driven friends to the abortion facility, paid for abortions, and have learned they are missing brothers, sisters, and friends because of this tragedy. They understand the personhood of the preborn child as they have seen the baby kicking in his mother's womb in real-time 4D Ultrasound technology. According to numerous polls, now 47% of 18-19 year olds have been identified as pro-life.

## Freedom2Care.org

If you have personally neglected to join the ad-hoc coalition of Freedom2Care.org it might be a good idea to do it now. CNES has signed up as an organization, but they would also like for individuals to join. One of the benefits of signing up is to keep posted on the latest news regarding conscience protection (or lack of it) for health care workers.

# CNES

P.O. Box 45524  
Los Angeles, CA 90045

PHONE:  
310.413.1542

E-MAIL:  
info@ethicalnurses.org

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## **Abortion Aftermath** *(continued from page 4)*

This unexpected emotional reaction has happened among women from various backgrounds and even from different parts of the world, so the authors suggest that the very nature of a woman's brain could be the underlying factor in this phenomenon. "The part of the brain that processes emotion, generally called the limbic system, of women functions differently than that of men. Women are hard-wired for relationships. Women experience emotions largely in relation to other people: what moves women most is relationships," say the Vitzes. Whether a woman realizes it or not, her relationship to her baby is one of the most powerful relationships of all. "Many women have discovered that somewhere down in their psyche—deep in their limbic system—they were *already* in a living relationship with the fetus, their "baby" (though they may have *thought* they believed it was just a random clump of cells)." For some women their abortion then turns into a nightmare from which they can't wake up.

Men and women also respond differently to stress; men tend to 'fight or flight' whereas women tend to turn toward nurturing behavior. The problem here is that one of the main objects she might turn to to nurture is her unborn child, and her child no longer exists. Consequently her tremendous stress no longer has a ready outlet, and as a woman she is more vulnerable to depression and anxiety, and to post-traumatic stress disorders.

The authors suggest that there is one significant change that might at least prevent some women from experiencing the painful surprise after their abortion. Unfortunately, this change is one that those involved in providing, advising, or touting abortion as a safe, freeing procedure including abortionists, auxiliary abortion "clinic" personnel, feminist organizations, pro-abortion organizations and professions, pro-abortion politicians, etc. are working feverishly to prevent. This change would be to have each and every woman told the truth before they undergo an abortion procedure. It could be like the fine print on a prescription or any other surgical procedure. It would be called "informed choice."

