Hospitals and health organizations are increasingly providing perinatal hospice care to families of an unborn child diagnosed with a life-limiting condition, who is likely to die before or shortly after birth. The term ‘perinatal’ means prenatal (before birth) and postnatal (after birth).

When asked what percentage of his perinatal hospice patients had abortion recommended for their situation, Dr. Scott Stringfield replies, “One hundred percent.”

Dr. Stringfield brings up the familiar adage, “If your only tool is a hammer, then every problem looks like a nail.” Unfortunately, for many physicians faced with a fatal fetal anomaly, the only tool they know of is abortion.

Stringfield is working to change that. Not only does he serve patients as the Medical Director of Choices Medical Clinic, he invites medical residents in training at Via Christi Hospital in Wichita to come to Choices as part of their education. Via Christi has 54 residents each year, and they all take him up on the offer to spend some time at Choices—even the doctors who might be in favor of legal abortion.

Choices’ Perinatal Hospice program began in 1998 as he and his staff at Choices observed that many of the women obtaining abortions next door at George Tiller’s abortion clinic were there because they were carrying a baby with a lethal anomaly. These mothers were encouraged—or even pressured—to go and get an abortion and just start over again. Stringfield felt that Choices Medical Clinic should give families a logical, cogent, and compassionate alternative to abortion, even in these devastating circumstances.

He heard of a doctor who was breaking new ground in the approach to lethal congenital anomalies. That doctor was Byron Calhoun, who coined the phrase “Perinatal Hospice” and was developing a philosophy of caring for families facing these tragic situations.

The staff of Choices Medical Clinic realized this idea was exactly how imaging technologies now allow a look inside the womb, a privilege unknown to previous generations. It has transformed the equation, as millions of parents have seen their unborn children and witnessed the miracle of life.” All that notwithstanding—abortion remains legal.

Local Prayer Services to mark the Roe v. Wade anniversary:
If you are organizing a local event, please call or e-mail KFL and we will advertise your event to KFL members in your area.

State-wide Rally in Topeka:
Schedule on back page.

Perinatal hospice assists ‘life-limited’ unborn babies

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Kansans for Life will be hosting its annual Prayer Breakfast at the G.O.P. Convention from 7:00 – 8:45 am in the Big Basin and Kaw Nation rooms of the Hilton Garden Inn. The address for the hotel is 410 S. 3rd St., Manhattan, KS 66502.

**Tickets for the Prayer Breakfast will cost $30.**

Seats are limited and are expected to go quickly.

Those wishing to attend should make a reservation as soon as possible to ensure their place at the event. You can make a reservation by calling or emailing the Kansans for Life PAC. Payment can be made by check, credit card, or with cash at the door. We ask that anyone wanting to pay with a credit card pay over the phone before February 11th.

Phone: 316-687-0938. E-mail: kflpac@yahoo.com.
Mailing Address: P.O. Box 4749, Wichita, KS 67204.

Reservations can also be made for tables seating ten people. Call the KFL PAC offices for more details.

**MEMORIAL GIFTS**

Please pray for the families who have honored their loved ones with a gift to Kansans for Life:

- **Dorothy Fouquet**
  
  Given by: Joel & Connie Bryan ♦ Darrel & Pam Faurot
  
  Rex & Kaim Grothusen ♦ Patti Morrison ♦ James Porter
  
  Jamie & Karen Rumford ♦ Catherine Wahlmeier

**Join KFL's E-mail alert system:**

As bills come up and legislator contact is especially important, we will send legislative alerts via e-mail. Please help us add to our e-mail alert constituent list by recommending to your pro-life friends that they sign up at www.kfl.org.

**Valentine Banquets**

**Tues., Feb. 7th**

**The Ritz-Charles, Overland Park**

Tickets: Free, with opportunity to donate. Donations are tax-deductible.

**RSVP required:** this event always fills to capacity.

**RSVP:** 913-642-5433 or kansansforlife@aol.com

**Sat., Feb. 18th**

**Best Western North, Wichita**

Tickets: $30 each or $500 for a priority seating table. Donations are tax-deductible.

**RSVP required** to enable ordering of meals.

**RSVP:** 316-304-6420 or KFL@kfl.org

Have a Silent Auction item to donate?

Call 913-642-5433 (Kansas City Area) or 316-304-6420 (Wichita Area).
In no order of importance, here are 16 uplifting events from 2016. For more details, refer to the search engine at *NRL News* Today.

**MARCH FOR LIFE goes on in the face of historic DC blizzard**

Despite many buses being forced to turn around to avoid the impending blizzard heading for the nation’s capital, there was still a strong and dedicated showing pro-life support on the streets of Washington for the 2016 March for Life. It’s clear that no amount of snow or bad weather can shake the commitment of the pro-life grassroots!

**DORITOS SUPER BOWL COMMERCIAL HIGHLIGHTS the HUMANITY of UNBORN CHILDREN**

The commercial provoked an outrage meltdowns from abortion advocates. NARAL Pro-Choice America lost it on social media during the Super Bowl when a Doritos ad featured an unborn baby on an ultrasound. They trashed the ad for “humanizing fetuses,” further exposing how out of touch the pro-abortion movement really is.

**U.S. HOUSE & SENATE send filibuster-proof reconciliation bill to President Obama’s desk that would have DEFUNDED PLANNED PARENTHOOD**

Despite Pres. Obama’s veto, the move set a precedent for advancing such a bill under a new president, without 60 votes in the U.S. Senate.

**Senate Majority Leader Mitch McConnell holds the line and PREVENTS the APPOINTMENT of pro-abortion Merrick Garland to the SUPREME COURT**

By holding off a Senate vote on Obama’s Supreme Court pick, McConnell injected the issue of the Supreme Court into the 2016 elections, an issue which helped mobilize many pro-life voters. Now, the vacancy left by the late Antonin Scalia will be filled by someone chosen by President-elect, who has repeatedly promised to appoint someone who reflects Scalia’s judicial philosophy.

**Four states enact a BAN ON DISMEMBERMENT abortions (following Kansas’ lead)**

Alabama, Louisiana, Mississippi, and West Virginia joined a growing number of states in banning the horrific dismemberment abortion method. These laws not only protect unborn babies but serve to educate the public about the brutality of abortion.

**Ohio, South Carolina, and South Dakota join 12 other states (including Kansas) in passing the PAIN-CAPABLE UNBORN CHILD PROTECTION ACT**

This important legislation extends legal protection to unborn children 20 weeks and older. Substantial medical and scientific evidence shows that by this stage, if not earlier, babies are capable of experiencing pain.

**Other state LEGISLATIVE VICTORIES included:**

Oklahoma passing the pro-education Humanity of the Unborn Child Act, Georgia passing positive alternatives legislation, Indiana passing a ban on selective abortions based on sex or disability, and Louisiana increasing their waiting period from 24 hours to 72 hours.

**DEFEAT of Pro-Life traitor Rep. Renee Ellmers (NC-02)**

There were many electoral triumphs for the pro-life movement in 2016 but the GOP primary defeat of Rep. Renee Ellmers was particularly symbolic. In early 2015, Ellmers launched an extended public campaign against the Pain-Capable Unborn Child Protection Act. Although the bill ultimately passed the House, the delay and damage inflicted by Rep. Ellmers diminished its chances in the Senate, where pro-abortion senators were able to organize a successful filibuster to prevent the ban from advancing despite the support of a majority of senators. “There is no member of Congress in recent memory who did greater harm to a major piece of pro-life legislation, while claiming to be pro-life, than Renee Ellmers,” said Douglas Johnson, Director of Federal Legislation for National Right to Life.

**Latest CDC report shows 5% DECLINE in U.S. Abortions**

The latest numbers from the CDC are confirmation that America is moving, perhaps even accelerating, towards a culture more hospitable to unborn life.

**The 40th ANNIVERSARY of the HYDE AMENDMENT**

First enacted in 1976, the Hyde Amendment has saved an estimated two million lives from abortion. This annual appropriations amendment stops taxpayer dollars from being used to fund most abortions and abortion coverage through government programs like Medicaid.

**Pro-Life advocates shine light on the TRAGIC LEGACY of Planned Parenthood on its 100th birthday**

In 2016, Planned Parenthood celebrated 100 years since its founding. While it celebrated a birthday, there were millions unable to celebrate birthdays due to abortion.

**Hillary Clinton FORCED to DEFEND late abortions in PRESIDENTIAL DEBATE**

During the final debate, moderator Chris Wallace brought up the topic of abortion. In a moment that was even cringe-worthy for Democrats, Clinton reaffirmed her support for the partial-birth abortion method and abortions throughout all nine months of pregnancy. By contrast, Trump said, “I am pro-life, and I will be appointing pro-life judges.”

**Planned Parenthood and EMILY’s List SPEND BIG, LOSE BIG in the 2016 elections**

Millions upon millions of dollars were spent by the political arm of the nation’s largest abortion provider and by EMILY’s List, a radical pro-abortion PAC that only backs female Democrats who support abortion without limits. Planned Parenthood alone spent at least $38 million on elections.

**PRO-LIFE CANDIDATES TRIUMPH in 2016 elections**

Up and down the ballot, pro-life candidates scored impressive victories. On the national level, in competitive races between a pro-life and pro-abortion candidate, 83% of pro-life candidates won the election.

**PRO-LIFE SELECTIONS for KEY CABINET POSITIONS (includes Kansas U.S. Rep Mike Pompeo to head the CIA)**

The incoming Administration has announced the selection of several pro-life champions for key roles. These include Rep. Tom Price for HHS Secretary, Sen. Jeff Sessions for Attorney General, Betsy DeVos for Education Secretary, Gov. Nikki Haley for U.N. Ambassador, and Kellyanne Conway as Counselor to the President.

**HOUSE SELECT PANEL on Infant Lives INVESTIGATES harvesting & trafficking of BABY BODY PARTS**

This investigation also highlights the importance of protecting born-alive abortion survivors. Testifying before the panel in April, Nebraska Sen. Ben Sasse, the prime sponsor of the Born-Alive Abortion Survivors Protection Act, hit the nail on the head when he noted, “Here, on this basic reality, we can and must find agreement: Babies are not the sum of their body parts. Babies are not meant to be bought. Babies are not meant to be sold. Babies are just that—babies. They’re meant to be welcomed and rejoiced over, held and nurtured.”
Our story begins back in 2006. We are Jarod and Krystle Pauly. We met in December of 2006 through some mutual friends. Prior to our meeting I had just had a baby girl in October. Jarod came into our lives when MaKenzie was two months old. Years passed and Jarod and I continued dating. We were married on September 1, 2012. We found out in May 2013 that we were expecting our first child and we were so excited.

Having been pregnant once before with no complications, I expected this pregnancy to be no different. My expectations quickly came to a shuddering halt on July 24th, 2013. It’s a date I will never forget. My 19-week anatomy scan was scheduled for 1:45 p.m. I invited my mom to come along to the appointment just to see the baby. I remember telling the sonographer not to tell me what the gender of our baby was. Jarod and I didn’t want to know. As the sonographer was going over all of my baby’s fingers and toes, legs and arms, I was so excited to see this little life inside me! When the sonographer got to the head, she kept moving her wand all over trying to get a good measurement on the baby’s head. After about 10 minutes she said she could not get a good measurement on the baby’s head. She excused herself from the room to go speak with the doctor. I thought this was normal—maybe she just wasn’t in a good position to get the baby’s head measurement so the doctor was going to come in and do a sonogram himself.

When the doctor walked back in by himself, something didn’t feel right. The doctor sat down in his chair, wheeled himself close to me and not far from my heart. “What I am about to tell you is difficult. Your baby has a fatal birth defect called anencephaly.” Dr. V. then went on to explain what anencephaly was but once I heard “fatal” I pretty much stopped listening. How could this be? How can my baby have a fatal birth defect? I have been taking multivitamins; I never drank, smoked or did anything that would have harmed my baby.

I told my mom I needed to call Jarod. Mom went out into the waiting room and made the call and I was moved into a different room that did not have a sonogram machine in it. When Jarod got to the doctor’s office Dr. V. walked in with him. We sat in this room for an hour with our doctor. Other doctors in the office covered Dr. V.’s appointments for him so he could answer all of our questions even if they were repetitive questions. He never lost patience with us.

Our doctor explained our options to us: we had the option to continue to carry to term or we could terminate the pregnancy altogether. We both told Dr. V. without hesitation we would carry the baby to term. Dr. V. said he respected and supported our decision. We asked if our appointments would be any different since the baby had anencephaly, and he responded that he would continue to care for us the same way he would if we had a healthy baby. He explained to us that carrying a baby with anencephaly you have a 50-50 chance for miscarriage. We understood. Before we left Dr. V offered us his sincerest sympathy and handed us a brochure for Choices Medical Clinic, and his personal phone number. Dr. V. told us to call him if we had any more questions or concerns. He would schedule a more in-depth sonogram with the perinatologist as soon as possible to confirm his diagnosis.

This was the longest weekend of our lives. Our appointment was scheduled for Monday morning with Dr. W. All weekend long Jarod and I surfed the internet looking for information about anencephaly. And everything we found kept returning the same: Fatal. We prayed so hard that the sonogram findings were wrong before we walked into our perinatologist appointment. When we went into Dr. W’s office and had our sonogram it was confirmed; our baby had anencephaly. I couldn’t wait anymore. I needed to know what the gender of our baby was. It’s a girl! Our sweet little princess, Sophia Corrin Pauly. Dr. W. offered his sincerest sympathy to us as well and spent 45 minutes with us answering our questions, the same questions that we had for Dr. V.

We were taken back to the conference room where we met Dr. Stringfield and some of his associates. We met with Martha and Denise, Debbie and Susan. It felt kind of like an interview. Little did we know, we just met our team of people who were going to walk the rest of our journey with us! We had our consultation with Dr. Stringfield and he told us what he knew of our case and asked us if we had any questions that he could answer, again we asked the same questions —and again we got the same answers: it’s fatal.

Dr. Stringfield explained the purpose behind Choices Medical Clinic. He explained that in our situation, Choices was there to help make things (funeral planning, grief counseling, etc.) as easy as possible for us. After our consultation was over we were taken back to the sonogram room. Martha performed a sonogram for us and just showed us our baby. No more diagnosis, no more this is wrong, that’s wrong. We just got to enjoy seeing our baby play on the screen. Dr. Stringfield, Martha and Denise all told us that we were welcome back any time with our parents or any family members who wanted to see our sweet baby girl on the screen. So Jarod and I decided that once a month we would go to Choices with both of our parents so that they could watch Sophia grow and play in the womb. We took our daughter MaKenzie with us to the sonograms as well so she too could watch her little sister grow. Martha let MaKenzie use the sonogram wand to record Sophia’s heartbeat. Then Martha gave the heartbeat recording to MaKenzie to put into a pink Build-A-Bear for us to take home and listen to Sophia’s heartbeat anytime we wanted to.

Before we left Dr. W’s office, he too, handed us a brochure about Choices Medical Clinic. We read through the pamphlet once we got home and were unsure whether or not we should call Choices; we didn’t know what they could do for us beyond what our doctors could do. We decided to go ahead and call and just go see what Choices had to offer. Our appointment was set up for the middle of August 2013. Upon approaching the clinic we noticed it was right next to the old Dr. Tiller Clinic and I remember telling Jarod, “If this place is inside that clinic you might as well keep on driving because I will not go in there.” Much to my relief it was right next door and we walked in and were greeted with such compassion.

Choices Medical Clinic began offering perinatal hospice care in 1998, while babies with similar conditions were being aborted next door at George Tiller’s Wichita abortion clinic.
Over the course of the next few months we met with Martha and she encouraged us to come up with a birth plan to share with our doctor, Dr. V. The birth plan included what we wanted to have done at the time of Sophia’s birth. Martha told us it was probably a good idea to go meet with the NICU team at St. Joe’s so that we could establish what our wishes were once our daughter was born. So one evening we met Martha at St. Joseph Hospital and met with the NICU doctors.

Finally being out of shock and accepting that this was God’s plan for our family, Jarod and I wanted to know what we could do to help educate others and bring good to such a sad situation.

In October I was 32 weeks pregnant and Sophia’s due date was quickly approaching. We wanted to know how we could help other parents to not have to go through losing a child. We considered donating Sophia’s organs, but that was very iffy because we were unsure if Sophia was going to make it to term or if she was going to be born alive. So I started doing some research and found out that I could be a breast milk donor. One night when Jarod got home from work I asked him what he thought and he said he thought it was a great idea. I filled out paperwork including my medical history and got set up to donate to the Mother’s Milk Bank.

Sophia was in breech position and if she did not turn, we would be delivering breech because it would be less stressful on her head. Also, Dr. V. was concerned for my wellbeing as well, mental and physical. He didn’t want me to have a C-section because ultimately I would have the pain of losing a child and that was going to be hard enough. Caring for a C-Section scar on top of that was unneeded stress for me. We were impressed by Dr. V’s compassion and caring for me, and appreciated how he was thinking farther ahead than we were.

Amidst everything that was going on with our pregnancy my grandparents were falling ill. On November 13th, my grandpa passed away from cancer. During one of the last visits I had with my grandpa, he placed his hand on my belly. I asked him if when he got to Heaven he would take care of sweet Sophia when she would join him. With every ounce of his being he muttered the words, “I promise.” Those were the last words my grandpa spoke to me.

The beginning of December was upon us and my pregnancy started to take its toll on me. I didn’t want the pregnancy to come to an end because I knew what it meant. I began to have anxiety about the upcoming delivery and whether or not we would get any time with our daughter. At our 36-week check-up Dr. V. told us that I wasn’t dilating or effacing so we could possibly look at days to start induction because Sophia was now growth-restricted. Not wanting the pregnancy to be over; I asked if we could carry for two more weeks. Dr. V. graciously agreed to let us carry two more weeks, but he said exactly on our 42-week mark we had to induce labor. We understood.

Dr. V. was not scheduled to work on December 28th, 2013, but he said he wanted to be there. All day long we had many visitors until finally my contractions started to pick up.

Martha and Susan from Choices were at the hospital with us. Susan was our go-between between us and our family waiting in the lobby and Martha was by my side. My contractions were becoming more and more intense and Jarod and I wanted this intimate time together. When we knew we were getting close we asked Martha to tell our family that we wanted no more visitors until after the baby was born. Susan went out and told our family our wishes. Finally I looked at my nurse and told her I felt a lot of pressure. By now we were at shift change at the hospital. My nurse, Tonya, said she wanted to stay and see Sophia born because she had been with me all day. This was so comforting to me, because I had bonded with my nurse in those 12 hours. Dr. V. came in and checked and sure enough Sophia was ready to make her debut. Sophia was born at 7:30 p.m.

Part of our birth plan was to have our doctor take Sophia to the warming bed to make sure that she was stabilized before we held her. When Dr. V. took Sophia over to the warming bed the room was very silent. I remember asking my nurse, “Does Sophia have a heartbeat?”

The nurse, Tonya, asked if I wanted her to go check and I said yes. Tonya left my side and came back and held my hand and said, “I’m sorry.” She had tears in her eyes when she told me that my baby girl was gone. I asked Tonya for my baby. Tonya went and grabbed Sophia and brought her to me.

Martha was standing by my side stroking my head. Once Sophia was born Susan went to the waiting room to tell our family that Sophia was with Jesus. Martha, wanting to honor our birth plan, asked if we were ready to give Sophia her first bath. The hospital staff was very accommodating in letting us parent our child the way that we wanted to. There were no questions or telling us you should do this or you should do that; we were just allowed to be Sophia’s parents for that little time. While we were bathing Sophia, Susan called our priest from our parish and let him know that Sophia was born and that we wished to see him.

The first visitor we allowed back into the room was our daughter MaKenzie. We felt it was important for her to get that sister time that she needed before we let grandparents, aunts and uncles in. Everyone had the opportunity to hold Sophia. Even Dr. V. came back in and admired Sophia as we held her. We were not rushed by any of the medical staff to give Sophia away. We were allowed to take her with us to my recovery room where we got to spend more time alone with her.

I called my cousin, who was our funeral director, when we were ready. Susan and Martha both called from Choices to check up on us several times between Sophia’s birth and Sophia’s funeral. When we went to the funeral home, we were allowed to dress our baby in the outfit that she was to be buried in and cut a lock of her hair. Martha and Mary Ann from Choices came in to make hand and foot molds for Sophia. We buried Sophia the day before my 29th birthday.

Following Sophia’s passing we received several cards from Choices. Some for just thinking of you, and for Mothers’ Day and Fathers’ Day. Even at Christmas time we received an unexpected package in the mail and it was a Christmas ornament of one of Sophia’s sonograms that we had done at Choices. These mementos that we received are so precious to us as they are the only memories we have of Sophia besides the mementos we have of Sophia besides the mementos we have of Sophia besides the mementos we have of Sophia besides the mementos we have of Sophia besides the mementos we have of Sophia beside...
It was 1969 and I was fresh out of nursing school when I was assigned to a patient I will call "Jenny" who was thirty two years old and imminently dying of cancer. She was curled up in her bed, sobbing in pain and even moaned “just kill me.” The small dose of Demerol I injected into her almost non-existent buttocks every four hours “as needed” was not helping. I reassured Jenny that I was immediately calling the doctor and we would get her more comfortable.

However, I was shocked when the doctor said no to increasing or changing her medication. He said that he didn’t want her to get addicted! I told him exactly what Jenny said and also that she was obviously very close to death so addiction would not be a problem. The doctor repeated his no and hung up on me.

I went to my head nurse and told her what happened but she told me I had to follow the doctor’s order. Eventually, I went up the chain of command to the assistant director of nursing and finally the Chief of the Medical Staff. The verdict came down and I was threatened with immediate termination if I gave the next dose of Demerol even a few minutes early.

I refused to abandon Jenny so for the next two days before she died, I spent my time after my shift sitting with her for hours until she fell asleep. I gave her whatever food or drink she wanted. I stroked her back, held her hand and told stories and jokes. I asked her about her life. I did everything I could think of to distract her from her pain and make her feel better. It seemed to help, although not enough for me. I cried for Jenny all the way home.

And I was angry. I resolved that I would never watch a patient needlessly suffer like that again.

I educated myself by reading everything I could about pain medicine and side effects. I also pestered doctors who were great at pain control to teach me about the management, precautions and rationale of effective pain management. I used that knowledge to advocate and help manage my patients’ pain as well as educating others.

I was delighted to see pain management become a major priority in healthcare and even called “the fifth vital sign” to be evaluated on every patient. I saw new developments like nerve blocks, new drugs and regimens to control pain and other techniques evolve as well as other measures to control symptoms like nausea, breathlessness and anxiety. Now we also have nutritional, psychological and other support for people with terminal illnesses and their families.

Best of all was that I never again saw another patient suffer like Jenny despite my working in areas such as ICU, oncology (cancer) and hospice.

TWENTY-FOUR YEARS LATER

When my oldest daughter was 14, she attended a public high school where the science teacher unexpectedly started praising the infamous Dr. Jack Kevorkian and his public campaign for legalized assisted suicide and euthanasia. Kevorkian’s first reported victim was Janet Adkins, a 54 year old woman with Alzheimer’s in no reported physical pain who was hooked up to a “death machine” in the back of a rusty van. Mrs. Adkins was just the first of as many as 130 Kevorkian victims, many if not most of whom were later found to have no terminal illness.

Kevorkian escaped prosecution—even after he harvested a victim’s organs and offered them for transplant—until the TV show 60 Minutes aired Kevorkian’s videotape showing him giving a lethal injection to a man with ALS (Lou Gehrig’s disease). Shockingly, Kevorkian served only eight years in prison before he was paroled and eventually became a media celebrity peddling assisted suicide and euthanasia.

My daughter, who never before showed any interest in my speaking and writing on the topic of assisted suicide, now stood up and peppered her teacher with facts about Kevorkian. The teacher asked her where she learned her information and she answered “From my mom who is a cancer nurse”.

Sarcastically, he responded “So your mother wants to watch people suffer?” My daughter responded “No, my mother just refuses to kill her patients!” End of discussion.

But not the end of the story. Tragically, we now have legalized assisted suicide in several states, and there are serious efforts to expand it to include people without physical pain but with conditions like Alzheimer’s, mental illness or other psychological distress, and even to children.

As Wesley Smith recently and astutely observed:

Moreover, the statistics from Oregon and elsewhere show that very few people commit assisted suicide due to physical suffering. Rather, the issues are predominately existential, such as fears of being a burden or losing dignity.

The public is being duped by groups like Compassion and Choices that campaign for legalized assisted suicide on the alleged basis of strict criteria for mentally competent, terminally ill adults in unbearable physical pain to freely choose physician-assisted suicide with (unenforceable) “safeguards”.

The emerging situation throughout the world is more like Kevorkian’s dream of unfettered and universal access to medical termination of the lives of “expendable” people. How much easier is that when people with expensive mental health problems, serious illnesses or disabilities can be encouraged to “choose” to be killed?

Resources for health care decision-making for the elderly or the chronically ill:

For the KFL “JOURNEY HOME” Information packet, call 316-687-5433 or e-mail kficheryl@yahoo.com

Give us your mailing address and preference for non-denominational or Catholic packet.
AMA ‘neutrality’ could threaten Kansas’ protective law; important petition drive underway

It is a felony in Kansas to assist a suicide, but powerfully funded groups pushing physician-assisted suicide are hoping to change such state laws.

Compassion & Choices, the pro-suicide group formerly known as the Hemlock Society, has targeted state legislatures with promotional materials to establish new physician-assisted suicide laws. Kansas is on that list, and the pressure is relentless.

If the American Medical Association drops its long-held opposition to giving aid to suicides, we will less easily be able to defend our law here in Kansas.

MEDICAL “NEUTRALITY”? 

Well respected author, speaker and public advocate, Wesley J. Smith, is dedicated to fighting the pro-suicide movement. In his blog at National Review Online he castigated the new sentiments of the AMA:

“For years -- decades, actually -- euthanasia forces have tried to take MD opposition off the table by convincing major medical associations to adopt a position of “studied neutrality.” Studied neutrality? What does that mean: We're going to pay careful attention to the issue and express no opinion? Now, the American Medical Association, heretofore an implacable opponent of assisted suicide, is apparently going to "restudy" the issue. From the Right to Life News Today story:

At its annual meeting in Chicago, the American Medical Association (AMA) rejected a Louisiana State Medical Society proposal to reaffirm the AMA's long-standing policy against physician assisted suicide. Instead it approved a study-resolution to explore AMA adoption of a neutral position on physician assisted suicide, which was often referred to as "aid-in-dying" in the debate.

If the AMA goes “neutral” it will be a cowardly abdication of the organization’s obligation to be leaders regarding crucial healthcare issues. I mean, how can the AMA be indifferent on the question of whether doctors should be allowed to exterminate their ill patients who want to die?

One hopes that, after having a deep conversation, the rank and file of the AMA will follow its brothers and sisters in the British Medical Association in continuing to oppose assisted suicide.”

SIGN OUR ONLINE PETITION

Please join us in voicing strong opposition to the American Medical Association abandoning its opposition to aiding suicide. We need a vibrant national response and the KFL petition is leading the way. Be sure to pass this on through social networking!

The petition campaign ends in January. To sign the petition, go to www.kfl.org and push the button shown on left.

Perinatal hospice (cont. from pg.1)

they could counter the concept of seeing abortion as the only option for these children. Dr. Stringfield describes their very first perinatal hospice patient:

“Our first case came through our doors; a young lady whose son had anencephaly (developed without an adequately formed skull, scalp, or skin over the brain which is universally fatal). This patient did not want to choose abortion for her son. We met with her and her boyfriend, reviewed their case, considered all that could be done, faced what could not be done, and planned out a birth plan that fit their hearts and honored their yet unborn son, Brendan.

He was born and lived 14 hours and even with such a short time, his parents held him and loved him. He responded to their voices (even while lacking the upper portions of his brain, which medicine could not explain), and hit everyone around him like “a little atomic bomb” and forever changed all of us. His birth and our first perinatal hospice case demonstrated what people could do to honor life and elevate families facing loss, and show how deep the love of the Father was for all of us.”

Choices Medical Clinic sees ten to fifteen perinatal hospice patients each year, in addition to the approximately 1,000 crisis pregnancy patients they serve each year.

Stringfield describes perinatal hospice as “a simple recognition that in tragedy we should not lose sight of the value of human life. It is a powerful and influential demonstration of compassionate care to those in need, and an opportunity to honor life.”

Balanced with his ability to see the unique needs of each individual patient is Stringfield’s ability to maintain the broader vision of creating a culture in which abortion is unthinkable. He sees his ongoing efforts to invite medical students and residents as well as nursing students to spend time in his clinic, as equally important with the care he provides to his patients. His personal dedication to caring for patients in incredibly difficult circumstances has opened many avenues for discussion about the value of life and the work they do at Choices Medical Clinic.

Presentation on Perinatal Hospice
Monday, Jan. 23, 1:30 and 2:30 p.m.
State Capitol Building, Room 3, North Capitol Entrance

Krystle Pauly will speak following our Rally for Life, in a meeting room in the Capitol Visitors’ Center.

Hour for Life: Perinatal Hospice
Tuesday, Jan. 24, 7:00-8:00 p.m.
Wichita KFL Office (3301 W. 13th Street)

Dr. Scott Stringfield and Krystle Pauly will be our guest speakers this month. Refreshments provided.

Questions? Call KFL at 316-687-5433.
When we became the first state to ban dismemberment abortions, one Kansas judge stopped the ban. That ruling is now under appeal to the KS Supreme Court. We hoped to get enough Kansans to vote not to retain the liberal members of that court. We came close: only 55% of Kansans voted to retain them, but to succeed we needed to push their votes under 50%. We’re not finished! JOIN US at the Kansas Capitol in Topeka on January 23rd to discover how you can help!

8:30 AM  **REGISTRATION** - Location this year for registration/donuts/exhibit booths, as well as workshops, will be in the downstairs Capitol’s Visitor Center inside the North Entrance, NOT, as before, on the first floor rotunda. Enjoy donuts, visit booths, drop off donated baby items, pick up legislator room lists, etc.

9:00 - NOON  **LOBBY** - Take a tour, watch KS House in action, and other activities to be announced. Info at registration.

9:00 - 10:00  **WORKSHOPS** - Location: Rooms 3 & 4 North, Capitol Visitor’s Ctr., basement level, North Capitol Entrance. Room 3 North: Denial of care at the beginning and end of life, by Kathy Ostrowski, KFL Legislative Director. Room 4 North: How activist Courts Harm Kansas Pro-life Laws by Jeanne Gawdun and Mary Kay Culp

10:00 - 11:00  **WORKSHOPS REPEATED**

11:00 - 12:30  **CATHOLIC MASS** - Topeka Performing Arts Center Auditorium (TPAC) --see map below.

11:30 - 12:30  **EVANGELICAL PRAYER SERVICE** - Room 4 North, Capitol Visitor’s Ctr., basement level. With Topeka Pastor David Epps, director of Billy Graham ministry in Kansas

12:30 - 12:45  **MARCH FROM TPAC TO SOUTH CAPITOL STEPS LED BY THE KANSAS KNIGHTS OF COLUMBUS**

11:30 - 2:30  **LUNCH** - Mater Dei-Assumption Church basement. Lunch available for free will donation, or bring your own.

12:45 - 1:15  **RALLY FOR LIFE** on the south Capitol steps featuring:

**Governor Sam Brownback**, introduction of pro-life legislators by David Gittrich, and more.

1:30 - 2:30  **WORKSHOP** - Location: Room 3 North, Capitol Visitor’s Ctr., basement level, North Capitol Entrance. Perinatal Hospice Care by Krystle Pauly

2:30—3:30  **WORKSHOP REPEATED**

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**Capitol Entrance:**
Enter on North side only. There is a drive for drop offs.

**Parking:**
On street: 10 hr. North & West of Capitol; 2 hr. spots more available. Feed the meter. They ticket.

**Under Capitol:** (2 hrs maximum, or ticket)
Crosby Pkg. Garage: 8th Ave btw Kansas & Jackson;
Centre City Parking Garage: 9th & Kansas Avenue;
Park-N-Shop: Quincy btw 6th & 7th;
Coronado Parking Garage: Quincy btw 9th & 10th.

**Emergency Numbers for KFL Personnel:**
(785) 383-8636 and (913) 406-4446;

For late-breaking info and updates go to the KFL Facebook page: Kansans for Life; KFL web site: www.kfl.org; or TW: @kansansforlife