

# *New Hampshire Right to Life*

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## **A Critique of NH House Bill 656** **Rep. Kathy Souza, NHRTL Legislative Director** **March 12, 2005**

NH House Bill 656 is a bill extending the reaches and dangers of the current living will and durable power laws. It is not a stretch to couple this bill to euthanasia, so it is critical that we stop the bill. As you may know, NH pro-lifers worked for years keeping the "living will" and durable power documents out of NH law. Ultimately, we lost and now, predictably, there is an attempt to make the documents work more "effectively." The living will is the more dangerous document because one can literally sign his/her life away in advance.

You can help stop this bill by speaking at a hearing called by the NH House Judiciary Committee THIS MONDAY, MARCH 14, starting at 10am in the Legislative Office Bldg, Room 208. The LOB is at 33 North State Street in Concord, about a block west of the gold-domed NH State House. The Judiciary members appear here: <http://www.gencourt.state.nh.us/ie/billstatus/commmail.asp?commcode=H10>  
A recommendation to kill the bill by the Judiciary would greatly influence the full NH House to kill the bill.

The long text of this very specious bill appears here: <http://www.gencourt.state.nh.us/legislation/2005/HB0656.html>

Due to the short notice, NHRTL wants to offer you some "Talking Points":

A) Some eloquent comments against the culture of death written by Pope John Paul II:

*"The sick person in a vegetative state, awaiting recovery or a natural end, still has the right to basic health care (nutrition, hydration, cleanliness, warmth, etc.) and to the prevention of complications related to his confinement to bed. He also has the right to appropriate rehabilitative care and to be monitored for clinical signs of eventual recovery. I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use, furthermore, should be considered, in principle, ordinary and appropriate, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering. . . . Death by starvation or dehydration is, in fact, the only possible outcome as a result of their withdrawal. In this sense it ends up becoming, if done knowingly and willingly, true and proper euthanasia by omission."*

B) Page 1, Line 16: "near death" and "permanently unconscious" are very nebulous terms.

C) Page 2. "artificial nutrition..." is misleading. As Pope John Paul II said in the above passage "water and food, even when provided by artificial means, always represent a NATURAL MEANS of preserving life."

D) Page 2, Lines 10-12: The terms "assigned to patient" "or "advanced nurse practitioner" mean that not one's own doctor, but ANY doctor or a nurse can make life and death decisions for you.

E) Page 2, Line 14: What is the meaning of the term "capacity" and to whom does it apply?

F) Page 3, Line 8: "Artificially postpone the moment of death" treats food and water delivered by tube as artificial and therefore something to potentially be denied.

G) Page 3, Line 17: The terms "near death" or "permanently unconscious" are judged on the say so of a nurse, instead of a far more qualified doctor.

H) Page 3, Line 24: The phrase "reasonable degree of medical certainty" is again something decided only by the "attending" doctor or a nurse, not necessarily your own personal doctor.

I) Page 4: Again, the documents come into play only when the "attending" doctor or nurse says so, which is not a sufficient safeguard.

J) Page 5, Line 10: Regarding the pregnant woman case, if the "attending" doctor or nurse is pro-abortion, the term "physically harmful" can be leveraged into meaning almost anything (at great risk to mom and baby!)

K) Page 7, line 7: Food and water are NATURAL, so this bill is again misleading.

L) Page 7, line 13: Once again, it is merely the "attending" or nurse who decides what "near death" or "permanently unconscious" could mean. Remember the woman who woke up from a coma just two weeks ago - after being unconscious for some 20 years:

<http://www.cbsnews.com/stories/2005/02/11/earlyshow/main673281.shtml>

Other instances abound if you take time to search for them.

M) Page 7, line 23: The malicious, euphemistic phrase "permit natural process of dying" really could refer to a starvation death, not dying of a disease.

N) Page 7, line 28: Same concern as Talking Point (J) above.

O) Page 8, line 31: "good faith" "honesty" are awfully difficult to pin down when motivations involved are not well defined.

P) Page 9, line 20: Revocation always has been a concern, but how is it possible to be sure?

Q) Page 11: The person signing this document is specifically told "your doctor" certifies. Many people trust their doctor. IN FACT, this bill allows ANY doctor or ANY ARNP (nurse) TO MAKE LIFE OR DEATH DECISIONS FOR THE PERSON. This is wholly deceptive and very dangerous. Also, the person signing might not realize that a lack of artificial nutrition and hydration means starving to death!

R) Page 15, line 26: Examine the term "near death". How many people are near death at some time and go on to live for months or years? Worse, it only needs to be certified by a nurse! WATCH out for the "OR" here - "or" permanently unconscious— BUT STILL ALIVE is important. To "artificially prolong the dying process" is nonsense: If you are alive and not fed, you are being killed. For instance, in line 34: the phrase "allow to die" under such circumstances really is saying "kill by starvation".

S) Page 16, line 8: Here is a real danger: We do not know the future and can't predict what we would want in different family, health, religious, economic, etc. circumstances. Once you sign, the "die" is cast (so to speak).

T) Page 17 - Needs a lawyer.

U) Page 18: The DO NOT resuscitate section is outrageous because it APPLIES TO ALL OF US, whether or not we want it to!

V) Page 18, Line 21: This could mean no more heroics or miraculous saves. How many lives have been saved because a doctor took that extra care, kept on trying, did EVERYTHING he/she could?

HB-656 must be stopped, and a Judiciary recommendation to kill the bill is dearly needed. What does "accepted medical standards" mean? An excuse not to resuscitate? Standards are changing. Consider that many doctors do not take the Hippocratic Oath. If you can't speak, a doctor or nurse can give Do Not Resuscitate (DNR) orders if "accepted medical standards" indicate. We know "severe trauma" victims can be resuscitated, by Emergency Medical Techs in ambulances, etc. but what about those trapped in the hospital?

Please pray and work against this HB-656. Consider coming to Concord to tell the committee (who are meeting just to hear public comments) your viewpoint on Monday, March 14, at 10am. Write and call them too. Many thanks!



An Associate of American Life League, Inc.