TIDINGS!

Newsletter of the Catholic Health Association of Minnesota MARCH 2016

Believing in the worth and dignity of the human person made in the image and likeness of God, the Catholic Health Association-Minnesota assists its members to fulfill the healing mission of the Church.

This Year at Capitol: Acrimony and Lengthy Debate

As I See It

Toby Pearson
CHA-MN Executive Director

The 2016 Minnesota Legislative Session convened at noon on Tuesday, March 8. With a condensed ten week calendar, it will be a race against the clock to complete business. The House spent the bulk of their opening session arguing about space issues at the Capitol. Democrats expressed dismay over allocating just 18 seats in our House Chambers for members of the public, and 15 seats for reporters.

The opening Senate session was not a *kumbaya* moment either. Republicans were not pleased with a recent DFL decision to break into two, the Environment, Economic Development and Agriculture Budget Division. Sen. John Marty (DFL-Roseville) will chair the Environment and Energy Budget Division and Sen. David Tomassoni (DFL-Chisolm) will chair what remains of his committee, now called the Natural Resources, Economic Development, and Agriculture Budget Division.

OUT OF THE GATE

House and Senate leaders are ready to pass a measure to move the State toward compliance with the federal driver's license and identification card requirements (Real ID).

The Senate Transportation Committee amended a bill in committee with a delete-all, which allows Real ID planning. This is the first bill in a two part series. This bill will allow the Department of Public Safety (DPS) to plan for implementation of the Real ID; however, it requires additional approval before DPS can fully implement Real ID.

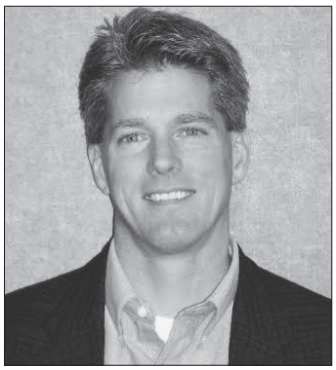
TRANSPORTATION

DFL Governor Mark Dayton recently said he was pessimistic about getting a meaningful transportation funding bill this year, even though it's one of his top priorities. Dayton prefers a dedicated gas tax increase for road and bridge projects. He opposes a House Republican plan to use existing sales tax revenue from the General Fund.

Republican House Speaker Kurt Daudt (R-Crown) says he's optimistic about getting a transportation deal, if all sides can focus on the areas where they agree. Daudt made it clear that a gas tax increase is not one of those areas.

TAXES

House Republicans are also still pushing for the $2 billion in tax cuts that they passed last session. Their plan includes a phase out of the tax on Social Security income.



TOBY PEARSON

Democrats say the cost of those tax cuts is too high. The latest State economic forecast showed even less money than expected sitting around. The revised budget surplus for the current biennium of $900 million was $300 million lower than the estimate from early December. Bakk said the shrinking surplus makes spending decisions harder this session.

However, House Taxes Chair Greg Davids (R-Preston) said that chances of a new tax bill this year are slim. Last year's omnibus tax bill is stalled in conference committee. Davids is not keen on having a second tax bill to contend with this year. He did say that if they can get agreement on a few items, like the federal conformity measure, it could happen.

BONDING

The second year of a biennium is often considered a capital bonding year to fund a wide array of projects through proceeds from the sales of bonds. House Capital Investment Committee members heard many requests on Thursday,

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Mark Your Calendar

June 14, 2016
CHA-MN Board Meeting

June 5-7. 2016
Catholic Health Assembly
Orlando, FL
FYI: www.chausa.org

Opponents say assisted suicide legalization push is unrelenting

By Julie Minda, CHA

The organization Compassion & Choices is conducting a well-organized campaign in more than half of U.S. states to make physician-assisted suicide legal. Advocates from Catholic organizations that have experience opposing the group's efforts say that ministry providers who have not yet done so should prepare for the push in their states.

"You need to begin coalition-building conversations and message development early. You need to involve the grassroots. This should happen sooner rather than later," said Lori Dangberg, vice president of the Alliance of Catholic Health Care in Sacramento, Calif., an organization of Catholic health systems that helped coordinate the defeat of physician-assisted suicide in July 2015, only to see it enacted the following October during a special session of the legislature.

A wide variety of national and state-level organizations — including faith-based groups, medical associations, pro-life activists, disability rights groups and advocates of minority populations — have voiced their opposition to the legalization attempts and have lent varying amounts and types of support to state-level efforts to oppose legalization.

National-level Catholic organizations, including the United States Conference of Catholic Bishops and the Supportive Care Coalition, have produced position papers about why they oppose assisted suicide and resources that can be used in opposition. They have provided consultation to Catholic conferences and other groups fighting state-level legislative activity. CHA has worked in conjunction with these groups and others to advocate for public policy to promote palliative care and to educate health professionals on palliative care. CHA also has promoted advance care planning, as a tool to give people more control over their end-of-life choices.

Experts take part in a town hall meeting on a Catholic television station during a 2012 campaign against a Massachusetts ballot referendum to legalize physician-assisted suicide. Among panelists are, at left, Fr. Tad Pacholczyk, director of education for the National Catholic Bioethics Center; fourth from the left, MC Sullivan, then-ethics director of Covenant Health; and at far right Cardinal Seán O'Malley, Archbishop of Boston.

The Supportive Care Coalition's position statement says that Catholic health care providers object to physician-assisted suicide out of "respect for the sacredness of human life, our long tradition of caring for persons who are most vulnerable, our commitment to the provision of high quality palliative care and our concern for the integrity of medical, nursing and allied health professionals." Catholic hospitals and physician practices do not provide lethal prescriptions for assisted suicides. The Affordable Care Act protects and preserves that conscience-based choice.

The USCCB's 2011 "To Live Each Day with Dignity: A Statement on Physician-Assisted Suicide" acknowledges the very real suffering people can face at the end of life. Individuals can experience extreme physical pain, dementia, emotional crisis, loss of control over their circumstances; they may fear they'll be a burden to others or that they themselves

ASSISTED SUICIDE *cont. on page 3*

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including $35 million for the State's Rural Finance Authority; $14.5 million for construction of a new seal and sea lion habitat at St. Paul's Como Zoo; $10 million for Metropolitan Regional Parks from the Met Council; and $8.2 million for asset preservation and facility upgrades at the Minnesota State Academies.

Dayton has proposed $1.4 billion in borrowing for public construction projects throughout the State. House Republicans say they want to keep the bonding bill at about $800 million.

PHYSICIANS ASSISTED SUICIDE

Senate File 1880, Minnesota Compassionate Care Act of 2015: After introducing the bill in 2015, the Senate author set out on a statewide tour of listening sessions regarding Physicians Assisted Suicide. While CHA MN staff attended several of the listening sessions, it became apparent proponents were seeking a hearing in 2016. The bill received a hearing in the Senate Health, Human Services and Housing committee. CHA MN participated in the development of testimony, strategy and research, including investing in hiring the firm of Himle Rapp, that resulted in the author withdrawing the bill from consideration at the hearing. While this is an important victory in the process for this year, our coalition will continue to work and develop more materials and messaging heading into the election cycle and coming years. The CHA MN board has put this issue as a high priority effort in the coming years, and we will continue to update you as the issue develops. ■

ASSISTED SUICIDE *cont. from page 2*

will be abandoned. The bishops' statement says the medical field's response to these problems should be to provide palliative care to alleviate pain and to address people's emotional and spiritual needs.

ORGANIZING THE OPPOSITION

Compassion & Choices, formerly the Hemlock Society, is supporting active legislation in 27 states and the District of Columbia to "make aid in dying available to every American, no matter where they live," according to the group's website. In addition to California, where the law is expected to take effect this year, physician-assisted suicide is legal in Oregon, Vermont, Montana and Washington.

As more states consider legalizing assisted suicide, "we will see more and more pressure on the faith community to respond," said MC Sullivan, director of the Initiative for Palliative Care and Advance Care Planning for the Archdiocese of Boston. She was director of ethics for Covenant Health of Tewksbury, Mass., when, in 2012, she worked with a diverse coalition to successfully oppose the Massachusetts Death with Dignity Act, a Compassion & Choices-backed ballot initiative to legalize assisted suicide.

Dangberg said Catholic organizations preparing to counter physician-assisted suicide initiatives should consult widely with other Catholic organizations, and others that have gained extensive, valuable experience addressing and responding to the types of arguments Compassion & Choices and others raise in state legislatures in support of physician-assisted suicide.

CHANGING ATTITUDES

According to a Pew Research Center report released Oct. 5, nearly 70 percent of U.S. adults say doctors "should be allowed by law to assist patients who are terminally ill and living in severe pain to commit suicide. That's an increase of 10 percentage points in just one year, and 17 points over two years."

Colleen Scanlon is senior vice president and chief advocacy officer of Englewood, Colo.-based Catholic Health Initiatives and a board member of the Supportive Care Coalition, a group of 19 Catholic health care providers promoting excellence in palliative care. She noted that the physician-assisted suicide movement has grown as Americans have increasingly associated this issue with the values of freedom, self-determination and individual rights — tenets that are part of the American psyche.

Sullivan said that Compassion & Choices capitalizes on this American penchant for individual autonomy through its messaging around free choice and "better end-of-life options." But, said Sullivan, "this is not true. It's not about end-of-life care choices, it's about ending life."

PROBLEMATIC LEGISLATION

The coalition Sullivan worked with to counter the 2012 Massachusetts ballot initiative included the Archdiocese of Boston, Catholic health and social service providers, representatives of the disability community and various religious organizations.

Despite initial polling showing significant support for physician-assisted suicide, the group helped to narrowly defeat the initiative. Sullivan said they did this by engaging in a broad media, advocacy and public education campaign exposing the initiative's flaws.

Among the issues the coalition exposed: the law would not require patients to meet with a psychologist or psychiatrist who could detect mental health concerns such as treatable depression, the law did not have safeguards ensuring patients would receive adequate information on alternatives to physician-assisted suicide and the law would not have required the prescribing physician to provide counseling on hospice and palliative end-of-life care options.

MAKING THE CASE

Since the initiative's defeat, Sullivan has moved to the archdiocese where she directs a strategic initiative that promotes and provides education about palliative care and advance care planning.

She believes that opponents to physician-assisted suicide have not yet succeeded in making a persuasive moral case against it that has been accepted by a broad, secular audience. She said it is important that those opposing legalized suicide "be more daring" in making their case that palliative care — not legalized physician-assisted suicide — is the humane approach for addressing end-of-life suffering. She said it is important to be proactive in communicating that a wide array of very effective options are available to manage pain and suffering, including ways to address the emotional pain of dying patients.

DEEPLY PERSONAL

In California, proponents of legalizing physician-assisted suicide for terminally ill patients had failed for decades to pass a law, but they succeeded during a special health care session of the state legislature.

Compassion & Choices credits Brittany Maynard for the law's passage in California and for giving impetus to its current aggressive push in other states. The 29-year-old Maynard, who suffered from an end-stage glioblastoma, gave a poignant personal testimony in support of physician-

ASSISTED SUICIDE *cont. on page 4*

ASSISTED SUICIDE *cont. from page 3*

assisted suicide in a video that was posted on the YouTube website on Oct. 6, 2014. It gained national and international attention. Maynard and her husband moved from California to Oregon in order to obtain the legal, lethal prescription she took to end her life on Nov. 1, 2014.

Dangberg said the Alliance of Catholic Health Care, which represents Catholic and Catholic-affiliated systems in California, had been part of a coalition that lobbied against physician-assisted suicide each time it was considered. Assisted suicide was rejected by voters in 1992, and repeated legislative attempts to authorize it failed between 1999 and 2007. Dangberg said the coalition was very diverse, and included minority groups and disability groups, which expressed grave concern that pressure could be applied to minority or disabled people at the end of life to opt for suicide instead of palliative care measures. While state-level coalition partners generally were most visible and provided the most funding for the lobbying efforts, national groups including the bishops' conference and the Patients Rights Council also lent their support, Dangberg said.

The coalition members developed a grassroots network and used a phone campaign and social media push to encourage people to contact legislators to emphasize the importance of protecting human life by opposing the legislation.

Dangberg estimates assisted suicide proponents spent up to $2 million, while opponents spent about $300,000 to fight the 2015 legislative push. She said, "While facing well-funded, single-issue proponents, the coalition was very strategic in their efforts and achieved its goal of stopping (an earlier 2015 bill) in the assembly. Unfortunately, the authors and proponents used the special session to circumvent the regular legislative process to ultimately pass a bill."

Dangberg said coalition members attempted to counter the assisted suicide proponent's "this is my life, my choice" message by pointing out that it encapsulated a false choice in the context of end-of-life options. "They said the choices are to have unbearable pain or to control death with your choices. This is a true disservice to all of us in health care who have worked for decades" to develop excellent palliative care options for sufferers.

Visit chausa.org/chworld for more information and resources, including the Supportive Care Coalition's position statement on assisted suicide and talking points against physician-assisted suicide. ■

Canada Declares War on Christian Doctors and Nurses

By Wesley J. Smith

Last year, the Canadian Supreme Court created a right to euthanasia and assisted suicide. To qualify for death, the court ruled unanimously, one must be a competent adult with a medically diagnosed condition causing "irremediable suffering"—a circumstance wholly determined by the patient and including "psychological suffering."

The decision went well beyond mere legalization. Indeed, the court manufactured an enforceable legal right for qualified patients to receive what Canadian policymakers are euphemistically calling "medical aid in dying" (MAID).

But what about doctors opposed to euthanasia? The court left with Parliament and the medical colleges (associations) the decision of whether and how to accommodate doctors with conscience objections, granting a one-year (now extended) period within which to enact laws to govern the practice. Since then, civil liberties groups, provincial medical colleges, and official government commissions have urged Parliament [see here and here] to pass laws that would coerce doctors who are religiously or philosophically opposed to euthanasia to cooperate actively in mercy killings by forcing them to procure death doctors for their patients. Here's how the federal panel put it:

Recommendation 10: That the Government of Canada work with the provinces and territories and their medical regulatory bodies to establish a process that respects a health care practitioner's freedom of conscience while at the same time respecting the needs of a patient who seeks medical assistance in dying. At a minimum, the objecting practitioner must provide an effective referral for the patient.

Gobbledygook: Requiring "effective referral" would materially violate—not respect—a "practitioner's freedom of conscience" through forced complicity in euthanasia, thereby trampling his faith under the boot of the state.

CANADA *cont. on page 5*

CANADA *cont. from page 4*

All of this would seem to fly in the face of Canada's 1982 Charter of Rights and Freedoms, which states, "Everyone has the fundamental freedom of conscience and religion." Illustrating the utter lack of regard that secularized Canada now has for religious liberty, the Canadian Civil Liberties Association—that country's counterpart to the ACLU—applauded the parliamentary committee's call to stomp upon religious conscience as a "promising step forward."

Doctors aren't the only ones threatened with religious persecution under Canada's looming euthanasia regime. Provincial and federal commissions have both recommended that nurses, physician's assistants, and other such licensed medical practitioners be allowed to do the actual euthanizing under the direction of a doctor.

This is particularly worrying from a medical conscience perspective, because it leaves no wiggle room to say no. For example, objecting doctors might be able to defend their refusals by claiming that the euthanasia requester is not legally qualified. Nurses, however, would not even have that slim hope, since they would merely be delegated the dirty task of carrying out the homicide. This leaves nurses with religious objections to euthanasia with the stark choice of administering the lethal dose when directed by a doctor, or being insubordinate and facing job termination. The same conundrum would no doubt apply to religiously dissenting pharmacists when ordered to concoct a deadly brew.

"This is particularly worrying from a medical conscience perspective, because it leaves no wiggle room to say no."

Even Catholic and other religious nursing homes and hospices may soon be required by law to permit euthanasia on their premises, for the federal commission recommended that federal and provincial governments "ensure that all publicly funded health care institutions provide medical assistance in dying." That is a very broad category. Canada has a single-payer, socialized healthcare financing system that permits little private-pay medical care outside of nursing homes. Not only that, but as Alex Schadenberg, director of the Canada-based Euthanasia Prevention Coalition told me, "religiously-affiliated institutions [in Canada] have become the primary care facilities for elderly persons, those requiring psychiatric care, and dying persons. They are now being told that as a condition of providing those services they will be required to permit doctors to kill these very patients by lethal injection. If they refuse, they will find themselves in a showdown with the government."

That leaves medical professionals who oppose euthanasia—five thousand religiously oriented doctors have joined the Coalition for Healthcare and Conscience to protest the proposals—in a very tight spot, raising the question of what options will be available to conscientious objectors:

- They can keep their heads down and pray they are never asked to kill a patient.
- They can surrender and become part of the death machine—at the risk of the eternal consequences that their faith beliefs portend.
- They can give up their careers and hand the keys of what are now religious medical institutions to secular ownership (or, move to the United States where, at least for now, doctors and nurses enjoy conscience protections).
- Finally, the difficult but most righteous course would be to engage in a policy of total non-cooperation with the culture of death, forcing the national and provincial governments and medical colleges either to turn a blind eye or to inflict unjust punishments on doctors for refusing to kill. Perhaps such draconian measures would bring the country to its senses.

Where are the church organizations in all of this? Some notable Canadian prelates and other faith leaders have spoken out strongly against the pending coercion. But in Canada's highly secularized society, it will probably require louder voices than these—for example those of Pope Francis and the Dalai Lama—to turn the tide. But the hour is very late. The embarrassment caused by the wildly popular pope condemning a nation that considers itself the epitome of reasonableness might be the only preventative measure that can save religious liberty in what used to be the free country of Canada. ■

Wesley J. Smith is a senior fellow at the Discovery Institute's Center on Human Exceptionalism. This article was reprinted with permission by First Things.

Higher Calling Event: "Building Subsidiarity in the Culture of the Organization"

"What is the Catholic principle of subsidiarity, and why is it important for business?" This was the topic discussed at an event recently held at the University of St. Thomas, sponsored by the Center for Catholic Studies and the Opus College of Business. The participants heard from three interesting and highly qualified speakers. Dr. Michael Naughton is the current Director of the Center for Catholic Studies and was for many years the Director of the Ryan Institute for Catholic Social Thought; he is co-author of a recent publication called Respect in Action: Applying Subsidiarity in Business. Sister Maureen McGuire is the Executive Vice President for Mission Integration at Ascension Health, the nation's largest private healthcare provider and the largest Catholic healthcare system in the world. Emery Koenig, until his recent retirement, was Vice Chairman and Chief Risk Officer at Cargill, the largest privately held corporation in the United States.

SR. MAUREEN MCGUIRE, ASCENSION HEALTH

Dr. Naughton began the discussion by laying out the concept of subsidiarity. What does the word mean, and what are the key ideas behind it? And why has it been an important principle of Catholic social thought? The principle of subsidiarity holds that in organizational matters everything should be handled at the simplest, lowest, least centralized level at which it can competently be dealt with. The principle does not view central authority as always bad; some matters can only be rightly handled at the highest level, and in those instances the principle insists that those in overall leadership should shoulder the responsibility. But subsidiarity stands against the tendency to have all authority and decision-making migrate to a centralized, non-local and non-personal level.

Naughton put the word "respect" in the title of his book because he insists that the fundamental idea behind the principle of subsidiarity is respect for the gifts and contributions each person brings to a common effort. This accent on respect explains why the Church would weigh in on a question of organizational theory. Each person is uniquely gifted by God, and those gifts are meant to enrich others. Exercising one's gifts lends a person dignity and contributes to the common effort. Subsidiarity as an operating principle helps to keep the gifts of individuals and the work of smaller units from being absorbed by an impersonal organization that can tend to instrumentalize its workers. Naughton related an example given by Pope Pius XI who once described the irony of an auto manufacturing plant. How is it, the Pope asked, that piles of raw materials enter the factory in chaotic disorder and come out later in the shape of a gleaming new automobile, but that so many workers enter the same factory in good order and come out later having been degraded and dehumanized? In such a situation something is out of balance.

Naughton noted that in the average workplace, some 70% of the employees are disengaged. They are around, but they have lost interest in their job and are just "doing time." This is bad for the workers, and bad for the business. If we were to ask why there is so much disengagement, a key factor has to do with a lack of subsidiarity. The worker is performing a set of tasks that require little of his gifts; there are no possibilities of exercising his dignity in decision-making, and so he "checks out." For this reason, paying attention to the principle of subsidiarity is not only a dignified way to treat employees, but it is also good for the productivity and overall culture of the organization in which it is exercised.

"Leaders are here to build other leaders, not to build followers."

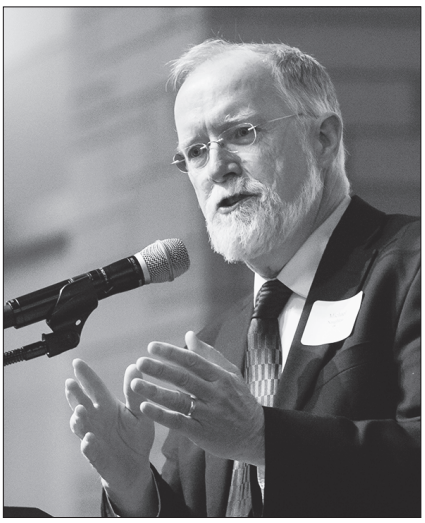
Naughton noted that subsidiarity always works hand-in-hand with another key principle, namely, solidarity. Solidarity is the sense of the common good; the idea that what we are doing together is significant and needs to be kept in view. When both subsidiarity and solidarity are rightly in place, they provide a kind of balance: subsidiarity honors the giftedness of each person and allows those gifts to have play, while solidarity keeps the focus on using gifts for the sake of the common effort. Subsidiarity

SUBSIDIARITY *cont. on page 7*

SUBSIDIARITY *cont. from page 6*

without solidarity leads to an unhealthy sense of entitlement; solidarity without subsidiarity leads to an oppressive environment that saps morale. When each is present, the stage is set for a healthy and productive culture in the workplace that allows high productivity and enhances the human development of the workers.

As Naughton noted, the principle of subsidiarity sounds good in theory, but it is not easy to put into practice. For one thing, we all have personal blind spots that make it difficult for us to see the gifts of others. For another, in the thick of activity it is often easier to revert to a bureaucratic mode of operating that seems more efficient. How is the process accomplished? How does a workplace apply the principle of subsidiarity, and what happens when it does? Sister McGuire and Emery Koenig were on hand to speak to these questions. They provided case studies, in two widely differing organizations, for the way they these principles were implemented, and the changes their organizations experienced as a result.



DR. MICHAEL NAUGHTON, UNIVERSITY OF ST. THOMAS

For Ascension, the determination to pursue a greater measure of subsidiarity was a specific and intentional decision as a way to embody Catholic social teaching more profoundly. Ascension was formed in 1999 by the merger of two existing healthcare systems, and the new entity needed to find a way to bring their organizations together. Beyond that, due to the rapid changes taking place in health care, Ascension recognized that they would need a complete overhaul of their organization, such that they could pursue a unified mission in their many different healthcare sites. Sister McGuire told the story of how they brought subsidiarity into the planning and decision-making processes as they re-articulated their mission and reorganized their energies. It took a lot of work, but the results were very positive. Through teams working at all levels of management, and ongoing ways of keeping people involved in decision-making and in being kept informed, Ascension has been able to make the needed adjustments and has seen their mission enhanced and their employees at all levels highly engaged. As Sister McGuire said, "You can't do a blessed thing without inspired people."

Emery Koenig told the story of a very different kind of company. Cargill employs over 150,000 people and has operations in 67 different countries. Around the year 2000, Cargill decided that they needed a fundamentally different approach to their leadership training and their organizational principles. Koenig noted that Cargill did not use the terms "subsidiarity" and "solidarity," but the principles they began to implement were the same. They began by various means to accent respect for people in the workplace by identifying and cultivating the talents and skills of employees at all levels, and they moved those who were not interested in the new direction out of the company. Other expressions of a renewed orientation toward respect include improvements in workplace safety and attention to concerns of local workers in their various cultural contexts. The result has been a dramatic increase in employee engagement, from 50% to around 80% in the last fifteen years. Koenig noted that "leaders are here to build other leaders, not to build followers."

An interesting aspect of the application of subsidiarity in the workplace is the connection between treating people with respect and increase of productivity. The often dehumanizing aspects of many organizations, the erection of large impersonal and translocal bureaucracies, is usually driven by a concern for maximizing efficiency and productivity. Maybe it is not surprising that when an organization takes the time and effort to treat its employees with dignity, and works to shape an organization that allows workers the role of applying their talents and contributing to decision-making, the effect on the "bottom line" is positive. It would be worth treating employees in a more human and respectful way even if it took a bite out of the profits. But in this as in so much else, when we do things God's way, in keeping with the true nature of the human, all kinds of good things happen. ■

Physician-Assisted Suicide Statistics

- 5 states have legalized physician-assisted suicide (CA, OR, VT, WA and MT)
- 17 states are actively considering legislation to allow assisted suicide
- 38 states currently have laws prohibiting assisted suicide
- 0 federal laws on assisted suicide ■

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Catholic Health Association of Minnesota Board Of Directors

Updates from our membership...

What's happening in your organization?

Please send your news to Toby Pearson, CHA-MN executive director.
Telephone: (651) 503-2163;
e-mail: tpearson@chamn.org.
Ask your public relations or communications director to put us on the news release list: CHA-MN, 1890 Randolph Ave., Suite 300, St. Paul, MN 55105. ■