



Advocacy for Life: Hippocratic Medicine for the 21st Century

For Medical Students and Residents

Syllabus and Workbook

Core Faculty:

Lisa Gilbert, MD, FAAFP

Josephine Glaser, MD, FAAFP

Dean Bartholomew, MD, FAAFP

Paul Dassow, MD, FAAFP

Leah Beth VanBlaricum, MS4 (Candidate 2022)

Introduction

We are delighted to welcome you to the **Advocacy for Life: 21st Century Hippocratic Medicine**. We are grateful to be sponsored by Med/Law Students for Life (SFL) and the American Association of Pro-life OBGYNs (AAPLOG), and to be indirectly supported by other non-profits. We also express our heartfelt appreciation to our faculty for their expertise and time.

This online course is uniquely designed to equip you to practice as a pro-life physician or other healthcare professional in today's challenging landscape. The goal is to empower future healthcare professionals to be effective advocates of life-affirming Hippocratic principles in medicine, and to do so with coherency, confidence, and compassion. We envision pro-life physicians-in-training being fully equipped to holistically support patients through the course of their lives, from conception to natural death. Expertise and advocacy skills are needed when engaging with others in leadership who may hold different perspectives, including healthcare and public health professionals, scientists and researchers, administrators, medical society leadership, and appointed and elected representatives. Throughout this advocacy training, we strive to remain patient-centered, serving our communities with excellence, absolute integrity, and using the best medical evidence available.

Course Outline:

There are four key topics of focus in this course:

1. **ETHICS**
 - a. Hippocratic Medical Ethics
2. **BEGINNING OF LIFE**
 - a. What is Abortion?
 - b. Counseling Women with Unintended Pregnancies
 - c. Abortion Pill Reversal; Pregnancy Care Centers
 - d. Perinatal Hospice; Whole Person Post-Abortion Care
3. **END OF LIFE**
 - a. What is Natural Dying, PAS, and Euthanasia
 - b. Advance Care Planning, Hospice and Palliative Care
 - c. Historical and Current Trends in PAS and Euthanasia
4. **ADVOCACY**
 - a. Advocating for Rights of Conscience
 - b. Advocacy in Medical Societies
 - c. Resolution Writing and Testimony
 - d. Advocacy in Public Policy

Learning modalities include:

1. Pre-recorded Lectures by expert faculty
2. Assigned Learning Materials, consisting of articles, websites, and videos
3. Optional Learning Material
4. Helpful Links
5. Optional Reflection/Discussion Questions
6. Optional weekly virtual Q&A discussions with other learners and faculty (Monday nights only, from Sept - Nov)

There is approximately 2 hours of online education per week, consisting of pre-recorded lectures and assigned learning materials. As you go through the material, we encourage you to use this workbook to jot down notes, questions, or action items, and any suggestions you may have for improvement of the course. There are no required assignments or evaluations. However, we include optional discussion questions and post-course advocacy action items. We will also send out post-course questions and an opportunity for your feedback to assess our course objectives and quality of education.

There are opportunities for practicing and receiving feedback on resolution-writing and verbal testimonies, as well as networking with other students and mentors during the live Q&A sessions. Throughout the year, students can connect in the **SLACK group**. Additionally, we have prepared an **Advocacy Guide** that provides more guidance on advocacy within medical schools, medical societies, and public policy. The course will culminate with a Hippocratic Oath ceremony; the text is included at the end of this Workbook.

At this time, this course does not have elective credit or CME, but you may ask a faculty advisor at your medical school or residency if this material might qualify for a two week elective. An internal Certificate of Completion will be offered by the sponsoring organizations: Med/Law Students for Life of America and the American Association of Pro-life OBGYNs (AAPLOG).

➤ **How to Sign Up for SFL HQ:**

1. Register at <https://www.studentsforlifehq.org/advocacyforlife>
2. Then register at SFL HQ to obtain a login and password:
<https://www.studentsforlifehq.org>
3. Contact for help: HQ@studentsforlife.org

➤ **How to Join Slack:**

Sign up here and download the Slack app: <https://studentsforlife.org/med-law/network-with-other-med-law-students/>

PART I: ETHICS

Week 1: Hippocratic Medical Ethics

- A. Pre-recorded Lecture: **The Importance of a 2000 year old Argument** by **Dr. Donna Harrison**, OBGYN, Executive Director of AAPLOG

Upon completion of this module, the learner will be able to:

- Articulate the basic tenets of the **two major worldviews** regarding the ethical foundation of physician action.
- Cite **foundational documents** for each view.
- Identify areas of **agreement and disagreement** between these world views.
- Recognize the **key words** around which the crux of the discussion revolves.
- Recognize the **current legal and professional pressures** to force physicians to participate in the killing of human beings.

- B. Assigned Learning Materials:

- Review: [Hippocratic Registry's Overview of Hippocratic Medicine](#)
- Review: [Declaration of Geneva](#)
- Watch: [A Brief Summary of Influential Ethical Theories](#) and [Aristotle and Virtue Theory](#)
- Read: AAPLOG Committee Opinion 1: [Hippocratic Objection to Killing Human Beings in Medical Practice](#)
- Read: ACOG Committee Opinion 385: [The Limits of Conscientious Refusal in Reproductive Medicine](#)

- C. Optional Learning Materials:

- Article: Dr. Daniel Sulmasy: [What is an Oath and Why Should We Swear One?](#)
- Article: Dr. John Patrick: [Hippocrates & Medicine in the Third Millennium](#)
- Video Lecture: Dr. John Patrick: [What Hippocrates Knew and We Have Forgotten](#)
- Hastings Center: [Bioethics Timeline](#)
- Book: Cavanaugh, TK. [Hippocrates Oath and Asclepius Snake: The Birth of a Medical Profession](#), Oxford University Press, 2018.
- Book: Trueman, C. [The Rise and Triumph of the Modern Self: Cultural Amnesia, Expressive Individualism, and the Road to Sexual Revolution](#). Crossway, 2020.
- Book: George, R.P. and T. Christopher. [Embryo: A Defense of Human Life, 2nd Ed.](#) Witherspoon Institute, 2011.
- Book: Snead, C. [What it Means to Be Human: The Case for the Body in Public Bioethics](#), Harvard University Press, 2020.

- D. Helpful Links

- [American Academy of Medical Ethics](#)
- [Hippocratic Registry of Physicians](#)

- E. Optional Reflection/Discussion Questions:

- Does the concept of “Virtue Ethics” still have a place within the practice of modern medicine? Does "virtue" affect your attitude toward your medical studies and/or patients?
- What are your initial thoughts about the “essential elements” of the Hippocratic Oath? Do you think these elements stand the test of time? Are they sufficient for an ethical practice? Do you believe that Oaths or pledges still have a place in modern medicine?
- Do you find it compelling, as Margarete Mead suggested, that there should be a complete separation of killing from healing? If so, can you articulate these reasons to someone who might disagree?
- Do you see any overlap or tension between the Hippocratic Oath, Virtue Ethics and the 4 Principles of Medical Ethics (Beneficence, Non-maleficence, Autonomy, Justice)?
- Do you agree that the WHO definition of Health is problematic? How would you define health and the role of medicine?
- Have you seen violations of conscience within your medical school or residency? How have you or others responded? How did you wish you had responded? Are there “limits” to conscience?

PART II: BEGINNING OF LIFE

Week 2: What is Abortion?

- A. Pre-recorded Lecture: What is Abortion? by **Dr. Cara Buskmiller**, OBGYN, MFM Fellow

Upon completion of this module, the learner will be able to:

- Review **types of abortions** legal in the U.S.
- Recognize the difficulty present in **defining abortion**.
- Discuss a definition of abortion based on the **type of the end** of pregnancy (act itself), the circumstances, and the intentions.
- Discuss "**levels**" of **participation** in abortion, especially from a trainee perspective.

- B. Assigned Learning Materials:

- Read: AAPLOG Practice Bulletin 10: [Defining the End of Pregnancy](#)
- Read: AAPLOG Practice Bulletin 8: [Medical Management of Elective Induced Abortion](#)
- Read: AAPLOG Practice Bulletin 9: [Ectopic Pregnancy](#)
- Review: "The Hard Questions" (see PPT on SFL HQ)
- Watch: [Abortion Procedures in 1st, 2nd and 3rd Trimesters](#) by Dr Levatino

- C. Optional Learning Materials:

- Article: AAPLOG Practice Bulletin 3: [Previaible Induction of Labor](#)
- Website: RHAP [Mifepristone/Misoprostol Abortion Protocol](#)
- Website: RHAP [Telemedicine Protocol](#)
- Video: RHEDI "[Papaya Training](#)" (machine vacuum aspiration)
- Website: [Vacuum Aspiration for Abortion](#)
- Article: [False Statistics: Women Died Every Year before Roe](#)
- Interview: Mike Wallace interview with [Margaret Sanger](#): September 21st, 1957
- [Book: Abortion Rites: A Social History of Abortion in America](#). Marvin Olasky, Crossway Books, 1992. (Chapter 13 is available on SFL HQ)

- D. Helpful Links

- [Guttmacher: An Overview of Abortion State Laws](#)

- E. Optional Reflection/Discussion Questions:

- Can you describe in detail the 5 mechanisms of abortion?
- What are some unique complications that may arise with telemedicine abortion?
- Do you agree with the proposed prolife definition of abortion: *Any mode of ending a pregnancy in order to obtain death of the fetus, even if other goods are obtained?* How did your understanding of prolife vs prochoice discussion of abortion change?

- What did you think of the flowchart to help determine if a pregnancy can be ended? Will it help you feel more confident in clinical situations? Are there challenging situations not answered by the flowchart?
- Have you been asked to participate with abortion in some way? How did you process that?
- Does the classic understanding of “Levels of Cooperation with Evil” help you navigate clinical practice where abortions are being taught or performed?
- What are your state laws on abortion?

PART II: BEGINNING OF LIFE

Week 3: Counseling Patients with Unintended Pregnancy

A. Pre-recorded Lecture: Counseling Abortion-Vulnerable Patient by **Dr Steve Braatz, OBGYN**

Upon completion of this module, the learner will be able to:

- Identify **important techniques** for counseling patients with unintended pregnancies.
- Discuss ways in which a physician may **prepare** to counsel patients.
- Describe a **simple question** that may greatly assist in counseling.
- Evaluate **the role of ultrasound** in augmenting counseling.

B. Assigned Learning Materials:

- Read: AAPLOG Practice Bulletin 4: [Counseling the Abortion-Vulnerable Patient](#)
- Read: AAPLOG Practice Bulletin 2: [Fetal Pain](#)
- Read: [Abortion: The Least of Three Evils](#) (Heartbeat International)

C. Optional Learning Materials:

- Courses (Free): [Care Net](#): Prolife 101; Caring for Those Considering Abortion; Defending Your Prolife Beliefs
- Testimonial Video: [CHOICE program](#) for Pregnant Women with Substance Use Disorder
- Video Lecture: [Treating women with Opioid Use Disorder During Pregnancy](#)
- Resource: [SAMHSA Clinical Guidelines for Treating Pregnant and Parenting Women and Their Infants](#)
- Website: [Human Trafficking Screening](#)
- Book: Gray, S. Love Unleashes Life: [Abortion and the Art of Communicating Truth](#). Lifecycle Books, 2016.

D. Helpful Links:

- Pregnancy Centers:
 - [Care Net](#)
 - [Heartbeat International](#)
- Adoption Organizations:
 - [Adopting](#)
 - [Adoption](#)
 - [BraveLove](#)
- Parenting Organizations:
 - [Saving Our Sisters: Adoption](#)
 - [The Family Preservation Project](#)

E. Optional Reflection/Discussion Questions:

- Describe some important principles and steps for counseling a patient with an unintended pregnancy. Have you used any of these techniques or seen them modeled in a clinical setting?
- Imagine or role-play a situation of encountering a patient with an unintended pregnancy who is considering abortion. How would you counsel her about her pregnancy? How do you differentiate between compassionate counseling and coercion? What sort of language would be empowering?
- Do you have any fears, triggers, or biases when it comes to encountering patients with unintended pregnancies? (Examples might be a strongly positive or negative view of single-parenting, adoption, kinship care, foster care, or pregnant women using substances; it could also involve a personal or family history of abortion, miscarriage, child loss, or infertility.) Do you have fears of “failing” the patient and her baby? How will you manage these biases and emotions while providing compassionate counsel and care?
- If you have visited a pregnancy care center in your area, reflect on what that experience was like and what you learned.
- Familiarize yourself with local pregnancy care centers and community resources for parenting support, and assistance in obtaining housing, food, education, or employment. Are there any “first mom” (birthmom) support organizations? Reflect on ways you might make these resources more accessible to your patients.
- What are some patient-oriented questions to screen for and support victims of human trafficking? How might you counsel and support pregnant patients with substance use disorders?

PART II: BEGINNING OF LIFE

Week 4: Abortion Pill Reversal, Pregnancy Care Centers

A. Pre-recorded Lecture:

- a. An Update on Reversal of Mifepristone Medical Abortions by **Dr George Delgado**, family physician and researcher
- b. Pro-life Pregnancy Centers: Medical Directorship 101 by **Dr Karen Poehailos**, family physician

Upon completion of this module, the learner will be able to:

- Review Mifepristone (RU-486) **development and mechanism**.
- Review **2 pill medication abortion protocol** and **window of opportunity** for reversal of mifepristone.
- Describe **safety and efficacy** of mifepristone reversal with progesterone.
- Understand **protocol for progesterone dosing**.
- Describe **how women can seek help** through the Abortion Pill Rescue Network.

- Review the national Pregnancy Center **landscape and data**.
- Describe the **services provided** Pregnancy Centers.
- Understand the **skills and roles** of Medical Volunteers and Medical Directorship.
- Describe **integration with Abortion Pill Rescue Network** and other Pro-life services.

B. Assigned Learning Materials:

- Read: AAPLOG Practice Bulletin 4: [Reversal of the Effects of Mifepristone](#)
- Read: Updated [APR Progesterone Protocol](#)
- Read: [Top 10 Myths about Abortion](#)
- Read: Lozier Institute's [Press Release](#) of the full-length report: [Pregnancy Centers Stand the Test of Time](#)

C. Optional Learning Materials:

- Course (Free): Justice For All: [7 Conversations](#)
- Course (Fee Required): [Care Net Training](#) for Volunteers, Counselors and Board Members (CareNet Courses for Free listed in Week 3)
- Course (Fee Required): Heartbeat International [Pregnancy Help Institute](#) and [Heartbeat Academy](#)

D. Helpful Links:

- Pregnancy Center Resources:
 - [Care Net](#)
 - [Heartbeat International](#)
 - [NIFLA](#)
- Examples of Pregnancy Medical Clinics:
 - [Ovia Health](#) (Full Spectrum Maternal Care)
 - [Thrive Women's Health](#)

E. Optional Reflection/Discussion Questions

- Discuss or review the evidence and protocol for reversing mifepristone with progesterone. What did you learn from this material?
- What are some common arguments against APR and how would you respond to those arguments? Would you feel comfortable prescribing progesterone after mifepristone? Why or why not?
- What considerations and skills are important when volunteering as a medical professional at a Pregnancy Center? Would you consider serving as a medical director in your future career?
- What are some common arguments against Pregnancy Centers? Do they have any merit? How would you respond to those arguments?
- What are some of the main myths about abortion, based on the article Top 10 Myths? Have you encountered these and how did you respond? What are some other effective ways you have found to discuss abortion in a non-clinical setting?

PART II: BEGINNING OF LIFE

Week 5: Perinatal Hospice, Post-Abortion Whole Person Care

A. Pre-recording Lecture:

- a. Perinatal Hospice by **Dr Steve Braatz**, OBGYN
- b. Post-Abortion Whole Person Care By **Robin Aktins**, LHMC, CMHIMP

Upon completion of this module, the learner will be able to:

- Identify the **common indications** for perinatal hospice
- Understand **pressing needs** for in-utero terminally ill infants and families
- Identify **general perinatal hospice concepts**
- Explore **trauma-informed care**.
- Identify **mental health assessments** for women during and after pregnancy including women considering abortion and post-abortion.
- Identify risks of **post-abortive mental health complications**.
- Explore **research** regarding post-abortive mental health complications.
- Address **methodology of and claims made by the Turnaway Study**.

B. Assigned Learning Materials:

- Read: AAPLOG Practice Bulletin 1: [Perinatal Hospice](#)
- Watch: [Perinatal Hospice](#) and parent stories at [BeNotAfraid](#)
- Read: AAPLOG Practice Bulletin 5: [Abortion and Mental Health](#)
- Read: AAPLOG Practice Bulletin 5: [Abortion and Preterm Birth](#)
- Read: AAPLOG Committee Opinion 8: [Abortion and Breast Cancer](#)

C. Optional Learning Materials:

- Article: AAPLOG Committee Opinion 6: [Maternal Mortality and Abortion](#)
- Video Lecture: [Abortion is Never Medically Necessary](#) by Dr Calhoun, SFLA Interview

D. Helpful Links:

- [Perinatal Hospice](#)
- [Be Not Afraid](#)
- [Now I Lay Me Down To Sleep](#)
- [Support After Abortion](#)
- [Save One](#)
- [Rachel's Vineyard](#)
- [Deeper Still](#)

E. Optional Reflection/Discussion Questions:

- What are some life-limiting conditions you have encountered or read about that might have benefitted from perinatal hospice support? Conversely, have you encountered bias in healthcare professionals against offering therapeutic medical

care to children who might otherwise survive for some period of time, despite their life-limiting condition?

- Imagine or role play how you might counsel a woman or couple with a newly discovered life-limiting fetal condition. Reflect on any personal fears or biases that might make counseling difficult.
- Explore your own facility and community resources to see what perinatal hospice programs exist, as well as other support systems for infants and children with life-limiting conditions and severe disabilities. What services are offered? Are there any barriers to accessing these services?
- What is trauma informed care? Have you seen this offered in a clinical setting?
- What are some ways patients perceive bias in healthcare professionals when counseling patients? What are better or optimal ways to communicate?
- What mental health concerns should we be attentive to in post-abortive women? What were some problems with the Turnaway Study?
- From the readings, what are some important long-term physical adverse events after abortion? How might this knowledge affect your provision of medical care?

PART III: END OF LIFE

Week 6: What is Physician-Assisted Suicide (PAS) and Euthanasia?

- A. Pre-Recorded Lecture: What is PAS and Euthanasia? by **Dr Thomas Beets**, Hospice and Palliative Medicine

Upon completion of this module, the learner will be able to:

- Describe the **Natural Dying** process
- Learn and understand the development and role of **Hospice and Palliative Medicine**.
- Discuss the differences between **assisted suicide vs active euthanasia; omission vs commission; withholding nutrition and hydration**.
- Discuss the **medical aspects** of assisted suicide in the US.

- B. Assigned Learning Materials:

- Watch: [The Guardian: Before I Die: A day with terminally ill patients](#)
- Read: [Sanford Health Information about Hospice and Natural Death](#)
- Watch: [MedCram DNR Code Status](#)
- Watch: TedMed: Steve Pantilat, MD: [Why Palliative Care is essential in the face of serious illness](#)
- Read: [The Effect of Legalizing Suicide on Palliative Care and Suicide Rates](#)

- C. Optional Learning Materials:

- Review: [Dying: A Natural Process](#)
- Course: Stanford - [Home Hospice: Care of the Dying Patient](#).
- Review: [How Americans Die](#)
- Read: PRAF: [7 Important Reasons to Oppose Assisted Suicide](#)
- Read: PRAF: [The Danger of Assisted Suicide Laws](#)
- Video Lecture: [Physician Assisted Suicide \(Opposing assisted suicide\)](#)
- Compassion and Choices/City of Hope lectures: [Aid in Dying Medications and How Medical Aid in Dying Really Works in Authorized States \(Promoting assisted suicide\)](#)
- Book: Gray, S. [Start with What: Ten Principles for Thinking about Assisted Suicide](#), Wongeese Publishing, 2020.
- Documentary: [Fatal Flaws](#) (2018)

- D. Helpful Links:

- [National Hospice and Palliative Care Organization](#)
- [American Association of Hospice and Palliative Medicine](#)
- [Center to Advance Palliative Care: Tools and Training for Clinicians](#)
- [Supportive Care Coalition](#)
- [American Clinicians Academy on Medical Aid in Dying \(Promoting assisted suicide\)](#)

- E. Optional Reflection/Discussion Questions

- What would an ideal death “a good death” look like?
- Do you have any fears, triggers or biases regarding natural death, home deaths, hospice, or hospital/ICU deaths? How will you manage these when it comes to counseling patients on end-of-life care?
- If you have witnessed someone die, what was that experience like for you? How did the patient and family feel? What could have made the experience better?
- Can you explain the difference between assisted suicide and euthanasia? Between voluntary, non-voluntary and involuntary euthanasia? Between commission vs omission?
- Can you describe the lethal medications that are offered and the reasons patients seek assisted suicide? How might you counsel a patient seeking such drugs? What else might you suggest or do to support patient dignity in the face of a terminal illness?

PART III: END OF LIFE

Week 7: Advance Care Planning, Palliative and Hospice Care

- A. Pre-recorded Lecture: Advance Care Planning, Palliative and Hospice Care by **Dr. Linda Wrede-Seaman**, Hospice and Palliative Medicine

Upon completion of this module, the learner will be able to:

- Discuss the importance of advanced care planning and relevant tools.
- Discuss communication strategies.
- Discuss prognostication of advanced diseases and referral to hospice and palliative care expertise.
- Hot topics in End of Life care - addressing excellent symptom management, intractable pain, palliative sedation, artificial hydration and nutrition, PAS.

- B. Assigned Learning Materials:

- Watch: Dr. Farr Curlin: "[Palliative Care: Both Threat and Aid to the Ars Moriendi](#)" (43 min):
- Watch: Dr Diane Meier: "[The Human Connection of Palliative Care: Ten Steps for What to Say and Do.](#)"

- C. Optional Learning Materials:

- Dignity Therapy
- Dignity conserving questions
- Choice is an illusion
- AAHPM fast fact
- EPC section 5
- Daniel Sulmasy, MD, PhD, MACP: [Hope and Care at the End of Life](#)
- The Heritage Foundation: [Affirming Ethical Options for the Terminally Ill](#)

- D. Helpful Links:

- [National Hospice and Palliative Care Organization](#)
- [American Association of Hospice and Palliative Medicine](#)
- [Center to Advance Palliative Care: Tools and Training for Clinicians](#)
- [Supportive Care Coalition](#)
- [Five Wishes](#)

- E. Discussion Questions

- Have you ever had a discussion or watched one on advance care planning? What about code status? How did the discussion go? What could have improved it?
- Familiarize yourself with Advance Directives available in your state or institution, including DNR forms and POLST. Are there any potential pitfalls with these? Do you know your state laws about who is "next of kin" to make decisions for patients who do not have advance directives?

- What are some communications techniques that you would like to utilize for difficult conversations?
- What are some of your thoughts about palliative sedation or medically assisted nutrition and hydration? How would you approach these discussions?

PART III: END OF LIFE

Week 8: Historical and Current Trends in Physician Assisted Suicide and Euthanasia

- A. Pre-Recorded Lecture: Historical and Current Trends in Physician Assisted Suicide and Euthanasia by **Dr. Linda Wrede-Seaman**, Hospice and Palliative Medicine

Upon completion of this module, the learner will be able to:

- Identify **current US and international trends** with physician-assisted suicide.
- Identify **successful strategies** used by Compassion & Choices (formerly Hemlock Society) to mobilize societal support **for hastening death**.
- Identify **successful strategies** for speaking **against hastening death** and promoting transparency in policies and with patients.

- B. Assigned Learning Materials:

- Watch: [Nancy Weaver Emerson Lecture 2017](#): Dr. Farr Curlin starts at 6:15
- CA End of life option act

- C. Optional Learning Materials:

- Article: [Assisted death and the slippery slope](#)
- Article: [Trends in Medical Aid in Dying in Oregon and Washington](#)
- Article: [Physician-Assisted Suicide and the Perils of Empirical Ethical Research](#)
- Article: [Dr Dan Sulmasy Non-Faith-Based Arguments Against Physician-Assisted Suicide](#)
- Article: Drs. O'Rourke and Hudson [Reasons to Reject Physician-Assisted Suicide/Physician Aid in Dying](#)
- Article: [Lozier Institute: AMA Affirms the Physician's Role as a Healer](#)
- Article: [Dr. David Stevens testimony](#) against "aid in dying" bill
- Article: [Dr Mark Komrad Canada Law Provides Not Prevents Suicide](#) and [Poetry for PTSD and Preventing Suicide](#)
- Polls: [Gallup Poll about Euthanasia and PAS](#)
- Book: Keown, J. *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation, 2nd Ed.* Cambridge University Press, 2018.

- D. Helpful Links:

- Lozier Institute: [Map of Assisted Suicide Laws](#) and [End of Life Resources](#)
- [Patient Rights Action Fund](#)
- CMDA: [Physician Assisted Suicide and Euthanasia Resources](#)
- American Academy of Medical Ethics: [Physician Assisted Suicide](#)
- [National Catholic Bioethics Center](#) Bioethics Resources: See "End of Life"
- [Euthanasia Prevention Coalition](#)
- [Australian Care Alliance](#)
- Disability Rights Advocacy:
 - [Disability Rights and Education Defense Fund](#)

- [Disability Council International](#)
- [Not Dead Yet](#)
- [Washington Civil and Disability Advocacy](#)
- State Data
 - [Oregon “Death with Dignity Act” Data by Year \(1994/97\)](#)
 - [Washington “Death with Dignity Act” Data by Year \(2008\)](#)
 - [Vermont “Patient Choice & Control at End of Life Act” Data by Year 2013](#)
 - [California “End of Life Option Act” Data by Year \(2015\)](#)
 - [Colorado “End of Life Options Act” Data by Year \(2016\)](#)
 - [DC “Death with Dignity Act” \(2016\) Data from 2018 on DeathwithDignity](#)
 - [Hawaii “Our Care Our Choice Act” Data by Year \(2018\)](#)
 - [Maine Death with Dignity Act \(2019\)](#)
 - [New Jersey “Aid in Dying for Terminally Ill Act” \(2019\)](#)
 - [New Mexico “End of Life Options Act” \(2021\)](#)
- [Canada’s Second Annual Report on PAS/MAID, 2020](#)

E. Optional Reflection/Discussion Questions:

- Imagine yourself confronted with a peer or attending physician who thinks that assisted suicide should be legalized? What are some top arguments against assisted suicide that you can easily use “in a pinch”?
- How would you respond to someone arguing that the majority of patients want the option of assisted suicide by their healthcare professionals?
- What are some examples (legal or societal) that reveal a “slippery slope” to ever-easier access and acceptance of assisted suicide? Name some pitfalls in current laws that make these laws dangerous for vulnerable patients.
- What is your state’s law on assisted suicide? Have bills been submitted in the past to legalize it? If already legal, have there been bills to “expand access”?

PART IV: ADVOCACY

Week 9: Advocating for Rights of Conscience amongst Peers and Programs

- A. Pre-Recorded Lecture: Advocating for Rights of Conscience amongst Peers and Programs, by **Dr. Cara Buskmiller**, OBGYN, MFM Fellow

Upon completion of this module, the learner will be able to:

- Remark on several **career options** that conform with Hippocratic medicine in the fields of family medicine, internal medicine, pediatrics, and obstetrics
- Define their own approach to **discussing issues of life and conscience** at work with people at various levels of power, including patients
- Verbalize how they would ask a **program director at an interview** about the choice to practice Hippocratic medicine

- B. Class assignments:

- Read: [Conscience Rights: Does Your Medical Association Support Them](#)
- Review website: [Conscience in Residency](#)
- Watch: Alliance Defending Freedom video (uploaded to SFL HQ)

- C. Optional Readings / Videos:

- Alliance Defending Freedom: [A Legal Guide for Healthcare Professionals](#)
- Conscience in Residency: [Conscience Friendly OB/Gyn Residencies](#)

- D. Helpful Links:

- HHS: [Conscience Protections for Health Care Providers](#)

- E. Optional Reflection/Discussion Questions

- What conscience issues have you or others faced during medical school or residency? How did you respond to these?
- Reflect on what type of routine ethical challenges you (or your family) are willing to accept in daily practice. Does this change your choice of specialty or the patient population you will seek in practice?
- Imagine or role play yourself in an interview. What would be some of the hardest questions they might ask you about your pro-life position or other conscientious objections? What are some ways in which you might respond?
- If a medical student, how will you discuss your position with the program director and with the head of any potentially challenging rotation? How will you discuss with your future patients?

- If already in residency, how and when will you discuss your positions with your future employer and with your patients?

PART IV: ADVOCACY

Week 10: Advocacy & Policy Making in Medical Societies

A. Pre-recorded Lecture: Advocacy & Policy Making in Medical Societies by **Dr. Lisa Gilbert**, family medicine

Upon completion of this module, the learner will be able to:

- Define and describe **physician advocacy**
- Describe the **function, structure and leadership roles** within medical societies
- Describe the process of **policy-making** and how to effect positive change

B. Class Assignments:

- Watch: [How AMA Makes Policy](#)
- Read: [How AMA Policy is Developed](#)
- Review videos and resources: [AMSA House of Delegates](#)

C. Optional Learning Materials:

- Read: [AAP Advocacy Guide](#)
- Book: [Robert's Rules for Dummies](#) by A Jennings

D. Helpful Links

- [AFL Advocacy Guide, Part 2: Advocacy in Medical Societies](#) (link pending)
- [Robert's Rules](#)

E. Optional Reflection/Discussion Questions

- Reflect back on why you signed up for this course: What are your key motivators and passions for pro-life advocacy work? Do you tend to focus more on the beginning of life, or the end of life, or both? Are you motivated primarily by direct patient advocacy, or do you wish to amplify your efforts at a larger scale to influence colleagues, medical schools, medical societies or public policy?
- Take a personal assessment: What are some key leadership abilities that you possess or are interested in developing? How easily do you communicate with others who share different views on critically important areas? What further knowledge, skills or abilities do you need?
- Reflect on any personal or professional barriers: Examples might be fear of repercussions, lack of confidence, lack of mentorship, or lack of experience. What small steps might you be willing to take to overcome these?

PART IV: ADVOCACY

Week 11: Resolution Writing and Verbal Testimony

- A. Pre-recorded Lecture: Resolution Writing & Verbal Testimony **Dr. Tati Santos** and **Leah Beth VanBlarium**, MS4

Upon completion of this module, the learner will be able to:

- Review how to **engage** within medical societies.
- Describe **resolution writing** with case examples.
- Outline key elements in providing **effective verbal testimony**.

- B. Assigned Learning Materials:

- Read: [AAFP National Conference Resolution Writing Guidelines](#)
- Read: [AMSA Resolution Process](#) and [House of Delegates](#)
- Read: [New York State Academy of Family Physicians Resolution Template](#)
- Read: MSS Sample Resolution on [Mifepristone Reversal Research](#)

- C. Optional Learning Materials:

- Dr. David Stevens addresses the AAFP “[Engaged Neutrality](#)” stance
- Rebuttal statement to Group of Six “Abortion is Healthcare” Statement (on SFL HQ)

- D. Helpful Links:

1. American Academy of Pediatrics (AAP):
 - a. [Policy Finder](#) and [Committee on Bioethics](#)
 - b. [Advocacy Guide](#) and [Training Modules](#)
 - c. [Advocacy](#)
2. American Academy of Family Physicians (AAFP):
 - a. [Student and Resident Leadership Opportunities](#)
 - b. [Congress of Delegates](#)
 - c. [Policies](#)
 - d. [Advocacy](#)
3. American College of OB/GYNs (ACOG):
 - a. [Elections, Leadership Involvement, and Committees](#)
 - b. [Policy and Position Statements](#)
 - c. [Advocacy](#)
4. American College of Physicians (ACP)
 - a. [Chapters](#) and [Leadership Positions](#)
 - b. [Policy and Recommendations, Ethics Manual and Position Papers](#)
 - c. [Advocacy](#)
5. American Medical Association (AMA):
 - a. [Medical Student Section \(MSS\)](#) with [a Guide to Resolution Writing](#)
 - b. [Resident and Fellow Section](#)

- c. [Medical Student Membership](#)
 - d. [House of Delegates](#)
 - e. [Code of Medical Ethics and Policy](#)
 - f. [Advocacy](#)
6. American Medical Student Association (AMSA):
- a. [House of Delegates](#)
 - b. [AMSACon](#)
 - c. [Constitution, Preamble, Purpose and Principles](#)
 - d. [Advocacy](#)
7. American Psychiatric Association (APA)
- a. [Resident Leadership Positions](#)
 - b. [Ethics Statements and Policy Finder](#)
 - c. [Advocacy](#)
8. Others:
- a. [American Academy of Emergency Medicine](#)
 - b. [American Academy of Hospice and Palliative Medicine](#)
 - c. [American College of Emergency Physicians](#)
 - d. [American College of Surgeons](#)
 - e. [National Hospice and Palliative Care Organization](#)
 - f. [Society of Maternal Fetal Medicine](#)

E. Optional Reflection/Discussion Questions:

- What was the most surprising thing you learned about policy-making and resolution-writing in medical societies?
- Review a medical society that pertains to your interest or specialty. Explore various aspects of how policy is made. Are you able to find information on policies, advocacy, and ethical statements? (If it's not obvious, you may have to send an email.)
- Pick a pro-life advocacy topic that is meaningful to you. What opposition would you expect to encounter and how might you counter this in your resolution or testimony?

PART IV: ADVOCACY

Week 12: Advocacy in State and National Government

- A. Pre-recorded Lecture: Advocacy in State and National Government by **Nicole Hayes, MPA** and **Dr. Josephine Glaser**, family medicine

Upon completion of this module, the learner will be able to:

- Offer a basic introduction on what is **advocacy, public policy and their purpose**
- Discuss the **strategies** for approaching change at the **state and national** government levels.
- Review some **bills** as advocacy examples
- Provide guidance for **media outreach and engagement**

- B. Assigned Learning Materials:

- Course: [AAP Training Modules](#) (Free; Download and review 5 short PowerPoints)
- Review: Freedom2Care's [Advocacy Tips](#)
- Review: CMDA Media Do's and Don'ts, Developing Questions for a Press Kit; Media Interview Tips; 7 Tips for Neutralizing the Negative (Download at SFL HQ)
- Watch: AFL Sample Student Testimonies:
 - [Leah Beth VanBlaricum](#)
 - [Sarah Becker](#)

- C. Optional Learning Materials:

- Complete: STFM [Advocacy Course](#) (Free 1 hr; see instructions to obtain log-in)
- Review: Guttmacher's [Overview of Abortion Laws \(National and State\)](#)
- Review: Gallup's [Pro-Choice or Pro-Life 2018-2021 Demographic Tables and Historical Trends over Time](#)
- Review: Resources against Abortion: [Charlotte Lozier Institute](#)
- Review: Advocacy resources against PAS: [Patients Rights Action Fund](#), [Patients Rights Council](#)
- Review: Advocacy resources for PAS: [Compassion and Choices](#), [Death with Dignity](#)

- D. Helpful links:

- **AAPLOG's Advocacy Guide - Part 3: Advocacy in Public Policy**
- [American Academy of Medical Ethics](#)
- [Alliance Defending Freedom](#) and [A Legal Guide for Healthcare Professionals](#)
- [Freedom2Care](#)
- [Patient Rights Action Fund](#)
- [Patients Rights Council](#)

- [Euthanasia Prevention Coalition](#)
- [Not Dead Yet](#)
- [Charlotte Lozier Institute](#)
- [National Right to Life \(State and Federal\)](#)

E. Optional Reflection/Discussion Questions:

- If you have watched or participated in public policy advocacy, what was that experience like? What did you learn from this?
- If you have any barriers to engaging in public policy, what could be done to overcome these?
- What are your state's current laws on abortion and assisted suicide? Are there any active bills or any recent bills that might be resubmitted during the next legislative session?
- If there are any upcoming bills, think about key arguments to either support or oppose these. What are some of the counter-arguments and how might you respond? How might you craft an effective testimony using the tips from last week?

Post-Course Action Items

1. Complete the **post-course knowledge assessment questions** and **provide suggestions**. This helps us assess and improve our effectiveness at teaching.
2. Create an easily accessible pro-life resource focused on supporting patients in difficult situations, such as helpful information and resources for patients experiencing unintended pregnancies, life-limiting fetal diagnoses, substance use disorders, human trafficking, housing or food insecurity, family separation challenges, disabilities, or terminal illness.
3. Visit your local pro-life pregnancy center, women's shelter, adoption agency, foster care agency, first-mom (birth mom) agency, Big-Sib program, disability support group, hospice agency, senior community center, Meals-on-Wheels, WIC office, and/or other community resource centers. Consider donating and volunteering!
4. Sign up for advocacy alerts from key Hippocratic organizations and medical societies (see Week 12 PowerPoint and Helpful Links). Network with teams focused on advocacy and public policy.
5. Pursue strategic leadership opportunities within your medical schools, residency programs, medical societies, and healthcare committees.
6. Draft a simple resolution on a pro-life topic for your medical society or prepare a 2-3 minute testimony in support or opposition to an imagined or real resolution. **Submit this to AFL for us to build a repository for future students.**
7. Look up your state legislature and congressional website. Research your representatives and find their emails so you can easily contact them on key issues. You can review the website: <https://justfacts.votesmart.org/> to understand their positions and how they typically vote.
8. If possible, tour your state capitol and city hall. Attend a local city council, county commissioner meeting, state legislative hearing or congressional townhall meeting.
9. Prepare a sample testimony, Letter to the Editor, Op-Ed or interview on a key pro-life topic. Ask a friend or colleague to review this and provide constructive feedback. **Submit this to AFL for us to build a repository for future students.**
10. **Network on SLACK to help mentor future students of the course! We need your help to develop a robust culture of life within medical schools and societies, and public policy.**

A Pledge to My Patients: The Essential Hippocratic Oath

In the presence of the Almighty, I promise that I will fulfill this Oath to the best of my ability.

Those who have taught me the art of Medicine I will respect, and will seek to faithfully impart my knowledge to those who also accept this covenant and to whom I am a mentor.

I will always seek the physical and emotional well-being of my patients, according to my ability and judgement, being careful to cause no intentional harm.

I will not help a patient to commit suicide, nor will I suggest such a course. Similarly, I will not help a woman obtain an elective abortion. In purity and holiness I will maintain the utmost respect for human life, carefully guarding my role as a healer.

When indicated, I will seek the counsel of those with appropriate special skills for the treatment of my patient.

I will always act for the benefit of the sick, treating all with professional and moral integrity, with respect and dignity.

I will avoid all sexual involvement with my patients.

Those things that I learn from or about my patient in confidence, I will hold in strict confidence.

May I be found faithful to these promises and may I enjoy the practice of my art, being respected as one who is dedicated to the healing of the sick.

Original Hippocratic Oath

I swear by Apollo, Physician and Asclepius, Hygeia and Panacea and all the gods and goddesses, making them my witness, that I will fulfill according to my ability and judgement, this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live in partnership to him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brother in male lineage and to teach them this art – if they deserve to learn it – without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and taken an oath according to the medical law, but to no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgement; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. Similarly, I will not give a woman an abortive remedy. In purity and holiness I will guard my life and my art.

I will not use the knife, not even from sufferers from stone, but will withdraw in favour of such men as are engaged in this work.

Whatever house I visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

Whatever I may see or hear in the course of the treatment or even outside the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honoured with fame among all men for all time to come. If I transgress it and swear falsely, may the opposite of all this be my lot.

~Translated by J. Chadwick and W.N. Mann 1950