

The Card to Protect You from “Presumed Consent” Organ Harvesting

(See next 2 pages)

BY LIFESITENEWS.COM

By Patrick B. Craine

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October 19, 2010 (LifeSiteNews.com) – As the push for organ harvesting gets increasingly aggressive, and more and more cases of abuse by transplant teams surface, one pro-life leader has developed a [card](#) to ensure doctors respect one’s wish to live a natural lifespan.

“The card documents that they want to live as long as God gives them,” said Dr. Paul Byrne of the Life Guardian Foundation, who is a pioneer in the field of neonatology and a leading opponent of the notion of “brain death,” which is often used as the point where doctors can begin harvesting organs from dying patients. Dr. Byrne argues that brain death is not in fact real death, but rather a set of criteria that were developed in order to be able to harvest healthy organs, including vital organs, thereby causing the patient’s true death.

“The fact of the matter is all organs that are transplanted are healthy organs and they always come from a living person,” he explained. “After they take the organ, the living person is either dead, when it’s a beating heart, or weaker if it’s one of two kidneys.”

Dr. Byrne told LifeSiteNews that it is essential to protect oneself from the presumed consent laws that have already been passed in 40 states, and are being promoted in the other states as well as Canada. Under these laws, a patient is presumed to have consented to organ donation unless he specifically opts out.

“The only way to stop what they do is to have some documentation of refusal,” he said. “This medical card gives the way to document refusal so far as being an organ donor is concerned.”

But even more importantly, he explained that the card gives life support directions. “It documents that they don’t want anybody to shorten their life or hasten their death,” he said.

The card also says that the patient does not consent to an apnea test, which doctors use to declare “brain death.” Dr. Byrne explained that because this test involves removing a person’s ventilator for up to ten minutes - increasing carbon dioxide, and thus causing brain swelling – it actually causes the patient’s condition to worsen.

Further, the card allows the patient to designate someone else to speak for him, who can ensure the person is properly treated. That person can only do what the card says and cannot take away treatment. It also allows the patient to indicate that they want a priest, minister, or rabbi to be contacted in the event of an emergency.

“Carry it with you. Have more than one. Give it to your relatives,” said Dr. Byrne.

Cards can also be obtained from the Life Guardian Foundation.

PRINT THIS PAGE ON CARD STOCK
CUT OUT CARDS AND DISTRIBUTE TO EVERYONE YOU KNOW
Front side

MEDICAL CARD

Carry this card with you **AT ALL TIMES.**

I am a: _____
(Your Religion)

If I am unconscious, seriously ill, injured or unable to communicate and/or at admission to hospital immediately contact my clergyman:

NAME of Clergyman

TELEPHONE NUMBER of Clergyman

Fold Line Above

You and two (2) witnesses must sign and date these Life Support Directions.

I, _____
(Your Signature Required)

wish to live the life span given to me by God. I direct my treatments and care, including nutrition and hydration however administered, be given to protect and preserve my life. **Do not hasten my death. Do not do an apnea test. Do not take any organ for transplantation or any other purpose.**

(Witnesses Signatures on other side.)

Additional cards available on www.truthaboutorgandonation.com

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Back side**

<p><i>(Witnesses of Life Support Directions so stated on other side of this card)</i></p> <p>_____ <i>Signature of cardholder (or legal guardian if under 18)</i> <i>Date</i></p> <p>_____ <i>Signature of Witness</i> <i>Date</i></p> <p>_____ <i>Signature of Witness (unrelated to cardholder)</i> <i>Date</i></p> <p>I designate my primary proxy decision maker to enforce my directions for treatment and care during any period of time in which I am unable to communicate such decisions myself.</p> <p>_____ <i>Primary Proxy's name</i></p> <p>_____ <i>Proxy's Telephone number</i></p> <p>I also designate my secondary proxy decision maker if my primary proxy designate is unable to communicate decisions regarding my medical treatment and care.</p> <p>_____ <i>Secondary Proxy's name</i></p> <p>_____ <i>Secondary Proxy's Telephone number</i></p>	<p><i>(Witnesses of Life Support Directions so stated on other side of this card)</i></p> <p>_____ <i>Signature of cardholder (or legal guardian if under 18)</i> <i>Date</i></p> <p>_____ <i>Signature of Witness</i> <i>Date</i></p> <p>_____ <i>Signature of Witness (unrelated to cardholder)</i> <i>Date</i></p> <p>I designate my primary proxy decision maker to enforce my directions for treatment and care during any period of time in which I am unable to communicate such decisions myself.</p> <p>_____ <i>Primary Proxy's name</i></p> <p>_____ <i>Proxy's Telephone number</i></p> <p>I also designate my secondary proxy decision maker if my primary proxy designate is unable to communicate decisions regarding my medical treatment and care.</p> <p>_____ <i>Secondary Proxy's name</i></p> <p>_____ <i>Secondary Proxy's Telephone number</i></p>
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