

CALIFORNIA RIGHT TO LIFE EDUCATION FUND

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British girl saved by windpipe made from her own stem cells

By Jenny Hope

Doctors have carried out pioneering lifesaving surgery to give a new windpipe to a British teenager suffering from cancer. The 19-year-old was able to speak within a few days of the operation carried out in Italy using her own stem cells.

Another 31-year-old patient from Czechoslovakia also underwent surgery for the same rare form of trachea cancer.

Doctors regenerated tissue from the patients' nose and bone marrow stem cells to create windpipes in the laboratory which were biologically identical to the patients' original organs.

Because they contained no donor material, the patients will not have to take anti-rejection drugs.

Dr Walter Giovannini, from AOU Careggi Hospital, in Florence, Italy, said the British woman was speaking just three or four days following the operation last month. He said: "This is a unique solution for a problem that had none, except the death of the patient."

"Surgeons have been making advances in the transplant of windpipes, but previous cases have mostly focused on patients whose windpipes have been physically damaged due to trauma.

"While trachea cancer is rare, it is very difficult to treat because it is resistant to chemotherapy and radiation and transplants of mechanical devices to replace the windpipe have not been effective."

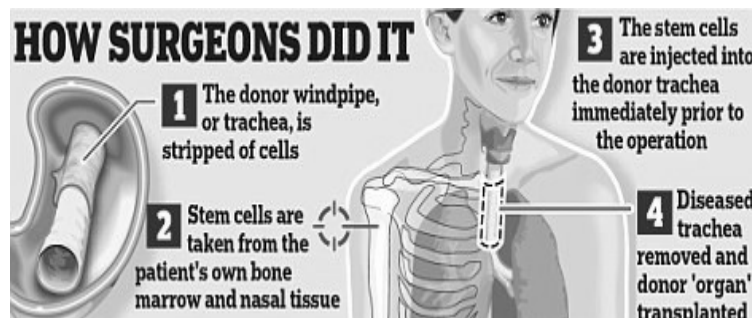
The surgical team was headed by Professor Paolo Macchiarini who participated in a windpipe transplant in Spain nearly two years ago.

In that case doctors gave a Colombian mother of two suffering from tuberculosis a new windpipe with tissue grown from her own stem cells.

A similar procedure was followed in Italy, where a donor windpipe was stripped of all cells leaving just a tube containing no organic material.

Just before being transplanted Prof Macchiarini injected the donor trachea with the patient's own stem cells.

In the Spanish case, the stem cells were grown on to the windpipe in advance before the transplant.



Dr Giovannini said using the new approach means it takes two to three months for the stem cells to completely cover the trachea, creating a new organ.

He said: "In the meantime, the windpipe is functional without the cells - acting as a sort of

mechanical device before the stem cells transform it into an organ."

Alessandro Nanni Costa, director of Italy's National Transplant Centre, said the new technique was extraordinary.

He said: "What is new about this procedure is combining a surgical technique with biotechnology, through the use of stem cells."

The hospital is keeping secret the identities of the patients, who have both been discharged, although it said the Czech woman is the mother of a six-month-old child.

Professor Anthony Hollander, head of the school of cellular and molecular medicine at Bristol University, was one of the British team which helped create a windpipe for the Colombian woman.

The technique involved multiplying the patient's stem cells in the laboratory, and persuading them to develop

into cartilage cells on a 'scaffold' of a stripped donor windpipe before it was transplanted.

Prof Hollander believes this technique offers greater control over the transplant organ.

He said: "It's a more mature product. Although the latest approach is cheaper and not bound by regulatory challenges, there is some uncertainty over how the transplanted stem cells will behave which can only be used in lower numbers."

However, Josephine Quintavalle, of Comment on Reproductive Ethics, said adult stem cell research is now leading to tangible results, with around 65 diseases being looked at, and would end up providing better solutions than embryonic stem cell research. She said: "Using the patient's own stem cells to provide a potential cure for their disease must be the way forward."

"It does not produce a lot of money for the commercial firms hoping to capitalize on the use of embryonic stem cells but is far more likely to be a lasting advance."

<http://www.mailonsunday.co.uk/health/article-1299877/British-cancer-girl-saved-windpipe-stem-cells.html>

My Life. My Death. My Choice.

by Wesley J. Smith

The advocacy billboards appeared without warning in San Francisco and New Jersey: "[My Life. My Death. My Choice.](#)" Paid for by the Final Exit Network (FEN), the promotional signs received widespread media coverage as a new wrinkle in the ongoing national campaign to legalize assisted suicide.

But there is much more to this story than controversial messaging on billboard. FEN doesn't just advocate assisted suicide: Its "counselors" make deadly house calls. Indeed, FEN members have been indicted in Georgia—including Ted Goodwin, its former head—and in Arizona for alleged assisted suicide activities. So far, [two FEN members have pleaded guilty](#) (in the Arizona case involving the suicide of a mentally ill woman).

FEN-style moral outlawry is nothing new, of course. In the 1990s, Jack Kevorkian plowed this particular field until convicted of second degree murder. (Proving that crime pays: Kevorkian has retired from his deadly avocation and receives \$50,000 per speech, as he basks in the warm light of a [sympathetic biopic starring AL](#)

[Pacino](#). Kevorkian's Australian counterpart, physician Philip Nitschke, still travels the world teaching people how-to-commit suicide as he attempts to tout a suicide concoction called "the peaceful pill," which he opined in a [National Review Online](#) interview, should be made available to anyone who wants to die, including "troubled teens."

As outrageous as the FEN, Kevorkian, and Nitschke are, they do not pose the primary threat. In the last ten years, a new class of advocates has emerged pursuing a "professional" approach to assisted suicide promotion. Epitomized by the euphemistically named Compassion and Choices and funded in the millions annually by the likes of George Soros, well off and well tailored elites promote a so-called "medical model" for legalized "aid in dying" in meetings with medical and legal associations, in articles published in professional journals, and ubiquitously to the media. To assuage fears of abuse, unlike the moral outlaws, assisted suicide professionals assure a wary public that doctor facilitated suicide will be restricted to the terminally ill for whom nothing else can be done to alleviate suffering—a false premise designed to play into people's worst fears about the dying process.

Yet, despite the clear differences in political tactics, both the moral outlaws and professional advocates pose a similar danger to the weak and vulnerable. Indeed, once society accepts the fundamental ideological premise that killing is a legitimate method of eliminating human suffering, the death remedy continually expands to ever growing categories of despairing people. After all, if the time, manner, and place of "my death" is merely a matter of "my choice," simple logic dictates that "the right to die" will expand beyond the terminally ill—and as we shall see, even beyond "choice."

A brief review of the jurisdictions where euthanasia and assisted suicide are allowed illustrate the truth of the above assertion. Consider:

The Netherlands: The Netherlands has allowed euthanasia and assisted suicide by doctors since 1973, formally legalizing mercy killing by doctors in 2002. In that time, despite the supposed guidelines to protect against abuse, Dutch doctors have euthanized the terminally ill who ask for it, the chronically ill who ask for it, people with disabilities who ask for it, and the deeply depressed who ask for it—the latter explicitly approved by the Dutch Supreme Court in a case

involving the assisted suicide by a psychiatrist of a mother who wanted to die out of grief for her two dead children. Illustrating how profoundly accepting euthanasia consciousness alters human society, this year more than [100,000 Dutch citizens signed petitions](#) requiring the Parliament to debate whether to permit the healthy elderly (age 70 or older) to receive euthanasia if they are "tired of life."

But it gets worse: According to several Dutch government and other studies, death doctors also commit some 800-900 non-voluntary euthanasia killings—called "termination without request or consent" in [Dutch euthanasia parlance](#)—as well as the infanticide of babies born with disabling or terminal conditions.

Even though non-voluntary euthanasia and infanticide remain murder under Dutch law, it is rarely prosecuted, and even when it is, doctors face no meaningful punishment.

Belgium: Belgium legalized euthanasia in 2002, and fell off the same moral cliff as the Netherlands—only more quickly. Despite the legal requirement that all euthanasia deaths be asked for by the patient, Belgian doctors—and nurses—also commit non-voluntary euthanasia. For example, [a survey of Belgian nurses published by the Canadian Medical Association Journal](#), found that of 248 euthanasia deaths, 120—nearly 50%—were administered without request, and moreover, that many deaths were facilitated by nurses. Perhaps even more frighteningly, voluntary euthanasia has been [coupled with organ procurement](#)—potentially giving the despairing a reason to end their own lives as a way of serving others, while offering society a utilitarian stake in their deaths.

Switzerland: A very liberal Swiss assisted suicide law has led to a growing international industry in "suicide tourism" that has taken the lives of hundreds of sick and despairing people—including many people who were not terminally ill. Meanwhile, Ludwig Minelli—owner of the suicide clinic Dignitas, was [reported by UK media](#) to have become a millionaire from his suicide business, which caters to foreigners. Not coincidentally, the [Swiss Supreme Court created a constitutional right to assisted suicide for the mentally ill](#).

Oregon: When faced with these facts—and many other horror stories too numerous to recount here—

assisted suicide advocates point to Oregon to show that medicalized killing can be practiced in a restricted manner. But Oregon has also had its share of abuses. In 2008, for example, Randy Stroup and Barbara Wagner—both on Oregon's rationed Medicaid program—were prescribed chemotherapy to extend their lives when their terminal cancer recurred. When they asked for Medicaid to pay their medical bills, it refused but [sent a letter offering to pay for their assisted suicides](#). Meanwhile, an [article published in the Michigan Law Review](#) by Dr. Kathleen Foley—one of America's most respected palliative care physicians—and psychiatrist Herbert Hendin—one of the United States' most notable experts on suicide prevention—revealed that Oregon's protective guidelines "are being circumvented" routinely by doctors because the state's bureaucrats too often act "as defenders of the law rather than protectors of the welfare of terminally ill patients."

All of this—and much, much more that could be written—demonstrates vividly that the assisted suicide movement is a clear and present danger to the lives of the weak, vulnerable, and despairing. Indeed, lurking beneath the loud assertions of "My life, my death, my choice," lurks an ideology that would lead us toward for-profit suicide clinics—[already proposed in Oregon](#)—and a virtual death on demand social ethic. That is the ugly truth that simplistic billboard sloganeering just can't hide.

Author Wesley J. Smith, is a senior fellow in human rights and bioethics at the [Discovery Institute](#), a special consultant to the [Center for Bioethics and Culture](#), and an attorney for the [International Task Force on Euthanasia and Assisted Suicide](#). He has authored or co-authored 12 books. His [Forced Exit: The Slippery Slope from Assisted Suicide to Legalized Murder](#) (1997), a broad-based criticism of the assisted suicide/euthanasia movement, is currently in its third updated version.. Smith's book [Culture of Death: The Assault on Medical Ethics in America](#), is a warning about the dangers of the modern bioethics movement, was named One of the Ten Outstanding Books of the Year and Best Health Book of the Year for 2001 (Independent Publisher Book Awards). His current book is [A Rat is a Pig is a Dog is a Boy: The Human Cost of the Animal Rights](#).

Calendar of Events

September 22-October 31 - Fall 40-Days-for-Life

Please visit <http://www.40daysforlife.com/>

**Saturday, October 9, 2010 San Francisco
Archdiocesan Respect Life Conference**

St. Mary's Cathedral, San Francisco. In conjunction with the National Catholic Bioethics Center (NCBC) of Philadelphia: *Rediscovering the Family in a Technological Age: Bioethical Challenges*. The family unit---the root of society---is faced with physical, spiritual and psychosocial dilemmas in our modern world. This Conference will compare and contrast Natural Law with today's concept of marriage, conscience, birth control and artificial reproduction. For further information or to register see:

<http://www.ncbcenter.org/netcommunity/sf2010>

Saturday - January 22, 2011 – 7th Annual Walk for Life. Mark your calendars now (if you haven't already) for the largest gathering of Pro-Lifers on the West Coast. For further information visit:

<http://www.walkforlifewc.com/>

WHO IS CALIFORNIA RIGHT TO LIFE?

This is the newsletter of **California Right to Life Education Fund**, a 501-c-3 organization established to educate the public about pro-life issues. Donations to the EDUCATION FUND are **tax-deductible** and can be sent to P.O. Box 4343, Walnut Creek, CA 94596-0343.

California Right to Life **Committee, Inc.** is a 501-c-4 organization providing information on legislative issues affecting the right to life, and pro-life political advocacy. **CRLC, Inc. is not permitted**, under IRS regulations, to offer a tax deduction for donations. \$24.99 annually is requested for a subscription to the CRLC legislative email updates list and can be sent to 1920 Monument Blvd #309, Concord, CA 94520.

Both are affiliates of American Life League, headed by Judie Brown, and share the same "no-exceptions, no excuses" beliefs and the same dedication to promoting the Culture of Life, respecting all innocent human life from the single-cell stage to natural death.