



Next Meeting Thursday 11/10/11

VA Greater L A Healthcare 11301 Wilshire Blvd 90073 Bldg 500 Rm:

6400 **Parking:** free, lots around bldg 500

5:30 pm free dinner, 6:00-8:30 meeting

1. Announcements, POLST update
2. Cases from the field- TBD
3. A Bioethics Approach to Pharmacy Benefits Management – Peter Glassman, MD, Professor of Clinical Medicine, David Geffen School of Medicine at UCLA, Staff Physician at VA Greater Los Angeles Healthcare System and Co-Director, VA Center for Medication Safety, Hines, IL.

To call in through VANTS line, email Paul directly

RSVP: none necessary

Directions <http://www.losangeles.va.gov/visitors/directions.asp>

Conferences/CME

Friday, Nov 11, noon-2, Keck Auditorium California Hospital Medical Center

"Autonomy, Capacity and Other Hot Topics in Bioethics Consults" by

CHW Atty David Vukadonovich and Psychiatrist Thomas Garrick WLA VA

Dec 1 & 2, 8 & 9, [Asbh] Bioethics Mediation course in NYC. Montefiore Medical Center and Albert Einstein College of Medicine bioethics consultation service began more than 35 years ago, and is among the largest. Instructors: Nancy Dubler, LLB; Carol Liebman, JD; Tia Powell, MD recently released 2nd edition of "Bioethics Mediation." 4 day course in bioethics mediation, covering managing and resolving conflict between and among patients, providers and families. Course may be taken independently or for credit in Masters of Science in Bioethics.

visit website and click on stand-alone courses: <http://www.einstein.yu.edu/masters-in-bioethics>

January 23, 2012 U of Texas MD Anderson Cancer Center training program toward Certificate in Clinical Ethics, with course in Clinical Ethics Foundations comprised of internet-based, e-learning events, live lecture, mentored practicum and trainee project in clinical ethics, emphasis on consultation, issues in research, clinical trials, health policy, informed consent, end of life and genetics. Electives in pain management, psycho-oncology, disabilities and pediatric patients are included. Program description and application www.mdanderson.org/ethics-

[certificate](#). Contact Cheryl Conner, Program Coordinator at crconner@mdanderson.org.

Local Issues

How secure is the EHR? (AP)

Information from over 16,000 UCLA Medical Center patients is potentially compromised by the burglary of a physician's home whose password was near the stolen computer. This raises the issue of how much intimate detail should be placed in a record that has the potential to be compromised on a viral level. NY Times, 11/5/11

National/International Views Of the 14 ½ months, or 9,840 hours, Shana Shroud was held as a political hostage in Tehran, 9,495 were in solitary confinement. After her ordeal, she was surprised that the UN [Convention Against Torture](#), which the US ratified, does not mention solitary confinement. An estimated 20,000 to 25,000 in the US are held in solitary. According to UN special rapporteur on torture, Juan Méndez, the practice appears to be "growing and diversifying in its use and severity." Recently prisoners at Pelican Bay went on a hunger strike to end the practice of isolating some prisoners for more than 22 hours a day. Thousands participated. Only when officials agreed to review the use of solitary confinement did the prisoners [accept food](#). While there is no universally accepted definition of solitary confinement, Mr. Méndez defined it as "more than 22 to 24 hours isolated from anyone else except for guards." They are calling for clearer standards regarding "what is disciplinary and what moves into the category of 'severe pain and suffering, either physical or mental,' prohibited under international law." He has called for a ban on prolonged solitary confinement. Shana agrees with the assertion that any case of solitary lasting more than 15 days should be carefully investigated.

<http://www.metro.us/newyork/local/article/998477--isolation-in-prison-akin-to-torture-group>

Stateside

Harold Pollach <http://www.tnr.com/articles/Health-Care> comments on the analysis of California twins studies suggesting autism has more environmental related factors contributing to its progress, as monozygotic twin concordance for autism is lower than was actually thought, while that in dizygotic twins is higher. If researchers could determine the genetic and environmental mechanisms that lead to



autism, the knowledge might not yield useful insights for prevention or for treatment for 10 -15 years. 25 years ago, a famous report argued that expanded Medicaid entitlements to prenatal care would reduce the incidence of low birth weight and premature births. Medicaid was expanded, reducing infant mortality and accomplishing other important goals. But the impacts on low birth weight and premature delivery were small. Pollach recommends the first priority should be clinical trials of available treatments for autism, and allocation of public resources towards evidence-based practices found to be effective. Determining how much of the state's limited educational resources should be directed toward that population versus efforts in educational process for the general population, in the light of uncertain etiology and treatment, remains debatable

Books

****Immortal Life of Henrietta Lacks*
by Rebecca Skloot.

Addresses many ethical issues regarding one's rights over one's tissue cells and how the views and policies have changed since the 1950s.

*** [Ethics and Law in Modern Medicine](#),
by David Vukadinovich of Foley & Lardner's Health Law Department and Provider Operations Practice Group and Susan Krinsky, Assoc Dean of Tulane U School of Law Health Law and Bioethics textbook covers human subjects research, consent and confidentiality, HIV/AIDS, assisted reproductive technology, organ transplants, minors and health law, and several other bioethical and medicolegal issues, published by Kluwer Academic Press. Click [here](#).

Ethical Minds want to know....

"What is the ethical obligation of physicians, if some of their retirement funds are invested in mutual funds, portions of which may go towards a pharmaceutical company? There is no easy way to have knowledge of this, as such funds involve a multitude of products. (Those) in financial industry do not have any restrictions in terms of conflict of interests when obtaining mutual funds that would have otherwise conflicted with their codes. Should a physician declare such investments?" Query posed by a local Neurologist

Glossary

MCS minimal conscious state:condition, possibly enroute to PVS (Persistent Vegetative State), in which

recovery may still be possible. No clear time frame has been established, nor current clearly reproducible diagnostic imaging modalities defining the state.

Joseph J. Fins, "Brain Injury: The Vegetative and Minimally Conscious States." In: From Birth to Death and Bench to Clinic: The Hastings Center Briefing Book for Journalists, Policymakers, and Campaigns. Mary Crowley (ed). Garrison, NY: The Hastings Center, 2008: 15-20.

ROOTS: Lessons from the Past

Dax's Case: This is a disturbing case from 1973, when two psychiatrists establish the competency of a severely burned patient who requested to be allowed to forego lifesaving treatment because of pain and other issues, but was treated none the less. Years later, after marriage and a law degree, he maintained that his wishes to forgo treatment should have been respected. This case predates the widespread establishment of Bioethics Committees and their efforts to safeguard autonomy when a patient clearly has capacity for informed decision making. [Dax's Case, Unicorn Media, Inc. 1985, Andersen, Cavalier, Covey, "A Right to Die? The Dax Cowart Case, 1996](#)

HELPFUL GUIDELINES

**Minors Rights to Consent to Treatment, Navigating the Complexity of State Law,*

D.M. Vukadinovich, CHW lead counsel.
Journal of Health law 11/04, Vol 37, no. 4

**Identifying a Proxy for Health Care as part of Routine Medial Inquiry,*

Lipkin.MK, Journal of General Internal Medicine, 2006 Asking patients to identify a surrogate for medical decision making opens the door for ongoing individualized medical care planning in the context of ordinary patient-physician interaction, applicable to all competent adults. Documenting proxy choice protects a patient's wishes and preferences until more definitive planning is accomplished. When 298 patients (response rate, 96%) completed a survey specify a proxy for health care, **one third of married participants did not choose their spouse as proxy**

******Weigh in with the Editor******

Editor: Kendra Gorlitsky, MD gorlitsk@usc.edu

Contributor: Alison Kil, USC School of Medicine

SCBCC Steering Committee

Paul Schneider, MD Paul.Schneider@med.va.gov Jim

Hornstein, MD jimfamdoc@sbcglobal.net

Neil Wenger, MD NWenger@mednet.ucla.edu

K. Gorlitsky, MD gorlitsk@usc.edu

Margie E. Spies, RN margie.e.spies@kp.org

Kenneth Landis, MD kwlscrrdoc@aol.com

Theresa Drought Theresa.s.drought@kp.org

Webmaster: Stuart FINDER Stuart.Finder@cshs.org