



**Next Meeting Wednesday 3/22/2012**

Greater Los Angeles Veterans Affairs Medical Center  
Wadsworth Bldg (500)11301 Wilshire Blvd. LA 90073  
Operator: 310-478-37116400 (6<sup>th</sup> floor)  
SW corner of San Diego Freeway (405) & Wilshire Blvd. Exit Wilshire Blvd West from San Diego Freeway, immediate right onto the campus West of freeway.

5:30pm free dinner 6-8 meeting (no RSVP needed)

1. Brief POLST Update - Paul
2. Brief Update on Office of the Public Guardian – Theresa, Virginia
3. Roles and Responsibilities in Ethics Consultation  
free parking at the visitor lots around VA campus.

**Conferences/CME**

**\*March 28, 7:15 – 9:00 P.M. LMU  
AHMANSON AUDITORIUM (UNIVERSITY HALL 1000)  
REGENERATION LOVE, DRUGS AND THE  
ETHICS OF HISPANO INHERITANCE,  
Angela Garcia, Asst Prof Stanford,  
Annual Bioethics Institute Lecture**

For more than two decades, Hispanos living in the Española Valley, in northern New Mexico, have experienced the devastating consequences of heroin addiction. ... a force that sustains life, connection to history, and relations with kin ... described as "la nueva querencia," the new inheritance. Garcia examines how the notion of addiction as inherited entwines a history of loss with changing configurations of biology, relationality and moral community... can offer an alternative perspective to discourses of individualism and morality, particularly as they concern therapeutic models of addiction.

1 LMU Drive, LA Free Admission & Parking in University Hall P2 or P3

Contact: The Bioethics Institute at 310.338.2621

**\*Montefiore-Einstein Center for Bioethics 4 Day Intensive Course in Bioethics Consultation Skills** for health and legal professionals who do ethics consultation, serve on ethics committees and/or want to learn principles of ethics consultation

- Cover select topics from the ASBH's Core Competencies for Health Care Ethics Consultation
- Develop communication skills
- Master the process of bioethics consultation
- Gain experience approaching ethical dilemmas

**.Credit/Tuition:** taken independently or for 2 academic credits toward MBE degree, \$2,250.

**Dates:** May 14, 15, June 11 and 12

**Instructors:** Hannah I. Lipman, MD MS; Tia Powell, MD; Elizabeth Kitsis, MD MBE; Patrick H Herron, MBE; CCahill, RN, MS <http://www.einstein.yu.edu/masters-in-bioethics>

Email: [bioethics@montefiore.org](mailto:bioethics@montefiore.org)

**6/2 SAT WORKSHOP FOR HOSPITAL ETHICS COMMITTEES, SAN FRANCISCO**

*"Practice Makes Perfect - Best practices for ethics consultations"* <http://www.cpmc.org/services/ethics/>

Program in Medicine & Human Values at California Pacific

***HOTTTT Topics!***

***Marketing Pharmaceuticals: A Constitutional Right to Sell Prescriber-Identified Data?***

Lawrence Gostin, J.D.

Does the First Amendment protect private companies and pharmacies who sell physician records and specific drug prescription information to drug intermediaries or "data miners" who analyze physician identified information and prescription patterns, releasing this information to pharmaceutical companies? Or is this an invasion of the physician's privacy/patient?

The author notes that pharmaceutical sales reps may provide physicians with drug information as well as generous samples posing a risk of reduced physician reliance on peer-reviewed medical literature, leading to health and safety risks and could affect the professional practice of medicine.

Gostin argues that the government has a "solemn responsibility to ensure fair and balanced health information rather than leaving consumer safety to an unregulated private market."

Direct to consumer advertising is banned in many countries in Europe, while US pharmaceutical companies spend billions on marketing, including TV commercials. *JAMA, February 22/29, 2012-Vol 307, No. 8, 787-788*

***\$WHERE'S THE MONEY? \$***

According to Dr. Pauline Chen of the New York Times, doctors are being forced to think more about healthcare costs when it comes to making decisions regarding their patients. Costs are to be reckoned with at the medical school level, and one program, "The Teaching Value Project," includes a 'rough pricing hierarchy' to allow physicians to feasibly consider costs in their practice in a time-effective and logical manner. Including financial considerations in an ethical and effective manner when providing medical treatment, has become a modern health care necessity.

<http://well.blogs.nytimes.com/2012/03/15/getting-doctors-to-think-about-costs/?ref=health>

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

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**WHO'S The BOSS?**

New guidelines from American College of Obstetrics and Gynecology advises fewer pap smears to reduce the frequent false positives, as the same result of



fewer cervical cancer-related deaths is achieved. Women over 21 are advised to receive screenings, while those under 21 are advised against them, as are women over 65 who have had adequate prior negative screens. Pap smears are recommended every three years, reasoning that healthy women under the age of 30 are likely to clear the HPV infection and its transience allows the tissue to be unaffected. Many women are reluctant to forego the annual screening they have become accustomed to and fear subsequently undetected cervical cancer. Whether a screening should be decided by the doctor and patient or by the suggestions provided by a medical board brings up some concerns regarding weighted input in screening decisions <http://well.blogs.nytimes.com/2012/03/14/new-guidelines-advise-less-frequent-pap-smears/?ref=health> While Board recommendations can support cost controls, eliminating unnecessary tests, they also bring to mind the discomfort many patients and doctors have with recently changed recommendations regarding screening (or not) mammograms in women ages 40-50.

**Books:** *The Blindfold's Eyes*, Dianna Ortiz.

While praying in a convent garden in 1989 in Antigua, an Ursuline nun from New Mexico (who was in Guatemala teaching rural children to read) was kidnapped at gunpoint by two Guatemalan soldiers. Blindfolded and taken to a secret prison, she was tortured, gang-raped multiple times, and endured over 100 cigarette burns. In 1996, Ortiz won a landmark case against the Guatemalan government through the Inter-American Court of Human Rights. In 1998, Sister Ortiz founded the Torture Abolition and Survivors Support Coalition International (TASSC), a human rights organization in Washington, D.C. that supports survivors of torture and advocates for an end to torture. Ortiz believes, "Torture is wrong. Absolutely wrong. And we want people to realize that ending the practice of torture is not just our responsibility, it's the responsibility of everyone." Program for Torture Victims, LA will honor her as [Human Rights Hero Award at the Human Dignity Awards Dinner on May 31, 2012.](#)

#### SCBCC Steering Committee

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#### End of Life ISSUES

\*An article in the Wall Street Journal challenges brain death and the harvesting of organs.

<http://online.wsj.com/article/SB10001424052970204603004>

[577269910906351598.html?mod=WSJ\\_hp\\_MIDDLENexttoWhatsNewsThird](http://577269910906351598.html?mod=WSJ_hp_MIDDLENexttoWhatsNewsThird)

Should SCBCC respond?

\*End of Life Care Attitudes in California Survey reported at last month's POLST meeting in San Diego <http://www.chcf.org/publications/2012/02/final-chapter-death-dying>

#### THE BZZZ (conversations on the WEB)

The following were policies were shared regarding how various institutions address unbefriended patient decision making:

\*The Santa Clara Medical Association Policy:

<http://www.scma-mcims.org/images/userfiles/File/Patients%20without%20Surrogates%20Policy.pdf>

\*"Life Support for Patients without a Surrogate Decision Maker: Who Decides,"

*Annals of Internal Medicine*, 147(1), 2007, pp. 134-140

Discusses five unnamed hospital policies

\*Stanford Hospital and Clinics policy

<http://forensicpsychiatry.stanford.edu/Files/Health%20Care%20Decisions%20For%20Patients%20Who%20Lack%20Capacity.pdf>

\*University of Florida Health Science Center policy [see the "The Unfriended Incapacitated Patient" beginning at bottom p.1

[http://www.hscj.ufl.edu/resman/manualpdfs/CP2.12\\_AppB.pdf](http://www.hscj.ufl.edu/resman/manualpdfs/CP2.12_AppB.pdf)

\*Unidentified hospital policy on Health Care

Professionals Network with section marked

"Adult Patients Who Lack Decision-making Capacity and Have No Identifiable Surrogate"

<http://www.wlm-web.com/hcnet/RIFiles/riframe.htm>

\*A portion of a law in the State of New York, New York Public Health - Article 29-CC - § 2994-G Health Care Decisions for Adult Patients Without Surrogates

[http://law.onecle.com/new-york/public-health/PBH02994-G\\_2994-G.html](http://law.onecle.com/new-york/public-health/PBH02994-G_2994-G.html)

\*2006 revision of the "Guidelines for Physicians: Forgoing Life-Sustaining Treatment for Adult Patients" by the Joint Committee on Biomedical Ethics of the Los Angeles County Medical Association and Los Angeles County Bar Association, section marked paragraph 4(d) on page 4, "No Surrogate Decision-Maker of Any Kind Available"

<http://www.lacba.org/Files/Main%20Folder/News/HomepageArticles/Files/LACMA-LACBA%20Joint%20Comm%20Adult%20Guidelines%20%283-22-06%20Final%291.pdf>

\*Note: Guidelines developed by the SCBCC will be available are on the web site and were adopted or adapted by more than a dozen hospitals at the time they were developed.