

**Next Meeting Wednesday 5/16/12**

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 San Diego Freeway (405) & Wilshire Blvd.  
Exit Wilshire Blvd West from San Diego Freeway, immediate  
right on to campus West of freeway.  
5:30pm free dinner 6:00 meeting (no RSVP  
needed)

**Agenda**

1. POLST Grant Update
2. The Ethics of Treatment of Morbid Obesity and Pickwickian Syndrome in Institutionalized Patient:  
Are 15 episodes of respiratory failure and mechanical ventilation enough?  
Presenter: A. Dashti, MD – palliative care fellow  
Discussants: M. Romanova, MD – MOVE (VA Obesity Management Program), Aaron Flores, RD – MOVE Coordinator, Jillian Redgate, RD - Clinical Dietitian
3. Cases from the field– 8:30 adjourns  
(free parking visitor lots @ VA)

\*\*\*\*\**In the News*\*\*\*\*\*

**State**

California forcibly sterilized more people in its eugenics program, active until 1950, than any other state. Victim seeks compensation.

[http://www.cnn.com/2012/03/15/health/california-forced-sterilizations/index.html?hpt=hp\\_c2](http://www.cnn.com/2012/03/15/health/california-forced-sterilizations/index.html?hpt=hp_c2)

Ca Senate Judiciary Committee [adopted enhanced public protections](#) against discrimination based on genetic information, passed SB 1267 California Genetic Information Privacy Act), considers criminalizing unauthorized collection, use of genetic info <http://www.bioethics.net/news/california-considers-criminalizing-unauthorized-collection-use-of-genetic-information/>

California's stem cell agency will provide last of referendum generated funds in 2021. Three billion in bond money from 2004 yielded research primarily, rather than treatment, to date <http://www.bioethics.net/news/californias-stem-cell-agency-ponders-its-future/>

NY Medical Schools stem cells research may impact leukemia, DM I, End stage Liver D. Parkinson's <http://online.wsj.com/article/AP798ab92b4263471abddc1cb502928862.html>

**National**

Nearly ½ of prescription drugs commonly given to kids have no info on pediatric doses on labels. Pediatric Research Equity Act passed several years ago allows FDA to require companies to additional test their products on children if drug likely to be used widely in peds. The Best Pharmaceuticals for Children Act gives incentives to test products on children, giving companies additional six months of marketing exclusivity <http://abcnews.go.com/blogs/health/2012/05/08/how-do-docs-prescribe-kids-meds-guess/>

**Global**

British Lab growing human spare parts <http://www.dailymail.co.uk/home/moslive/article-2138956/Organ-donation-Making-thing-past--British-lab-growing-human-spare-parts.html?ITO=1490>

Vatican writer draws comparisons between Nazi eugenics, euthanasia and abortion <http://www.washingtonpodcasts>

[papst.com/national/on-faith/vatican-newspaper-says-nazi-eugenics-still-alive/2012/05/04/gIQATkQz1T\\_story.html](http://papst.com/national/on-faith/vatican-newspaper-says-nazi-eugenics-still-alive/2012/05/04/gIQATkQz1T_story.html)

**Conferences/CME**

\*5/31 Thursday: Program For Torture Victims Human Rights Hero Award at the Human **Dignity Awards Dinner**, Westin Bonaventure, 5:30

\*6/2 Sat. Workshop for Hospital Ethics Committees, San Francisco "**Practice Makes Perfect - Best practices for Ethics Consultations**" CME , review of POLST, etc [http://www.cpmc.org/services/ethics/Program in Medicine & Human Values at California Pacific](http://www.cpmc.org/services/ethics/Program%20in%20Medicine%20&%20Human%20Values%20at%20California%20Pacific)

\*6/4 San Diego "Dementia Care Without Drugs – A Better Approach for Long-term Care Facilities" Co-sponsor CANHR. will address the increasing misuse of psychotropic drugs as treatment for dementia, focus on non-pharmacological alternatives. \$30 Co-sponsored by San Diego County Long-term Care Ombudsman and Elder Law **6/5 -LA-**. Co-sponsored by Wise and Healthy Aging, Senior Care Training, and Bet Tzedek. <http://bit.ly/I9rdYm>

\*6/12 Tues. UCLA Health System Ethics Center Noon Lecture Series "**Ethics and Money in Medicine: A Lighthouse vs a Siren Song**"

Miran Epstein, MD, PhD Queen Mary U of London, Louis Jolyon West Aud C8-183, Semel Institute (NPI)

\*6/13 Wed, CSMC Center for Healthcare Ethics' Ethics Noon Conference, "Ethical Roots of the Jewish Hospital: Past and Future" Alan M. Kraut, Ph.D., Professor of History, American University

**HOTTTT Topics!**

**Sponsorship of physical activity programs by the sweetened beverages industry: public health or public relations?**

While some US states have attempted to modify the access of soft drinks to school children, (notably regions of Cal) this seems to be a global issue. As the average BMI increases in youths, it's hard to say no to companies who offer to sponsor sports teams and provide playing fields...but at what price to our children's health?

**Abstract:** "The growing evidence on the association between consumption of sugar-sweetened beverages, obesity and other chronic diseases has highlighted the need to implement policy actions that go beyond programs exclusively focused on individual responsibility. In order to protect their commercial goals in Latin America, the sugar-sweetened beverage industry practices intense lobbying at high government levels in several countries across the region. This strategy is accompanied by corporate social responsibility programs that fund initiatives promoting physical activity. These efforts, although appearing altruistic, are intended to improve the industry's public image and increase political influence in order to block regulations counter to their interests. If this industry wants to contribute to human wellbeing, as it has publicly stated, it should avoid blocking legislative actions intended to



regulate the marketing, advertising and sale of their products."

"Revista de saúde pública 2011 Apr; 45(2): 423-7 1.3.11; 1.3.2; 9.1 ; le Gómez, Luis; Jacoby, Enrique; Ibarra, Lorena; Lucumí, Diego; Hernandez, Alexandra; Parra, Diana; Florindo, Alex; Hallal, Pedro [Georgetown Journal Finder](#) for full text

**End-of-life Care Accusations of euthanasia are common as patients, families and even other health professionals struggle to adjust to the new realities of end-of-life care. KEVIN B. O'REILLY, amednews staff. 4/16.**

Though hospice emerged as standard of care for end of life treatments of terminally ill patients over 30 years ago, a nationwide survey of 663 palliative care doctors in March *Journal of Palliative Medicine* reports more than one-half of hospice and palliative medicine physicians say such terms as murder, euthanasia and killing have been used to describe the care they recommended or implemented in the last 5 years by the following

**Patient:** 25%

**Patient's friend or relative:** 59%

**Physician's friend or relative:** 25%

**Another physician:** 56%

**Another health professional:** 57%

## Glossary

**Fiduciary:** person responsible for the financial affairs of a person who lacks decision making capacity often as a result of dementia. Professional and licensed fiduciaries may be hired by families when no one is willing or able to accept responsibility for a loved one's financial affairs. They are now licensed with requirements for CME <http://www.pfac-pro.org/ohana/website/index.cfm?p=118001>

For pre-licensing education requirements and sources of mandatory Professional Fiduciary Board, (part of Calif Dept of Consumer Affairs) see <http://www.fiduciary.ca.gov/forms/prelicreq.shtml>

## What's the Word?

### Pulling the Plug:

Popular term to describe discontinuation of aggressive life support measures and/or withdrawal of feeding and ventilation.

### Natural Course:

Uninterrupted progression of a [disease](#) in an individual from the moment of exposure to [causal agents](#) until recovery or death.

### Compassionate Release:

1) euphemism for taking a patient off the respirator when further heroic when further heroic support is considered futile. 2) *legal system that grants inmates early release from prison on special grounds such as terminal illness or a child in the community with urgent need for incarcerated*

*guardian*. [https://www.law.umaryland.edu/academics/journals/mdlr/print/articles/68\\_4-404.pdf](https://www.law.umaryland.edu/academics/journals/mdlr/print/articles/68_4-404.pdf)

## THE BZZZ (conversations on the WEB)

The upcoming conference with the challenging title, "Dementia Care Without Drugs," drew a lot of considered comments from legal and medical members of SCBCC. Paul Schneider, M.D., would have been more comfortable with a title such as "Care with Fewer Drugs," believing that securing placement for a particularly agitated patient in a nursing home can be difficult if behavior cannot be shown to be controllable. Karl Seinerberg, M.D. warned "lawsuits about antipsychotics will be the next big thing in elder abuse--especially in long-term care where it explicitly requires physician-obtained informed consent...will not spare the doctors..."

"Most of us regard them as sort of a last resort, but a necessary evil. The big reason CMS is pushing reduction of antipsychotic use is financial... I believe \$18 billion was spent last calendar year on them.... And there is no question that these medications carry substantial risks in dementia patients. But the most important point that these consumer advocates don't seem to appreciate is that the drugs are not used as chemical restraints or just to make our patients passive, drooling vegetables, but they are used TO REDUCE DISTRESS! While they are not always effective, there is at least some decent evidence that risperidone and olanzapine provide improvement in parameters of agitation. So, if non-pharmacological measures fail, this is what we are left with."

This from Geriatric Psychiatrist, S. Read: "...consistent with the shifting emphasis at VA, among other "systems," to primary care as the locus, we face the fact that very little training has been available to primary care physicians ...this expectation does not necessarily match their personal professional expectation....Geriatric Psychiatry cannot be expected to be able to answer this need."

## ON THEIR SHOULDERS

**Benjamin Freedman-** co-founder /director of Clinical Trials Research Group (CTRG) McGill Univ Biomedical Ethics Unit, His last work, *Duty and Healing: Foundations of a Jewish Bioethic*, published by Routledge Press 1999. "The last major work of McGill Bioethicist Benjamin Freedman". <http://onlinelibrary.wiley.com/doi/10.2307/3528045/abstract>

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

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