



Next Meeting: Wednesday May 15

Greater Los Angeles Veterans Affairs Medical Center
Wadsworth Bldg (500)11301 Wilshire Blvd. LA 90073
Operator: 310-478-37116400 (6th 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.
free parking in visitor lots
5:30 pm free dinner 6:00 meeting (no RSVP needed)
8:30 adjourns

Agenda

1. POLST Grant Update – Recent controversies on the development of the newest edition of California’s form.
2. Case presentation – Preimplantation genetic diagnosis, Preimplantation genetic screening, and Procreative Beneficence
3. Should SCBCC work towards the development of community consensus on deactivation of AICD’s at the end of life?

Controversies

***abortion law** in North Dakota (from NY Times):
North Dakota Legislature passed a measure that would ban most abortions as early as six weeks gestation shortly after Arkansas banned abortions after 12 weeks into pregnancy.

The law requires that standard medical practice must be used in order to establish the detection of the fetal heartbeat, which can be found as early as six weeks with transvaginal ultrasound.

Planned Parenthood, Center for Reproductive Rights and the ACLU argued that the bill is unconstitutional, that women have a right to an abortion until 24 weeks of pregnancy, when the fetus is considered viable outside the womb.

*** access to their full medical records from the internet anytime, anywhere, without special permission or accommodation** is now permitted to veterans by the Central office of the VA. Officials opined that **the once-invoked concept of therapeutic privilege was no more**...discounting the potential for personal harm when reviewing personal medical record unattended.

HOTTTT Topics

Dr. Jennifer Black family and palliative medicine physician in Bakersfield said in recent edition of *Bakersfield Newspaper*:

“...most people’s beliefs about CPR come from television. In one study, 81 percent of hospitalized patients over age 70 believed their chances of surviving CPR and leaving the hospital to be more than 50 percent... In reality, success is much less frequent: If CPR were performed on every single patient in the

average hospital, just 15 in 100 would survive to go home. Worse yet, if CPR is done out in the community (such as in Glenwood Gardens’ dining room) on an elderly patient with several medical problems, the likelihood of the patient surviving the initial effort is 0 percent to--maybe!--2 percent. And what is the probability that the rare survivor will return to previous “baseline” function? Almost zero.

“CPR invented in the late 1950s was intended to ‘restart’ the hearts of otherwise healthy patients who had a ‘cardiac arrest’ during heart surgery. Back then two small studies (on a total of 60 patients) demonstrated that about 70 percent were successfully ‘brought back’ after cardiac arrest. However, it was never shown to work as well as in those early studies.

“...in elderly patients, those with advanced cancer, those with dementia and those living in nursing homes, CPR ‘restarts’ a heart only 5 percent of the time, or less -- and only for a while...

“And, unless we document in writing that we would *not* want CPR attempted, we can all expect to undergo this always violent, rarely successful procedure at the time of death....Unfortunately, ‘success’ means landing in an intensive care unit, tethered to tubes and wires, restrained and sedated until our eventual, inevitable death.”

<http://www.bakersfieldcalifornian.com/opinion/hot-topics/x738927305/JENNIFER-BLACK-What-you-think-you-know-about-CPR-is-probably-wrong>

Conversations on the WEB:

Since the last SCBCC meeting the email of members have been full of lively discussion, including one promoted by Les Rothernberg about the perspectives of state legislators as well as on Physician Assisted Suicide. For a review on the subject, <http://www.bloomberg.com/news/2013-04-11/boomers-push-doctor-assisted-dying-in-end-of-life-revolt.html>

CME/ Conferences

***May 28-30 2013 Second Annual Conference on Medicine and Religion**

Program on Medicine and Religion at U of Chicago, forum for scholarship and discourse at intersection of medicine and religion, conducting empirical, historical, theological, ethical, and legal scholarship to enrich understanding of illness and ways that religion and medicine both respond to illness, injury, disability, suffering, and death.

June 6: 21st Hospice and Palliative Care Conference,

Fort MacArthur, San Pedro Contact: Marcie Stahl (818) 895 9311 Marcie.Stahl@va.gov

Patient Advocacy, Coping with Advanced Illness Spirituality, Symptom Management, Nutrition/Hydration. Ethical Dilemmas

Patient Centered Care From a Clinician’s Stand Point, Regulatory Updates



June 8: Workshop in Clinical Ethics Program in Medicine & Human Values

California Pacific Medical Center
2395 Sacramento Street, 3rd Floor
San Francisco, CA 94115-2328
(415) 600-1647 fax (415) 600-1355
<http://www.cpmc.org/services/ethics/>

New online course!

Clinical Ethics for Ethics Committee Members

Instructor: Robert D. Orr, M.D.

C.M. McGill University residency in family medicine, fellowship in clinical ethics at U of Chicago, taught clinical ethics at Loma Linda School of Medicine, the U of Vermont College of Medicine, the Graduate College at Union U (NY), and Trinity International U (IL), coauthored or edited 6 books, including *Medical Ethics and the Faith Factor*, '09), 11 book chapters, and over 150 articles on ethics, ethics consultation, and end-of-life care.

Vermont Family Doctor of the Year ('89), the Isaac Hayes and John Bell Award for Leadership in Medical Ethics and Professionalism (AMA, '99),

Scholar in Residence at the Kilns (CS Lewis Foundation, '06) and Servant of Christ Award (Christian Medical and Dental Associations, '09).

Course Description:

Hospital Ethics Committees generally have three functions: education, policy review, case consultation. Course addresses more common issues that lead to requests for consultation in clinical ethics and offer procedural assistance

Course Objectives:

1. articulate several basic concepts and principles of clinical ethics
2. apply concepts and principles to specific cases
3. describe the basic steps in clinical ethics consultation, and
4. construct a case report with case analysis suitable for inclusion in the patient's medical record.

CE credit hours. No charge for ethics committee members questions: staffdevelopment@llu.edu

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

Editor: Kendra Gurlitsky, MD kfgorlitsky@gmail.com
Contributors: Allison Kil, MS 3 KSOM USC, Nick Vidar, MS1 Elizabeth Hong, MS1

In The News

Opinion: Bump in the road for healthcare law

Excerpted from article by Chad Terhune, LA Times *March 28, 2013* About 5 million Californians got a first glimpse at what they might pay next year under the federal healthcare law.premiums are expected to rise an average of 30% for many middle-income

residents who don't get their insurance through their employers. Alternatively, lower-income consumers ...are projected to save as much as 84% off their coverage thanks to federal subsidies.

The figures... by Covered California, the state agency charged with implementing the federal Affordable Care Act

According to the state, about 1.3 million people who are middle-income or higher and already have coverage not through an employer will bear the brunt of the higher costs. These are individuals making more than \$46,000 and families earning more than \$94,000 annually. People below those income levels qualify for federal subsidies.

An estimated 3.6 million Californians who are either uninsured or low-income will benefit the most... They will gain from guaranteed access to health insurance for the first time, regardless of their medical history...

Covered California plans to select certain companies for the state-run insurance exchange and negotiate rates by mid-May.

Younger people will generally see higher premiums under the federal overhaul, while older consumers could reap some of the biggest savings...many younger consumers will qualify for subsidies because they earn less...

Starting next year, income will drive what most consumers ultimately end up paying for their coverage in the individual market.

http://www.nytimes.com/2013/05/07/health/maurice-hilleman-mmr-vaccines-forgotten-hero.html?ref=health&_r=0

May 6, 2013 A Forgotten Pioneer of Vaccines

By RICHARD CONNIFF

Diseases that were routine hazards of childhood for many Americans living today now seem like ancient history...At 1 a.m. on March 21, 1963, an intense, irascible but modest Merck scientist named Maurice R. Hilleman was asleep when his 5-year-old daughter, Jeryl Lynn, woke him with a sore throat. ...the telltale swelling beneath the jaw indicating mumps could sometimes leave a child deaf or otherwise permanently impaired.... today 95 percent of American children receive the M.M.R. — the vaccine for measles, mumps and rubella that Dr. Hilleman invented, starting with the mumps strain he collected that night...

At Dr. Hilleman's death in 2005, other researchers credited him with having saved more lives than any other scientist in the 20th century...he devised or substantially improved more than 25 vaccines, including 9 of the 14 now routinely recommended for children.



That spring of 1963, the Food and Drug Administration also granted the [first license for a vaccine against measles...](#)

Dr. Hilleman then went on to refine the vaccine over the next four years, eventually producing the ...strain that is still in use today...

1963: An epidemic of rubella began in Europe and quickly swept around the globe. In this country, the virus's devastating effect on first-trimester pregnancies caused about 11,000 newborns to die, [according to the Centers for Disease Control and Prevention](#). An additional 20,000 suffered [birth defects](#), including [deafness](#), heart disease and [cataracts](#). Finally, in 1971, he put his vaccines for measles, mumps and rubella together to make M.M.R., replacing a series of six shots with just two...

In 1998, The Lancet, a respected British medical journal, published an [article](#) alleging that M.M.R. had caused an epidemic of [autism](#)... The lead author, Dr. Andrew Wakefield, became a media celebrity, and some parents began to balk at having their children immunized; the vaccine's very success had made them forget just how devastating measles, mumps and rubella could be. Dr. Hilleman, who might reasonably have been expected to win a [Nobel Prize](#), got hate mail and death threats instead.

Multiple independent studies would eventually demonstrate that there is no link between M.M.R. and autism, and Dr. Wakefield's work has been widely discredited. In 2010, the British medical authorities stripped him of the right to practice medicine, and The Lancet [retracted](#) the 1998 article. It came too late, not just for Dr. Hilleman, who by then had died of [cancer](#), but also for many parents who mistakenly believed that avoiding the vaccine was the right way to protect their children. In 2011 alone, [a measles outbreak in Europe](#) sickened 26,000 people and killed 9. ...cases still also occur in this country among the unvaccinated.

The [Measles and Rubella Initiative](#),...has given the M.M.R. vaccine to a billion children in this century, preventing 9.6 million deaths from measles alone, for less than \$2 a dose. In this country, the strain that Dr. Hilleman collected from his daughter that night in 1963 has reduced the incidence of mumps to fewer than 1,000 cases a year, from 186,000. Characteristically, he named it not for himself but for his daughter. Jeryl Lynn Hilleman, now a financial consultant to biotech start-ups in Silicon Valley, turns the credit back on her father.

He was driven, she said in an interview, "by a need to be of use — of use to people, of use to humanity."

Assuming Leadership

Roberto Dell'Oro selected Dean of LMU Bioethics Dept

studied philosophy and theology in Milan and Munich in 1992, earned a doctorate in moral theology at the *Pontifical Gregorian University*, Rome.

From 1993 to 1995, a post-doctoral fellow in bioethics at the Georgetown University Kennedy Institute of Ethics, with Dr. Edmund Pellegrino, the former chair of the President's Council of Bioethics. He served as the medical ethicist for the Institutional Review Board in the Medical Center and the Data and Safety Monitoring Board at the National Institute of Health in Bethesda, MD. At LMU, he was the Graduate Director of the Master of Arts Program in Bioethics from the spring of 2004 to the fall of 2006. He has held appointments as a clinical bioethicist at St. Francis Medical Center in Lynwood and chaired the ethics committee at St. John's Medical Center in Santa Monica, serving from 2008-2011 as a member of the Ethicist/Theologian Committee of the U.S. Catholic Health Association.

spring 2010, spent a sabbatical semester as the Erasmus Mundus Professor in Bioethics at the University of Padua (Italy).

currently chairs the *International Bioethics Group*, an ecumenical gathering of scholars working in bioethics, meeting yearly in Belgium

READ ABOUT IT

*Offit, Paul. A, M.D. (a Philadelphia pediatrician, vaccine developer) *Vaccinated*, 2007 biography of Dr. Maurice Hilleman.

*Gourevitch, Philip

We Wish to Inform You that Tomorrow We Will Be Killed with Our Families: Stories From Rwanda

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