



Next Meeting, May 21, 2014

Greater Los Angeles Veterans Affairs Medical Center
Wadsworth Bldg. (500) 11301 Wilshire Blvd. LA
90073 Operator: 310-478-37116400

(6th floor), room 640

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 dinner

6:00 meeting

***David Blake, PhD, JD** Vice President, Chief
Compliance and Privacy Officer at Cedars-Sinai;
Former V P, Mission and Ethics, Corporate
Compliance, St. John's Heath Center Santa Monica
[PhD, Philosophy/Ethics, Catholic University of
America; JD, Loyola Law School]

"Why Doctors Should not Take Money from Industry."

□ Case Presentation and Discussion

Kevin Dirksen of UCLA will present a public
guardian conservatee, "**He said being a Marine was
his religion...**"

8:30 adjourns

Conferences

6/9 Chicago: The AMA Alliance is offering a [special education session](#) presenting evidence-based strategies to help physicians and their families achieve a resilient medical family, to gain perspective on physician personal well-being,

9/15-17 London [International Conference on Physician Health](#), sponsored by the AMA, the Canadian Medical Association and the British Medical Association, will focus on the major transitions in a physician's life—from medical school through retirement—personal and professional developments and challenges.

9/22-25, LA, CA The California State Association of Public Administrators, Public Guardians and Public Conservators (CAPAGPC) annual Training and Certification Conference. CAPAGPC is the certifying body for over 700 members from 58 counties responsible for individual estate & medical/personal decisions.

HOTTTT Topics!

Hand Shakes...the **kiss of death?**

As concerns regarding the possible transmission of MERS through a hand shake ([The Guardian, 5/18](#)) mount, so might arguments against the practice of shaking hands with patients. Some medical professionals have asked to consider avoiding the

handshake altogether in patient /physician interactions. [JAMA online5/15./14 Viewppoint](#) That may not be as difficult to forego with children; however those caring for adults and even older teens may be loath to eliminate an illustrative and comforting contact. Now that a hand washing tutorial and testing component is even included in some medical board renewal updates (ABFM), concerns regarding physician as vector seem to be mounting. Further restrictions on touch would join other concerns about distancing patients and doctors already ensconced behind an EMR device in many examining rooms.

*Are there **Limits to Comfort?**

Extensive discussion on the web with SCBCC members has ensued regarding appropriateness of antibiotic use once a patient is designated appropriate for Comfort Care only. Included in the debate is the use of statins and antipsychotics that might offer very limited therapeutic value.

*Tom Coburn (R-OK) [Congressman](#) and physician introduced legislation advising **payment to patients for filling out Advanced Health Care Directives**, raising concerns that such a practice might suggest a financial incentive to reducing extensive end of life medical interventions as opposed to simply promoting dignified and appropriate end of life measures.



READ ABOUT IT

* **The Good Doctor: A Father, a Son and the Evolution of Medical Bioethics** by Barron Lerner, M.D. Describes the changes that have occurred in Bioethics in the past 40 years as seen from the perspective of an Infectious Disease specialist (father) and his physician son and includes how they managed family issues in bioethics.

***Can't we Talk about Something More Pleasant** Roz Chast. *The New Yorker* cartoonist Chast recounts tackling the end of life process and struggles with frail parents.

***My Journey From Freedom fighter to Healer**, Michael Langsley. Clergy and antiapartheid activist who worked alongside Mandela, recounts efforts to heal South Africa with his personal journey of recovery after opening a letter bomb and losing his hands and an eye in the 1990s. He established a process to help heal South Africa through a forgiveness project that allows torture victims and perpetrators to share their stories, plumbing the benefits of deep listening, the value of which many bioethicists can affirm.

***Good Talk, Dad** Bill and Willie Guist. Includes delayed conversations between son and father who kept his Parkinson's disease secret from his children for 10 years.



Mark Twain in 1895 visited areas in India where heaven and earth are supposed to interact, attracting millions of pilgrims who bathe in the confluence of various bodies of water there, making insightful observations on the eastern approach to spirituality.

For 3,500 years such sites indicate to believers an intersection of the eternal and the ethereal and currently attract millions at times designated by astrological signs.

For more see **Leonid Plotkin** <i@leonidfotos.com>

From the Halls of LMU Moral Judgments – A Reflection

Richard Boudreau, MA, MBA, DDS, MD, JD, PhD

What do we do when we attempt to make moral judgments? We usually pick and choose among rival philosophies, religions, and professional societies, creating our own amalgamations. With some issues, we go with the statement of a professional society, on others with the clergy, our political party, the Supreme Court, or a learned treatise. Curiously, we have no trouble citing these authorities as determinative when we agree with their positions and dismissing them when we do not. All we are really doing is finding a way to support our deeply held and ultimately fragile moral intuitions.

This leads us to a deeper question: **Where do our gut instincts regarding right and wrong come from?** If we do not procure our moral intuitions from philosophy but only pick philosophies that are consistent with our moral intuitions, then why do we believe what we believe?

In his essay "Where ethics come from and what to do about it," bioethicist Carl Elliot wrestles with some of these issues and notes that ordinary people pay little attention to theories when they make their moral decisions. In spite of that, Elliot suggests that our moral decisions are influenced by theories of one sort or another. He illustrates this with a personal example. He writes "I myself refer to no systematic moral theories or doctrines in making moral judgments, but I have no illusions that these judgments are independent of the fact that I grew up as a Presbyterian in South Carolina."

That is one possible explanation for the origin of our moral intuitions. **They come from the way we were raised, the teachings and experiences of early childhood.** We internalize these, and they shape our world views in ways that come to seem both intuitive and unquestionable.

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

Kendra Gorklitsky, MD gorklitsk@usc.edu

Response to Prison Rape Elimination Act (Human Rights Watch)

The act was passed unanimously by Congress in 2003, however, according to Bureau of Justice Statistics "[Sexual Victimization Reported by Former State Prisoners, 2008](#)," an estimated one in ten former state adult prisoners reported that they were sexually victimized by staff or other prisoners. Among the victims, 86 percent of staff sexual abuse and 58 percent of the of inmate-on-inmate abuse reported being victimized multiple times.

New national standards apply to adult prisons and jails, lockups (short-term holding cells), community confinement facilities (such as halfway homes or [drug rehabilitation centers](#)), and juvenile facilities, to develop and use their best efforts to implement plans to provide adequate staffing levels to protect inmates against abuse;

- train employees to prevent sexual abuse;
- thoroughly investigate all reports of sexual misconduct by inmates or staff;
- create multiple avenues for inmates to privately report sexual abuse;
- screen inmates for prior sexual victimization or abusive conduct and use this information when making housing and programming assignments;
- prohibit cross-gender pat searches of females by male staff;
- separate inmates under 18 in adult facilities from adult inmates;
- offer ongoing medical and [mental health evaluation](#) and treatment, as well as access to outside rape counseling, for inmates who have been victimized; and
- publish [sexual abuse statistics](#) annually for each facility, and audit each facility at least once every three years.

California has recently responded by asking for an extension to approach compliance while Texas is threatening to forgo the Federal funds as it protests the requirements, stating they are prohibitively expensive and claiming the state already employs safeguards against prisoner violence. (Texas has high levels of reported sexual violence in its prisons.)



Murray's Musings

Caution on Bioethics Journals!

by Ken Murray, MD

I often receive email inquiries from bioethics journals soliciting articles on various subjects. As I do with inquiries from the press, I do a quick search on the source, unless it is someone/something I already know.

I recently received such an inquiry from the Journal of Clinical Research and Bioethics. I must admit that I was put off by the spelling and grammatical errors, but investigated nonetheless. I was floored to find a blog by Professor Christian Munthe of Sweden, who described a series of transgressions by this journal (ignoring reviewer recommendations to reject papers, requiring fees of authors, requirement that the Editorial Board publish one article a year---and pay for it, and that Editorial Board members who resign do not have their names removed). Several commenters on his blog confirm his experiences. His conclusion is that this "journal" exists only to generate cash, not to publish at a high academic level. You may draw your own conclusions, but Caveat Emptor!

(Ken Murray is a family physician who directed a large multispecialty group and has contributed to the New England Journal of Medicine, NPR and other media outlets.)

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