



### Next Meeting: Jan. 19

VA Greater Los Angeles Healthcare  
11301 Wilshire Blvd 90073 Bldg 500 Rm:6001 or  
6400. **Parking:** free, enter east lot, ER side  
**RSVP (310) 268-3016**

5:30pm free dinner

6:00 meeting begins 8:30 meeting adjourns

1. POLST Grant Update
2. Marjorie Kagawa Singer, PhD, MA, MN, RN, FAAN Professor, UCLA School of Public Health and Asian American Studies "Viewing Bioethical Problems through a Multicultural Lens"
3. Shirley Otis-Green, MSW, LCSW, ACSW, OSW-C: Senior Research Specialist Division of Nursing Research and Ed., Dept of Population Sciences City of Hope National Medical Center "Introduction to Use of POLST in Multicultural Context"
4. Discussion <http://www.losangeles.va.gov/visitors/directions.asp>

>>> **A Wider View** <<<

**International** Organs were allegedly harvested from prisoners during the conflict in Kosovo in the 1990s. Similarities to the experiments on concentration camp prisoners during World War II are obvious and disheartening.  
<http://www.cnn.com/2010/WORLD/europe/12/15/kosovo.organs/index.html?hpt=Sbin>

**National** Regarding supermarket shooting in Tucson from SF chronicle 1/9/11)

[Jared Loughner: Focus on delusions, not politics - SF Chronicle](#) "I doubt people who say this is about politics have a good understanding of mental illness," said Dr. Bob Dolgoff, medical director of Alta Bates Summit Medical Center's mental health. "It could be conspiracy theories or men from outer space. The important thing here is, why wasn't he in treatment?"

In California and Arizona, people believed to be mentally ill can be hospitalized involuntarily only if they're considered a danger to themselves or others or if their illness has left them severely disabled. Only a judge can force someone to undergo treatment. Parents cannot.

**California's Laura's Law, was enacted in 2003 to make it easier for authorities to force patients to take medication.** Funding and civil rights concerns have prevented the law from being enforced in most counties.

"People suffering from psychiatric disorders often do not cooperate with treatment. They don't understand that they are mentally ill, or they don't like taking pills. Their family members, meanwhile, are often reluctant to report problems because they don't want to involve the police and the criminal courts.

**Only about one-third of those with schizophrenia succeed in long-term treatment of the disease,"** says Liz Rebensdorf, retired psychologist and president of the National Alliance for the Mentally Ill's East Bay chapter. "They stick with their medication and therapy, and resume normal, independent lives. **The other two-thirds often end up homeless or in board-and-care homes,** in a cycle of setbacks."

**Violence is not a common symptom of schizophrenia or other mental illnesses, experts say. Those with psychiatric disorders are more likely to become the victims of violence, or turn the gun on themselves.** <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2011/01/09/MN7H1H6IV7.DTL#ixzz1AuwDBX16>

**Local** If little or no treatments are known for a disease, should it be intensively investigated, especially for an early diagnosis? **A recent debate has emerged involving early diagnosis of Alzheimer's disease and tests that can indicate increased risk of its potential development.** Dr. M. Rafii, neurologist at UC San Diego, participating in a federal study on Alzheimer's neuroimaging offered to use the techniques that the study employs as diagnostic tools for those who come to a clinic focusing on memory impairment. MRI, spinal taps, and PET scans were used to help 62 year old Marjie Popkin understand her memory difficulties. She was a cancer patient, undergoing chemotherapy, who thought her minor memory problems were a result of chemo. After performing the studies, MRI and spinal tap, Dr. Rafii informed Ms. Popkin that the tests suggest that the problem is early signs of Alzheimer's. Though showing some improvement shortly before receiving the unexpected diagnosis since then (a year ago), Ms. Popkin steadily declined and now wishes she



didn't know. (Depression sometimes includes features of dementia.)

Principles of Autonomy suggest a patient should be informed so they can make decisions, not just about medical care, but about the future. **But what if information of a possible diagnosis, years before any major symptoms manifest, could be psychologically harmful?** Symptoms might psychologically manifest early, reducing potential "symptom-free" years. Kolata, Gina.

**"Should Patients Know of Increased Alzheimer's Risk?"** *The Columbus Dispatch*. <http://www.dispatch.com/> 12/27/10

**\*\*\*\*\*Hot Topics\*\*\*\*\***

**Summarized from report by DAN HARRIS ABC News** Dec. 22, 10 St. Joseph's Hospital and Medical Center in Phoenix allowed the termination of a pregnancy to save a woman's life, resulting in the loss of its Catholic affiliation. Last fall, **a 27-year-old mother of four suffering from pulmonary hypertension entered the hospital at 11 weeks of pregnancy.** Doctors said if her pregnancy wasn't terminated, she would likely die of heart failure – as would her unborn child.

Dr. Christian Pettker, asst prof of OB-GYN, & Reproductive Services at Yale School of Medicine explained, "... we are talking about a procedure that has a high certainty of protecting the life of the mother. **This patient had pulmonary hypertension, with a risk of death associated with pregnancy estimated to be over 50 percent.** It is one of a handful of conditions that even the most confident or experienced high-risk obstetrician will tell the patient not to get pregnant. The hospital committee that approved the procedure certainly considered it all very carefully, especially this patient's particular risk of death."

**The decision to terminate was approved by a senior administrator at the hospital, Sister Margaret McBride. When Bishop Thomas Olmstead of the Diocese of Phoenix heard about the abortion, he excommunicated McBride.**

Critics pointed out that even pedophile priests weren't excommunicated, but Bishop Olmstead further stripped St. Joseph's Hospital of its affiliation with the Catholic Church, arguing that hospital officials did not try to save both the mother and child. "Instead of treating the disease, St. Joseph's medical staff and ethics committee decided that the healthy, 11-week old baby should be directly killed," Olmstead said. ABC News Medical Contributor Dr. Jacques Moritz said, "The bishop, rabbis and other people have really no place when it comes to deciding if a mother is going

to live over an unborn child, or whether to die. That decision is usually made by the healthcare professionals and it's best if it's left that way."

It's common for Catholic-affiliated hospitals to be restricted in their reproductive services offerings. Catholic-affiliated hospitals usually restrict their reproductive services offerings since abortions are against Catholic teachings.

The bishop will no longer allow mass to be said at the hospital. Hospital officials insist the severing of ties with the Catholic Church will have no other practical implications for health care delivery. Established by the Sisters of Mercy in 1895, the hospital does not plan to change its name or mission.

**Glossary**

**Consequentialism** states that the consequences of one's action are the true basis for any moral judgment of an action. Therefore, **a morally right act is one that will produce a "good" outcome, or consequence.** AKA: "The ends justify the means." (Anscombe, G. E. M. (1958). "Modern Moral Philosophy". *Philosophy* (1958) **33**: 1-19)

**Deontology** states that the action's adherence to rules, duty, or obligation is the true basis for any moral judgment of an action. Therefore, **a morally right act is one that is in line with someone's duty.** ("Ethics-virtue," Stanford Encyclopedia of Philosophy)

**Principle of Double Effect:** An action is morally permissible if it satisfies the following criteria (This combines parts of Consequentialism and Deontology. Vaccines are an example.):

1. The **intended act is itself good**, or at least morally neutral.(agent's **Autonomy**)
2. Only the **good effect is intended** and not the bad effect, either as a means to the good effect or as an end to itself (**Nonmalfeasance.**)
3. Good effect morally outweighs bad effect, due diligence done to minimize the bad. (Thomas Aquinas, *Summa Theologiae*) **Beneficence**

4. Good result must be proportionate to the bad result. (**Justice**)

[www83.homepage.villanova.edu/.../double%20effect.html](http://www83.homepage.villanova.edu/.../double%20effect.html)

**Buzzzzzz shared among scbcc members**

*Use of advance directives in long-term care populations:*

White nursing home residents (20%) were three times as likely as black residents (6%) to have living wills and two times as likely (61%) as black residents (28%) to have DNR orders



Among the hospice care population, white patients (83%) were more likely than black patients (71%) to have DNR orders  
Adrienne L. Jones, Abigail J. Moss, and Lauren D. Harris-Kojetin, Ph.D.

Division of Health Care Statistics NCHS data brief, no 54. Hyattsville, MD: National Center for Health Statistics. 2011

**IN PRINT**

*Visions, Trips, and Crowded Rooms: Who and What You See Before You Die.* **David Kessler**, on hospice, dying and grieving.

**ROOTS IN BIOETHICS**

**Daniel Callahan the co-founder and President of The Hastings Center**, Briarcliff Manor, N.Y. from 1969 to 1996, presently Director of its international programs and Senior Associate for Health Policy. The Center is a research and educational organization founded in 1969 to examine ethical issues of medicine, biology and the environment. He received his Ph.D. in philosophy from Harvard, M.A. from Georgetown University, B.A. from Yale. His books include *The Troubled Dream of Life: In Search of a Peaceful Death* (93) *Setting Limits: Medical Goals in an Aging Society* (1987); *Tyranny of Survival* (1973); *Abortion: Law, Choice and Morality* (1970); *Ethics in Hard Times* (1982)

**JOB OPPORTUNITIES**

The Coalition for Compassionate Care of California is seeking two part-time (24 hours per wk) **Regional POLST Liaisons** in Oakland/San Francisco Bay Area and Greater LA Area. Independent contractor, 2 yr term. Regional POLST Liaisons will work closely with the POLST Program Manager, local coalitions and healthcare providers establishing the Physicians Orders for Life Sustaining Treatment (POLST) paradigm as a community standard of practice in Ca. Primary duties include outreach to local healthcare providers including nursing homes, ongoing contact with local coalitions, coordinating trainings, assisting with implementation of quality improvement initiatives and data collection. For more info [click here](#). application deadline Feb 4. Submit cover letter & resume to Erin Henke, [ehenke@coalitionccc.org](mailto:ehenke@coalitionccc.org), Fax (888) 789-9475, mail CCCC, 1331 Garden Hwy, Ste 100, Sacramento, CA 95833

**Pediatric Bioethics Consortium Subcommittee** meetings: Usually 2nd Mon, every other mo. [Contact viki@kindethics.com](mailto:Contact_viki@kindethics.com)

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"do this to the right person, to the right extent, at the right time, with the right motive, and in the right way, that is not for everyone, nor is it easy; wherefore goodness is both rare and laudable and noble." (Aristotle, *Ethics* 11.9)

**Upcoming Conferences**

**\*Coalition for Compassionate Care:**

***Building a Community of Caring***

**Wed. Mar 16 8AM to 4:45PM**

LA Marriott Hotel, Burbank, CA 91505

**David Kessler**, discusses his latest book, *Visions, Trips, and Crowded Rooms: Who and What You See Before You Die*.

**Joanne Lynn**, MD, MA, MS, one of the first hospice physicians in the US, major contributor to research & policy on care for the last phase of life, discussing how to build a local end-of-life community.

**Mary Cadogan**, DrPH, RN, NP, a gerontological NP and professor at UCLA School of Nursing, outlining the latest research on CPR.

**LaVera Crawley**, MD, MPH, Assistant Professor at the Stanford University Center for Biomedical Ethics, examining culturally sensitive end-of-life choices.

Plus **three California authors** who have recently published books on end-of-life care.

**\*preconference workshop Tues. 3/15**

***Addressing Cultural Biases***

Lunch & Registration: 11:30am Program: 12:00pm - 4:30pm [info@coalitionccc.org](mailto:info@coalitionccc.org) (916) 489-2222

**\*National Nursing Ethics Conference**

**Advocacy – Making a Difference for Patients 3/24-25, 2011** Registration extended to: Jan 28<sup>th</sup>

in LA, Hilton UniversalCity. [www.NursingEthicsConference.org](http://www.NursingEthicsConference.org)

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**RESOURCES**

SCBCC website <http://www.socalbioethics.org>

ASBH <http://www.asbh.org/>

**POLSTupdate:**

[http://www.finalchoices.org/ccccchef\\_polst\\_grant.htm](http://www.finalchoices.org/ccccchef_polst_grant.htm)

California Coalition for Compassionate Care has workbook "**Thinking Ahead**" & videos for documenting the wishes of those with developmental delays (may work well for those with other cognitive impairments.) Free copies of workbook mailed or downloaded <http://www.coalitionccc.org/thinking-ahead.php>



Southern California Bioethics Consortium Newsletter

"The Balance Sheet" Jan 2011 Vol. XVII

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