Southern California Bioethics Consortium Newsletter
"The Balance Sheet" Nov 2010 Vol. XVI

Next Meeting: Thurs. Nov 18

VA Greater Los Angeles Healthcare
11301Wilshire Blvd 90073 Bldg 500
Room: 6001or 6400
Parking: free, enter east lot, Emergency Dept side
RSVP (310) 268-3016
5:30 dinner (free)
6:00 program starts (½ hour earlier than before)
Agenda:

1) POLST Project Update
2) Does SCBCC need to establish a subcommittee to liaison with the Office of the Public Guardian on a permanent basis?
3) ASBH mini-reports
4) Cases from the field
5) Roles and responsibilities in clinical ethics – Stuart Finderhttp://www.losangeles.va.gov/visitors/directions.asp

>>>*A Wider View*<<<

Local

LA neurologist and ethicist participated in a futile midflight CPR effort forced on him in order to free flight crew members from that duty required by airline policy, and which might potentially have distracted them from the tasks involved in preparing passengers for a safe emergency landing. Dr. Malcolm Shaner reflects on the experience that put the "good of the patient" second to the "interests of third parties," in NEJM Nov 18 edition.

National

--In **President Bush**'s recent book *Decision Points,* he **admitted authorizing waterboarding** during the interrogation of terrorist suspects saying his legal adviser had told him that its use on several Guantanamo inmate prisoners was legal. "He said it did not fall within the anti-torture act. I'm not a lawyer, but you've got to trust the judgment of people around you, and I do," Mr. Bush said. (BBC News, 11/9)

--AHA (American Hospital Association) has been in contact with Federal Gov. making suggestions in overall approach to Health Care improvements **focusing on obesity, diabetes, physical fitness, safety in hospitals, involvement in all stakeholders when strategically planning health care** measures, and encouraging end of life discussions including the promotion of POLST.

International

Last month **President Obama apologized** for medical experiments in the 1940's funded with U.S. taxpayer money in which American scientists infected Guatemalans with sexually transmitted diseases without their consent. Such studies would now be illegal.

*******Hot Topics*******

The first patient to receive an injection of laboratory grown human embryonic stem cells in a government-sanctioned attempt to test the ethically charged therapy for repair of a damaged spine chord is being followed by Shepherd Center in Atlanta. Some object to this research using cells from days-old embryos which are destroyed to obtain them.

Geron Corp, sponsoring the research, eventually hopes to test the cells for many medical problems. The first trial will involve seven sites and 10 patients who were partially paralyzed by a spinal cord injury in the previous two weeks. "Oligodendrocyte progenitor cells," created from **embryonic stem cells will hopefully form a restorative coating around the damaged spinal cord. In tests in hundreds of rats, partially paralyzed animals walked.** Geron Corp, sponsoring the research, eventually hopes to test the cells for many medical problems.

The FDA demanded assurance that cysts that developed in mice injected with the cells posed no threat to humans. The human study is design primarily to determine its safety, but evidence for patient recovery will be sought. In spinal cord injuries, patients often improve on their own, complicating determination of whether the infusion is effective.

Might patients who recently suffered a traumatic injury agree to the experiments out of desperation without comprehending the risks? Advocates have been assigned to each patient to try to make sure each understands the decision to participate. A federal judge ruled in August Obama administration policy violates federal law prohibiting taxpayer money used for research involving the destruction of human embryos. The Justice Department is appealing the decision. http://www.washingtonpost.com/wp-dyn/content/article/2010/10/11/AR2010101106473.html?nav=emailpage

"Stem Cells Used in Stroke Trial" in Glasgow

A very low dose of stem cells were injected into the brain of a stroke patient in an effort to determine the safety of a potentially new treatment for the disabilities related to strokes. Brain cells from fetuses were used to create the cells in the early phase.

Up to 12 more patients will be given progressively higher doses in the coming year - primarily to assess safety – and will be observed to see if the stem cells help repair the brains and if their condition subsequently improves.
http://www.bbc.co.uk/news/health-11763681

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A recent discussion in the New England Journal of Medicine about a self reported surgeon's error in performing the wrong procedure on a patient has prompted introspection on disclosure of mistakes to avoid them in the future. **Disclosure of deficient practice has been a part of the AMA's code of medical ethics for over 50 years**, and interpreted as the need to report such events to hospital and professional organizations.

Experience reveals the value of disclosure to patients and their families in terms of preserving trust, decreasing the likelihood of litigation, and facilitating healing of both the patient and the provider. Disclosure and, when appropriate, apology and the waiving of fees are now accepted, and expected. Properly disclosing an error requires training and experience. Chairpersons responsible for quality of care are trained to coach colleagues through disclosure. Mass General has an internet site with supporting documentation, including a disclosure checklist. http://www.mychw.org/portal/mychw/clinician -

Roots and Branches

(Controversial Characters in Bioethics)

Peter Albert David Singer (born7/6/46) Australian philosopher and Professor of Bioethics at Princeton (Ira W. DeCamp Professor of Bioethics) and Laureate Professor at the Center for Applied Philosophy and Public Ethics at the University of Melbourne, specializes in applied ethics (approaching ethical issues from a secular preference utilitarian perspective.) His bioethical framework is that of **protecting the quality of life rather than its sanctity.**

Singer served as chair of philosophy at Monash where he founded the Centre for Human Bioethics. He ran an unsuccessfully in 1996 as a Green candidate for the Australian Senate and was named Australian Humanist of the Year (2004) by the Council of Australian Humanist Societies. He was voted one of Australia's ten most influential public intellectuals.

On the Advisory Board of Incentives for Global Health, an NGO formed to develop the Health Impact Fund proposal, Singer feels strongly that the advantaged have a responsibility to lessen the burdens of the poor.

He is known for his book ***Animal Liberation***, (widely regarded as the touchstone of the animal libertine movement), is a vegetarian and outspoken opponent of factory farms.

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RATIONAL RELEASE

-- **An Expert Consensus Statement on the Management of Cardiovascular Implantable Electronic Devices (CIEDs) in patients nearing end of life or requesting withdrawal of therapy has been released:**

Ethically and legally, there are no differences between refusing CIED therapy and requesting withdrawal of CIED therapy.

● Advance directives should be encouraged for all with CIEDs.

● Legally, carrying out a request to withdraw life-sustaining treatment is neither physician-assisted suicide nor euthanasia.

● Ethically, CIED deactivation is neither physician-assisted suicide nor euthanasia. When carrying out a patient's request for withdrawal of a life-sustaining treatment that a patient perceives as unwanted (including CIED therapies), the clinician's intent is to discontinue the unwanted treatment and allow the patient to die naturally of the underlying disease - not to terminate the patient's life

● The right to refuse or request the withdrawal of a treatment is a personal right of the patient does not depend on the characteristics of the particular treatment involved (i.e., CIEDs). Therefore, no treatment, including CIED therapies, has unique ethical or legal status

.● A clinician cannot be compelled to carry out an ethically-and legally-permissible procedure (i.e. CIED deactivation) that s/he personally views in conflict his/her personal values. In these circumstances, the clinician cannot abandon the patient but should involve a colleague who is willing to carry out the procedure or transfer the patient to one who is willing.

Heart Rhythm, Vol xx, No x, Month 2010

Glossary

Four principles used to address ethical concerns in medicine:

Respect for patient autonomy: duty to respect patients and their rights of self-determination

Beneficence: duty to promote patient interests

Nonmaleficence: duty to prevent harm to patients

Justice: duty to treat patients and distribute health care resources fairly

*Beauchamp TL. Principles of Biomedical Ethics. 6th Edition ed. New York, NY: Oxford University Press; 2009.11

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The Buzz….The Presidential Commission for the Study of Bioethical Issues will convene a panel of global experts to examine U.S. research rules. "But the panel will need to do more than churn out a statement about how far we have come in the last 60 years. It needs to fix the current flawed ethics review system," says Laura Stark, Asst. Professor at Wesleyan University and a former fellow at the NIH, Office of History, in an opinion Piece in the LA Times, 10/8/10.

Stark sites the NIH **'s virus research** on federal prisoners during the 1960s at the NIH Clinical Center in Bethesda, Md. Although common at the time to conduct such studies in prisons, **until 1960, convicts were not used as subjects at America's own research hospital. By 1964, more than 1,000 prisoners from 16 penitentiaries came to live at the center for weeks or months** after the Bureau of Prisons and the NIH developed a policy to make it legal to take federal prisoners from Federal Penitentiaries to the NIH Clinical Center, if the hospital's review board approved the work and endorsed the scientists' consent plan.

It is unclear what the men were told in print (assuming literacy) and in person. **Prisoners were infected with viruses, including ones that cause pneumonia, influenza and the common cold, as well as simian-virus 40, which had contaminated batches of polio vaccine**. Scientists were trying to observe the effects and to develop new treatments.

The current ethics review system is based on the review-board model that the NIH first put in place to manage legal liability at the center. But that **review board had two problems**: The **first was that having the board in place discouraged public questioning of studies**. Surgeon General Luther Terry explained to NIH employees in a 1964 internal newsletter that the prisoner program was "little known to the general public because it is carried on quietly. But we in the Public Health Service are keenly aware of the value of the research projects."NIH leaders did not feel compelled to tell the public precisely what scientists were doing with the hundreds of healthy prisoners, conscientious objectors, unemployed people and students living in their hospital as subjects.

The **second problem with the review board was that it drowned out dissenting voices among scientists.** While NIH scientists debated the ethical propriety of studies rejecting a few proposals, the review board tended to override internal dissent from scientists and to play down the need for public inquiry. "It sustained questionable research rather than curbing it." **In 1966, the NIH required universities and hospitals it funded to adopt its review-board model, trying to deflect potential lawsuits from the agency.**

In 1974, the NIH's local review-board model was written into federal regulation. The system has since been modified but the basic flaws of the NIH **model** continue to hamper ethics protections.

The convening of the White House's new panel offers an opportunity to rebuild the regulations.

Stark suggests new rules including:
1. Replace thousands of local review boards that labor independently at universities and hospitals with a small number of ethics-review networks organized around specific research methods rather than around institutions.
2. Consider the advantages and disadvantages of outsourcing ethics review to private companies, which review research for a fee.
3. Empower research participants by posting the results of ethics reviews online. The current system includes community representatives who presumably speak on behalf of research participants, "but that's not good enough," says Stark. http://www.latimes.com/news/opinion/commentary/la-oe-stark-nih-20101008,0,3205598.story

Upcoming Conferences

*POLST December 9 8am-12pm Double Tree Hotel 21333 Hawthorne Blvd, Torrance, CA 90503

* **NCal**KP Annual Ethics Symposium "Reflecting Forward, Minding the Past: Quinlan to Schiavo & Beyond"
Sat, 3/5/11 *San Ramon, CA* **Keynote Speaker:** Sandra H. Johnson, JD, LLM

***SoCal** Kaiser Bioethics Symposium
Too Much of a Good Thing? The Ethics of Metrics
Sat 4/23/11 Double Tree Hotel, Orange

--***UCLA Ethics Center noon lecture*** Aud C8-18312-1pm (lunch 11:15) Calendar: 310 794-6219

--***Cedars-Sinai monthly noon lecture series****:* light lunch available beginning at 11:30 am, session 12:00-1:00 pm.Harvey Morse Aud. (So. Tower, Plaza level)

RESOURCES

ASBH http://www.asbh.org/
SCBCC website *http://www.socalbioethics.org*
POLSTupdate:http://www.finalchoices.org/cccchcf_polst_grant.htm

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