A message from the Center’s DIRECTOR....

“Do we [all] believe there is such a thing as death?” asks Socrates near the beginning of the dialogue, *Phaedo*. To which Simmias, a young man with whom Socrates is talking, replies quickly and simply, “Certainly.”

When I first read *Phaedo* as a student, I didn’t give this question a second thought nor, I imagine, do most people; after all, *Phaedo*’s complexity and difficulty lies in what Socrates goes on to say about the immortality of the soul. But years later, upon re-reading, this innocuous question takes on a more complex tone. Especially in the context of my work as a clinical ethics consultant, I encounter attitudes, actions, and assertions which suggest that maybe all do not believe that there is such a thing as death. Not only do many health professionals and family members resist the idea that the patients for whom they care are dying, but often the approach to the subject of death itself is as if it is a fiction, a fantasy, a problem that human ingenuity will someday solve or overcome.

In nearly 20 years as a clinical ethics consultant, not much has changed. Whether it is in an ICU or as part of the national dialogue about healthcare reform, the quantity and quality of our conversations about death are often sub-par. Indeed, as a society, rather than talking frankly about end of life care, we are much more comfortable discussing medicine’s mostly-fictional abilities to create body replacements parts, age-reversing regimens, and gene-level infusions which aim not merely at extending the limits—but possibly banishing the idea—of human mortality.

There is no doubt that when faced with illness which likely marks the beginning of life’s end, talking explicitly of death, and of the dying process, can be extremely difficult, even overwhelming. But avoiding the topic because it is discomforting does not make it disappear from our experience. Unlike Simmias, we need to take seriously the question of what we believe about death—when talking with our patients, with their families, and with each other.

A FEW WORDS ON...PANDEMIC FLU & RESPONSIBILITY

With fitting irony, just as H1N1 is poised to re-emerge in the USA, honest and frank discussions about challenges this will create have been knocked off center stage by the politics of the healthcare reform debate. Adding to the irony: when the number of flu cases reaches critical mass, there will no longer be time for discussion or debate—political or otherwise.

But among the many ethical issues associated with acute epidemics, a core question that healthcare professionals need to ask now is, “What will be the best way to utilize my professional skills and knowledge; that is, in the face of my own family becoming ill, or if help is needed in my neighborhood let alone at my workplace—where can I provide the most good?”

Typically, responsibilities engendered by one’s profession, institution, and community are all intertwined; the setting and the patients for whom we provide care serves as the accepted foci for fulfilling the amalgam of those responsibilities. But when an acute epidemic occurs, the ordering of obligation may shift toward a more explicit concern for the health of the broader community. Balancing the need to be responsive to the individuals who present ill and the needs of the community is something we should never ignore. This will be especially true when the flu erupts. As healthcare professionals and members of institutions, as community leaders and family members, the question of our responsibility demands attention, especially as the first cases of flu now begin trickling in.
While most people may have some idea about what Marriage Family Therapists (MFT’s) do, few think about the ethical challenges associated with this kind of work. In my role as a therapist at Cedars-Sinai Medical Center’s Thalians Mental Health Center, I work with older adults in an intensive outpatient psychiatric program, where there are a number of intriguing, and complex, ethical issues which arise regularly.

To fully appreciate these, it is important to know a few elements about the Intensive Outpatient Program (IOP) and the patients it serves. The IOP offers psychiatric, psych-educational, and therapeutic services which are provided via group therapy sessions, educational seminars and practical skills training. The primary role of the MFTs is to run the group therapy sessions, the aim of which, among others, is to help prevent patients from requiring hospitalization and increase functioning and quality of life.

Often seen as a “step-down” from inpatient hospitalization, the IOP allows individuals to continue to receive the daily structure and support they require, but outside of the hospital. Additionally, for individuals in crisis or who need special services, the IOP can also provide more structured and intensive treatments when once a week office visits are not enough.

As for the patients receiving treatment in the IOP, most suffer from depression, anxiety, grief and loss, and aging-related issues. They are typically referred by their primary physician, but also sometimes by family members. One of the more potent sources of ethical issues for MFT is the issue of boundaries. Indeed, there are many issues which surface as a result of the differences in age between therapists and our patients. For example, many of my patients view me as the “good daughter” (or even granddaughter!) who is always there. In this light, many patients take on a role of “caretaker” toward me such that, if I am going out of town, many want to know where I am going, and grow anxious knowing I’ll be away. And then, upon my return, I am greeted with attention, and sometimes even presented with a gift. Even more so does this occur during the holiday season. And this is not unique to me.

There are many questions that arise by these seemingly innocent actions. For instance: How do I, as a clinician, treat and understand the meaning behind these gifts? Are they appropriate to receive, and what are the psychological implications of refusing such a gift?

What message am I giving to the patient if I accept the gift, and how does that translate to another patient who does not (or cannot afford to) give a similar gift?

And what about the patient who donates an enormous amount of money to the IOP? Will I subconsciously treat her differently? What if her gift helps fund needed programming for others; will my colleagues and I find ourselves working not to upset her, so as not to jeopardize the potential for a donation yet again next year?

How we deal with these kinds of issues is as important as the issues themselves, because our responses reflect deep-seated professional and institutional values. As with other psychotherapists, MFT have their own Code of Ethics. The values expressed by this Code are meant to create a framework in which to interact with our patients in a manner that promotes integrity as well as respects the dignity and worth of the other. There are also institutional policies and procedures that establish what is deemed as acceptable gifts. However, Codes and Policies cannot fully address the nuanced complexity of actually taking care of, and developing a sense of care for our patients.

To address these considerations, weekly staff meetings provide a necessary sounding board to discuss issues directly, openly and honestly. This includes not only addressing our own experience of caring for our patients, but also turning attention to possible implications for our patients, and how all of us, as a team, must be responsive to those implications.

As a psychotherapist, the relational dynamics I encounter in my work with patients is a crucial part of the therapy I can offer. At the same time, being honest and truthful within my personal and professional boundaries with my patients—as well as with my colleagues—and knowing when to seek supervision when something feels uncomfortable, is part of my responsibility—as an individual, as a professional, and as a member of the Cedars-Sinai community.

-Catherine Jonas, LMFT, BCETS
Psychotherapist at Cedars-Sinai Medical Center’s Thalians Mental Health Center,
Los Angeles, California.
Our Policy: POLST in Translation

POLST - Physician Orders for Life-Sustaining Treatment is a physician’s order that outlines a plan of care reflecting both the patient’s preferences concerning care at life’s end and the physician’s judgement based on a medical evaluation. Completing the POLST form is voluntary.

To better serve Cedars-Sinai’s multicultural community, the POLST form has been translated into the following languages: Spanish, Russian, Farsi, and Korean. These translations of the POLST form are for educational purposes only; to be valid, a signed POLST form must be in English. This is so that emergency personnel and other healthcare professionals can read and follow the orders. If you would like a copy of the POLST form in any of the languages listed above, you can get a copy from Palliative Care, Case Management, or from the Center for Healthcare Ethics. For more information on POLST, we invite you to visit our websites listed below.

Internet: www.cedars-sinai.edu/ethics
Intranet: web.csmc.edu/ethics

Fall 2009 Ethics Noon Conference (ENC)

This is a monthly conference that is open to all who work within, are affiliated with, or receive care at Cedars-Sinai Medical Center. The primary aim of these sessions is to raise the level of awareness and degree of understanding of emerging issues and concerns in the realm of healthcare ethics.

Cedars-Sinai Medical Center designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit

September 16, 2009
Maurice B. Siegel, MD Lecture in Humanism & Medicine
Howard Brody, M.D., Ph.D, is the John P. McGovern Centennial Chair, professor of Family Medicine, and Director for the Institute for the Medical Humanities at the University of Texas Medical Branch in Galveston, TX. Recipient of this year’s Lifetime Achievement Award from the American Society for Bioethics and the Humanities, his main emphasis of study has been the ethics of the doctor-patient relationship. Dr. Brody has authored several books, including The Stories of Sickness (1987), The Healer’s Power (1992), Hooked (2007), and The Future of Bioethics (2009).

October 21, 2009
Les Rothenberg, JD, is a clinical ethicist at Kaiser Permanente-West Los Angeles Medical Center and an emeritus professor of clinical medicine at the David Geffen School of Medicine at the University of California–Los Angeles (UCLA). He was a founding member of the Society for Bioethics Consultation and served as Chair of the Task Force on the Status of the Field for the American Society for Bioethics and Humanities.

November 18, 2009
Weinberger-Vermut Lecture in Genetic & Ethics
Eric J. Juengt, Ph.D., is a professor of Bioethics and Director of the Center for Genetic Research Ethics and Law within the Department of Bioethics at the Case Western Reserve University School of Medicine in Cleveland, Ohio. His research interests and publications have focused on the conceptual and ethical issues raised by new advances in human genetics and biotechnology. He also serves as a member of the Research Ethics Advisory Committee for NASA and the DNA Advisory Board for the FBI.

December 9, 2009
Mark Siegler, MD, is the Lindy Bergman Distinguished Service Professor at the University of Chicago, Professor of Medicine at the Pritzker School of Medicine, and the founding Director of the MacLean Center for Clinical Medical Ethics. He has served on Ethics Committees for the American Geriatrics Society, the American College of Physicians, and the American College of Surgeons, and is the co-author (with Albert Jonsen and William Winslade) of Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine, now in its 4th edition.
**CHE Fall ‘09 Meeting Schedule**

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<td>Sep 3 - Bioethics Cmt</td>
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<td>Nov 2 - Ethics Seminar</td>
<td>Dec 3 - Bioethics Cmt</td>
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<td>Sep 15 - NICU</td>
<td>Oct 5 - Ethics Seminar</td>
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<td>Dec 7 - Ethics Seminar</td>
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<td>Sep 16 - ENC</td>
<td>Oct 14 - BCEM</td>
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<td>Oct 20 - NICU</td>
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*BCEM* = Bioethics Committee Executive Meeting  
*ENC* = Ethics Noon Conference  
*NICU* = Neonatology Ethics Meeting

For descriptions of the Ethics Seminar and Ethics Forum, please visit either our Intranet or Internet websites and go to the link “Educational Opportunities.”

For times and locations, please call the Center at 310-423-9636

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**Good Reads......**

**The Future of Bioethics**  
By Howard Brody, MD, Ph.D., (Oxford University 2009). Howard Brody, a physician and scholar, sifts through the various issues that bioethics is now addressing. He urges a more activist approach, insisting that activism need not cause a premature end to ongoing conversations among ethicist’s defending widely divergent views and theories.

**Ethics and Epidemics** Edited by Balint, Philpoyy, Baker, Strosberg (JAI Press, 2006.) This unique collection of essays brings together leading bioethicists and public health experts to explore the ethical dimensions of responding to epidemic diseases in an era of human rights. The book is divided into 3 main sections: Human Rights; Practitioner Responsibilities; Global Dimensions of Epidemics.

**The Ethics of Inheritable Genetic Modification: A Diving Line?** Edited by Rasko, O’Sullivan, and Ankeny (Cambridge. 2006). Is inheritable genetic modification the new dividing line in gene therapy? In this searching investigation a distinguished team of scientists and scholars (including Eric Juengst, PhD) address the issues from the perspectives of biology, social science, law and ethics.

**The Ethics of Inheritable Genetic Modification**  
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Books featured in “Good Reads....” are available in the Medical Library. Please call 310-423-3751 for book availability and reserve a copy today!

If you have missed one of our Ethics Conferences (ENC) Series and are interested in viewing them, the Medical Library has copies of the series dating back to Nov 2007. We invite you to check them out!

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Note from the Editor....A heartfelt Thank You to Catherine Jonas for her contribution to “A Glimpse Inside.”

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C.H.E. Newsletter is a publication of Cedars-Sinai Medical Center.  
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