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

Sixteen years ago, Larry Churchill, then the Chair of the Department of Social Medicine at the University of North Carolina-Chapel Hill, published a chapter in the book, *Philosophy of Medicine and Bioethics: A Twenty-Year Retrospective and Critical Appraisal*. Quite strikingly, he began his chapter, which is entitled, “Bioethics in Social Context,” by asking this question:

“What is it like to be in a moral quandary?”

What makes this question so striking is not only that it hints at the specter that many people pay little attention to the actual experience of facing, making, and living in the aftermath of ethically challenging decisions, but also that much of the literature in healthcare ethics – certainly before Churchill wrote this line and, unfortunately, since as well – fails to spend much time addressing such experience.

Instead, focus is more often than not directed to the question of what is the right (or best) thing to do in a given situation. Certainly, *knowing* what is best – or what is fair or good or right – can be challenging and demand much attention. But there is quite a bit of difference between *knowing* what to do and actually *doing* what one knows (or comes to know) as that which one is to do. Indeed, there is also quite a bit of difference between *trying to figure out* what one is to do and finally *knowing* what one is to do.

An obvious point, perhaps, except when one is actually grappling with the challenge of knowing and then doing what one must do. This is why paying more – and more careful – attention to the actual experience of being, as Churchill puts it, “in a moral quandary,” is so important, because it helps us ensure that we are actually addressing the specific challenges that others face.

This is also why, in addition to the more commonly discussed skills of facilitation and mediation, the practical work of “doing” ethics requires skills of identification, clarification, articulation and critical reflection, for it is through these that we can best ensure that we are addressing the right issue at the right time for the right reason.

HELP US REMEMBER LEON MORGENSTERN, MD

On Thursday, April 18, 4:00-5:00 pm, in Harvey Morse Auditorium, the Cedars-Sinai family will be celebrating the life and legacy of Dr. Leon Morgenstern. Dr. Morgenstern, who died on December 23, 2012, first joined the medical staff of Cedars of Lebanon in 1953, and then that of Mt. Sinai in 1954. During the next 60 years, his contribution to the Medical Center, the discipline of surgery, and countless patients and families for whom he provided care was enormous. Add into the mix the work and friendship, mentorship and guidance that he shared and offered to multiple generations of colleagues, students and trainees, and adequate words of appreciation and gratitude become difficult to find. On April 18, we will try; please come join us.

In addition, for those interested in making a gift in memory of Dr. Morgenstern that will allow us to create permanent programming through which his spirit may forever enrich Cedars-Sinai, please visit giving.cedars-sinai.edu/morgenstern or contact Lynda Bernstein at (323) 866-2914 or via email (Lynda.Bernstein@cshs.org).
A GLIMPSE INSIDE...

Ethics in Stem Cell Research

Stem cell therapy clinics are opening all around the world, with the aim of curing many of the world’s incurable diseases. It’s an attractive allure – but often comes across as the newest form of medical “snake oil.” That is not good; we who work with stem cells must be careful not to reinforce overzealous claims.

More specifically, stem cell researchers need to be honest: stem cells are just like any other new drug being developed. They hold great potential but need to be tested in well designed and well controlled clinical trials before we can herald them as new cures.

At Cedars-Sinai Medical Center, I direct one of the country’s many emerging Regenerative Medicine Institutes (RMI). Regenerative medicine is a new and developing field that aims to restore function in diseased or aged tissues through either revitalizing existing cells or the transplantation of new cells. The success of regenerative medicine thus turns on our ability to take stem cell research from bench to bedside.

Accordingly, the aim of our RMI, like that of all RMIs, is to deliver the power of stem cells through rigorous clinical trials. CSMC’s RMI has close to 100 staff and 13 principle investigators exploring the use of stem cells to model and treat human diseases. The ethical issues associated with stem cell biology, and the clinical trials currently underway, are complex and worthy of volumes. I will try to highlight but a few.

From their discovery 15 years ago, stem cells derived from human embryos – “hESCs” (human embryonic stem cells) – attracted a lot of ethical and moral discussion. This was largely due to the fact that hESCs, a cluster of cells the size of a pinhead, are derived from 12-day-old human embryos (mostly “left overs” in IVF clinics). Battles between those who found work on human embryos acceptable, and those who didn’t, raged – and were well documented by the media – the flames of this battle fanned on a regular basis by the ongoing debates over abortion and cloning.

Thankfully, many of the flames were extinguished in 2006 when Shinya Yamanaka discovered that you can make equivalent cells to hESCs from adult skin fibroblasts – so called “induced pluripotent stem cells,” or iPSCs. These iPSCs can also be generated from almost any adult human cell (skin, hair or blood) simply by forcing the expression of a few genes.

While hESCs remain the “gold standard” and should not be thrown out, ethical considerations associated with the stem cell field have now shifted to concerns about clinical trial design and cost/benefit issues associated with such clinical trials (and beyond).

One prominent question is, who should receive novel stem cell treatments? I believe there should be a clear priority (meaning in part, reduced regulatory requirement) for stem cell clinical trials which address life threatening diseases for which there is no treatment or cure. Patients suffering from amyotrophic lateral sclerosis (ALS) – Lou Gehrig’s disease – is such an example. Indeed, with generous funding from the California Institute for Regenerative Medicine (CIRM), CSMC is in the middle of a four-year plan to treat 18 patients suffering from ALS with human stem cells engineered to release powerful growth factors.

But this also leads to an important question about informed consent: will such patients be able to assess potential benefits let alone the risks posed by stem cells interventions? This is a highly technical undertaking and no easy task. Accordingly, I would argue the FDA ought to gauge risk and benefit and guide clinical research teams as to the appropriate level of safety required for a given disease/stem cell treatment combination. This would be a new role for the FDA.

Another ethical issue related to the FDA and how they guide stem cell clinical trials concerns the fact they have in their possession enormous resources, experienced staff and a wealth of previous applications to perform many different types of stem cell trials from both academic institutions and private industry. Yet a new investigator applying to the FDA has to start from scratch, with no access to the many previous studies performed. This is part of FDA policy and protects intellectual property.
However, it also delays the quest for new stem cell products by making each new application start at the beginning of a long road — and making many very expensive and time consuming mistakes. Surely there could be a system in place that allows the FDA to release information about previous trials to guide new trials. After all, we are building on a single goal: getting therapies to the clinic. Each new application thus climbs on the shoulders of previous ones. While the practicalities of this approach are obviously difficult, the logic is compelling.

I believe the future for stem cell therapies is bright. Hopefully we can put the ethical turmoil of hESC research behind us and reach out to the federal government to open up their databases of information. This will allow well-designed stem cell therapy studies to move forward rapidly and allow us to test whether they are, in fact, more than just snake oil — and thus the future of medicine.

Clive Svendsen, Ph.D.
Director, Regenerative Medicine Institute
Professor of Medicine & Biomedical Sciences
Cedars-Sinai Medical Center

Spring 2013 Ethics Noon Conference (ENC)
This is a monthly conference, held in Harvey Morse Auditorium, that is open to all who work within, are affiliated with, or received 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.

April 24, 2013 - Rabbi Levi Meier Memorial Lecture
“The Jewish Medical Ethics Perspective on End of Life Issues: Whose Life Is It Anyways?”
Rabbi Aaron E. Glatt, M.D. is a Clinical Professor of Medicine at New York Medical College, Adjunct Professor of Internal Medicine at Touro College of Osteopathic Medicine, Chief Administrative Officer/Executive Vice President at Mercy Medical Center in Rockville Centre, NY, and an Assistant Rabbi at both Congregation Anshei Chesed in Hewlitt, NY and Young Israel, Woodmere, NY. He is well published in both the field of medicine (primarily concerning infectious diseases) and Jewish scholarship as well as in the overlap of medicine and Judaism (as in his 2006 book, *Visiting the Sick*, published by ArtScroll Publications).

May 15, 2013
“Back to the Future: Moral Dilemmas in Transplantation”
Mark D. Fox, M.D., Ph.D. M.P.H., is the Julian Rothbaum Chair in Community Health Research, Associate Professor of Internal Medicine and Pediatrics, and Associate Director of the Oklahoma Bioethics Center, all at the University of Oklahoma School of Community Medicine in Tulsa. He also holds an Adjunct position at Phillips Theological Seminary in Tulsa. Since 1994, he has been deeply involved with the Organ Procurement and Transplantation Network (OPTN)/United Network for Organ Sharing (UNOS), including having serviced on the UNOS Ethics Committee for 12 years (he was Chair 2001-2005) and currently Chairing the OPTN Ad Hoc Committee on Public Solicitation of Donor Organs.

June 19, 2013
“Black Swans, Zebras, and the Strangeness of the Everyday: Low-Probability Events in Biomedicine”
David B. Morris, Ph.D., Emeritus Professor of English at the University of Virginia, began his career as a scholar of 18th-century British literature (he is the author of two prize-winning books in this area: 1972’s *The Religious Sublime* and 1984’s *Alexander Pope: The Genius of Sense*) before turning attention to issues at the crossroads of the humanities and medicine. His book, *The Culture of Pain* (1991), won a prestigious PEN prize, and his book, *Illness and Culture in the Postmodern Age* (1998), has been widely translated. A co-editor of *Narrative, Pain, and Suffering* (2005), he is currently completing the third volume in what will constitute his illness/culture trilogy: *The Biocultures Awakening: Love, Pain, and Medicine*. 
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### Spring 2013: Educational Sessions & Meetings

**Apr 2013**
- Apr 1 - Ethics Seminar
- Apr 4 - Bioethics Cmt
- Apr 5 - ICU Ethics
- Apr 19 - ICU Ethics
- Apr 22 - SICU Ethics
- Apr 24 - ENC

**May 2013**
- May 2 - Bioethics Cmt
- May 3 - ICU Ethics
- May 6 - Ethics Seminar
- May 15 - ENC
- May 17 - ICU Ethics
- May 29 - Ethics Forum
- May 31 - ICU Ethics

**Jun 2013**
- Jun 3 - Ethics Seminar
- Jun 5 - Bioethics Cmt
- Jun 14 - ICU Ethics
- Jun 19 - ENC
- Jun 24 - SICU Ethics

*ENC = Ethics Noon Conference
*ICU Ethics = ICU Ethics Roundtable for all Residents/Fellows assigned to an ICU during the given month
*SICU Ethics = Surgical ICU Residents/Fellows Ethics Case Conference

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

For more information about any of the above events, please call the Center at 310-423-9636

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**Good Reads...**

**Illness and Culture in the Postmodern Age.** David B. Morris (Univ of California Press, 1998). Arguing that illness has changed in the period since World War II as dramatically as technology, transportation, and the texture of everyday life, Morris explores these changes and tells the fascinating story, or stories, of what goes into making the postmodern experience of illness different, perhaps unique as well as how brightly ideas of illness, health, and postmodernism illuminate one another.

**Blood and Guts: A History of Surgery.** Richard Hollingham (Thomas Dunne Books, 2009). Today, astonishing surgical breakthroughs are making a host of previously undreamed of operations possible. But getting here has not been a simple story of medical progress. Hollingham weaves a compelling narrative from the key moments in surgical history, bringing to life in vivid detail innovations such as Lister’s antiseptic technique, the first open-heart surgery, and Freeman’s lobotomy operations, among other breakthroughs.

**Jewish Ethics And the Care of End-of-Life Patients: A Collection of Rabbinical, Bioethical, Philosophical, And Juristic Opinions.** Edited by Peter J. Hurwitz, Jacques Picard, Avraham Steinberg (KTAV Publishers, 2006). This book offers a variety of Jewish perspectives (from academics, physicians, and religious leaders in Israel, Switzerland, and the US) and aims to show that Judaism, despite being strongly determined by laws, still allows for many different – and sometimes mutually contradictory – viewpoints.

**Transplantation Ethics.** Robert M. Veatch (Georgetown Univ Press, 2002). The first complete and systematic account of the ethical and policy controversies surrounding organ transplants, this book is structured around three major topics: the definition of death, the procurement of organs, and the allocation of organs. Veatch lobbies for an allocation system that considers both efficiency and equity, patient’s age and previous transplant history, and that operates on a national rather than a regional level.

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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 Noon Conferences (ENC) Series** and are interested in viewing them, the Medical Library has copies of the series dating back to November 2007. We invite you to check them out!

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**Note from the Center’s Faculty...**

We would like to thank Clive Svendsen for his insightful contribution to this issue’s “A Glimpse Inside.” We also are grateful to Laura Fuhrman, Associate Director, Special Events, for organizing the Commemoration of Dr. Morgenstern.

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

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We welcome your feedback.