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

From the host of considerations linked with life’s beginning to those more closely linked to life’s end to those cutting across a wide swath of considerations revolving around human subjects research, public health policy, healthcare allocation and distribution, and so forth, the breadth of ethical issues associated with healthcare is incredibly broad.

Mirroring this diversity of topics, CSMC’s Medical Library has slowly been accumulating an expansive collection of books explicitly focused on healthcare ethics. Over the past 6 months, this collection has become so large that it has now been given its own set of bookshelves. This new free-standing Healthcare Ethics collection, consisting of nearly 900 books, may be found on the far left wall of the Library.

This collection has been enriched by two recent major donations.

The first came to us in late spring from Stuart F. Spicker, Ph.D., who graciously donated his entire healthcare ethics collection to Cedars-Sinai. Dr. Spicker taught for more than 35 years at several universities in the Midwest and Northeast as well as served as a consultant to the United Nations Educational, Scientific, and Cultural Organization (UNESCO)’s Division of Ethics of Science and Technology before retiring to Hermosa Beach in 2007. His donation consisted of several hundred books as well as several nearly complete journal collections, including The Hastings Center Report.

Our second donation came in early summer when Les Rothenberg, J.D., decided to clean out his bookcases while preparing for his second retirement. He first retired in 2005 after spending 25 years as a Professor of Medicine and founding Director of the Medical Ethics Program at UCLA. This second retirement came at the end of 5 years of service as the Clinical Ethicist for Kaiser Permanente – West LA Medical Center. Rothenberg’s donation enriched our collection with an additional 225 books.

These books, combined with the books and healthcare ethics journals the Medical Library already has (including the online Bernard M. Strauss, M.D. Healthcare Ethics Collection of journals) are a wonderful treasure for our Medical Center. I invite every member of the Cedars-Sinai family to take some time and look over this collection. You might even want to start a habit of checking out a book or two and discovering what might be learned as a result.

A FEW WORDS ON... POETRY & MEDICINE BY DR. MORGENSTERN

"A Long Life"
If I were asked if life was hard,
My reply would be affirmative.
But I would add, however hard,
It’s better than the alternative.

"Coping"
If I were a paramecium
And had too much to do,
I would not work twice as hard,
I’d just divide in two.

-Dr. Leon Morgenstern, MD
Emeritus, Professor of Surgery, David Geffen School of Medicine, UCLA
Being part of the Palliative Care team at CSMC for over 20 years has presented me with many challenges as well as opportunities. Here are my top 10 list of challenges:

1) **Confusion:** Number one challenge has to be the continued confusion over what palliative care is and its difference from hospice. A palliative care consultation is for in-patients with a serious, potentially life-limiting illness. We help with symptom management, advance care planning, and goals of care. Nowhere in that description is “terminal illness”, “stopping treatment” or “dying” mentioned. Hospice is a home/out-patient program for patients with less than 6 months to live when aggressive, life prolonging treatment has stopped. Palliative care sees patients throughout the illness trajectory, not just the last days. Patients can still be receiving life prolonging treatment.

2) **Late Referrals:** Referrals made very late in the illness is another frustration we face. The team often walks into crisis situations with patient’s symptoms poorly controlled, families in high distress, no advance directive or POLST form in place. Seeing this patient earlier in the disease process might help address patient wishes and goals to promote autonomy and enhance family communication. Confusion and inaccurate information regarding palliative care prevents earlier intervention.

3) **Withdrawal of “Care”**: One personal pet peeve of mine is hearing healthcare providers say: “we want to discuss withdrawing care” or “there’s nothing more that we can do for this patient.” These phrases lead to patient/family feeling abandoned by their healthcare team. We NEVER stop caring for the patient. Discontinuing artificial life prolonging therapy is allowing the patient the dignity of a natural death. Additionally, there is always more we can do to promote comfort. Reframing how we communicate can have a major impact on patients and family emotional wellbeing during this trying time.

4) **Pain Management:** Frequently we see patients whose pain is under-treated out of fear that analgesics will hasten death. This is a challenge. Educating healthcare professionals on the appropriate use of opioids is essential and palliative care is often in the role of teacher. On the other hand we do not routinely start morphine drips on every dying patient. As with any other medical intervention, there needs to be a symptom for which this is the appropriate treatment.

5) **Depressing Job:** People often ask us in palliative care “how can you do this work everyday? It is so depressing”. To those of us in the field it is not only NOT depressing but it is rewarding, often uplifting and definitely interesting as we make a difference every day.

6) **Requests for hastening death:** When helping care for an imminently dying patient, it is not uncommon to hear a family member say “we treat our pets better than people. At least we can take our pets to the veterinarian for euthanasia”. Once family members have accepted that their loved one is dying and the decisions to stop aggressive treatment have been reached, occasionally, there is a wish expressed by the family to control this last phase and “hurry it up”. Euthanasia, of course, is illegal in the U.S. We help the family stay focused on patient comfort and allowing the natural process to occur. We provide emotional support and educate the family on what to expect.

7) **Making a Difference:** Walking in to see a patient who is struggling for every breath with loved ones who are surrounding the patient looking on in horror can often be changed to a meaningful, peaceful time with the right medications and family education/support.

8) **The Role of Clarification:** Recently a woman in her 90’s looked at me with tears in her eyes asking if she should tell her husband of 65 years that he is dying. As we talked, the answer to her question became clear to her and she was at peace.

9) **Transitions:** Many around the medical center who have worked with me a long time know my favorite phrase “it’s a process”. We can’t fix everything but it is the journey to get there that is important.

10) **Ethics:** Working in Palliative Care means regularly facing ethical dilemmas. Ethics colleagues are there for us as we confront many of these challenges and make us close partners with Clinical Ethics. We often seek out Clinical Ethics to help us in challenges such as nonbeneficial treatment, and conflicts between family members/surrogates on goals of care. I have always valued this relationship.

- **Linda Gorman, RN, MN** is the palliative care clinical nurse specialist at Cedars-Sinai Medical Center. Ms. Gorman also serves as Assistant Clinical Professor at the University of California, Los Angeles (UCLA) School of Nursing and at California State University, Los Angeles (CSULA). Ms. Gorman holds special certification as an advanced practice nurse in psychiatric nursing (CNS-BC), a hospice and palliative nurse (CHPN) and an oncology certified nurse (OCN®), and also she is certified as a Clinical Nurse Specialist.
Our Policy: Revised Withholding & Withdrawing

Effective January 10, 2011, a newly revised policy governing the withholding and withdrawal of life-sustaining treatments went into effect at CSMC. Beyond re-organizing its format and refining its language so as to make it easier to read and follow, the main update to this policy is the inclusion of a new section, “Conditions in Which Life-Sustaining Treatments are Considered Medically Inappropriate” (section IV - E). Although new to the Withholding and Withdrawal policy, the format and language of this section are virtually identical to a similarly-entitled section found in the Resuscitation Policy (section IV, subsection B5); the only substantive difference is that here, the withholding and withdrawal of all life-sustaining treatments is addressed whereas the Resuscitation Policy only addresses withholding CPR.

Like all of the ethics-related policies associated with the clinical care of patients, the newly-revised “Withholding and Withdrawal of Life-Sustaining Treatment” policy is accessible to all CSMC employees. Simply follow these instructions:
- Go to the Intranet home page
- Click on the “Policies and Procedures” link – it is located near the bottom of the right sidebar
- Click on the folder entitled “PPM Documents” – it is at the top of the main section of the Policies and Procedures page
- Click on the folder entitled “Clinical Care”
- Click on the folder entitled “Ethics”

For more information, we invite you to visit our websites:
Intranet: www.cedars-sinai.edu/ethics
Intranet: web.csmc.edu/ethics

Winter 2011 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.

December 15, 2010 - “Policy, Practice, Perspective: End-of-Life care at Cedars-Sinai Medical Center”
Stuart G. Finder, Ph.D., is the director of the Center for Healthcare Ethics at Cedars-Sinai Medical Center, Los Angeles, CA. As a clinician, a teacher, and a researcher, Dr. Finder is interested in exploring the complexity and implications of moral experiences as actualized in health care contexts.

Steven Miles, MD is a Professor of Medicine and Bioethics at the University of Minnesota Medical School in Minneapolis. He is an Affiliate Faculty for the Center for Holocaust and Genocide Studies and for the Law School’s Concentration in Health Law and Bioethics. Dr. Miles is board certified in Internal Medicine and Geriatrics and teaches and practices internal medicine at the University of Minnesota. Dr. Miles has published four books including the highly acclaimed, The Hippocratic Oath and the Ethics of Medicine (2005) and Oath Betrayal: America’s Torture Doctors (2009).

Maurice B. Siegel, MD Lecture in Humanism & Medicine
Daniel P. Sulmasy, MD, Ph.D is a Professor of Medicine and Divinity at the university of Chicago. His research encompass both theoretical and empirical investigations of end-of-life decision-making, ethics education, and spirituality in medicine. In 2010, he was appointed a member of the Presidential Commission for the Study of Bioethical Issues by President Obama. He’s the author of four books including, The Healer’s Calling (1997) and Methods in Medical Ethics (2001; 2nd ed. 2010). He is also editor-in-chief of the journal, Theoretical Medicine and Bioethics.

March 16, 2011 - Weinberger-Vermut Lecture in Genetics and Ethics
Nancy A. Press, Ph.D., is an Associate Professor in both the School of Medicine and the School of Nursing, as well as the Assistant Director of the Center for Ethics in Healthcare at Oregon Health & Science University (OHSU). Her work has focused on the ethical and social implications of genetic information. She is a co-editor of the book, “Wrestling with Behavioral Genetics: Science, Ethics, and Public Conversation.” (2006)
## Winter 2010 Meeting Schedule

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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

### Good Reads......

**Notes on Nightingale: The Influence and Legacy of a Nursing Icon**  
Edited by S. Nelson & A. Rafferty (Cornell 2010)  
Nursing historians and scholars offer their valuable reflections on Nightingale and provide analysis of her role in the profession a century after her death. This book offers new scholarship on Nightingale’s work in the Crimea and the British colonies and her connection to the emerging science of statistics, as well as valuable reevaluations of her evolving legacy and the surrounding myths, symbolism, and misconceptions.

**The Healer’s Calling: A Spirituality for Physicians and Other Health Care Professionals.**  
By Daniel Sulmasy (Paulist Press, 1997)  
Franciscan friar and physician, Daniel Sulmasy speaks to the spiritual longing of healers. This book integrates both faith and healthcare, and through personal reflection, takes the reader on a journey and questions the balance between faith and delivering quality healthcare.

**Wrestling with Behavioral Genetics: Science, Ethics, & Public Conversation**  
Edited by E. Parens, A. Chapman, & N. Press (John Hopkins Press, 2005)  
Comprised of several essays, this book brings together an interdisciplinary group of contributors – human geneticists, humanists, social scientists, lawyers, and journalists – to discuss the ethical and social implications of behavioral genetics research. This volume provides an accessible introduction to a fascinating and controversial science and the societal and individual implications of its continuing development.

**The Hippocratic Oath and the Ethics of Medicine.**  
By Steven Miles. (Oxford, 2004)  
A practicing internist, medical ethicists, with a voice in health policy, Miles examines the dimensions of social justice in the oath by distinguishing between the public and private activities of the Greek physician both of which were governed by concepts of beneficence and justice. Teachers of medical ethics may appreciate Miles’s outline of a course designed around the phrases of the oath.

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!

**Note from the Editor...** On behalf of the Center for Healthcare Ethics personnel, we would like to Thank Linda Gorman for her contribution to “A Glimpse Inside” and also to wish her nothing but the best on her next adventure. Linda, CSMC will miss you!

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

**Center for Healthcare Ethics Personnel**

- **Director:** Stuart G. Finder, Ph.D.  
- **Assistant Director:** Virginia Bartlett, Ph.D  
- **Associate Director:** Kenneth Leeds, M.D.  
- **Senior Advisor:** Leon Morgenstern, M.D.  
- **Associate Director:** Julie A. Choudhury, BS, CHES: Newsletter Editor & Special Assistant  
- **Management Assistant II:** Susanne Tiffer