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

On Sunday afternoon, December 23, Dr. Leon Morgenstern – founder and inaugural Director of, and since 2007 the Senior Advisor for, the Center for Healthcare Ethics – died at home. He was 93 years, 5 months, and 9 days old.

Leon’s death was sudden and unexpected. But it was, as it turned out, just the way Leon had hoped it would be: very peaceful. He died after sitting down for a bit in his favorite chair. He had told his beloved wife, Laurie, that he was having a minor episode of scotoma, something that he’d been occasionally experiencing for well over a decade, and so he wanted to rest. He drifted off to sleep, and then to wherever one drifts, if anywhere, when the body comes to its end.

During the 90 minutes that now turns out to be our last conversation, on Friday, December 21, he and I talked about many of the usual thing: he reported on several articles he’d recently read that he thought I might enjoy and might want to share with members of the Bioethics Committee; I told him about policy work I was doing and changes I was thinking of recommending; I also reminded him of who I’d invited to be speakers for the next two Ethics Noon Conference, including, more importantly, Prof. Michael Bliss, whose biography of Osler is one that Leon deeply enjoyed reading (and which is one of the reason’s I’d invited Prof. Bliss to come here in February).

We also spoke of Leon’s health. Leon raised this because earlier that week he’d been to his Ophthalmologist who had confirmed what Leon already knew: his vision was worsening. Leon then told me how it was becoming nearly impossible for him to comfortably read the printed page. But he wasn’t complaining. He just wanted to make sure I knew, because it might curtail his ability to contribute to the Center’s work, and that bothered him more than anything.

Those who knew Leon, who worked with Leon, who had spent any time really interacting with Leon, know that Leon maintained incredibly high standards – most especially for himself. Since the day I arrived to become his successor as Director of the Center for Healthcare Ethics, he wanted to make sure that he carried his weight, that he wasn’t simply “Senior Advisor” in name only. That’s one of the reasons I met with him every, or every other, week: I wanted to make sure that he well knew how much I, and speaking for my colleagues, we deeply valued his insights, his commentary, his incredible wealth of knowledge, his appreciation of history, and his firm and unshakeable belief in the Good.

We wanted his contributions as much as he wanted to make sure he was contributing.

I only knew Leon Morgenstern for 5 and half years. Many of you knew him for decades, others knew him only from a distance, seeing him in the hallways with his distinctive walk. And many of you didn’t know him at all; I wish you had, for he was a man of deep integrity and commitment. It was a privilege to be his colleague. We all are going to miss him.
During my first 10 or so years as a nurse, I worked in pediatrics, adolescent psychiatry, outpatient community mental health and in CSMC’s Emergency Department as a psych CNS. For the past 28 years, I have served as a Mental Health Nursing Liaison for all of CSMC. If caring for patients and their families was what I did during the first phase of my career, caring for them as well as the healthcare team are all now a part of my nursing practice. The inspiration to care for the caregivers, however, came early in my career, when I was caring for children with contagious diseases. The outcomes for some of them were devastating. We did “everything” we could – some died, some survived with disabilities, and fortunately some recovered fully. With advances in technology, the “everything” we could do started to raise the question, “Should we do it?”

Nursing is a profound undertaking. Doing good, preventing harm, helping but not harming – this is what we sign up for. Yet, starting an IV on an infant was “hurting” the other, wasn’t it? And when we “papoosed” the baby to safely start the IV that was needed to treat her dehydration from a Shigella infection, didn’t that cause the baby distress? I reconciled imposing such burden/harm for the greater benefit; nonetheless, I felt badly about inflicting pain with no way to explain my intentions. Lots of holding and comforting needed to follow.

Caregivers need to be figuratively (and sometimes literally) held and comforted too. We bear witness to the tragedy of illness, suffering, pain, and human triumphs and shortcomings. We are immersed in ethical quandaries of “What is the right thing to do for this patient?” and “What is the right thing for me to do in this situation?” We also bear witness to, and are inspired by, the lessons that patients and their families teach us as they live and cope with the circumstances engulfing them. Healing, be it physical or spiritual, is always infused with hope.

There is also this: nurses find themselves almost always in the middle of everything going on with their patients. Unfortunately, we haven’t always been privy to the conversations related to medical treatment planning. We are expected to carry out doctors’ orders and are responsible for what happens to our patients. So nurses ask: “Why are we doing this?”; “Will this treatment help the patient?”; “Is this what the patient wants?”; “Does the patient understand his/her choices?”; “Who is making decisions for the patient who can’t participate in decision-making?”

Ethical issues are sources of nurses’ stress and can become moral distress. Over the last 28 years my colleagues have consulted with me, seeking validation, clarification, other resources and assistance with problem-solving. One of the first ethical issues a young colleague, “Susan,” shared with me was about truth telling.

Susan was distressed by the questions her patient (“Mrs. Delanie”) was asking about her illness. Mrs. Delanie understood that she had some progressive neurological disorder, but felt that her doctor and daughter weren’t telling her everything. Mrs. Delanie’s physician and daughter had given instructions to not tell her how ill she was “because she couldn’t handle it.”

Susan didn’t know what to say to Mrs. Delanie and sought advice. Susan wanted to tell Mrs. Delanie her diagnosis (amyotrophic lateral sclerosis) but knew it was outside her scope of practice. What could and should she do? She talked to the attending physician about Mrs. Delanie’s questions and her right to know her diagnosis. The physician insisted he had told Mrs. Delanie about her condition but admitted he did not use the formal or common name of the disease because Mrs. Delanie’s daughter asked him not to, stating it would “increase the patient’s anxiety.”

The next time the patient asked Susan about what was “really wrong” with her, and stated that she was feeling weaker and didn’t understand, Susan told her that she had a right to have her questions answered and that Susan would help her. But Mrs. Delanie didn’t want to question her doctor or her daughter, or to
A glimpse Inside cont’s...

seek a second opinion; she didn’t want to upset them. She trusted her doctor, she said.

Susan then spoke to Mrs. Delanie’s daughter, who appreciated Susan’s concern but was sure more information would make her mother worse. Susan advocated as best she could and was left feeling inadequate, frustrated and uncertain whether she had done enough.

Today we can call for a clinical ethics consultation (CEC) to facilitate both individual reflection and essential conversations. Speaking up about concerns, respectfully listening to others, exposing underlying assumptions and considering diverse values, patient goals, and the impact of current and proposed plans of care all strengthen the moral milieu and our culture of safety. CEC serves as another kind of holding and comforting while we strive to meet our responsibilities to patients, their families and ourselves.

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Winter 2013 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

January 16, 2013 - Siegel Lecture in Humanism and Medicine
“First Drafts and Open Spaces: Why Healthcare Providers Should Think Like Creative Writers”
Jay Baruch, M.D., is an Assistant Professor of Emergency Medicine and director of the ethics curriculum and co-director of the medical humanities and bioethics scholarly concentration at the Alpert Medical School at Brown University as well as a Faculty Fellow at Brown’s Cogut Center for the Humanities. The focus of his work involves developing a program in pragmatic medical humanities, including the role of medical humanities as a means for community engagement on healthcare issues. Dr. Baruch is also the author of a collection of short fiction, Fourteen Stories: Doctors, Patients, and Other Strangers (2007).

February 20, 2013
“No Ethics? Bioethics in the Age of William Osler”
Michael Bliss, Ph.D., is University Professor Emeritus at the University of Toronto. A specialist in the history of medicine and the history of Canada, in 1984 he was elected a Fellow of the Royal Society of Canada, and in 1999 appointed a Member of the Order of Canada. His 12 books (including The Discovery of Insulin, Banting: A Biography, Plague: A Story of Small Pox in Montreal, William Osler: A Life in Medicine, and Harvey Cushing: A Life in Surgery) have received numerous honors, including all the major prizes awarded by the Canadian Historical Association and the Welch Medal of the American Association for the History of Medicine, and the National Business Book Award.

March 20, 2013
“Medicine and Spiritual Care: A Shared Commitment to Listening on the Way to Healing”
George Handzo, M.Div., is a Senior Consultant at HealthCare Chaplaincy (hub for professional chaplaincy education, practice, and research) and President of Handzo Consulting. He is widely regarded as one of the foremost authorities on the deployment and practice of professional health care chaplaincy, with over 30 years in directing chaplaincy programs. He is leading the field in the creation of practices and services which combine spiritual care with proven business benefits for health care institutions, their staff and their patients. Rev. Handzo is also the co-principal investigator on a $3 million grant to establish research capacity in the nascent field of chaplaincy research.
Winter 2013: Educational Sessions & Meetings

Jan 2013
- Jan 3 - Bioethics Cmt
- Jan 7 - Ethics Seminar
- Jan 11 - ICU Ethics
- Jan 16 - ENC
- Jan 25 - ICU Ethics
- Jan 30 - Ethics Forum

Feb 2013
- Feb 4 - Ethics Seminar
- Feb 7 - Bioethics Cmt
- Feb 8 - ICU Ethics
- Feb 20 - ENC
- Feb 22 - ICU Ethics
- Feb 25 - SICU Ethics

Mar 2013
- Mar 4 - Ethics Seminar
- Mar 7 - Bioethics Cmt
- Mar 8 - ICU Ethics
- Mar 20 - ENC
- Mar 22 - ICU Ethics
- Mar 27 - Ethics Forum

*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 either 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

Good Reads...

Fourteen Stories: Doctors, Patients, and Other Strangers. By Jay Baruch (Kent State Univ Press, 2007). Baruch has long been fascinated by how illness can make people strangers to their own bodies, how we all struggle to maintain control as the body decays and life slowly becomes unrecognizable, and how health professionals discover and struggle with the limits of their own competence and compassion. These stories give voice to the challenges of all such concerns.

Spirituality in Patient Care: Why, How, When, and What. By Harold G. Koenig (Templeton Press, 2nd Ed, 2007). Koenig addresses patient-centered integration of spirituality into patient care, including details on the health-related sacred traditions for each major religious group. He addresses skills for screening patients sensitively and competently for spiritual needs, communicating with patients about these issues, and learning when to refer patients to trained spiritual-care professionals who can competently address spiritual needs.

The Making of Medicine: Turning Points in the Treatment of Disease. By Michael Bliss (Univ of Chicago Press, 2011). Borrowing liberally from his previous, and longer, works addressing the 1885 outbreak of smallpox in Montreal, the founding of Johns Hopkins Hospital in 1889, and Frederick Banting’s development of insulin for treating diabetes, in this slender volume Bliss recounts how doctors’ roles have evolved in the past 150 years from being mere caretakers for the afflicted to trusted agents of healing.

Intuition in Medicine: A Philosophical Defense of Clinical Reasoning. By Hillel D. Braude (Univ of Chicago Press, 2012). Marshalling dual training as a physician and a philosopher, Braude is concerned in this bold and timely book with intuition as it occurs at different levels and in different contexts of clinical reasoning. More specifically, through a phenomenological study of intuition, he demonstrates that ethical responsibility for the other lies at the heart of clinical judgment.

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!

Note from the Center’s Faculty...

We would like to thank Marylin Shirk not only for her insightful contribution to this issue’s “A Glimpse Inside” but also for her ongoing & active support of the Clinical Ethics Consultation Service as well as the full breadth of the Center’s work.

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