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Bulletin of the Program in Medicine & Human Values

# Ethical Times

No. 19, FALL 2009

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## Teaching the Dog to Talk: Reflections on Enhancement

By William Andereck, M.D.

Remember how Lassie would stare at her owner and bark when danger called? If only Timmy could have understood her more clearly. *The New York Times* recently announced that scientists had identified one of the human genes responsible for language development, the FOX23 gene, and successfully transplanted it into a female mouse. Subsequently, the offspring of this mouse emitted a unique sound of a totally different frequency than the squeaks of unengineered mice. It could be a while before the FOX23 gene finds its way into the family dog, but winter evenings conversing with Fido are not as far fetched as you once thought. Is it wrong to twist the species like this, or is it just another variation of a labrodoodle?

The current buzz word is "enhancement": *enhanced* cleaning power, *enhanced* sexual function, *enhanced* interrogation. Should medicine go into the enhancement business? Enhancement is a big concept so, for the purposes of this essay, I will limit the term to the realm of Medicine. Medicine, in its traditional form, has always been enhancing, in the sense, of "making better." It is the art of correcting

abnormal bodily functions (pathology) and moving them towards health (normality). But enhancement in its contemporary usage, goes further. It means using medical means to move beyond normal to the supranormal, the exceptional. Again "normal" is a slippery term. Is it the mean, the median, or "just like the rest of us"?



We now have many scientific and medical techniques to enhance human capacity beyond any of these concepts of "normal." Is it morally permissible to engineer

*Continued on page 4*

## Wishes Do Come True

Dr. William Andereck was honored at Wishes for Wellness 2007, a CPMC Foundation fundraiser. Individuals recognized Dr. Andereck with donations in his honor, to be directed by him. In appreciation of the dedicated work of our Intensive Care nurses, Dr. Andereck and the Program in Medicine & Human Values fulfilled a promise to contribute part of our Wishes donations for the complete refurbishing of the ICU staff breakroom. With help from the CPMC Foundation, our generous donors and the input and patience from ICU staff, we are happy to say that wishes do come true.



Dr. William Andereck; Richard Watts, Board Chair, CPMC Foundation; Carol Bonnie, Wishes for Wellness Co-Chair and Board Trustee, CPMC Foundation; James Silkenen, RN, MSICU Clinical Nurse Manager; Gail Glasser, Board Trustee, CPMC Foundation; Sloan Barnett, Wishes for Wellness Co-Chair and Board Trustee, CPMC Foundation, all inaugurate the new breakroom.

Beyond Medicine.

# The Ethicists Are In:

Today's Ethicists: William Andereck M.D., Al Jonsen Ph.D., Katrina Bramstedt Ph.D.



We are all clinical ethicists, who perform ethics consultations. We are often asked what an ethics consultation is. Few people, including even some doctors, are really clear about what an ethics consultation is, why it is needed and how it is done. But ethics consultation is growing across the country. Ninety-five percent of general hospitals in the United States have ethics committees and provide ethics consultation. In fact, the organization that accredits US hospitals requires that all hospitals have "a mechanism to deal with ethical issues." At CPMC, the ethicists working in conjunction with the ethics committee are that "mechanism."

The Program in Medicine and Human Values is the support center for our Ethics Committee, and we three are trained "clinical ethicists." We perform about 10 ethics consultations every month, and give advice on ethical problems even more frequently. Here are several examples of the cases that are typical in our experience:

*He lay there, with occasional jerky motions of fingers, yawning from time to time and even opening his eyes with a blank stare. No visitor entered the room. Nurses cleaned him, changed his linen, adjusting the tubes and bottles around his bed. The team of doctors in training, with the senior attending physician, briefly visited, reviewed some statistics, gazed at him for a moment, then left. One day, a senior nurse spoke: "I think its time for an ethics consultation?"*

*She lay there, silent, hardly moving, not noticing her sons and daughters and her grandchildren who were constantly around her bed. A breathing tube snaked into her neck. Her frail arms were black and blue from the many needles threaded into her veins. The attending physician engaged in a long, wrenching conversation with her sons and daughters, ending*

*with the agonized plea, "you've got to bring her back to us." He then said, "Perhaps an ethics consultation might help you decide."*

Most people are familiar with consultations among doctors. The internist may suggest a surgical consultation when seeking skilled advice about whether an operation might be use-



ful. Your primary care practitioner may recommend a consultation with a cardiologist to obtain expert opinion about the treatment of a heart condition. Consultations have always been a part of medical care. Even the ancient father of medicine, Hippocrates, advised Greek physicians of the 5th century BC, "when in difficulty or ignorant about treatment, do not hesitate to call in one more expert in order to learn by consultation the truth about the case." But can we presume physicians are so ignorant about ethics that they have to call in an ethics expert? Anyway, who is an expert about ethics?

The practice of ethics consultation began in American medicine about thirty years ago. The reason was not that doctors were ignorant of the ethics of their profession. It was, rather, that the traditional ethics had

become very unclear in the rapidly evolving world of medical science. The great Hippocrates established the tradition: "Act always for the benefit of your patient and do them no harm." As medical technology grew more complex, it became difficult to know what to call a benefit or a harm. The lady in our second case has had a severe stroke. The

doctor has just told her children that she is unlikely to recover and, if she does, she will live a very limited life. Is a continued life in this condition a benefit? She cannot tell us. Would she be harmed if the respirator was removed and she died

quietly? The man in our first case is in a condition known as persistent vegetative state. A brain injury has damaged the structure of his brain so severely that he will never recover consciousness and never again communicate with the world. Is it a benefit to sustain his life? Before these life-extending technologies appeared, these questions were never asked.

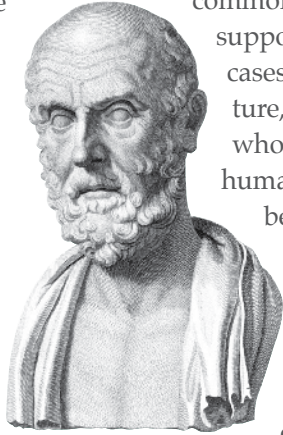
The lady's children must make the decision about whether continued life would be a benefit for their mother. On the basis of their knowledge of her, they must judge whether she would choose to live with extensive paralysis. The man in persistent vegetative state has no known-relatives, no one to estimate what he would want for himself. The benefits and harms in these cases are not simply medical facts, in which doctors are so expert. They are also

human values that are intrinsic to medicine but go far beyond medical knowledge. In this setting, the idea of an ethics consultation arose. Some thirty years ago, persons trained in moral philosophy and in moral theology were just beginning to teach ethics courses in medical schools. They were occasionally asked to join in discussion about patients, like the ones described above. What could they bring to these discussions that a sensitive doctor, a compassionate nurse, a loving child might not bring. Certainly, their knowledge of ethical philosophy, a rich and ancient field of thought, would be of little value in the emotional immediacy of the hospital room. Perhaps not: persons trained in ethics are accustomed to putting particular problems into larger contexts, to interpreting the situation in light of certain broad principles that should guide human actions.

As these new ethicists engaged in discussions with doctors, patients and families, they began to perceive how broad principles, such as respect for the dignity of persons, fair treatment of diverse persons, and so forth, could be shaped to fit cases in the clinic. Also, as many such cases accumulated, solutions could be shared and criticized in the growing literature of the field. Laws and legal decisions about similar cases provided some socially approved directions for certain problems. The ethicist, now called a "clinical ethicist" is expected to bring all this to a consultation.

The clinical ethicist does not "render a decision." Like other medical consultants, clinical ethicists draw together the facts of the case, as well as the views and opinions of the providers of care and the family. They weigh this information against the considered opinions in bioethics, and then offer what they consider rea-

sonable options. It is important that those caring for the man in persistent vegetative state know that it is the common opinion of ethicists, supported by many legal cases and bioethics literature, that such a patient, who does not register any human experience cannot be benefited by treatment and may be allowed to die. It is important for the lady's family to know that the basis of a good decision in her case is their



Hippocrates

knowledge of their mother's values and style of life. They should know, as well, that if, in light of that knowledge, it appeared that she would not wish to live with severe disabilities, a decision not to prolong her life can be judged ethically appropriate. This is a modern adaptation of Hippocrates' injunction "to benefit and do no harm." In modern bioethics, the burdens and benefits are based on the patient's values, as we can best understand them, rather than only on the doctor's skills.

CPMC, like all accredited hospitals, has an ethics committee. It consists of 25 doctors, nurses, social workers, chaplains and the professional ethicists. Unlike most hospitals, CPMC also has on staff three professional clinical ethicists. Whenever our doctors or nurses, or families, seek an ethics consultation, either one of the clinical ethicists or a team of three committee members will respond. The case is reviewed, the participants are interviewed and, in most cases, a resolution conformable to ethics and to law, and agreeable to all parties, is reached. About 100 such consultations are requested each year. The cases are unquestionably distressing. Physicians may be uncertain how to proceed. Families may be emotionally tormented. The ethics consultation

reveals options that offer a sensitive, compassionate way through these distressing cases. Anyone who is directly involved in the care of the patient, that is, physicians, nurses or family, may request an ethics consultation by calling our hotline: 415.600.3991.

### *We Would Like To Thank The Wallace Alexander Gerbode Foundation*

for their charitable support of our Program. The Foundation awarded two grants in the amounts of \$100,000 and \$12,000 to support an ongoing study, Proactive Ethics Intervention, and a project to raise awareness of cultural humility in bioethics, respectively. These two projects represent two areas in medicine that are of the utmost importance: justice and patient centeredness. We will be able to work at improving these two areas at California Pacific because of the generosity from the Wallace Alexander Gerbode Foundation.



### **CAR DONATION PROGRAM**

The Program in Medicine & Human Values is able to accept the philanthropic donation of your car or truck. CPMC will arrange for pick-up and completion of the necessary paperwork. Also, you may be eligible for a tax deduction. Please consult your tax advisor. If you are interested in this program, please contact us at 415-600-1647.

human beings to exceed their natural capacity and perform at supranormal levels, creating Einsteins, Beethovens, or Barry Bonds?

John Harris, a well-respected British philosopher, vigorously opposes arguments against enhancement. During last year's International Bioethics Retreat, at Cambridge University, he made his point by slipping on his eyeglasses and informing his audience that, without his spectacles to enhance his vision, he could not read his lecture. Since this activity only returned his deficient vision to normal, his example would not fit the larger definition of medical enhancement as making better than normal. But what about the neurosurgeon who puts on a pair of optical magnifiers that enhance his vision to ten times normal? The minor burden of wearing an uncomfortable headset is far surpassed by the benefit of being better able to visualize critical brain structures. Surely no one would describe this as an immoral activity.

The past decade has seen players hitting baseballs further than ever. Home run records have toppled while the physique of the sport's major stars has changed from the

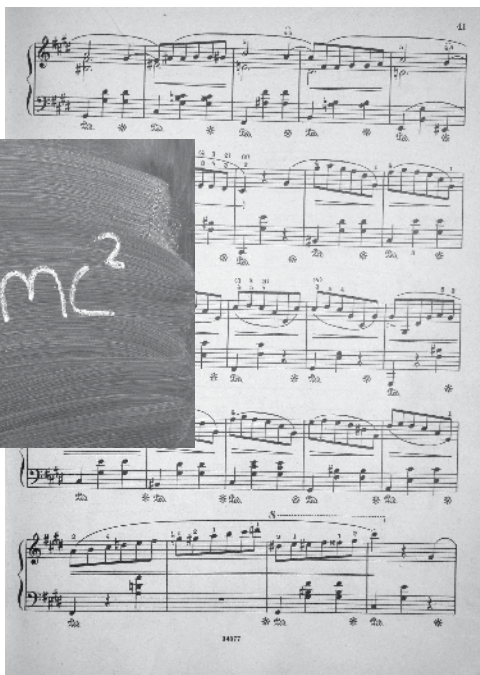
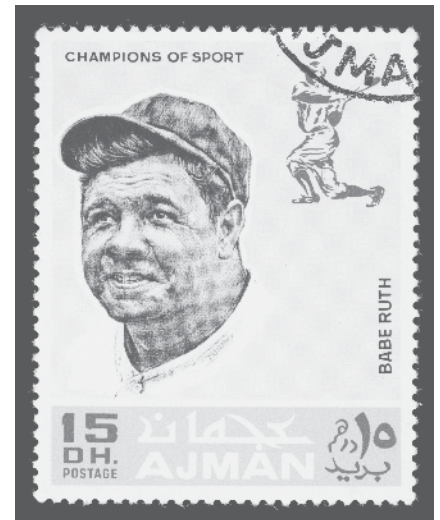
potbelly of Babe Ruth to the massive frames seen on some of the stars of the last 10 years. Allegations that many of baseball's heroes have used steroids to increase their power and speed are rampant. What about the ethics of this activity? One of the most basic of all ethical norms is truth-telling. Honesty is a bedrock principle in all ethical systems. This principle includes following the agreed upon rules. The purpose of sport is for athletes to compete in an activity defined by well-established rules. If the sport bans specific performance enhancing chemicals, ignoring that ban violates the athlete's duty to honesty and is a clear example of an immoral action. But what about the recreational golfer who likes to see his ball fly more than 300 yards, does not compete in tournaments, and informs all of his golf mates that he uses anabolic steroids? He may be placing his health in jeopardy but, is assuming that risk any worse than his tee partner's, who chain smokes? It is harder to label this type of enhancement unethical without infringing on another important ethical value, individual liberty.

Reproductive sciences offer some techniques to enhance offspring. The simplest (and oldest) of these is to select the genes of successful, attractive people to contribute to one's offspring. Suppose a father wants to have a daughter who is renowned for her athleticism. In the pursuit of his goal, he purchases the egg of a world-class olympic athlete, impregnates it with his sperm and has it

implanted in his spouse. Something about this activity seems wrong. The 18th Century ethicist Immanuel Kant suggests a reason that supports this intuition. One of Kant's principles for a morally acceptable action is that it must always treat every human being as an end in itself, never simply as a means. Simply put, it is unethical to use people primarily to accomplish your own goals. Kant, and many modern ethicists might judge that the father is using his genetically engineered daughter to fulfill his own selfish sports fantasy and therefore acting immorally. What if the daughter turns out to be a klutz despite the best egg money can buy? The father would probably see his offspring as a wasted investment.



Some drugs are recognized to enhance mental attention and acuity. Is it wrong for a patient to ask his doctor to prescribe a medication to help him study



**ENHANCEMENT** *Continued from page 4*

for an upcoming real estate exam? Is it wrong for the doctor to provide it? There are no medical contraindications for the patient, and the medication does have the potential to improve his test scores. The real estate board has no rules about using medications to prepare for the test and no one else would be adversely affected if the patient gets his real estate license. In this case, it is difficult to find a moral objection to the prescription. The patient's life could be improved in his new profession, there are no significant medical risks, and no apparent harm to anyone else.

These few examples demonstrate that there is no simple answer to the question of human enhancement. Each case can bring to mind many others with particular quirks, or more subtle contrasts, that make them even more complex. The ones I have chosen show that when enhancement provides unfair advantages in regulated competition, or provides selfish control over others, it is immoral. When it is an exercise of free choice without such unfairness or domination, it is difficult to criticize as unethical. I apologize now to the reader who thought that I could make a clear and definitive statement on the subject. Like most ethical questions, the morality of an action depends heavily on the factual circumstances of the action, as well as the motives and intentions of the actor. That evaluation is the role and purpose of ethical inquiry.

To broadly condemn enhancement procedures is simplistic and, I hope I have shown, wrong. I leave you with this thought. Selection for the adaptation that best enhances an organism is the method of evolution, the most basic form of biologic enhancement. Someday, you may be chatting about this with your dog.



# Happenings

## **International Bioethics Retreat – Lausanne 2009**

The twelfth annual International Bioethics Retreat, co-sponsored by both the Program in Medicine & Human Values, Cambridge University Press, and the Cambridge Quarterly of Healthcare Ethics, was held in Switzerland and hosted by Université de Lausanne. A week filled with presentations by leading bioethicists from around the globe included two members of our staff: Dr. William Andereck led a discussion on credentialing in medical institutions, while Alexis Lopez and Wes McGaughey joined former PMHV intern Ruchika Mishra, PhD, in presenting “When Worlds Collide,” a discussion meant to raise awareness of the importance of cultural literacy in bioethics. The latter included a panel discussion as the group was joined by bioethicists Henry Perkins, MD; Ruth Purtilo, PhD; and John Stone, MD, PhD. It cannot be overstated how useful this unique opportunity is for all in attendance, as the opportunity for peers to exchange ideas and theories contributes greatly to informing the field of bioethics in respective institutions. Dr. Thomasine Kushner arranged an exemplary program and all presenters provoked valuable discussions. As in years prior, many countries were represented: Finland, Israel, Italy, Monaco, The Netherlands, Switzerland, the United Kingdom, and the United States. The American participants represented eleven states ranging from Alaska to New York. Next year's Retreat location will return to France, with final details to be announced.

## **Program Lectures:**

Over the past few months, members of our staff have given lectures at various institutions. Dr. Al Jonsen first lectured at University of California, Santa Clara, leading a discussion titled “Autonomy & the History of American Bioethics.” He then traveled to New York for the 40th anniversary of the Hastings Center, delivering a lecture on the future of bioethics. Dr. Katrina Bramstedt was invited by fellow Sutter affiliate Eden Medical Center to discuss the ethical and legal implications of withdrawing treatment. Dr. Bramstedt was also interviewed by *Time Magazine* regarding organ donation solicitation via the Internet.

## **Summer Workshop IV:**

Our fourth annual Summer Workshop took another step in the ongoing training of ethics committee members by addressing ethical issues surrounding non-beneficial treatment and how to properly document ethics consultation reports. Joining our staff Ethicists in leading the training was visiting scholar Lawrence Schneiderman, MD, of the University of California, San Diego. As was the case last year, the majority of attendees were staff and ethics committee members from multiple Sutter institutions throughout northern California. Almost half of this year's attendees were physicians. Our Program extends thanks to Robert Fordham and the Fromm Institute for the use of Fromm Hall at U.S.F. This successful training event will continue in June 2010. The exact date and topic will soon be announced.

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# New Transplant Ethics Program

The past few years have brought amazing developments to the field of organ transplantation. The range of surgical techniques has increased, and the ability to transport organs across long distances has allowed more people to receive this lifesaving opportunity. Even so, there remains a significant organ shortage and thus it is very important that the organs be allocated to patients with the greatest capacity to benefit from them. There are many situations which can complicate finding out who these ideal patients are, thus the assistance of a transplant ethicist can be very helpful. In May 2009, Dr. Bramstedt received a \$28,000 grant from CPMC entitled "Division of Transplant Ethics – New Program ...Development". This grant funds a joint initiative of the Program in Medicine and Human Values and

the Department of Transplantation to provide free ethics consultations to patients, potential living donors, families, physicians and staff. Additionally, Dr. Bramstedt can assist cardiac teams and patients who are considering permanent or bridge use of ventricular assist devices. Hospital and community education sessions will also be provided, as well as assistance with policy review and development. Overall, the goals of this new program are to promote the integrity of transplant medicine, and the welfare of living donors and organ recipients. If you are interested in providing additional philanthropic support for these efforts, please contact our Program directly:  
**415-600-1647.**