

Campaign to legalize physician-assisted suicide in Washington. Former Washington State Gov. Booth Gardner recently filed paperwork to launch a signature-gathering campaign to put a physician-assisted suicide measure on the upcoming November ballot. Current Gov. Chris Gregoire said she opposes the so-called “Death With Dignity” measure. Opponents and proponents are organizing around this controversy. (www.crosscut.com/2008-election/10567)

Pharmacists asked to tell moral implications of drugs. During the International Congress of Catholic Pharmacists, Pope Benedict XVI said pharmacists must be teachers who not only instruct patients on the proper use of their medications, but also on the potential moral implications of taking certain drugs. As intermediaries between doctors and patients, pharmacists have an educational role in helping patients take their drugs correctly, “and, especially, in raising awareness about the ethical implications of the use of certain medications,” the pope said. He also told the gathering that pharmacists must be allowed to refuse to supply drugs that cause abortion and euthanasia. (Catholic News Service, October 29, 2007)

Bishops OK proposed documents on stem cells, high-tech reproduction. The U.S. Conference of Catholic Bishops overwhelmingly approved a proposal by their Committee on Pro-Life Activities to draft new documents on embryonic stem-cell research and on reproductive technologies. As outlined November 13 by Cardinal Justin Rigali of Philadelphia, chairman of the pro-life committee, the stem-cell document would be “a brief policy statement” explaining why the

church opposes research involving the destruction of human embryos and would be presented to the bishops for debate and vote in June. The statement on reproductive technologies would be written in collaboration with the bishops’ Committee on Doctrine and their Committee on Laity, Marriage, Family Life and Youth, Cardinal Rigali said, and would have “an appealing and pastoral tone.” (Catholic News Service, November 13, 2007)

Survey finds effective communication with doctors and respect for role of parents are key in end-of-life care for children. A recent survey of parents who had suffered the loss of a child found that they believed end-of-life care for children could—and should—be improved. The parents identified specific areas that need to be changed, ranging from better communication and displays of emotion by medical staffers, to respect for the role of the parents. Most of those parents responding were mothers, and three-quarters were married, with an average age of 42. They represented a variety of religious affiliations. (*HealthDay News*, December 2, 2007)

HHS offers tools to promote local pandemic preparedness. The US Department of Health and Human Services (HHS) has released a toolkit to help community leaders educate their constituents about steps they can take to prepare for an influenza pandemic. Titled “Take the Lead: Working Together to Prepare Now,” the 21-item toolkit is aimed at groups such as churches and businesses, health care and civic organizations. The package of materials, posted on HHS’ pandemic planning website at www.pandemicflu.gov/takethelead/index.html,

includes several components that groups can adapt to meet their needs, including talking points, checklists, fact sheets, sample e-mails, and sample newsletter articles. (CIDRAP News, December 4, 2007)

Man who helped start stem cell war may end it. Dr. James Thomson’s laboratory at the University of Wisconsin was one of two that in 1998 plucked stem cells from human embryos for the first time, destroying the embryos in the process and touching off a divisive national debate. And recently, his laboratory was one of two that reported a new way to turn ordinary human skin cells into what appear to be embryonic stem cells without ever using a human embryo. Dr. Thomson said in an interview that he had ethical concerns about embryonic research from the outset. “If human embryonic stem cell research does not make you at least a little bit uncomfortable, you have not thought about it enough,” he said. He decided in the end to go ahead, reasoning that the work was important and that he was using embryos from fertility clinics that would have been destroyed otherwise. Now with the new technique, which involves adding just four genes to ordinary adult skin cells, it will not be long, he said, before the stem cell wars are a distant memory. “A decade from now, this will be just a funny historical footnote.” (*New York Times*, November 22, 2007)

Stem cell advance made using monkey embryos. The elusive quest to create tailor-made stem cells for use in treating human disease is a small but significant step toward realization, as scientists in Oregon created embryonic clones of

monkeys and derived viable stem-cell lines from them. A team at the Oregon National Primate Research Center said that it had created monkey clones by using a variation of the process that yielded Dolly the sheep, the first cloned mammal. Scientists have since cloned cows, cats, dogs, mice and other species, but never a monkey, a far closer evolutionary cousin to humans. Results of the cloning experiments have been validated and published by independent scientists. (*The Wall Street Journal*, November 15, 2007)

“Virgin” birth stem cells may offer tissue bank. U.S. and Russian researchers reported recently that human egg cells can be tweaked to give rise to valued stem cells that match the tissue types of many different groups of people. They said the stem cells they have created from unfertilized human eggs look and act like embryonic stem cells. And they have been carefully tissue-matched in the same way as bone marrow donations to prevent the risk of rejection if they are transplanted into people. The cells are created by a process known as parthenogenesis, which involves chemically tricking an egg into developing without being fertilized by sperm. Several teams have now created parthenogenetic human stem cells from eggs. Other teams have created similar cells using human skin cells or human embryos. (Reuters, December 20, 2007)

China says son likely infected father with bird flu. A Chinese man who recently died of bird flu likely passed the disease on to his father, but there is no evidence the virus mutated into a form which can be easily passed between humans, an official said. The man in the

eastern province of Jiangsu was diagnosed with the H5N1 strain of bird flu days after his 24-year-old son died from the disease. This rare case of two family members struck by the disease drew concern from health authorities, because humans almost always contract H5N1 from infected birds. Experts fear the virus could mutate into a strain that jumps easily from person to person, risking wider outbreaks. A Chinese Health Ministry spokesman said it was likely the man had caught bird flu from his son. (Reuters, January 10, 2008)

Report finds significant gaps in genetic testing oversight. The Secretary’s Advisory Committee on Genetics, Health, and Society (SACGHS) recently released a draft report, “U.S. System of Oversight of Genetic Testing: A Response to the Charge of the Secretary of HHS.” The report details the current state of genetic testing oversight and recommends specific ways of improving the system. Among the recommendations is the need for increased use of proficiency testing (PT) for genetic tests. As the draft report states, “PT is currently considered to be the most rigorous form of performance assessment. In principle, genetic tests and all other high complexity tests should be required to undergo PT.” (Genetics and Public Policy Center, Issue 25, November 2007)

Doctors paid to prescribe generic pills. Health plans are drawing scrutiny for offering financial incentives to entice doctors to prescribe cheaper generic medicines, including paying doctors each time they switch a patient from a brand-name drug. The idea, health plans say, is to save everyone—patients, employers and insurers—money. And many doctors

argue that it’s only right to reimburse them for spending time evaluating whether a cheaper generic alternative is better or as good for a patient. But the more aggressive approaches, such as cash rewards for each patient switched from a given list of drugs, are coming under fire for injecting financial incentives into what some patient advocates and legislators say should be a purely medical decision. (*The Wall Street Journal*, January 24, 2008)

Non-hospital registered nurses suffer from high risk of needle-stick injuries. A Columbia University survey found that nearly ten percent of registered nurses who are not based in a hospital suffered a needle-stick injury during the last 12 months, a rate comparable to hospital-based nurses. Of those who suffered such an injury, 70 percent didn’t seek the help of a health care provider after the needle stick, leaving them at increased risk of serious infection from blood-borne pathogens. The lack of reporting such an event, researchers found, included things such as fear of getting into trouble, not having time to report and not knowing how to report the injury. Principal investigator Robyn Gershon noted the importance of encouraging administrators to facilitate adequate post-exposure care since access to such care helps to significantly reduce the risk of infection. (*BNA Health Care Daily Report*, January 9, 2008)

African-Americans still get inferior cancer treatment compared to white patients. The disparities that have plagued the U.S. health care system since the early 1990s are still present. Researchers reported that blacks continue to receive inferior cancer treatment

compared with whites, despite efforts taken by some doctors and hospitals to understand and decrease health disparities. The study focused on the type of treatment for Americans over age 65 for things such as lung, breast, colon, rectal and prostate cancer under Medicare. The study found that black patients were less likely to receive the recommended types of treatment. Possible factors contributing to such health disparity include having less access to quality care due to socioeconomic and other reasons, more chronic conditions which might complicate therapy associated with cancer, and less trust in the medical profession. (Reuters, January 7, 2008)

U.S. ranks worse than other countries in preventable deaths. Researchers say that the United States is rated worst in new rankings which concentrate on preventable deaths due to treatable conditions in nearly 20 industrialized nations. France, Japan and Australia were rated the best. Researchers tracked deaths which they determined may have been prevented if there was access to timely and effective health care. If the U.S. was able to perform like the top countries, there would be 101,000 fewer deaths per year in this country. One of the key factors in the poorer ranking of the U.S. is the 47 million individuals without adequate health insurance. Researcher Ellen Nolte said, "I wouldn't say [the last-place ranking] is a condemnation, because I think health care in the U.S. is pretty good if you have access. But if you don't, I think that's the main problem, isn't it?" (Reuters, January 8, 2008)

Supreme Court declines to review decision holding Michigan abortion law unconstitutional. On January 7, the

U.S. Supreme Court declined to review a decision which upheld a ruling that found a Michigan state abortion statute was unconstitutional. Petitions, which were filed by Michigan Attorney General Mike Cox and the group Standing Together to Oppose Partial Birth-Abortion, argued that the federal court of appeals erred when it affirmed the decision holding that state limits on the permissible methods for abortion of a nonviable fetus was unconstitutional. The decision by the Supreme Court not to review the lower court decision leaves intact the June 2007 ruling by the Sixth Circuit Court of Appeals, which found that the state law was written in a way that would apply to more than one type of abortion procedure. The purported ban on partial-birth abortions was said to place an unreasonable burden on a woman's right to terminate a pre-viability pregnancy. (*BNA Health Care Daily Report*, January 9, 2008)

U.N. researchers suggest that human cloning should be banned. U.N. researchers say that the world should ban human cloning or "prepare for the creation of cloned humans." The United Nations University Institute for Advanced Studies says that the best solution is to ban human cloning but allow individual countries to conduct strictly controlled therapeutic research, which includes stem-cell research. Researchers warn that because there is no binding legislation on a global level, scientists have an opportunity to create human clones in those countries where bans do not exist. (Associated Press, October 11, 2007)

Court enjoins rules which require Washington pharmacists to fill all valid prescriptions, including Plan B emer-

gency contraceptives. On November 8, a federal court temporarily enjoined the enforcement of a Washington law which required pharmacists to fill all prescriptions, including those for emergency contraceptives. This applies to all pharmacists regardless of whether they may have moral objections to dispensing the prescription. The ruling means that Washington may not take action against pharmacists who refuse to dispense the emergency contraceptive but instead refer the patient to another source to obtain the medication. The trial for the case is scheduled for October 20, 2008. (*BNA Health Care Daily Report*, November 13, 2007)

Supreme Court of Colorado allows signature collection for constitutional protection of fertilized eggs. The court allowed an anti-abortion group, Colorado for Equal Rights, to collect signatures for a ballot initiative which would define a fertilized egg as a person. Abortion advocates are resisting the language of the proposal, suggesting that it is misleading, but the court rejected the challenge. If the measure is approved, fertilized eggs would be afforded state constitutional protections relating to inalienable rights, justice and due process. (Associated Press, November 14, 2007)

Washington hospital may not be held liable for not obtaining informed consent of parents before resuscitating an infant. The court ruled that there is no recognizable right for parents to withhold lifesaving treatment from newborn infants. This decision affirms that of the lower court in which the negligence and informed consent claims of the parents were rejected. The facts surrounding the case involve attending physicians who,

according to the plaintiffs, violated the standard of care when they continued to resuscitate the infant for more than 10 minutes after delivery. The plaintiffs also alleged that if they had been informed of the circumstances, they would not have consented. The court noted the doctors' obligation to act was necessary, with or without informed consent, especially in wake of the emergency condition which arose at the time the infant was born. The court also, in refusing to recognize an infant's right to refuse life-sustaining treatment, highlighted the state's right to compel treatment and protect the interests of vulnerable or innocent individuals. (*BNA Health Care Daily Report*, November 15, 2007)

Governor considers mandating HPV vaccinations. The governor of Texas is considering mandating the HPV vaccination. The controversy over whether Texas should mandate school-age girls to receive the vaccination actually resulted in more people getting the vaccine. The governor, Rick Perry, said that he was "pleased that his actions have prompted Texas families to talk about the vaccine." If the vaccinations are made mandatory, there are still questions remaining about who would pay for the vaccine and what kind of demand concerns it would bring about for the manufacturer. (*Associated Press*, January 7, 2008)

Most free drug samples are not being used as a safety net tool, but are instead used for marketing. A study by physicians from Cambridge Health Alliance and Harvard Medical School says that most free drug samples are used for marketing purposes and not as a safety net for poor and uninsured individuals who cannot afford prescriptions. According to

the study, insured individuals and those with higher incomes are more likely to report receiving free drug samples. The study noted that less than one-fifth of drug sample recipients were uninsured and less than one-third of recipients had incomes under \$37,000 for a family of four. The author of the study noted that the distribution of free samples is controversial because it may influence physician behavior and create safety concerns. The organization Pharmaceutical Research and Manufacturers of America points to flaws in the study and notes that free drug samples "play a critical role in improving patient care and fostering the appropriate use of medicines." (*BNA Health Care Daily Report*, January 3, 2008)

Before health plans can cancel policies, they must show enrollee deception. On December 24, 2007, a California state appellate court ruled that before a health plan rescinds coverage, it must first show that there was a willful misrepresentation or omission on the part of the enrollee or that the plan made reasonable efforts to ensure the accuracy and completeness of the application. This decision marks the first time that an appellate court has issued an opinion on the scope of a 1993 statute prohibiting "post-claims underwriting." (*BNA Health Care Daily Report*, January 3, 2008)

Court dismisses suits claiming wrongful death of subjects in VA cancer studies. On December 10, 2007, a federal district court dismissed suits brought by the widows of deceased patients who were subjects in VA cancer studies. The plaintiffs were unable to show evidence of causation between the deaths and any wrongful action by the defendant. The

plaintiffs argued that they could not obtain evidence of causation because the VA falsified and altered medical records. However, the defendant argued that the alteration of medical records did not establish causation because they were limited to research records. (*BNA Health Care Daily Report*, December 19, 2007)

Care associated with serious preventable errors will not be billed. In 2008, Massachusetts hospitals will not charge patients or their insurers for serious preventable medical errors. Massachusetts becomes the second state, after Minnesota, to adopt such a policy. The policy, which applies to any of the defined events and subsequent care, covers surgery on the wrong body part, surgery on the wrong patient, wrong surgical procedure, retention of foreign object, incompatible blood-associated injury, air embolism-associated injury, medication error injury, artificial insemination with the wrong donor and infants discharged to the wrong family. After this initial implementation, Massachusetts expects to expand the list of covered events. (*BNA Health Care Daily Report*, November 21, 2007)

Almost half of doctors fail to report medical incompetence by their peers. A recent survey revealed that 45 percent of physicians with direct knowledge of wrongdoing do not report incompetence or mistakes by their colleagues. The survey findings raise serious concerns about the medical profession's system of self-regulation. The study does not focus only on non-reporting, but also on other areas where doctors do not practice what is best for their patients or the profession as a whole. The study identified "large gaps in many areas between what physi-

cians believe is right and what they do.” These instances may involve things such as ordering unnecessary tests simply because the patient requested them. Additionally, while 93 percent of physicians believe it is right to provide care to patients even if they cannot pay, only 69 percent of physicians accept patients who are uninsured. (*BNA Health Care Daily Report*, December 10, 2007).

CDC releases statement regarding genetic testing recommendations. In 2005, the National Office of Public Health Genomics at the CDC established the independent, non-federal

Evaluation of Genomic Applications in Practice and Prevention (EGAPP) Working Group. The EGAPP Working Group, formed to support the development of systematic processes for evaluating genetic tests in practice, has released the first of its recommendations. The recommendations are available on the group’s website at www.egappreviews.org. For additional information, visit www.cdc.gov/genomics. (Muin J. Khoury, M.D., Ph.D., Director of the National Office of Public Health Genomics, Centers for Disease Control and Prevention)

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