

Lutheran Lay Fellowship of Metropolitan Washington DC



LUNCHEON MEETING Thursday, July 3, 2014 – 12:00 noon

Saint Luke Lutheran Church
9100 Colesville Road at Dale Drive
Silver Spring, MD 20910

Opening Announcements

President Sargeant opened the meeting at 12:10 p.m. Tables were festively decorated in Red, White and Blue with flag centerpieces. Food was delayed by beltway traffic. Fred Klein is celebrating his birthday on 7/11 and was serenaded appropriately. There were no anniversaries to celebrate.

Lutheran Social Services (LSS) has advised that they will be moving from their NOVA office site at St. Paul's Lutheran Church. Two other churches have indicated interest in housing them.

Bonnie Priebe shared that First Trinity, DC now has a bee hive on the roof. The bees are increasing in numbers under their Queen, Esther. Bonnie hopes to use the honey to make communion bread in the future.

The Alliance of funeral directors has provided brochures about their service.

Carolyn Swolinski announced the Gifts of Hope <http://www.giftsofhopemetrodcc.org> 2nd annual Benefit Concert on Sunday, October 12, 2014, 3:00 pm at Redeemer Lutheran Church, 1545 Chain Bridge Road, McLean, Virginia. There is no admission but a free-will offering will be taken at the concert. The guest artist is Lizabeth Flood. She will play piano and sing songs from the Great American Songbook and will feature music from the following well-known composers: Irving Berlin, Duke Ellington, George and Ira Gershwin, Cole Porter, Rodgers and Hart, Harry Warren. It will be an afternoon of familiar music! For more information about the artist, see <http://lizabethflood.com>. *(see attached flyer and help publicize this benefit concert to your congregation)*

Bonnie Priebe announced that Natalie Heinitz is this year's LLF Scholarship winner. *(see details below)*

The August LLF speaker will be John Graf, who will speak on the ministry of laypeople. His talk is titled "The Ministry of All God's People: Called to What?"

LLF Scholarship

The 2014 scholarship of \$2,000 was awarded to Natalie Heinitz of Springfield, Va. She is a rising junior at Manhattan College. She is uncertain about exactly what she wants to do after graduation, but knows it will be in a helping field. She has been active in many organizations, especially with the Lasallian Outreach Volunteer Experience (L.O.V.E. <https://manhattan.edu/love>), going to work as a volunteer in Haiti this past January. She's been involved in many sports activities, on the safety committee, the production editor of The Quadrangle, as well as an ambassador the Human Trafficking/Immigration committee of the Catholic Relief Service.

Natalie and her family are active members of Prince of Peace Lutheran Church in Springfield, Virginia, where she is regular in attendance, oversees mission activities, and other youth events.

This summer Natalie is working as an intern for Congressman Jim Moran in his office on Capital Hill and, later, with a digital media advocacy firm. She's also a ball girl for the Washington Nationals-a well rounded young lady!

Caring & Sharing

Attendees shared their plans for celebrating the 4th.

Opening Devotion

Pr. David Berg, speaker for the day, led the devotions, based upon [John 5](#) which tells of the sick man who lay by the Pool of Bethesda for 38 years. Jesus asks him if he wants to be healed. After bathing and being healed, the man was told to take up his mat and walk. Because it was the Sabbath, this caused some consternation among the Jews about the activities of healing and carrying mats. It is important that Jesus asked if the man wanted to be healed. God doesn't force his healing upon us; it is something we must desire.

Pr. Berg posits that when God gives us purpose in life, we are often too busy to be sick. He works in a medical setting and sees how illness often results from lifestyle choices. He related the story of a former parishioner known for her attempts to manipulate others through "secondary gain" and made multiple disadvantageous choices in her life. Some people, like the man in the scripture, are ambivalent about actually becoming well.

Introduction of Speaker

For the past 17 years, Chaplain David Berg has served on the staff of Anne Arundel Medical Center, Maryland's third busiest hospital. In his capacity there, he serves as an Ethics Consultant, a member of the Institutional Review Board and the Palliative Care Committee. Also, for the past five years, he has supervised and trained chaplain interns for the University of MD Shore Regional Health System on the Eastern Shore. He lives in Annapolis and is a member of St. Martin's Lutheran Church.

Presentation

"Medical Ethics 101" was the title for Chaplain Berg's presentation. In keeping with his custom, Pr. Berg told a humorous story. This one was about a drunk asking a question of a priest on a subway. The moral: Find out what the real question really is!

America's phobia about death has been a focus for Pr. Berg's professional interest. We live in a death-phobic society. Churches in Northeast PA, where Pr. Berg grew up, are surrounded by graveyards, making death a present reality. He continues to be struck by the shock and chaos some families experience at the death of a matriarch or patriarch when that patient is well into the nineties.

The concept of "Informed Consent" was developed during the 20th century and gives patients the right to decide about the details of their healthcare. The Tuskegee Syphilis medically-unethical study has been related as being seminal in raising awareness of the practice of subjecting people to treatments, or lack of treatment, of which they were not aware. Modern medical ethics developed incrementally, as people became aware of such practices.

The Karen Quinlan case raised issues relating to people in "persistent vegetative states," in which they cannot make their own healthcare decisions. Patients or their surrogates have a right to refuse as well as to consent to health care. Withholding and withdrawing treatment is therefore not considered murder.

Up until the 1960's, ethics was generally taught in philosophy departments and had often relegated itself to linguistic analysis. But in the US in the late 1950's and 1960's the advent of ventilators and hemodialysis made the prolonging of life artificially possible and medical ethics had to face issues related to finite resources in relation to infinite needs. Decisions had to be made on who would be given priority to receive available procedures, who would make those decisions and what criteria would be used. Should it be: What benefit will accrue from the procedure? One's age or status in the community? One's ability to pay? Or should the decision be made by the flip of a coin? Frustrated by all these choices, Congress decided that Medicare would simply pay for all costs related to hemodialysis.

So, the field of ethics suddenly had many new things to talk about. Ethics committees were established in medical facilities. Eventually a presidential commission meeting in Belmont, MD developed the following four principles, which sometimes are at odds with one another:

1. Respect for personal autonomy. This includes the right to privacy and confidentiality.
2. Non-malificence ("*Do no harm.*"). This is the fundamental moral underpinning of healthcare.
3. Beneficence - the principle to "do good." There is a greater good in an action, than in non-action or another, "less good" action.
4. Justice aspects:
 - a. Distributive - How burdens and benefits are distributed among persons in society.
 - b. Procedural – Fair play (as opposed to the *fair share* in distributive justice).
 - c. Restorative – Making restitution (as in Affirmative Action).
 - d. Retributive - Being penalized by making up for past wrongs.

Oncologists often face ethical dilemmas of how far do they go in "poisoning" a person in attempts to kill off the cancer cells. Surgeons usually are the most direct in describing what will or will not happen. Pharmacists face the dilemma of differential human response to various chemicals or combinations thereof. Just because a cutting-edge intervention can be done, doesn't mean it should be done.

Maryland and many other states have two definitions of death:

1. Cardio - heart stoppage
2. Brain death – a concept developed in the late 1960s for keeping a patient's body functioning in order to salvage organs for transplant. The patient really has been declared dead.

The importance of "advance directives" to guide decision-making in the event the person cannot make decisions, including naming a particular person to serve as one's agent was discussed. MOLST (Maryland Orders for Life-Sustaining Treatment) is a document signed by a physician, nurse practitioner or physician's assistant after discussion with a patient or health care agent which is durable as well as transferable. It is used when a patient moves from one institution to another.

Pr. Berg also advocated the option of calling for a Care Conference when one's hospitalization is prolonged, when there is a lack of clarity about a patient's prognosis or there is disagreement about a course of action to be taken. It involves getting together all the interested stakeholders in a room and systematically talking about the diagnosis of a patient, the hopes for the future and the medical options that may or may not be available.

Local clergy may be invited to sit in. In 80 – 85% of the cases, disagreements can be resolved by a simple meeting.

Pr. Berg concluded that there is a ministry need here, to guide families through this decision-making process and to stand with them in relation to the medical community with its varying roles.

Closing

Bob Sargeant concluded by asking Pr. Berg to keep us updated on progress on this topic. The meeting ended shortly after 2 p.m.

**"Medical Ethics 101" Presentation to
Lutheran Lay Fellowship of Metro
Washington, DC
July 3, 2014**

A Case Study: "Everyone against Everyone Else"

"Sara" is an 86-year-old widow who has suffered a series of minor strokes. Because now her heart is also pumping less, it is not receiving a sufficient supply of blood and oxygen. Sara lives in a nursing home, where she has been bedridden for a year. She occasionally speaks and follows some commands, but does not communicate in a consistent fashion. It is somewhat certain that she recognizes her loved ones and those that take care of her.

Sara has developed increasing shortness of breath and is transferred to the local hospital, where she is treated for pneumonia and congestive heart failure. Despite resolution of the pneumonia and aggressive medical treatment of the heart failure, her condition remains grave. She has labored breathing, a heart rate of 110, and excess fluid around both lungs. Her ejection fraction is 38%¹. A procedure to remove excess fluid between the lungs and chest wall is performed [thoracentesis] and 200 ml of transudative fluid is removed; the patient appears to tolerate the procedure well but her clinical condition does not improve significantly. Non-invasive pulse oximetry reveals that she has an oxygen saturation of 70-80% while receiving oxygen by face mask².

Recognizing that the patient's short and long term prognosis is poor, Sara's physician Decides to address her code status with her family. The patient's daughter and granddaughter become extremely upset, stating that they want "everything done" for the patient. The patient's grandson, a dermatologist who does not live in town, is in contact via telephone and he says "do whatever you have to do to keep her alive." He insists the patient be presented to the ICU for transfer, that more fluid be drained from between the lungs and chest wall [a second thoracentesis] and that the space between the two membranes surrounding the chest cavity be obliterated [known as chemical pleurodesis] to prevent fluid reaccumulation or a drum catheter inserted so that fluid can be withdrawn as needed.

Sara's physician hesitates, pointing out that the fluid will reaccumulate and she may require mechanical restraints to prevent her from pulling out any devices that are inserted, and

procedure suggested by the grandson [the chemical pleurodesis] would be painful and possibly unsafe. In fact, the nurse taking care of the patient told the physician that she would have severe moral questions about the use of restraints and, if she were ordered to restrain the patient that she might refuse to do so. The family remains adamant, stating that "nothing is worse than death." They also admit that Sara did not previously express treatment wishes in the past.

The matter became further complicated when the neurologist spoke to the family and suggested that they consider tube feeding Sara by saying that "when you were children, she fed you; so now, it is time for you to feed her." The neurologist is well-known in the hospital community for his cultural and religious objection to not feeding patients who cannot feed themselves.

When the ICU attending physician is approached about admitting Evelyn to the unit, he refuses to consider it, noting that "the family is totally crazy." He also suggests to Sara's physician that he avoid doing a blood gas because a poor result will give the family "more ammunition."

An ethics consultation is called for. The neurologist says he is too busy to attend the meeting and, besides, he does not believe that "social workers, chaplains, and even some of the physicians on the committee [not to mention local clergy] have any right to dictate how I practice my medicine." The ICU attending is hesitant to attend and will decide what to do in light of what the meeting may decide.

What to do now?

- 1 This number represents the percentage of blood pumped by the heart. 55-70% is regarded as Normal; 40-55% is regarded as Below Normal; Less than 40% may confirm a diagnosis of heart failure; and less than 35% indicates a risk of life-threatening irregular heartbeats.
- 2 When O2 levels fall below 92%, cells of the body are oxygen-starved. Among other things, this can result in extreme fatigue, mental confusion and water retention.

Benefit Concert supporting Gifts of Hope

Ellington, Gershwin, Rogers and Hart
Music from the
"Great American Songbook"
Lizabeth Flood, Pianist~Vocalist

Sunday, October 12, 2014 3:00 pm
Redeemer Lutheran Church
1545 Chain Bridge Road, McLean VA

Free Admission
www.giftsofhopemetrod.c.org

Free Will Offering supports
the Gifts of Hope agencies