

# Central Valley Regional Bioethics Conference

Sponsored by the Central Valley Regional Bioethics Committee

Friday, October 17, 2025 | 8:30 a.m. - 4:30 p.m.

Valley Children's Hospital  
9300 Valley Children's Place, Madera, CA

1



2

Annual Lynn Burnett Memorial Lecture

## Top Ten Legal Developments in Bioethics

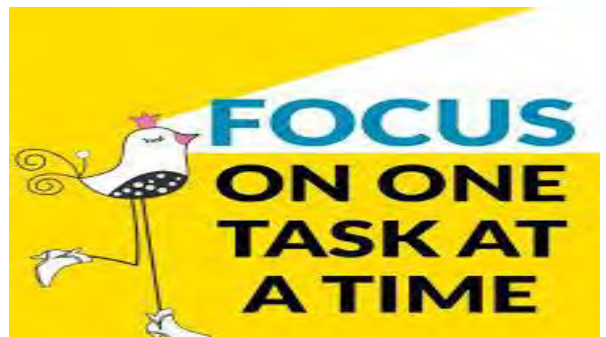
3

nothing  
to disclose

4

format

5



6



7



8



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10



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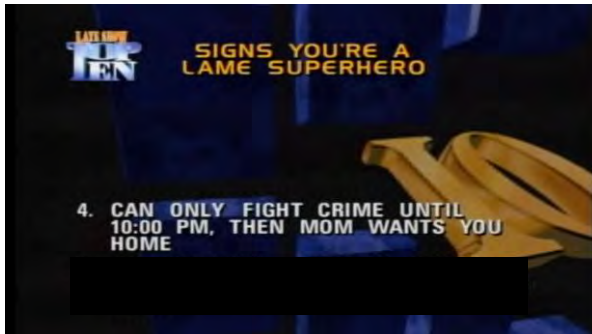
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17



18

2 factors

19

salience  
relevance

20

salience

21

Hot Button Issue



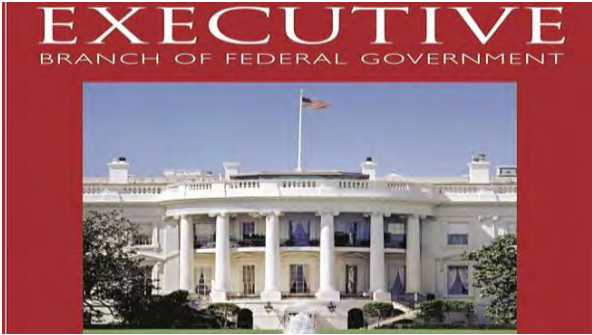
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23



24



25



26

Courtenay R. Bruce, Martin L. Smith, Sabahat Hizlan, and Richard R. Sharp, "A Systematic Review of Activities at a High-Volume Ethics Consultation Service," *The Journal of Clinical Ethics* 22, no. 2 (Summer 2011): 151-64.

*Best Practices*

**A Systematic Review of Activities at a High-Volume Ethics Consultation Service**

*Courtenay R. Bruce, Martin L. Smith, Sabahat Hizlan, and Richard R. Sharp*

27



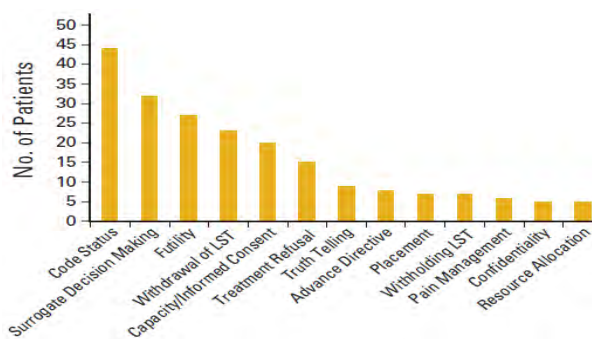
Original Contribution

**Clinical Ethics Consultation in Oncology**

*By Andrew G. Shuman, MD, Sacha M. Montas, MD, JD, Andrew R. Barnosky, DO, MPH, Lauren B. Smith, MD, Joseph J. Fins, MD, MACP, and Mary S. McCabe, RN, MA*

Memorial Sloan-Kettering Cancer Center; Weill Cornell Medical College, New York, NY; and University of Michigan Hospitals, Ann Arbor, MI

28



29



30



31

salience  
relevance

32



33

roadmap

34

65:00

35

determination  
of death

36

1. dead donor rule
2. brain death

37

hot law &  
policy **in CA**

38

3. medical aid in dying (MAID)

39

4. ICE in hospitals & healthcare

40

decision making  
for patients **with  
capacity**

41

5. informed consent
6. decision aids

42

decision making  
for **incapacitated**  
patients

43

- 7. advance directives
- 8. surrogates
- 9. unrepresented

44

10. trust in  
medicine  
(**CDC**)

45

QUIZ  
TIME

46

 Poll Everywhere

47

**PRACTICE**  
makes perfect!

48

in one word,  
what is **your**  
job/role

59

Join by Web  
[PollEv.com/thaddeuspope157](https://PollEv.com/thaddeuspope157)

Join by Text  
Send [thaddeuspope157](#) and your  
message to [37607](#)

Join by QR code  
Scan with your camera app



50



51



52

1

53

dead  
donor  
rule

54



55



56

1 KATHLEEN M. RHOADS (SBN: 144466)  
 2 khrhoads@gran.com  
 3 GORDON REES SCULLY MANSUKHANI LLP  
 4 3 Parkcenter Drive Suite 200  
 5 Sacramento, CA 95825  
 6 Telephone: (916) 830-6511  
 7 Facsimile: (916) 920-4402  
 8 Attorneys for Defendant  
 9 DONOR NETWORK WEST (erroneously sued as Donor Network West, Inc.)

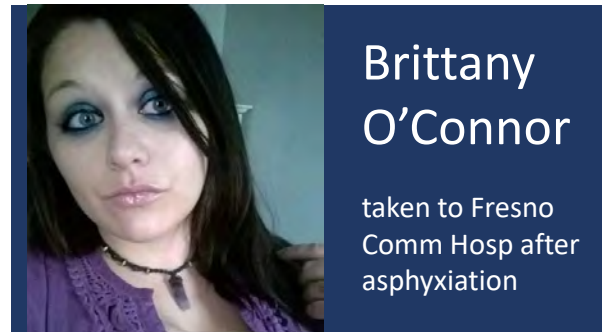
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 16  
 17  
 18

SUPERIOR COURT OF CALIFORNIA  
 COUNTY OF FRESNO

TERENCE MICHAEL O'CONNOR, JR.,  
 an individual,  
 Plaintiff,  
 vs.  
 COMMUNITY HOSPITAL AND MEDICAL  
 CENTER, a California Corporation, d/b/a  
 COMMUNITY REGIONAL MEDICAL  
 CENTER; DONOR NETWORK WEST,  
 INC., a California Corporation; and DOES 1-  
 15, inclusive,  
 Defendants.

CASE NO. 18CECG01184  
 NOTICE OF TAKING DEPOSITION  
 OF EXPERT THADDEUS M. POPE,  
 J.D., PH.D., BEC-C AND REQUEST  
 FOR PRODUCTION OF  
 DOCUMENTS  
 Assigned to Judge D. Tyler Tharpe  
 Department 501, for all purposes  
 Trial Date: October 16, 2023

57



58



59

CRMC

Service Type: Medicine  
 Loc: 4N ICU CRMC  
 Admit Date: 11/17/2017  
 Discharge Date: 11/24/2017

Inpatient Encounter Record

Patient: OCONNOR, BRITTANY MARIE  
 MRN: 00864865 CSN: 276763016  
 DOB: 3/16/1991 | Age: 26 | Sex: Female  
 Type: Hospital Encounter

Consult Notes

11/24/2017 13:17

consults by Burnett, Lynn, PHD

Author: Burnett, Lynn, PHD  
 From: 11/24/2017 13:17  
 Editor: Burnett, Lynn, PHD (Physician)

Service: Ethics  
 Creation Time: 11/24/2017 13:17

Author Type: Physician  
 Status: Signed

MEDICAL ETHICS CONSULTATION

60

conflicts over  
death  
determination  
are **not new**

61

**Los Angeles Times**

Close call - in death ruling  
of potential organ donor

(April 12, 2007)

62

Community  
Regional Medical  
Center

63

47-year-old  
auto mechanic  
John Foster

64

2 clinicians  
determined Foster  
was DNC (BD)

65

daughter disagreed  
3<sup>rd</sup> doc “**not** BD”

66



67



68



69



<https://www.cdc.gov/lead-prevention/success-stories-by-state/kentucky.html>

70



71



72

T.J. Hoover is  
**not** unique

73

May - July  
2025

74

**HRSA**  
Health Resources & Services Administration  
Health Systems Bureau/Division of Transplantation  
5600 Fishers Lane  
Rockville, MD 20857

[https://optn.transplant.hrsa.gov/media/132012/optn-corrective-action-plan-and-optn-directive\\_3282025\\_redacted\\_508.pdf](https://optn.transplant.hrsa.gov/media/132012/optn-corrective-action-plan-and-optn-directive_3282025_redacted_508.pdf)



May 28, 2025

Richard N. Formica, Jr., MD  
President, Board of Directors  
Organ Procurement and Transplantation Network

75

<https://energycommerce.house.gov/>

ONE HUNDRED NINETEENTH CONGRESS  
Congress of the United States  
House of Representatives  
COMMITTEE ON ENERGY AND COMMERCE  
2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115  
Majority (202) 225-3641  
Minority (202) 225-2927

July 18, 2025

#### MEMORANDUM

TO: Members of the Subcommittee on Oversight and Investigations  
FROM: Committee Majority Staff  
RE: Subcommittee on Oversight and Investigations Hearing on July 22, 2025

76

The New York Times

<https://www.nytimes.com/2025/07/20/us/organ-transplants-donors-alive.html>

## *A Push for More Organ Transplants Is Putting Donors at Risk*

People across the United States have endured rushed or premature attempts to remove their organs. Some were gasping, crying or showing other signs of life.

By Brian M. Rosenthal and Julie Tate  
July 20, 2025 Updated 5:49 p.m. ET

77

**dozens** of cases  
**across** the country

78

“**eyes** open and tracking”

“purposeful movement to **pain**”

79

**almost**

took organs  
before death

80



Secretary...   X.com  
@SecKennedy

<https://x.com/robertkennedyjr>

Hospitals began organ harvesting while patients still showed signs of life. That's horrifying—

81

**violating**  
the dead  
donor rule

82

death → remove organs

83

**WRONG  
WAY**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2284769/>  
to provide better care  
to patients.

84



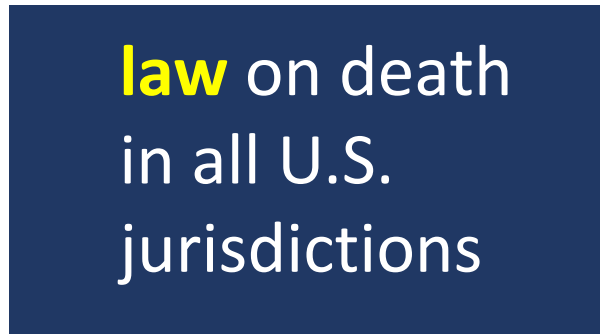
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86



87



88



89



90

“irreversible cessation of  
**circulatory & respiratory**  
functions”

91

*or*

92

“irreversible cessation  
of all functions of  
the entire **brain**”

93

circulatory criteria  
***or***  
neurologic criteria

94

oversight & reform  
focuses on  
**circulatory** criteria

95

DCD

96

catastrophically  
critically ill  
(but **alive** patient)

97

family decides  
to **stop** LST

98

likely that  
heart will **stop**

99



100

**even** when  
heart stops

101

not dead **yet**

102

# UDDA

103

“**irreversible** cessation of  
circulatory & respiratory  
functions”

104

# 2

 problems

105

problem 

# 1

106

cessation is  
**not irreversible**  
as UDDA requires

107

we **can** reverse  
cessation of  
circulatory function

108

we **won't**

(because Pt does  
not want that)

109



110

but

111

we **could**

112

response

113

we interpret  
“irreversible” as  
“**permanent**”

114

circulation **will**  
**not** restart  
(even if could)

115

**not** what  
UDDA says

116

problem **2**

117

**even if** UDDA required  
only “permanent”  
cessation

118

is even **that**  
satisfied?

119

after heart  
stops

120

standoff  
observation

121

**ensure** heart  
does not restart  
**spontaneously**

122

how long?

123



124

**after** 5 min

125

if **no** circulatory  
function

126



→ dead

127

WLST  
asystole  
stand off  
declaration

128

why  
**5** min

129

hearts **have**  
restarted at 4:20

130

DDR  
problem

131

some clinicians  
wait only **2 min**

132



Sept. 2025

<https://www.astsonline.org/advocacy/position-statements>

ASTS Position Statement on a 5-minute observation period

“waiting times ...  
**heterogeneous**”

133



<https://blackandwhite.com/images/two-minutes-clock-symbol-vector-2-minute-vector-icon/194967021>

134

but

135

**unclear** that  
circulatory cessation  
was **irreversible**

136

heart **might**  
have restarted

137

at 2:09  
*or*  
at 3:44

138

**D**DDR

139

~~**P**DDR~~

140

~~DEDR~~

141

~~**A**DDR~~

142

~~**M**DDR~~

143

~~**J**ADDR~~

144



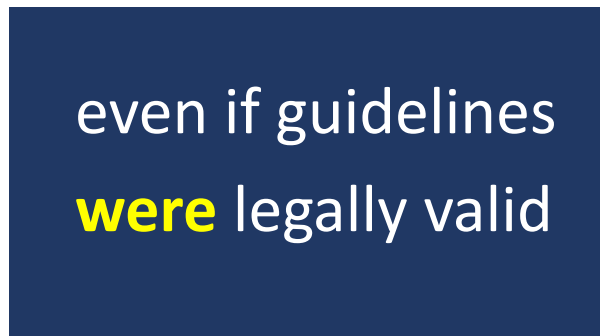
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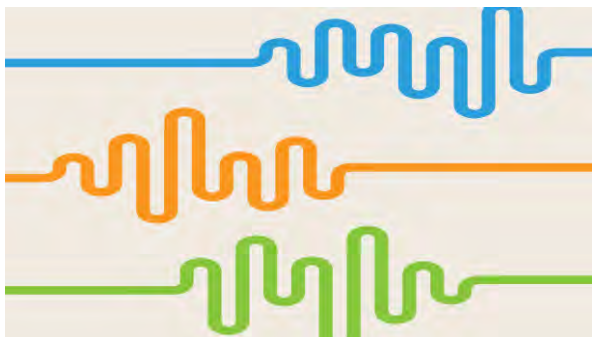
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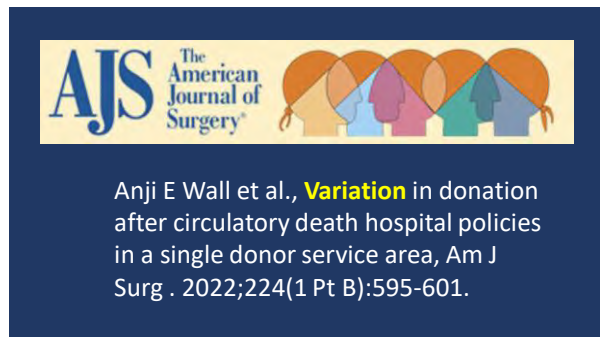
147



148



149



150

ADULT: HEART TRANSPLANTATION: BRIEF RESEARCH REPORT

Variation among organ procurement organizations in experience and practice of heart donation after circulatory death

Austin Ayer, BS,<sup>1</sup> Benjamin S. Bryner, MD, MS,<sup>2</sup> Chetan B. Patel, MD,<sup>3</sup> Jacob N. Schroder, MD,<sup>3</sup>

“significant variability ... uniform standards are needed”

151

\*\*\* HOUSE COMMITTEE ON \*\*\*

**ENERGY & COMMERCE**

CHAIRMAN BRETT GUTHRIE

**O&I SUBCOMMITTEE**

**HEARING**

152

DCD does not  
**necessarily** violate DDR  
but it often does in  
**practice**

153

let's move to  
a specific  
**type** of DCD

154

**NRP**

155

**n**ormothermic  
**r**egional  
**p**erfusion

156

**TA**-NRP

157

DCD requires  
absence of  
circulation

158

but

159

**bad** for organs,  
especially heart

160

**minimize**  
warm  
ischemia

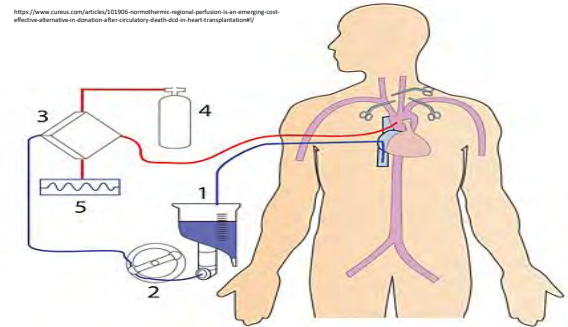
161

*SO* ...

162

restart circulation  
in the **donor**

163



164

improves  
organ quality

165

problem

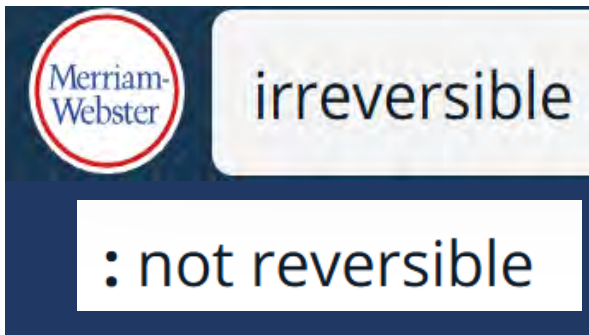
166

said dead **because**  
irreversible cessation  
of circulatory function

167

reversed it

168



169

**basis** for death  
determination  
no longer true

170

response

171

**before** restart →  
cut or clamp  
vessels to brain

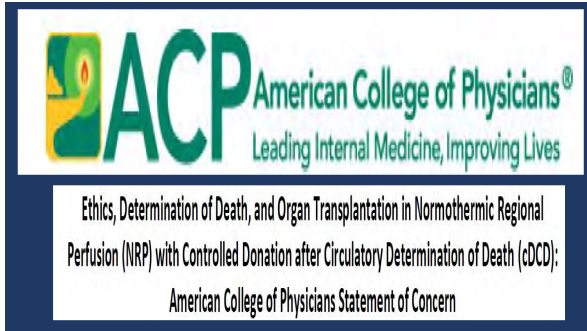
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even if no longer  
**circulatory** dead, w/o  
perfusion to brain,  
patient is **brain** dead

173



174



175

“ethical & legal propriety ... has **not** been met”

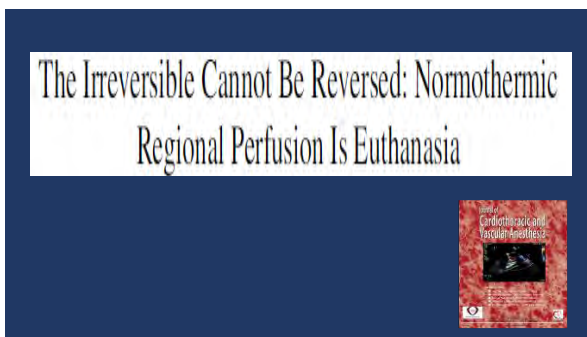
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177

“**unclear** whether NRP violates the DDR”

178



179

**N****R****P**

180

**really** only  
regional?

181

only a **hypothesis**  
do not **know** no  
perfusion to brain

182



Editorial

Normothermic regional perfusion in donation after circulatory determination of death—Confirming the absence of brain reperfusion

Commentary on [<https://doi.org/10.1016/j.ajt.2025.03.029>]

Sam D. Shemie<sup>a,b,\*</sup>, Christopher J.E. Watson<sup>c</sup>

183

do not **know**  
donor is dead

184

may be  
conscious  
pain perception

185



**Sept. 2025**

<https://www.astsonline.org/advocacy/position-statements>

ASTS Position Statement on vascular ligation and/or venting of the aortic arch vessels during Thoracoabdominal Normothermic Regional Perfusion (TA-NRP)

“evidence ... absence  
of cerebral blood flow  
... **emerging**”

186

**HRSA**  
Health Resources & Services Administration

Health Systems Bureau  
5600 Fishers Lane  
Rockville, MD 20857

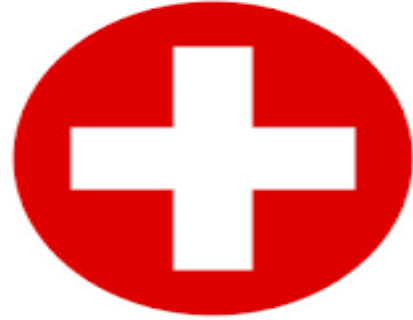
<https://jogh.sciencemag.org/medRxiv/2024/09/27/2024-09-critical-comments-letter-508-v2.pdf>



September 27, 2024

**“circulation to the brain  
... definitely ... restored”**

187



188

Published Ahead of Print on October 11, 2023 as 10.1212/WNL.0000000000207740

SPECIAL ARTICLE

## **Pediatric and Adult Brain Death/Death by Neurologic Criteria Consensus Guideline**

Report of the AAN Guidelines Subcommittee, AAP, CNS, and SCCM

David M. Greer, MD, MA,\* Matthew P. Kirschen, MD, PhD,\* Ariane Lewis, MD,\* George S. Gronseth, MD,  
Alexander Rae-Grant, MD, Stephen Ashwal, MD, Maya A. Babu, MD, MBA, David F. Bauer, MD, MPH,  
Lori Billingham, MD, MSc, Amanda Carey, MD, Sonia Partap, MD, MS, Michael A. Rubin, MD, MA,  
Lori Shutter, MD, Courtney T. Shahidi, MD, Robert C. Tasker, MBBS, MD,  
Panayiotis Nicolazzo, MD, PhD, Eelco Wijdicks, MD, PhD, Amy Bennett, JD, Scott R. Wessels, MPS, ELS,  
and John L. Thompson, MD

**Correspondence**  
American Academy of  
Neurology  
[guidelines@aan.com](mailto:guidelines@aan.com)

*Neurology*® 2023;101:e1-21. doi:10.1212/WNL.0000000000207740

189



190

<https://www.iStockphoto.com/photos/head-and-neck-artery>



**OT caused death**

191



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# brain death

199

problematic  
**apart** from  
transplantation

200

# since 2013

201

**more** conflict  
**more** court cases

202



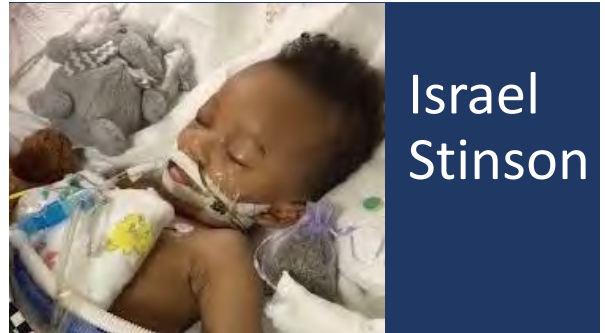
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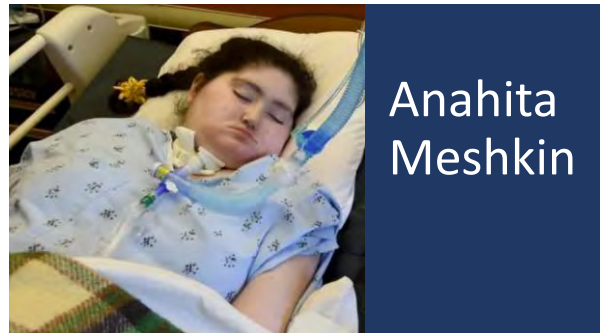
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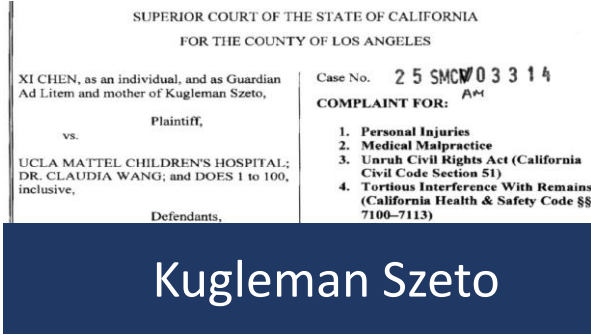
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Lisa Avila

218



219



Alex  
Pierce

220



221



Peter Finnochì

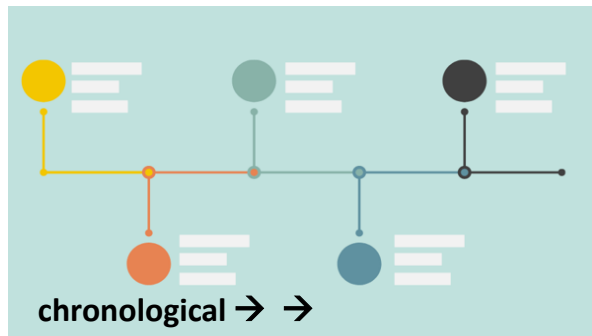
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many **more**  
cases across  
CA & USA

223

**7** key points  
contestation

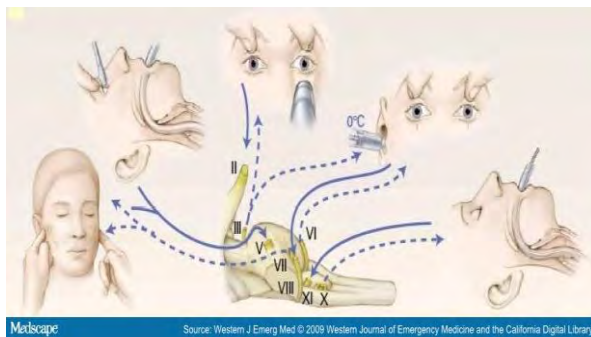
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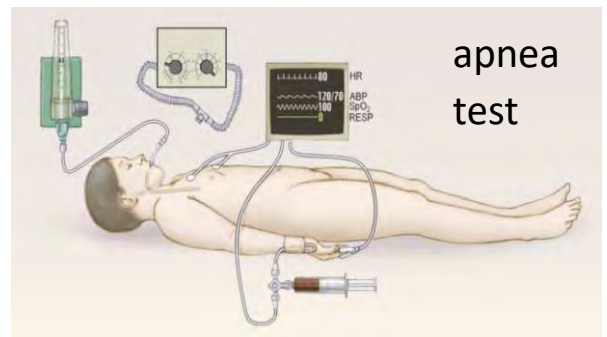
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**suspect** Pt is  
BD/DNC

226



227



228



229



230

Pediatric and Adult Brain Death/Death by Neurologic Criteria Consensus Guideline

Report of the AAN Guidelines Subcommittee, AAP, CNS, and SCCM

David M. Greer, MD, MA,\* Matthew P. Kirschner, MD, PhD,\* Ariane Lewis, MD,\* Gary S. Gronseth, MD, Alexander Rae-Grant, MD, Stephen Ashwal, MD, Maya A. Babu, MD, MBA, David F. Bauer, MD, MPH, Lori Billingham, MD, MSc, Amanda Corey, MD, Sonia Partap, MD, MS, Michael A. Rubin, MD, MA, Lori Shutter, MD, Courtney Takahashi, MD, Robert C. Tasker, MBBS, MD, Panayiotis Nicolaou Varelas, MD, PhD, Eelco Wijdicks, MD, PhD, Amy Bennett, JD, Scott R. Wessels, MPS, ELS, and John J. Halperin, MD

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American Academy of  
Neurology  
guidelines@aan.com

Neurology® 2023;101:1-21. doi:10.1212/WNL.000000000000207740

231



232



233



234

mostly in  
**accord**

235

**notify** family  
of testing

236

but you do  
**not** need  
consent

237



238



239



240



241



242

but

243

**some** states say  
you need consent

244

no consent  
→ no apnea test

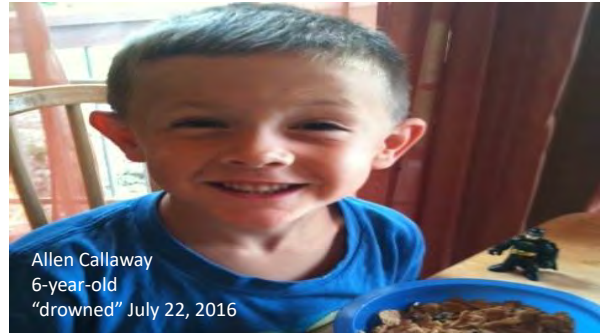
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no apnea test  
→ no brain death

246



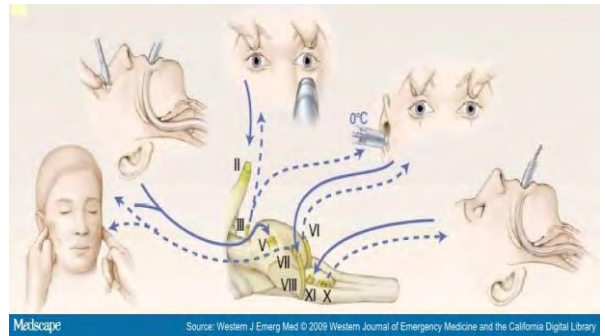
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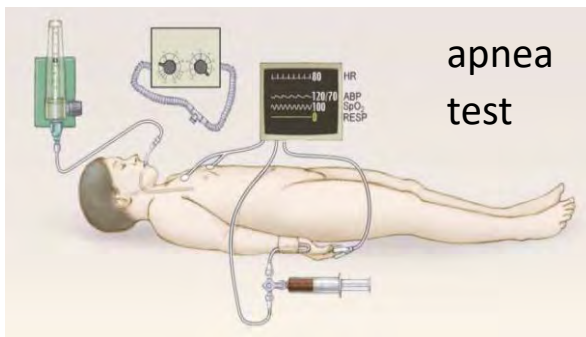
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249



250



251



252

## MONTANA NINTH JUDICIAL DISTRICT COURT, PONDERA COUNTY

IN THE MATTER OF THE  
GUARDIANSHIP OF A C.,  
**FILED**

SEP 26 2016  
Kathleen Keaney  
CLERK OF DISTRICT COURT  
PONDERA COUNTY, MONTANA

a minor.

Cause No. DG-16-08

FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND  
ORDER

253

“no”

254

“request ... permitting  
... testing ... **is denied**”

255

“**mother has sole authority** to  
make medical decisions ...  
**including** ... brain functionality  
examinations”

256



257



Alex Pierce

258



259

so...

260



261

majority rule  
consent **not** needed

262

but

263

minority rule  
consent **is** required

264

that's

# 1 point of contestation

265

do you need  
**consent**  
for BD testing

266

# 2 accommodation for BD testing

267



268

Brain death, the determination of brain  
and member guidance for brain death  
accommodation requests

AAN position statement

James A. Russell, DO, MS, Leon G. Epstein, MD, David M. Greer, MD, MA, Matthew Kirschen, MD, PhD,

269

“**moral authority** ...  
to perform ...  
without informed  
consent”

270

“professional  
**responsibility**”

271



272

**not** so  
demanding

273

generally, **may**  
delay testing

274

but

275



276

Supreme Court of the State of New York      Index Number 1780/2017  
County of Kings

Part 91

In the Matter of the Application of

SARAH NAKAR,

Petitioner,

against

NEW YORK PRESBYTERIAN HOSPITAL, COLUMBIA  
UNIVERSITY IRVING MEDICAL CENTER, AND MILSTEIN  
PAVILION MEDICAL INTENSIVE CARE UNIT,

**DECISION/ORDER**  
Recitation, as required by CPLR §2219 (a), of the papers  
considered in the review of this Motion

**Papers**

**Numbered**

Notice of Motion and Affidavits Annexed..... 1  
Order to Show Cause and Affidavits Annexed... 1  
Answering Affidavits..... 1  
Replying Affidavits..... 1  
Exhibits..... 1  
Other..... 1

277



278



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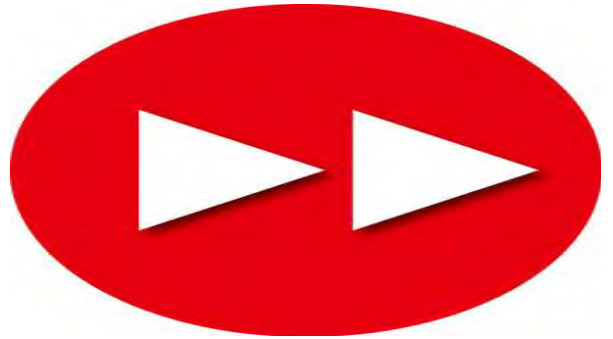
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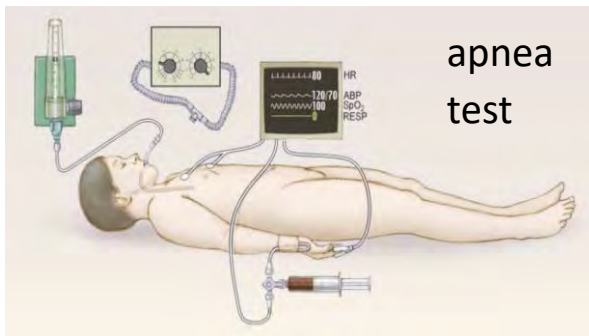
282

must you provide  
**accommodation**  
for BD testing

283



284



285

patient **is**  
BD/DNC

286

**3** **withdraw** OST  
after BD/DNC

287

yes

288

## Annals of Internal Medicine

### American College of Physicians Ethics Manual

Sixth Edition

Lois Snyder, JD, for the American College of Physicians Ethics, Professionalism, and Human Rights Committee\*

289

“after ... brain dead  
... medical support  
should be  
**discontinued**”

290

### Guidelines for Physicians: Forgoing Life-Sustaining Treatment for Adult Patients

Joint Committee on Biomedical Ethics  
of the  
Los Angeles County Medical Association  
and  
Los Angeles County Bar Association

Approved by the Los Angeles County Medical Association February 15, 2006  
Approved by the Los Angeles County Bar Association March 22, 2006

291

“all medical  
interventions  
should be  
**withdrawn**”

292



293

100% in  
**accord**

294

consent  
**not** required

295

dead → not a  
patient

296

not a  
patient → no Tx  
duty

297



298

bright line rule



299

that's

**3** point of  
contestation

300

may you  
**withdraw** OST  
after BD/DNC

301

yes

302

families have  
**limited**  
post-BD rights

303

but

304

**2** exceptions

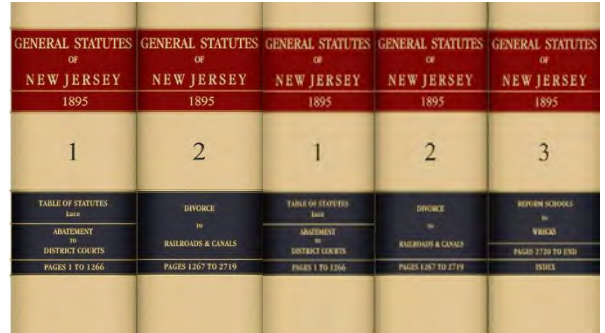
305

**4** **exempt** from  
BD/DNC

306



307



308

“death ... **shall not**  
be declared ... violate  
... **religious** beliefs ...”

309

you may **not**  
withdraw OST  
because BD

310

Pt may  
**satisfy**  
BD criteria

311

**but**

312

may **not**  
**declare** /  
pronounce

313

until meet  
**CP** criteria

314

for **some** patients

BD **≠** death

315

2020s

316

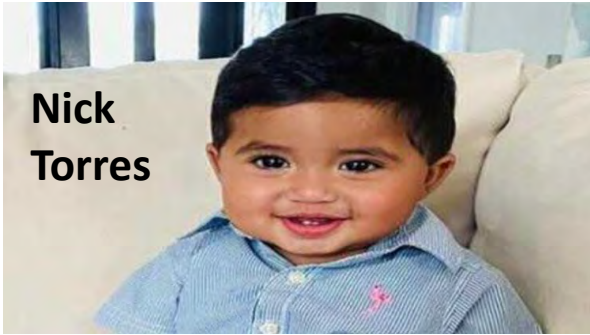


317



Tex. H.B. 4329

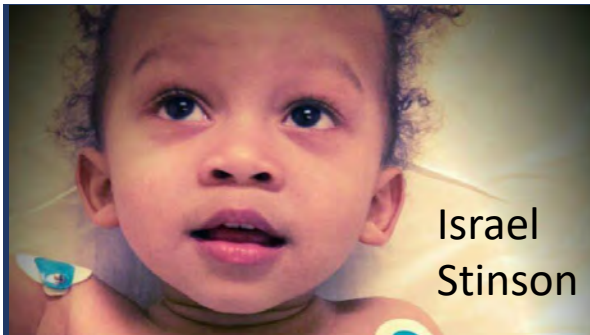
318



319



320



321



322



323



324

**no duty** to  
continue OST  
indefinitely -  
**except** in NJ

325

that's

**4** point of  
contestation

326

is Pt **exempt**  
from BD/DNC

327

**5** **accommodation**  
before withdraw  
OST after BD

328

accommodation  
**≠**  
exemption

329

in **NJ** Pts with  
religious objections  
are **not dead**

330

SO...

331

**indefinite** duty  
continue OST  
until DCC

332

in **other** states (like  
CA) Pts who meet  
BD/DNC are **dead**

333

but

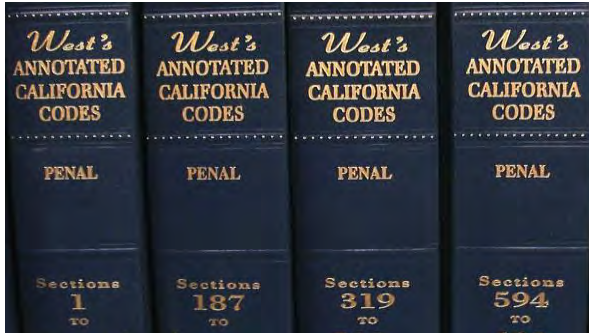
334

often **temporary**  
duty to continue OST  
**after** BD/DNC

335



336



337

Hs must offer  
**reasonable  
accommodation**

338

**what**

339

“continue **only**  
previously ordered  
cardiopulmonary  
support”

340

“**no** other medical  
intervention is  
required”

341

**how  
long**

342

“reasonably  
brief period”

343

“amount of time ...  
to **gather** family ...  
at the patient's  
bedside”

344

law **defers** &  
delegates to  
hospitals

345

“hospital **shall adopt**  
**a policy** for providing ...  
with a reasonably brief  
period”

346

<24h

347



348



349

other  
states

350

**no** statute or  
regulation

351



352

**duty** to continue  
OST reasonably  
brief time (~24h)

353

you **may** provide  
**longer** period

354

that's

5 point of  
contestation

355

must you offer  
**accommodation**  
after BD/DNC

356



357



358

4 points of  
contestation

359

**before**  
BD/DNC

360

do you need **consent**  
to test

must you offer  
**accommodation?**

361

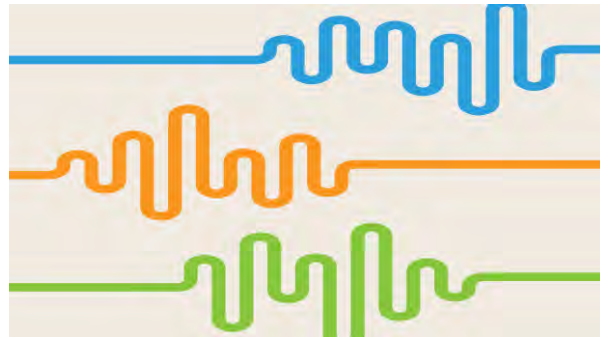
after  
BD/DNC

362

must you honor  
religious **exemption**

must you offer  
**accommodation**

363



364

**2** **more** points  
contestation

365

**6** accepted  
medical  
standards

366

# UDDA

367

**law** on BD in  
almost all U.S.  
jurisdictions

368

determine  
BD/DNC in  
accordance

369

“**accepted**  
medical  
standards”

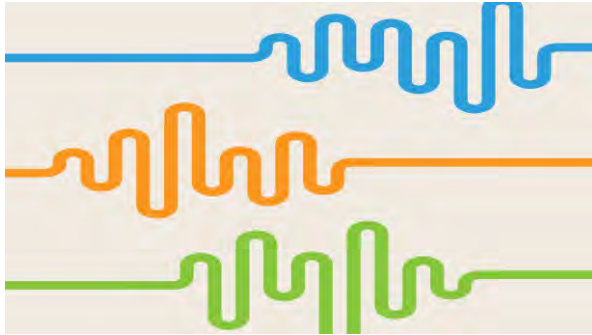
370

# but

371

**which** medical  
standards are  
accepted?

372



373

## Variability of Brain Death Policies in the United States

David M. Greer, MD, MA; Hilary H. Wang, BA; Jennifer D. Robinson, APRN; Panayiotis N. Varelas, MD, PhD;

JAMA Neurology 2016 Feb;73(2):213-8  
doi: 10.1001/jamaneurol.2015.3943

374

374

## Improving uniformity in brain death determination policies over time

Neurology 2017 Feb 7;88(6):562-568  
doi:10.1212/WNL.0000000000003597

375

## Variability of brain death determination guidelines in leading US neurologic institutions

Neurology 2008 Jan 22;70(4):284-9  
doi: 10.1212/01.wnl.0000296278.59487.c2

376

## Variability in reported physician practices for brain death determination

Sherri A. Braksick, Christopher P. Robinson, Gary S. Gronseth, Sara Hocker, Eelco F.M. Wijdicks,

Neurology 2019 Feb 26;92(9):e888-e894  
doi: 10.1212/WNL.0000000000007009

377

Research

Original Investigation

## Variability of Brain Death Policies in the United States

David M. Greer, MD, MA; Hilary H. Wang, BA; Jennifer D. Robinson, APRN; Panayiotis N. Varelas, MD, PhD;  
Galen V. Henderson, MD; Eelco F. M. Wijdicks, MD, PhD

378

378



379



380



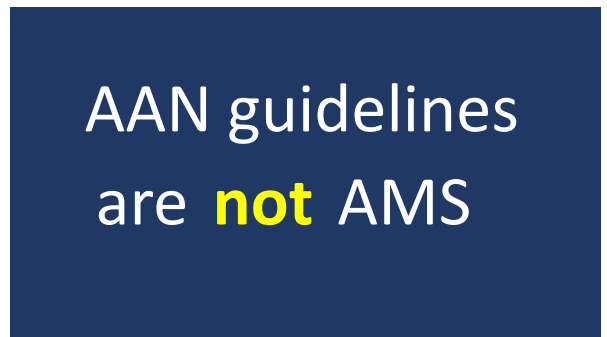
381



382



383



384



385



386



387



388



389



390



391

only **7** states

392

AMS in **other** jurisdictions ?

393

that's

**6** point of contestation

394

are you using the **right** standards to determine BD

395

**7** medical legal **gap**

396



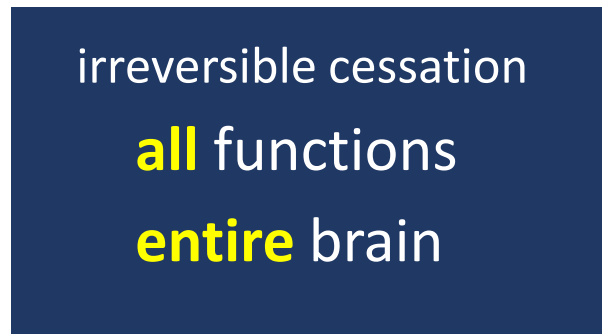
397



398



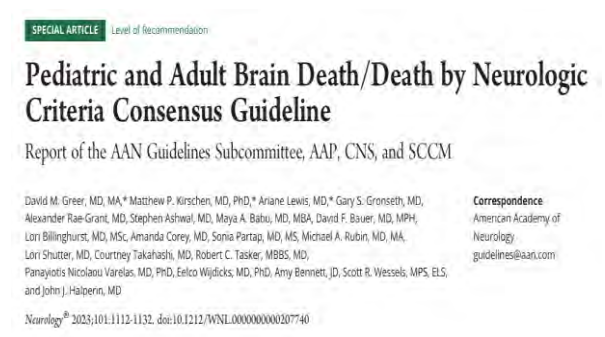
399



400



401



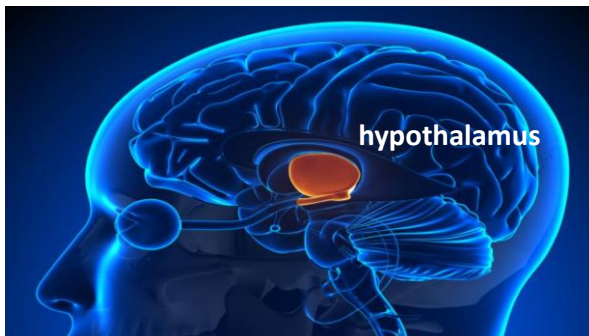
402

~~irreversible cessation  
all functions  
entire brain~~

403

“**neuroendocrine  
function** can persist ...  
not inconsistent with  
the whole brain  
standard of death”

404



405

that's

**7** point of  
contestation

406

**mismatch**

legal standards  
medical criteria

407



408

**7** points of  
contestation

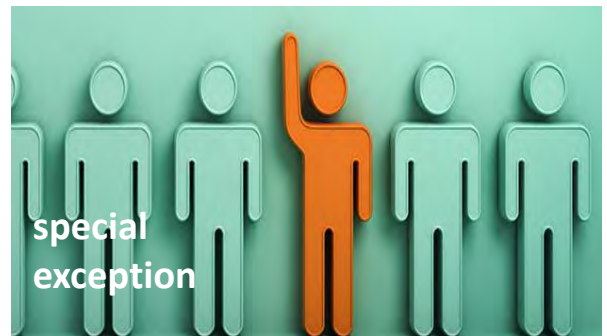
409

**2** groups

410

group **1**

411



412

**before**  
BD/DNC

413

omit testing  
delay testing

414

after  
BD/DNC

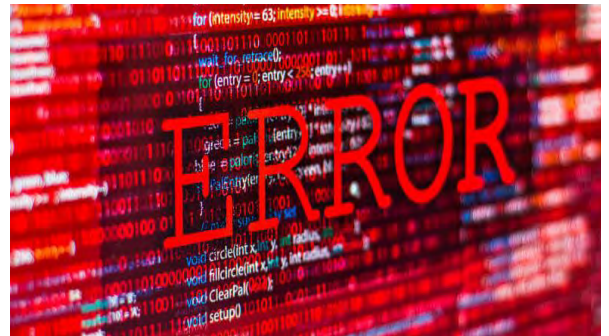
415

exemption  
accommodation

416

group 2

417



418

≠ UDDA  
≠ AMS

419

AMS ≠ UDDA  
≠ “all” “entire”

420

*that's issue 2*

# brain death

421

# 3

422

# MAID

423



424

# Oct. 5, 2015

425

# EOLOA



426

adult  
competent  
terminally ill

427

ask & receive  
prescription  
**drugs**

428

**self**-administer  
to hasten death

429

1<sup>st</sup> 10 years  
EOLOA

430

CALIFORNIA END OF LIFE OPTION ACT  
2024 DATA REPORT



431

10,000 Rx  
6500 ing

432

# but

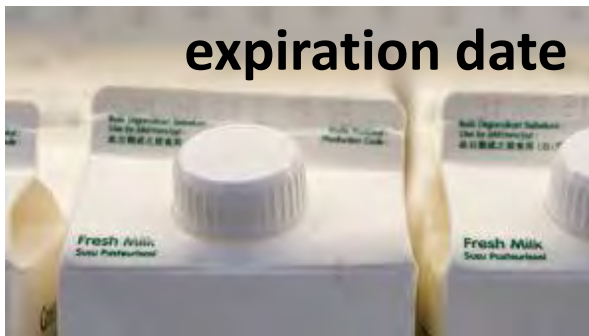
433

Oct. 2015



434

expiration date



435

“remain in effect  
**only until**  
January 1, 2026”

436

DAYS TO GO

# 75

437

Oct. 3  
2025



438

S.B. 403  
**repeals** the  
 sunset clause

439



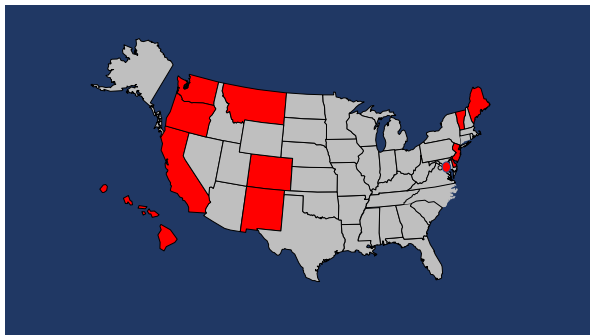
440



441

**12** states

442



443

**75,000,000**  
 Americans live in  
 a MAID jurisdiction

444

“1 in 5  
Americans”

445

75<sup>m</sup> / 340<sup>m</sup>

446

growing  
**variations** in  
MAID laws

447

1<sup>st</sup> 25 years

448

1994-2019

449



450



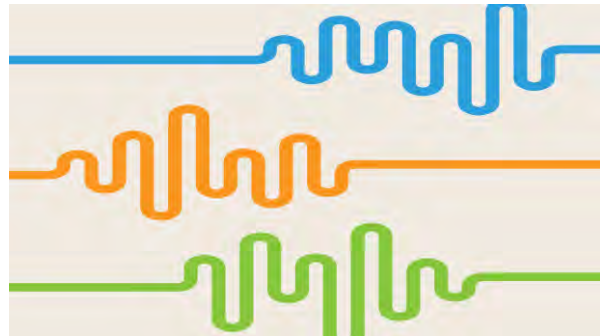
451



452



453



454



455



456

more focus on

# access

457

# can patients **get** it?

458



459



460

# 5 variations

461

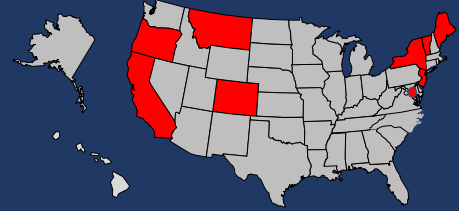
# variation 1

462

**who** can  
prescribe

463

8 states



464



465

physicians  
only

466

MD **or** DO

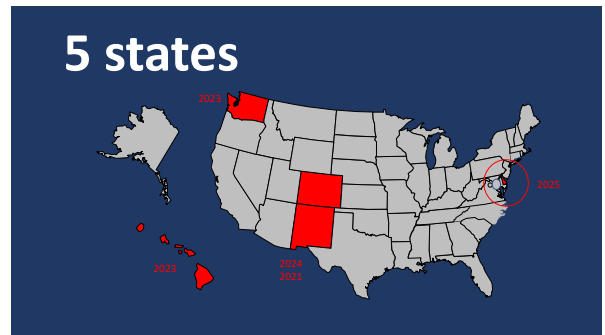
467

but

468



469



470

also  
APRN *or* PA

471

IN IA KY MN  
NH PA VA WI

472

that's variation 1  
**who** can  
prescribe

473

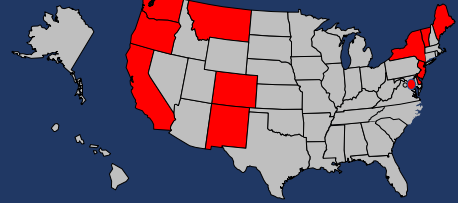
variation **2**

474

how **many**  
capacity  
assessments

475

12 states



476



477

2

478

attending  
+  
consulting

479

refer to mental  
health specialist  
**only** if unsure

480

but

481

1 state



482

3 always

483

**no other state**  
automatically  
requires a MH  
capacity assessment

484

UCSF Health

485

evidence

3<sup>rd</sup> assessment does  
**not** add safety

486



487

that's variation 2

how **many**  
capacity

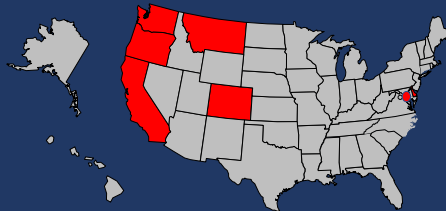
488

variation **3**

489

**who** can make  
3rd capacity  
assessment

490

**7 states**

491



492

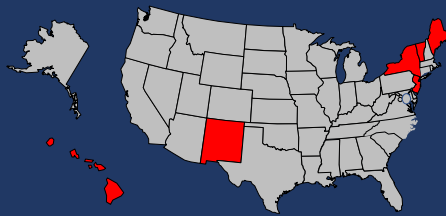
psychologist  
*or*  
 psychiatrist

493

but

494

6 states



495

MENTAL HEALTH  
 CLINICIAN



496

psychiatric  
 nurse  
 practitioner

clinical mental  
 health counselor

licensed  
 clinical  
 social  
 worker

497

that's variation 3

*type* MH  
 clinician

498

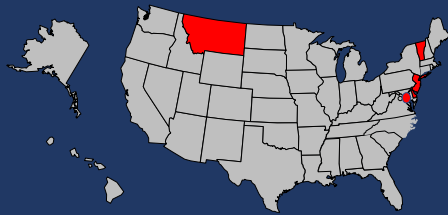
variation **4**

499

how **long** is  
the waiting  
period

500

**5 states**



501

**2** oral requests  
separated by  
**15+ days**

502

undue  
burden

503

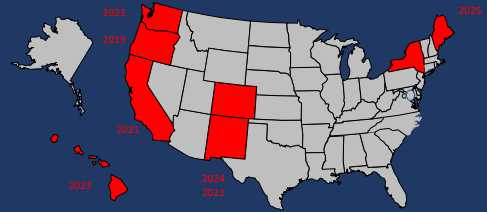
**many** patients  
cannot wait  
that long

504

*so...*

505

8 states



506



507

**shortened**  
wait period

508

*or*

509

**EXEMPT**

510

AZ IL IA MN  
FL IN KY VA

511

that's variation 4

**duration**  
wait period

512

variation

5

513

residency  
requirement

514

originally



515

“resident  
of \_\_\_\_”

516



517

CA permits  
MAID for **only**  
**CA** patients

518

but

519

2023

520

~~“resident  
of \_\_\_\_\_”~~

521



522



523



524



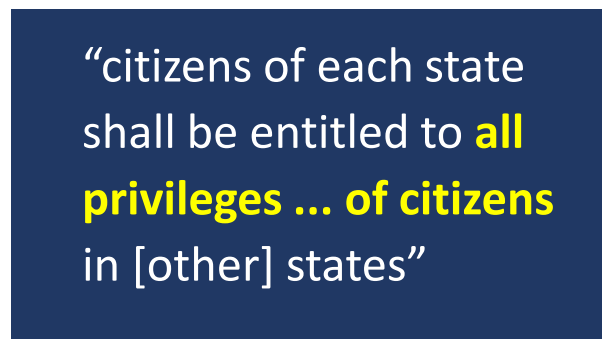
525



526



527



528

SO ...

529

NJ **may not**  
limit MAID to  
New Jerseyans

530

CO **may not**  
limit MAID to  
Coloradoans

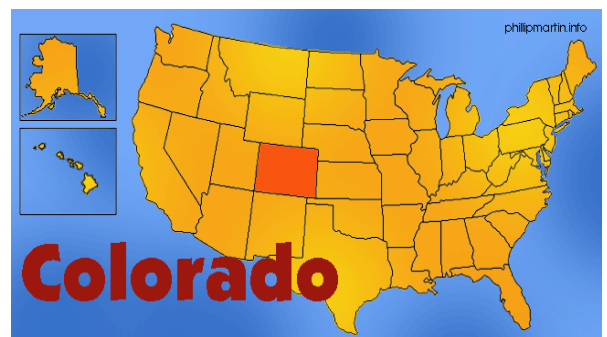
531



532

UNITED STATES COURT OF APPEALS  
for the Third Circuit

533



534



THE UNITED STATES DISTRICT COURT

DISTRICT OF COLORADO

Hon. Philip A. Brimmer, Chief Judge  
Jeffrey P. Colwell Esq., Clerk of Court

535

that's variation 5

**residency**  
requirement

536

variation **6**

537

opt-out  
transparency

538

voluntary  
& optional

539

**no clinician**

must participate  
who does not want

540

# no facility

must participate  
who does not want

541

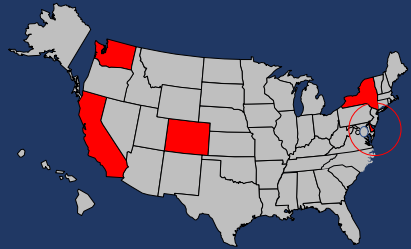
# but

542

# how does Pt identify

543

## 5 states



544



545



546

who participates  
who does not

547

Patients' Right to Know Act  
Service Availability Form  
(continued)

*Ley sobre el derecho de los pacientes a saber*  
*Formulario de disponibilidad de servicios (continuación)*

End-of-life Healthcare Services  
*Servicios de salud hacia el final de la vida*

Medical-Aid-in-Dying Services  
*Servicios de asistencia médica para el proceso de muerte*

| Service or Item<br><i>Servicio o concepto</i>                                 | Service<br><i>Servicio</i> | Referral<br><i>Referencia</i> | Service or Item<br><i>Servicio o concepto</i>                           | Service<br><i>Servicio</i> | Referral<br><i>Referencia</i> |
|-------------------------------------------------------------------------------|----------------------------|-------------------------------|-------------------------------------------------------------------------|----------------------------|-------------------------------|
| Counseling, discussion, and education regarding medical-aid-in-dying services | --                         | --                            | Performing or assisting with the written and verbal request requirement | --                         | --                            |

548



Home > Patients & Visitors > For Patients > End of Life Option Act Policy

## End of Life Option Act Policy



549

that's variation 6

transparency  
opt outs

550



551

6 variations  
MAID laws

552

1. type att/con clinician
2. # capacity assessments
3. type MH clinician
4. waiting period
5. residency
6. opt-out transparency

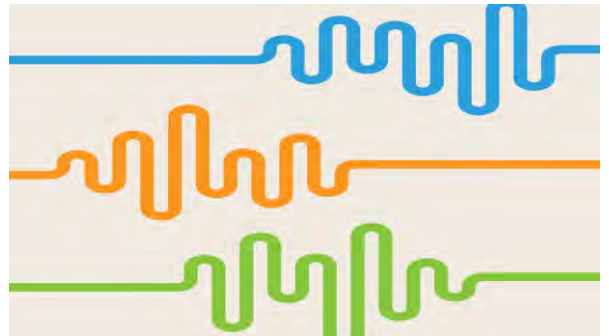
553

# 2026

554

# MORE MORE MORE

555



556

# COMING UP NEXT

557

---

No. 24-2751

---

**IN THE UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT**

UNITED SPINAL ASSOCIATION, *et al.*,  
*Plaintiffs and Appellants,*

v.

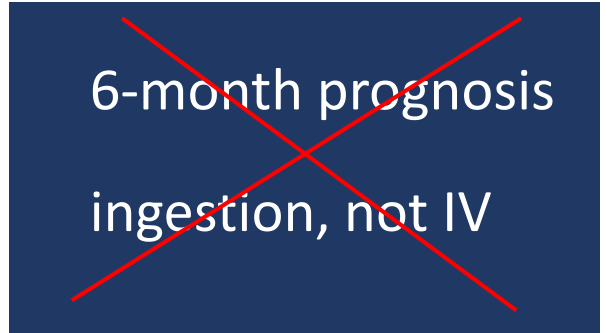
STATE OF CALIFORNIA, *et al.*,  
*Defendants and Appellees.*

---

558



559



560



561



562



563



564



565



566



567



568



569



570



571



572



573



574



575



576



577

Policy Number: 10029.2  
FEA Number: 306-112-002b

Office of the Director

U.S. Department of Homeland Security  
500 12th Street, SW  
Washington, D.C. 20536



U.S. Immigration  
and Customs  
Enforcement

OCT 24 2011

MEMORANDUM FOR: Field Office Directors  
Special Agents in Charge  
Chief Counsel

FROM: John Morton   
Director

SUBJECT: Enforcement Actions at or Focused on Sensitive Locations

578

“policy ... that ...  
enforcement actions  
... **not** occur at ...  
sensitive locations”

579

“medical or mental  
**healthcare facility** ...  
hospital, doctor’s  
office, health clinic ...  
urgent care center ...”

580

2021

581



582



October 27, 2021

MEMORANDUM TO: Tae D. Johnson  
Acting Director  
U.S. Immigration and Customs Enforcement

583

"To the fullest extent possible, we should **not take an enforcement action** in or near a location that would restrain people's access to essential services ... Such a location is ... a **"protected area"**"

584



585

SO...

586



587



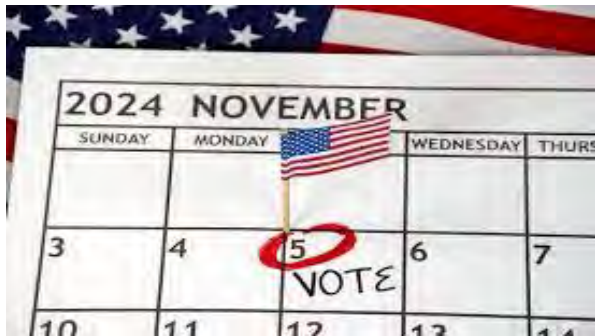
588



589

but

590



591



592

so...

593

2025

594



January 20, 2025

MEMORANDUM FOR: Caleb Vitello  
Acting Director  
U.S. Immigration and Customs Enforcement

Pete R. Flores  
Senior Official Performing the Duties of the Commissioner  
U.S. Customs and Border Protection

FROM: Benjamin C. Huffman  
Acting Secretary

SUBJECT: Enforcement Actions in or Near Protected Areas

595



596

"it is **not** necessary ...  
to create **bright line**  
**rules** regarding where  
our immigration laws  
are ... enforced"

597

"officers ... apply ...  
**discretion**... along  
with a healthy dose  
of **common sense**"

598



599

effect

600



601



602



603



604



605



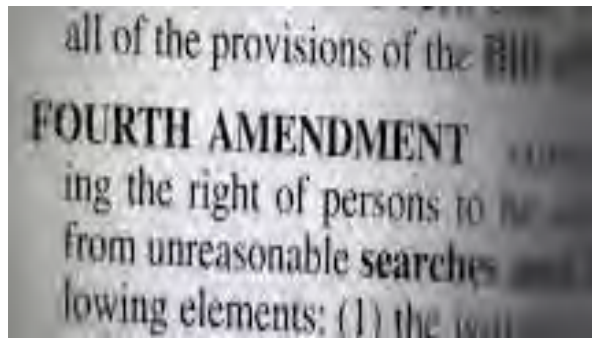
606

designate **one**  
individual in  
advance as  
“Hospital Liaison”

607

takeaway **2**

608



609

ICE may wait in  
**public** areas  
w/o warrant

610

waiting rooms  
lobbies  
parking lots

611

**but**

612

ICE may **not** enter  
**private** areas  
without warrant

613

treatment rooms  
inpatient units  
offices  
not open to public

614

takeaway **3**

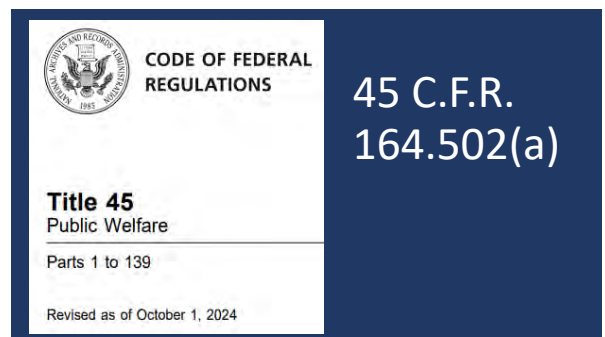
615



616

**not** required to  
answer questions  
without warrant

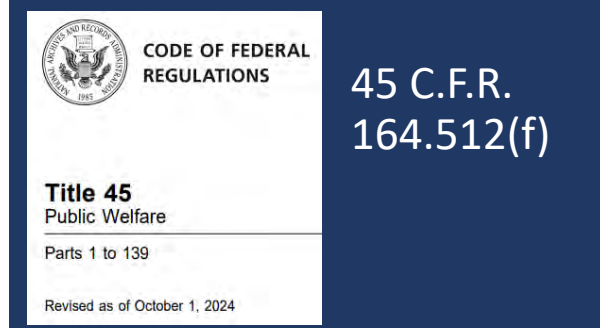
617



618

“may **not** ...  
disclose [PHI]  
**except** as  
permitted”

619



620

“**may** disclose [PHI]  
... in compliance  
with ... **court order**  
or ... warrant or ...  
subpoena”

621

Senate Bill No. 81

CHAPTER 123

An act to amend Sections 56.05 and 56.10 of the Civil Code, and to add Chapter 2 (commencing with Section 24250) to Division 20 of the Health and Safety Code, relating to health and care facilities, and declaring the urgency thereof, to take effect immediately.

[ Approved by Governor September 20, 2025. Filed with Secretary of State September 20, 2025. ]

622



623

physical entry &  
access information  
**requires warrant**

624

# takeaway 4

625

# what's a **valid** warrant

626

AO 93 (Rev. 11/13) Search and Seizure Warrant

**UNITED STATES DISTRICT COURT**

for the

In the Matter of the Search of )  
(*Briefly describe this property to be searched*) )  
(*or identify the person by name and address*) ) Case No. )  
)  
)  
)

**SEARCH AND SEIZURE WARRANT**

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the \_\_\_\_\_ District of \_\_\_\_\_  
(*Identify the person or describe the property to be searched and give its location*);

627

## JUDICIAL WARRANTS v. IMMIGRATION WARRANTS

[illegible]

628



629

we looked  
at 4 ways to  
respond

630

how **not**  
to respond

631



632



633



634



635



Two Staffers at Ontario Surgery Center Charged in  
Federal Complaint Alleging They Assaulted and  
Interfered with ICE Investigation

636

5-cr-00266-SSS UNITED STATES DISTRICT COURT Page 1 of 2 Page ID #:155  
CENTRAL DISTRICT OF CALIFORNIA

**CASE SUMMARY**

|                                                |                                      |                                                                                                               |
|------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Case Number: 5:25-cr-00266(A)-SSS              | Defendant Number: 2                  | FILED<br>CLERK, U.S. DISTRICT COURT<br>08/27/2025<br>CENTRAL DISTRICT OF CALIFORNIA<br>BY: [Signature] DEPUTY |
| U.S.A. v. Danielle Nadine Davila               | Year of Birth: 1992                  |                                                                                                               |
| <input checked="" type="checkbox"/> Indictment | <input type="checkbox"/> Information | Investigative agency (FBI, DEA, etc.): HSI                                                                    |

NOTE: All items MUST be completed. If you do not know the answer or a question is not applicable to your case, enter "N/A."

**OFFENSE/VENUE**

a. Offense charged as a:

☐ Class A Misdemeanor ☐ Minor Offense ☐ Petty Offense  
☐ Class B Misdemeanor ☐ Class C Misdemeanor ☒ Felony

b. Date of Offense: July 8, 2025

c. County in which first offense occurred: San Bernardino

**PREVIOUSLY FILED COMPLAINT/CVB CITATION**

A complaint/CVB citation was previously filed on: 7/24/2025

Case Number: 5:25-mj-00500-2

Assigned Judge: Duty Magistrate Judge

Charging: 18 U.S.C. §§ 111(a)(1), 372

The complaint/CVB citation:

☐ is still pending  
☒ was dismissed on: 8/15/2025

637

8 years  
\$250,000

638

that's issue 4

**ICE** enforcement

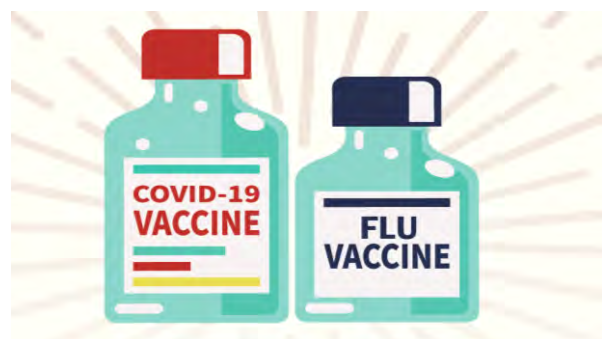
639

5

640

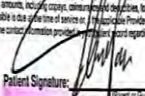
informed  
consent

641



642

I certify that I am (a) the patient and at least 18 years of age, (b) the legal guardian of the patient, or (c) a person authorized to consent on behalf of the patient when the patient is not otherwise competent or unable to consent for themselves. Further, I hereby give my consent to Walgreens or Duane Reade and the licensed healthcare professional administering the vaccine, as applicable (such as applicable Provider), to administer the vaccine(s) I have requested above. I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine(s) and have received, read and/or had explained to me the EUA Fact Sheet on the vaccine(s) I have selected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. Further, I acknowledge that I have been advised that the patient should remain near the vaccination location for observation for approximately 15 minutes after administration. On behalf of the patient, the patient's heirs and personal representatives, I hereby release and hold harmless each applicable Provider, be staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine(s) listed above. I acknowledge that (a) I understand the purposes/benefits of my state's vaccination registry (State Registry) and my state's health information exchange (State HIE) and (b) the applicable Provider may disclose my vaccination information to the State Registry, to the State HIE, or through the State HIE to the State Registry, or to any state or federal governmental agencies or authorities (Government Agencies), such as state, county, or local Departments of Health or the National Department of Health and Human Services, the Center for Disease Control and Prevention, or their respective designees as may be required by law, for purposes of public health reporting or to my healthcare providers enrolled in the State Registry under State HIE for purposes of care coordination. I acknowledge that, depending upon my state law, I may consent, by using a state-approved opt-out form or, as permitted by my state law, an opt-out form (Opt-Out Form) furnished by its providers enrolled in the State Registry under State HIE, to the applicable Provider with my vaccination information by the applicable Provider to the State HIE under State Registry or to the State HIE under State Registry from sharing my vaccination information with any of my other healthcare providers described in this informed consent. I understand that, depending on my state law, I may need to specifically consent, and to the extent permitted by my state law, to the applicable Provider will, if my state permits, provide me with an Opt-Out Form. I understand that, depending on my state law, I may need to specifically consent, and to the extent permitted by my state law, to the applicable Provider with my vaccination information by the applicable Provider to the Government Agencies, State HIE, or through the State HIE under State Registry to the extent and for the purposes described in this informed consent. When I provide the applicable Provider with a signed Opt-Out Form, I understand that my consent will remain in effect until I withdraw my permission and that I may withdraw my consent by providing a completed Opt-Out Form to the applicable Provider under my State HIE, as applicable. I understand that even if I do not consent or if I withdraw my consent, my state law or federal law may permit certain disclosures of my vaccination information to or through the State HIE or to Government Agencies as required or permitted by law. I further authorize the applicable Provider to (a) release my medical or other information, including any communicable diseases (including HIV), and requested items and services, and (b) request payment or financial benefits for those on my behalf to the applicable Provider with respect to the above requested items and services. I further agree to be fully financially responsible for any co-insuring amounts, including copays, coinsurance and deductibles, for the requested items and services, as well as for any requested items and services not covered by my insurance benefits. I understand that any payment for which I am financially responsible is due at the time of service or, if the applicable Provider invoices me after the time of service, upon receipt of such invoice. Whichever is to affiliate may contact you, including by automated and pre-recorded calls and texts, at any time using the contact information provided in the informed consent regarding health and safety matters, such as vaccine reminders.

Patient Signature:  Parent or Guardian, if minor

Date: Sept 19, 2023

643

why font so  
small & dense

644

informed consent  
design flaw

645

disclosure  
*not*  
understanding

646

3 analogies

647

1

648



649



650



651



652

## MIRANDA WARNING

. YOU HAVE THE RIGHT TO REMAIN SILENT.

. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.

YOU HAVE THE RIGHT TO TALK TO A LAWYER AND HAVE HIM PRESENT WITH YOU WHILE YOU ARE BEING QUESTIONED.

653

“do you  
**understand** each  
of these rights?”

654

**disclosure**  
*not*  
understanding

655

3

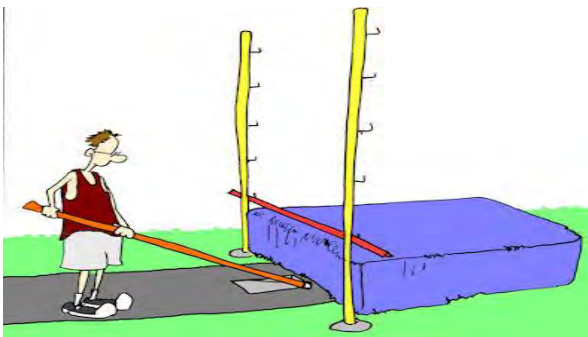
656



657

**disclosure**  
*not*  
understanding

658



659

only duty  
**disclose** RBA

660

worse

661

does **not**  
happen

662

when happens  
done **badly**

663

few  
examples

664

1

665

Medscape®

2020 survey

1400 physicians

666

would you **withhold**  
risks from patient to  
encourage consent?

667



668

2

669



Clarence  
Braddock

JAMA. 1999;282(24):2313-20

670



**1000** MD-Pt encounters  
3000 clinical decisions

671

how **frequent** was  
discussion of risks  
& benefits?

672

9%

673

inadequate  
disclosure 91%

674

3

675



Michael  
Rothberg

676



PCI for clogged coronary arteries

677

how frequent was  
discussion of risks  
& benefits?

678

# 3%

679

# 4

680



Alison  
Brenner

*JAMA Intern Med.* 2018;  
178(10):1311-1316

681



LDCT for lung Ca screening

682

how **frequent** was  
discussion of risks  
& benefits?

683

# 0%

684



685

process  
measure

686

worse

687

outcome  
measure

688

even if disclosed,  
did patient  
**understand?**

689



690

most are  
seriously  
**misinformed**

691

few  
examples

692

1

693

The role of informed consent in patient complaints: Reducing hidden health system costs and improving patient engagement through shared decision making

By Karen L. Posner, PhD,  
Julie Severson, PhD, JD, and  
Karen B. Domino, MD, MPH

30 JOURNAL OF HEALTHCARE RISK MANAGEMENT • VOLUME 35, NUMBER 2

694



695

“potential risk  
of harm . . .  
**included”**

696

“**nerve injury**  
... disclosed”

697

but

698

“**not** clearly  
understood”

699

“**not understand**  
... manifest as pain  
or weakness in an  
extremity”

700

2

701

*The NEW ENGLAND JOURNAL of MEDICINE*

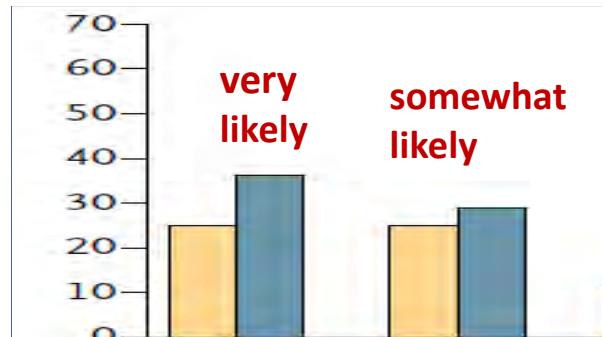
Patients' Expectations about Effects  
of Chemotherapy for Advanced Cancer

chemotherapy for **incurable**  
cancers – palliative only

702

**no chance**  
chemotherapy  
will cure them

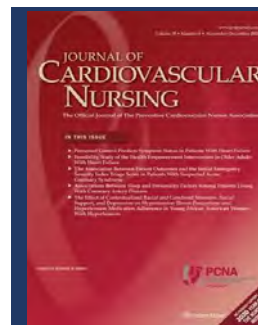
703



704

3

705

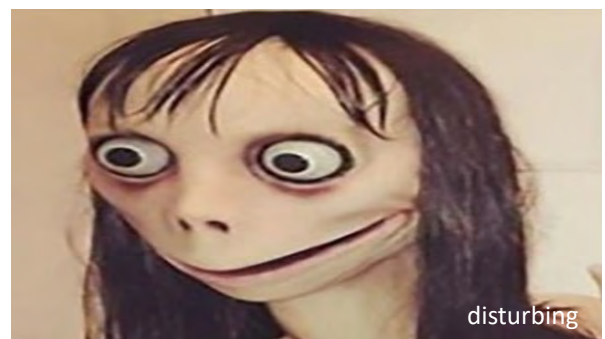


78% with ICD  
thought would  
forestall further  
deterioration

706

similar findings  
**across** clinical  
settings

707



708



709

RBA **not**  
disclosed

710



711

*that's issue 5*

**informed  
consent**

712

**6**

713

**patient  
decision  
aids**

714

**new**  
paradigm

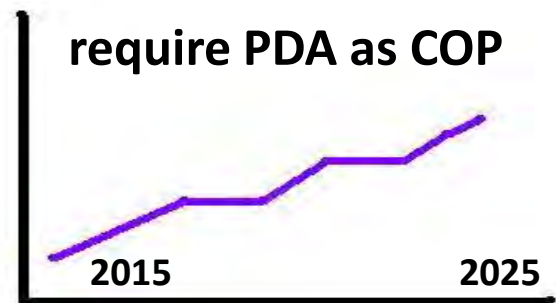
715

mandated  
SDM w/ PDA

716



717



718

no  
PDA



719

PDA

720

evidence based  
educational tools

721



722

present options  
clearly &  
graphically

723



724

SO ...

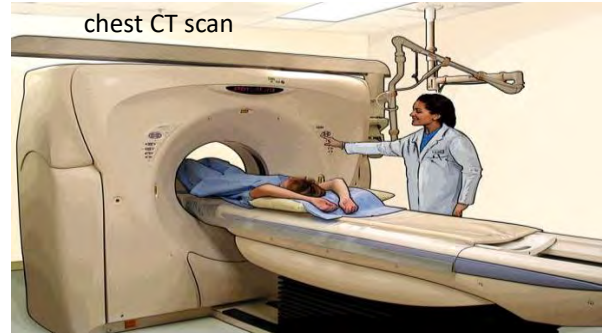
725

Screening for Lung  
Cancer with Low  
Dose Computed  
Tomography

726



727



728

**before**  
CT scan

729

**“must receive**  
... SDM visit”

730

“include ...  
one or more  
**decision aids**”

731

**why**  
require PDA?

732

# doubt

733

accurate  
unbiased  
balanced

from the  
clinician

734



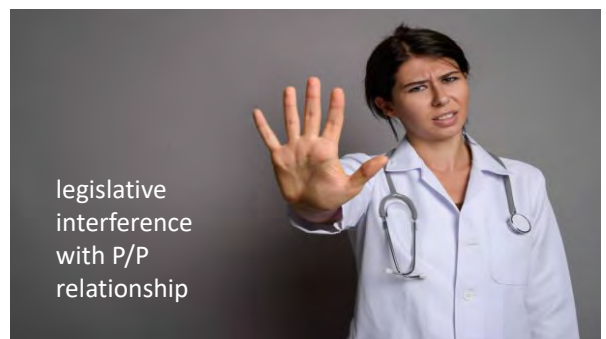
735

**your** discussion  
with patient is  
**not** good enough

736

patient must  
**also** get informed  
with PDA

737



legislative  
interference  
with P/P  
relationship

738



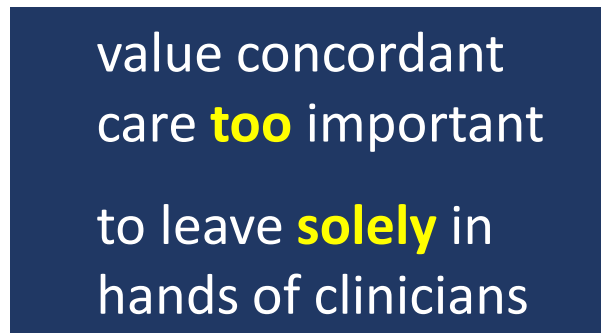
739



740



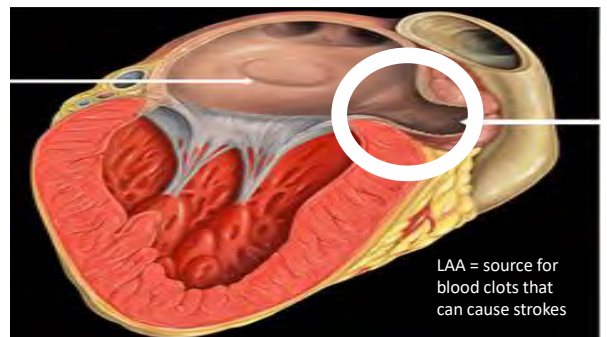
741



742

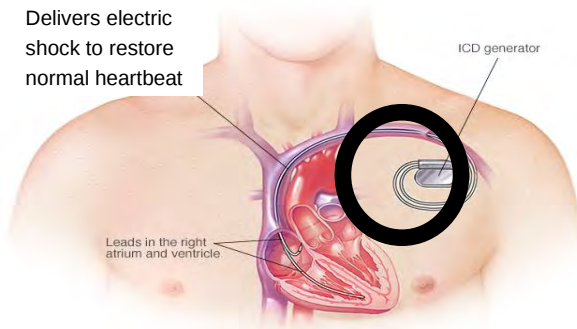


743

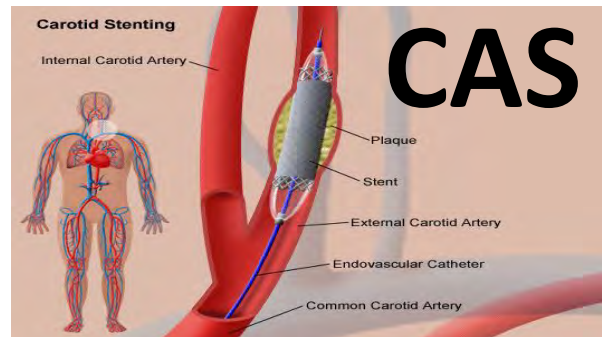


744

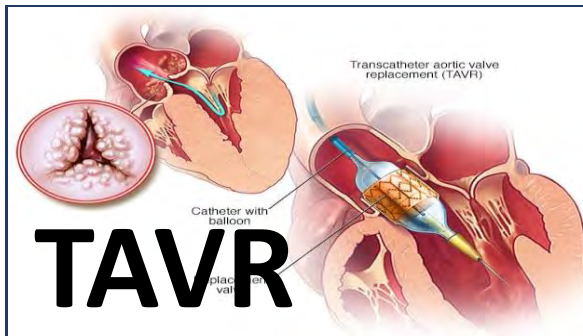
Delivers electric shock to restore normal heartbeat



745



746



747

“formal **SDM** interaction”

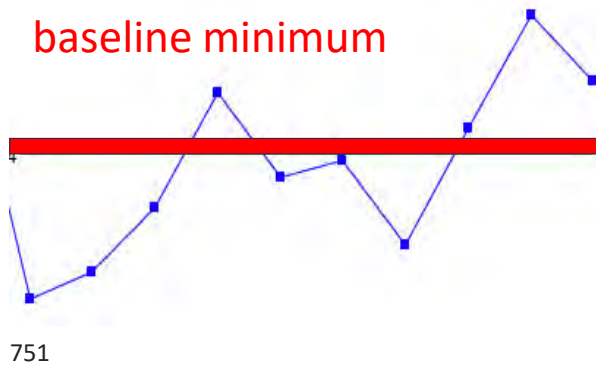
748

“evidence-based **decision tool**”

749



750



old

752



new

754





757

breast implants must include  
**patient decision checklist**

provider must review  
checklist with patient

patient signs checklist

758

not a PDA

but more **structured**  
communication than  
traditional informed  
consent

759



760

address not only what  
information to present to  
but also **how** to present it  
  
recommend visual aids

761

*that's issue 6*

**decision aids**

762

# 7

763

# advance directives

764

Low complete rate  
How many

765



**State of California**  
**Secretary of State**

Registration of  
**Written Advance Health Care Directive**  
(Probate Code sections 4800-4805)

766

**Mark HARROD, Plaintiff  
and Respondent,**

**v.**

**COUNTRY OAKS PARTNERS, LLC, et  
al., Defendants and Appellants.**

**S276545**

Supreme Court of California.

March 28, 2024

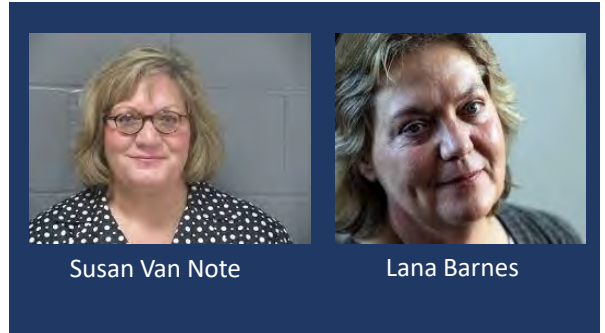
767

# but

768



769



Susan Van Note

Lana Barnes

770



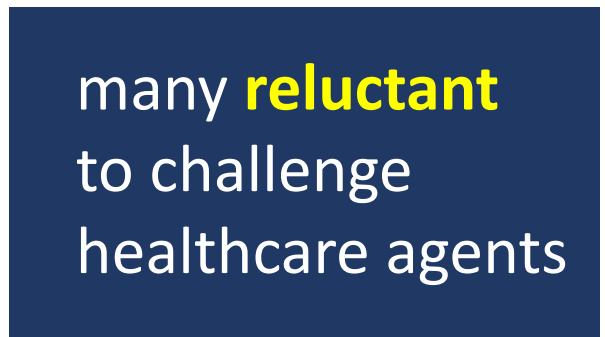
771



772



773



774



775



## County Settles Magney Case for \$1 Million

Kimberly Wear March 28, 2019

776

4 cases

777

case 1

778



Linda Polk

779

faked advance directive  
direct withholding /  
withdrawing life support  
to obtain their property

780



781



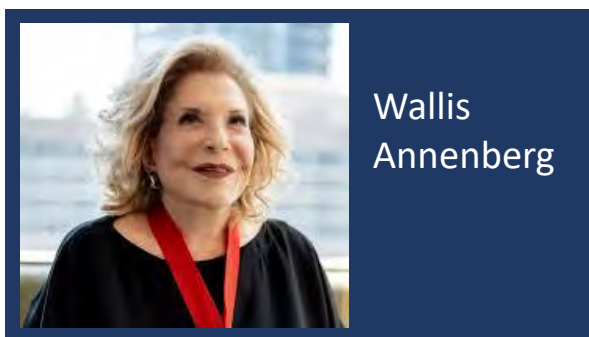
782



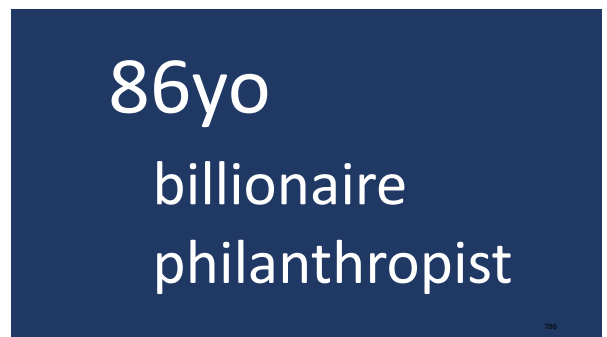
783



784



785



786



787



788



789



790

#### 1. APPOINTMENT OF HEALTH CARE AGENT

☒ OPTIONAL: I, WALLIS ANNENBERG, July 15, 1939, wish to appoint a health care agent.  
(Print your full name and date of birth)

I hereby appoint as my agent to make health care decisions for me:

Name (agent's name): VIKKI LEVINE

Address: Century Woods Dr. Email: agmail.com

City: Los Angeles State: CA Zip: 90067

791



792



793

**overmedicated** with  
narcotics & opioids

Pt **rejected** when lucid

794

**isolated** Pt from her  
family & staff

forbad nurses from  
medication record

795

“She’s like a  
cockroach.  
She won’t die.”

796

**SO...**

797

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES, CENTRAL DISTRICT

In re the Advance Health Care Directive of  
WALLIS ANNENBERG

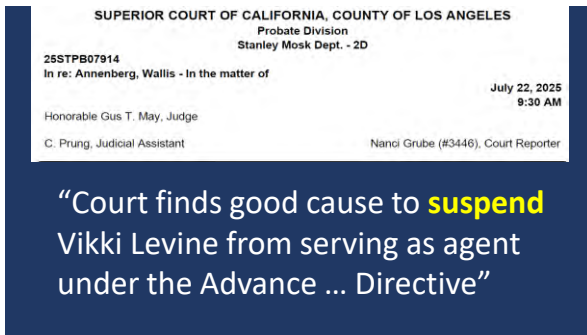
25STPB07914

Case No.

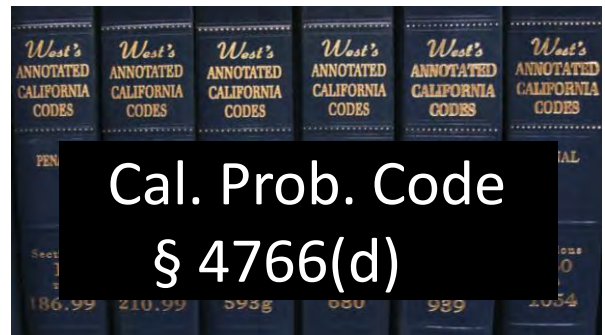
PETITION TO REMOVE AND  
REPLACE VIKKI LEVINE AS  
HEALTH CARE AGENT OR,  
ALTERNATIVELY, TO INSTRUCT  
HEALTH CARE AGENT

[Prob. Code § 4766]

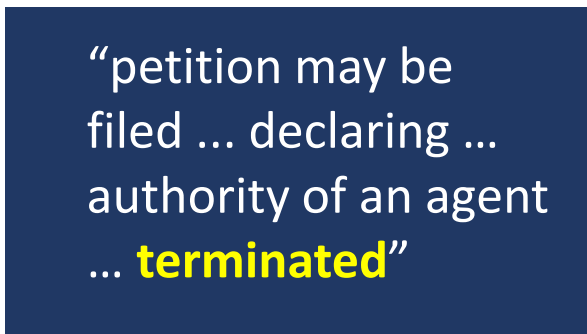
798



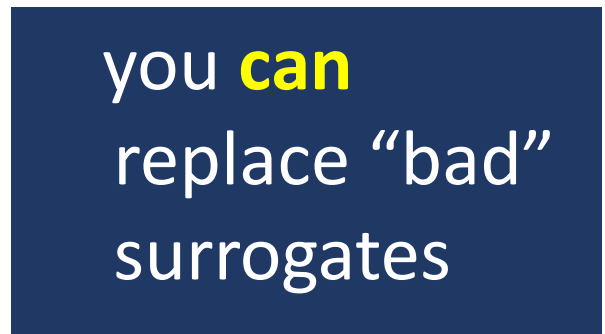
799



800



801



802



803



804



805



806



807



808



809



810

Lisa Marie Presley died from complications from weight loss surgery, officials say

JULY 14, 2023 · 1:57 AM ET

811

Fans and celebrities gather at Graceland to eulogize Lisa Marie Presley

JANUARY 23, 2023 · 5:53 AM ET  
By The Associated Press



812

September  
2025

813

| SUPERIOR COURT OF THE STATE OF CALIFORNIA<br>COUNTY OF LOS ANGELES                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>BRIGHTTE KRUSE, an Individual; KEVIN FIALKO, an Individual; PRISCILLA PRESLEY PARTNERS LLC, a Delaware Limited Liability Company; PBPKJ, LLC, a Delaware Limited Liability Company; VIRTUAL RECOLLECTIONS OF PRISCILLA PRESLEY LLC, a Delaware Limited Liability Company; RECOLLECTIONS OF PRISCILLA PRESLEY LLC, a Delaware Limited Liability Company.</p> <p>vs.</p> <p>PRISCILLA PRESLEY, an Individual; KEYA MORGAN, an Individual; and DOES 1 through 10, inclusive.</p> <p>Plaintiffs.</p> <p>Defendants.</p> | <p>Case No.: 25SMCV04129</p> <p><b>FIRST AMENDED COMPLAINT</b></p> <p>(1) FRAUD IN THE INDUCEMENT<br/>(2) COMMON COUNT: GOODS AND SERVICES RENDERED<br/>(3) CONVERSION<br/>(4) CONVERSION<br/>(5) CONVERSION<br/>(6) BREACH OF CONTRACT<br/>(7) BREACH OF CONTRACT<br/>(8) BREACH OF CONTRACT<br/>(9) BREACH OF CONTRACT<br/>(10) BREACH OF CONTRACT<br/>(11) INTENTIONAL INTERFERENCE WITH CONTRACT<br/>(12) MISAPPROPRIATION OF NAME AND LIKENESS<br/>(13) MISAPPROPRIATION OF NAME AND LIKENESS<br/>(14) BREACH OF CONTRACT</p> |

814

Priscilla “pulled Lisa Marie off ... life support **despite** clear directives from Lisa stating otherwise”

815

Lisa Marie was about to **remove** Priscilla as trustee

816

**Advance Health Care Directive  
(California Probate Code Section 4701)  
of Lisa Marie Presley**

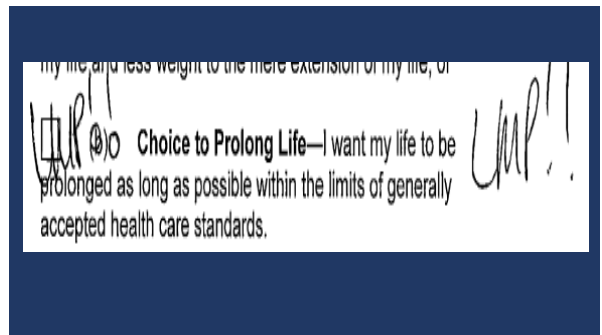
5.4 **Signature:** Sign and date the form here:

Dated: January 21, 2010

(Sign your name)

Lisa Marie Presley  
(Printed name)

817



818

case 4

819

you **must**  
replace “bad”  
surrogates

820

**incongruent**  
patient wishes  
*or*  
patient best interests

821

822

Plascentia  
McDonald  
74yo

823

advance directive

1. Bobby is agent
2. Cynthia is alternate
3. "do not prolong life if incurable condition"

824

**Aug. 14**

surgery – thoracoabdominal  
aneurysm  
post-op infections

825

**Aug. 30**

sepsis, non-cognitive  
continued LST  
3 additional surgeries

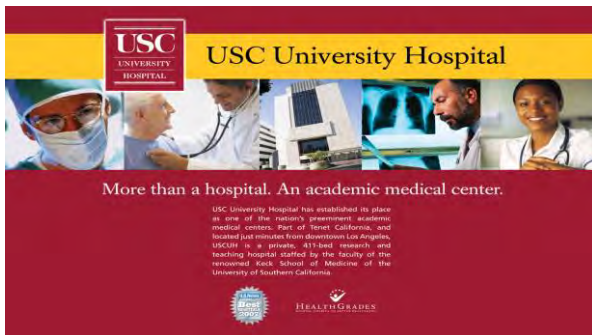
826

Cynthia **opposes** this  
"not what mom wanted"  
but ... she is **not** the agent

827



828



829

“good faith **comply with** a health care decision made by one whom they believe authorized”

830



831

“no”

832

“compliance with agent’s decision ... **at odds** with ... patient’s ... AD ... **not** ... good faith”

833

agent **not** authorized to depart from AD

USC should have known that

834

**duty** to  
challenge

835

**The New York Times**

The Patients Were Saved. That's Why the  
Families Are Suing.

Paula Span

THE NEW OLD AGE APRIL 10, 2017

836

*that's issue 7*

**advance directives**

837

**8**

838

**surrogates**

839

**no default  
surrogate law**



840

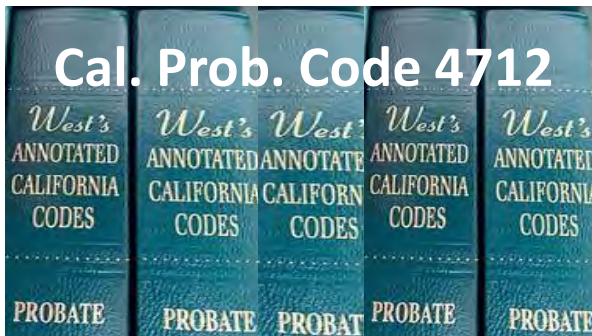
no agent/DPOAHC  
no conservator  
→ **no** clear DM

841

# 2023

842

## Cal. Prob. Code 4712



843

- (1) spouse or domestic partner
- (2) adult child
- (3) parent
- (4) adult sibling
- (5) adult grandchild
- (6) adult relative or close personal friend

844

| ANGELS BATTING ORDER |   |                  |      |
|----------------------|---|------------------|------|
| RF                   | R | TAYLOR WARD      | .362 |
| CF                   | R | MIKE TROUT       | .325 |
| DH                   | L | SHOHEI OHTANI    | .234 |
| 3B                   | R | ANTHONY RENDON   | .212 |
| 1B                   | L | JARED WALSH      | .247 |
| C                    | R | MAX STASSI       | .220 |
| LF                   | L | BRANDON MARSH    | .250 |
| 2B                   | R | DAVID FLETCHER   | .176 |
| SS                   | S | ANDREW VELAZQUEZ | .130 |

845



846

“provider ... **may**  
**choose a surrogate**  
... as appropriate”

847

demonstrated special **care**  
**and concern** for the patient

familiar with the patient’s  
personal **values and beliefs**

reasonably **available** and  
willing to serve

848

**choose**  
original  
surrogate

849

choose  
**new** (better)  
surrogate

850

*that’s issue 8*

**default surrogates**

851

9

852

**unrepresented  
patients**

853

no capacity  
no advance directive  
no agent  
no conservator

854

no default surrogate

855

common  
**top** reason  
for CECs

856

**PREVENTION IS  
BETTER THAN CURE**



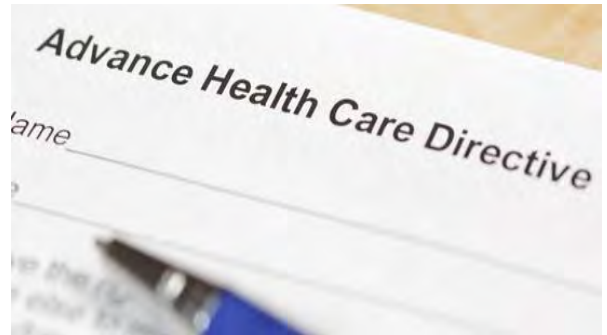
857

**best** way to  
**protect** the  
unrepresented

858

**prevent** them  
from becoming  
unrepresented

859



860



861



862

**SO...**

863

what if  
prevention  
**failed**

864

patient is here  
& **seemingly**  
unrepresented

865

Pt who seems  
unrepresented  
usually is not

866

**4** reasons

867

Pt might **not**  
lack capacity

868

even if Pt lacks  
capacity, that  
may be **fixable**

869

friends or family  
can usually be  
**found**

870

AD, POLST, or  
other GPV can  
often be **found**

871

**capacity**

872

**3**  **WARNING**

873

**1**  **WARNING**

874

**not** all or  
nothing

875

patient might have  
capacity to make **some**  
decisions but not **others**

876

patient may **lack**  
capacity for  
**complex** decisions

877

**still** capacity  
**simpler** decisions

878

**still** capacity to  
**appoint** agent

879



880

may **fluctuate**  
over time

881

capacity in  
**morning**  
not afternoon

882

| MON | TUE | WED | THU |
|-----|-----|-----|-----|
| no  |     | yes |     |

883

so...

884

make **serial**  
assessments

885



886

**even** if really  
lacks capacity

887

reversible

888

**restore** capacity  
if possible

889

we prefer to hear  
from patient  
**herself**

890

do not want 2<sup>nd</sup>  
best substitutes  
unless **necessary**

891

if Pt can decide



patient decides

892

if Pt can decide **w/ help**



help them

893

**but**

894

some patients  
**really** lack  
capacity

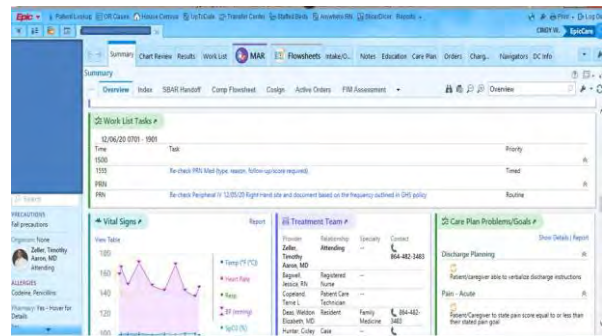
895

need a  
surrogate

896

diligent  
search

897



898

not just **your** records  
+ referring facility  
+ PCP

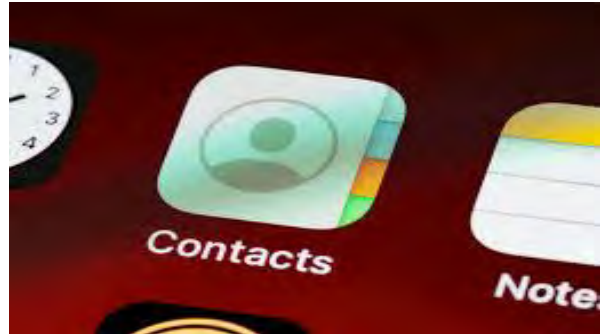
899

| DATE    | VISITOR'S NAME | REASON FOR VISIT         | PHONE        | TIME IN | TIME OUT | RESIDENT      |
|---------|----------------|--------------------------|--------------|---------|----------|---------------|
| 8-22-23 | JAMES SMITH    | See Mom                  | 218.117.1910 | 9:03    |          | JAN EDWARDS   |
| 8-22-23 | KIM REINS W    | Resident wound treatment |              | 9:05    | 10:46    | ROSS SIMS     |
| 8-22-23 | LINDA TOMS     | FAMILY                   | 178.107.1900 | 9:23    |          | FREDA JO MS   |
| 8-22-23 | Rich French    | visiting Mom             | 771.171.8761 | 9:28    | 11:00    | Jenny Mae     |
| 8-22-23 | Deborah Smith  | visiting family          | 785.907.3774 | 9:45    |          | Jimmy Smith   |
| 8-22-23 | ARLENN JOHN    | FAMILY                   | 334.555.5508 | 9:52    | 11:03    | Nancy Brown   |
| 8-22-23 | Maeve March    | visiting Patient         | 179.173.2500 | 9:55    | 12:10    | Teresa Jack   |
| 8-22-23 | FRED LOW MD    | IN THERAPY FOR PAIN      | 321.678.1972 | 9:56    | 1:22     | JEFF JACKSON  |
| 8-22-23 | John W. Hume   | rehabilitating           | 894.884.3203 | 10:00am |          | Wesley Miller |
| 8-22-23 | Marlene Miller | family                   | 214-583-4854 | 10:20am | 12:00pm  | Michelle      |

900



901



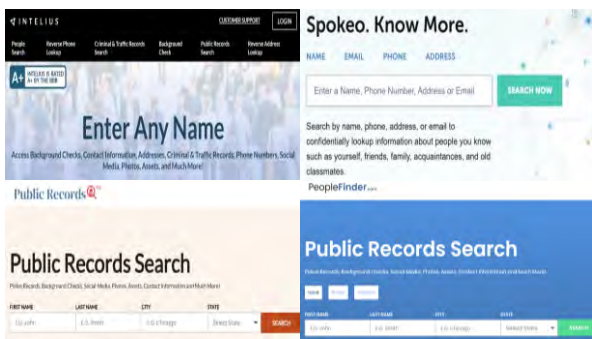
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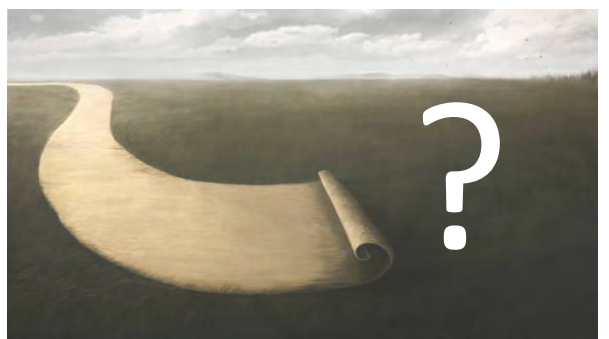
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904



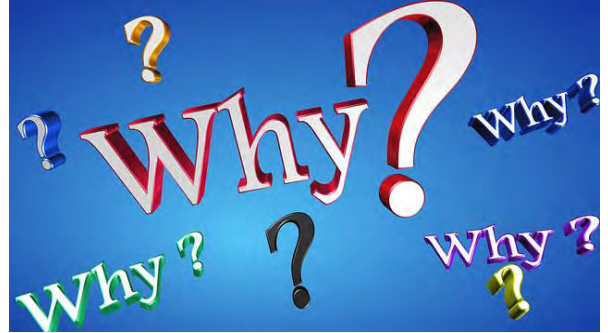
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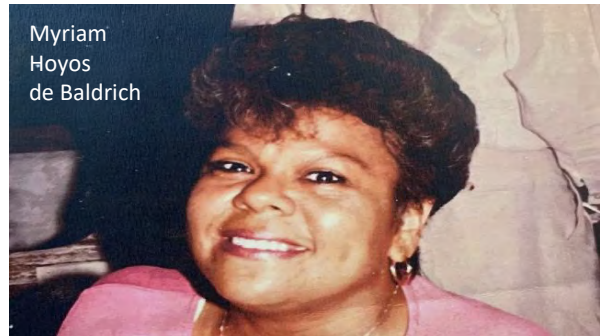
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908



909



910

Alberto Anaya, Plaintiff, v. NEW YORK CITY HEALTH AND HOSPITALS CORPORATION  
LIVEONNY FOUNDATION KERVENS LOUSSANT NEW YORK UNIVERSITY LANGONE  
HOSPITALS

Supreme Court, New York County, New York.

Alberto Anaya, Plaintiff, v. City of New York, NEW YORK CITY HEALTH AND HOSPITALS CORPORATION, LIVEONNY FOUNDATION,  
KERVENS LOUSSANT, NEW YORK UNIVERSITY LANGONE HOSPITALS, Defendant.

Index No. 154130 /2023

Decided: May 21, 2025

911



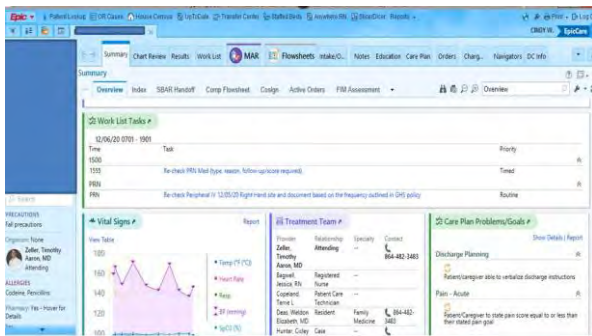
912

even if you find  
no available,  
willing surrogate  
**still** source GVP

913

look for  
AD & POLST

914



915

Skip to Main Content | Skip to Footer

California Secretary of State  
**Shirley N. Weber, Ph.D.**

Home Registries

**Advance Health Care Directive Registry**

916



917

no AD, POLST  
**still** source GVP

918



919

no capacity  
no agent  
no surrogate  
no AD<sub>or</sub> POLST

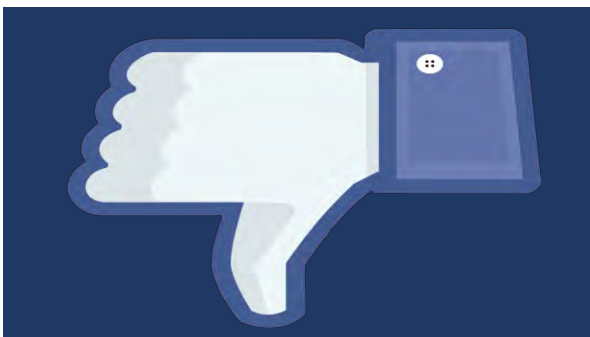
920

guardian  
conservator

921

ask **court** to  
appoint SDM

922



923

slow  
expensive  
cumbersome

924



925

who  
decides

926



927

2 qualities

928

efficiency  
&  
fairness

929

oversight & vetting

 A large white arrow points from the left towards the right edge of the dark blue box. The text "oversight & vetting" is positioned below the arrow.

930



931

|           |       |   |
|-----------|-------|---|
| fair      | court | A |
| efficient |       | F |

932



933

|           |  |   |
|-----------|--|---|
| efficient |  | A |
| fair      |  | F |

934

solo physician  
approach is  
**common**

935



936



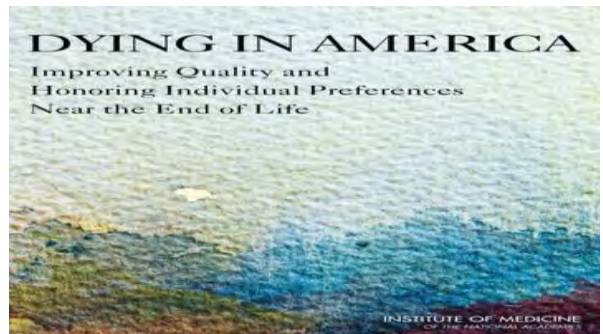
937



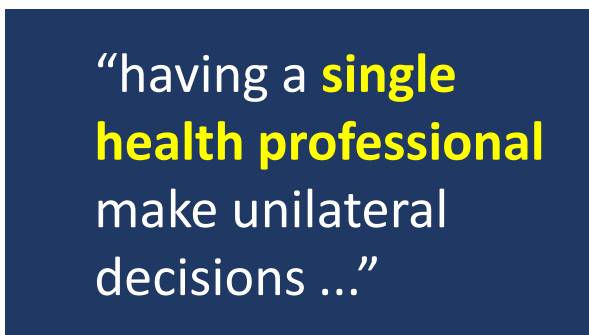
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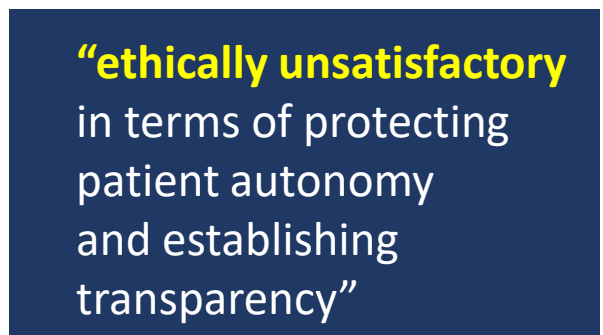
939



940



941



942

2 reasons

943

bias & COI  
unchecked

944

less carefully  
considered

945

2<sup>nd</sup> opinion



946

better

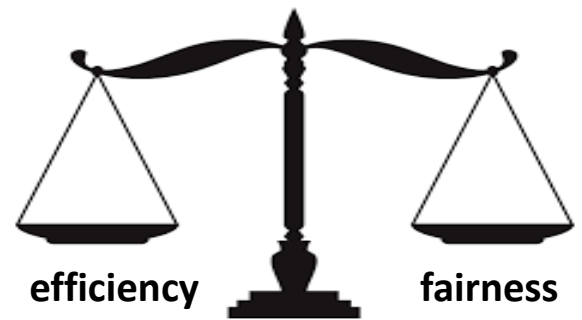
947



948



949



950

accessible  
quick  
convenient

951

expert  
neutral  
careful

952

that's

who

953

how  
to decide

954

substituted  
judgment

if possible

955

comply with  
evidence of  
patient's GVP

956

if cannot

957

best  
interest

958

is treatment  
**proportionate** in terms  
of benefits gained  
versus burdens caused

959



risk - value discordant Tx

960



961



962

**advance care planning**  
to prevent patients  
becoming unrepresented

963



964

strategies to determine if  
seemingly unrepresented  
patient **really is**

965

careful **capacity**  
assessments

966

diligent **searches** for  
potential surrogates

967

diligent **searches**  
for AD, POLST,  
evidence of GPV

968

3

969

when prevention  
fails & **have**  
unrepresented  
patient

970

manage decision-  
making with a **diverse**  
**interprofessional,**  
**multidisciplinary**  
**committee**

971

use **all available**  
**information** on patient  
preferences & values

972

*that's issue 9*

**unrepresented Pt**

973

**10**

974

**trust in  
science**

975

role of law in  
regulating healthcare



976

**assure**  
evidence-based  
scientifically sound

977



978



979



980



981



982



983



984





985

science v. politics  
conflicts are  
**not new**

986



987



988

**but**

989

**2025**  
seems **special**

990



991

**33%** confidence  
in medical  
system

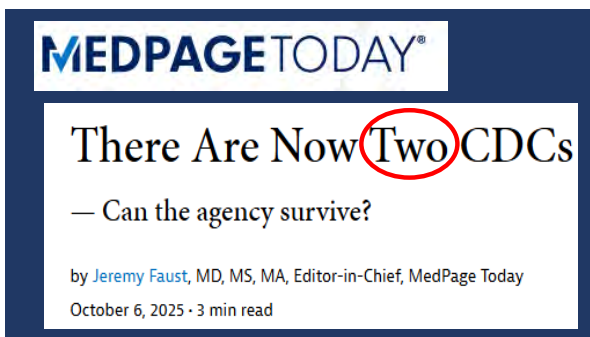
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993



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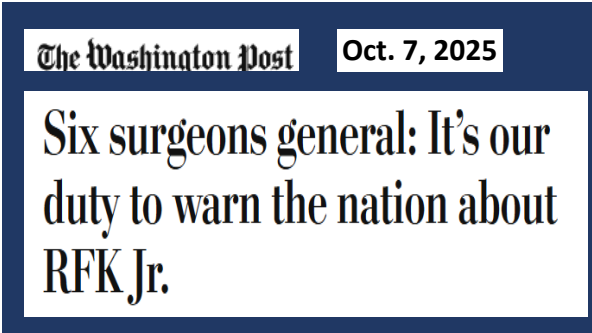


995

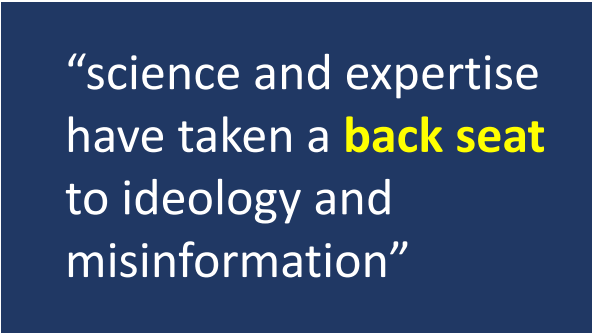
**1** evidence based  
science

**2** pure politics

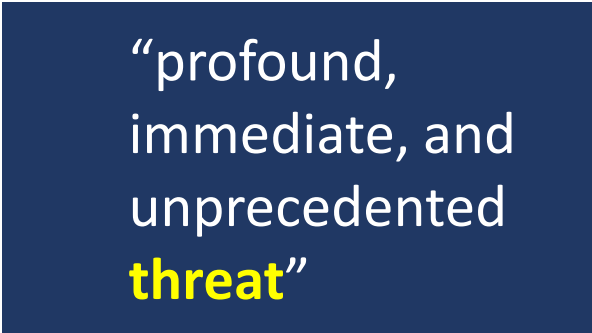
996



997



998



999



1000



1001



1002



1003



1004



1005



1006



1007



1008



1009

**new** sources  
of authority

1010

professional  
societies

1011



1012

expert  
institutions

1013



1014



**Securing the Foundation:  
Stakeholder Insights and Strategies  
for Maintaining a Strong Vaccine  
Infrastructure Across the US**

Report from the Vaccine Integrity Project

1015

“system that we've relied on  
... faces threats”

"**non-governmental groups**  
... provide science-based  
information to ... public"

1016

state  
coalitions

1017

West Coast  
Health  
Alliance

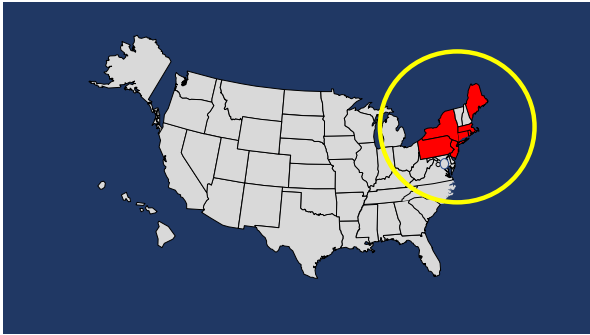
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1019

Northeast  
Public Health  
Collaborative

1020



1021



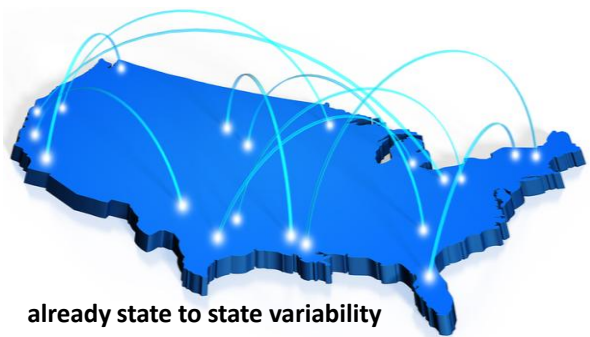
1022

but

1023



1024



already state to state variability

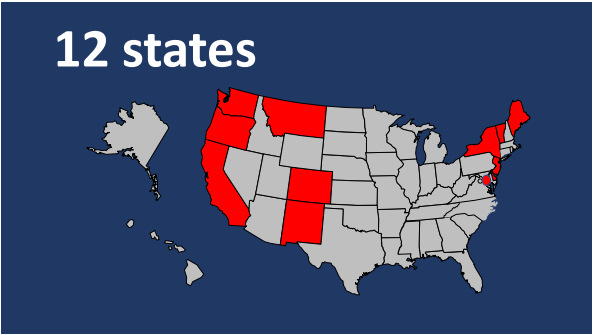
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1026



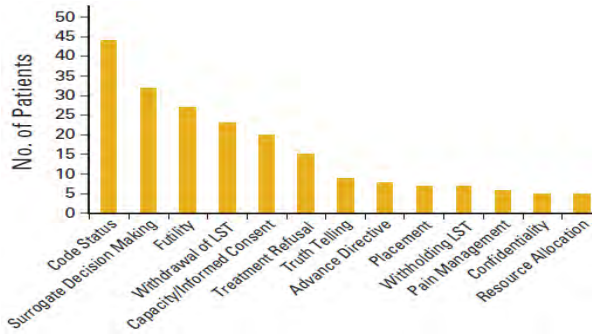
1027



1028

**“laboratory  
of the states”**

1029



1030



1031



1032



1033



1034

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1035

1035