



## Stroke Awareness Month

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May is Stroke Awareness Month. Stroke is now the nation's third leading cause of death. 28% of stroke patients are under 65! The good news is that almost four million Americans have survived strokes.

A very interesting report on Stroke Prevention Medication appeared in *Stroke*<sup>1</sup> by Larry Goldstein, MD. (no relation), David Matchar, MD et al.

The Stroke Patient Outcomes Research Team (SPORT) based at Duke University analyzed the responses of 1,006 physicians who participated in the national study.

While 85% of all responding physicians always or often prescribed aspirin or other platelet anti-aggregants, not all prescribed them at the same rate. As measured by the odds ratio, neurologists or internists were about two-thirds more likely than surgeons to prescribe these medications.


Pertaining to anticoagulants, non-internist primary care physicians prescribed five times more, internists 3.5 times more, and neurologists two times more than surgeons.

The researchers suggest that some of the variations in practice may be attributed to physicians' uncertainty. Clinical trial data are rapidly becoming available to help guide the specific type of patients at elevated risk of stroke.

1. U.S. National Survey of Physician Practices for Secondary and Tertiary Prevention of Ischemic Stroke. *Stroke* 27(9):1473-1478, 1996.

### Editors Note:

Mahalo to the Ethics Awareness Committee of the American Academy of Dermatology for providing the Patient-Physician Covenant on page 129. The Patient-Physician Covenant reflects the professional attitude that we all have in regard to our patients today and sends a very positive message to our patients. Please feel free to frame this copy for your office.



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## Physician-assisted Dying: The Coming Debate

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As many of us eye the imminent Supreme Court decision on physician assistance in dying (PAD), there is reason to be apprehensive that Hawaii, like many other states, will too soon have to consider the practice-standards, laws and regulations that should govern it. Right now, at best, there is no clear legal standard in this state, no shared understanding of what PAD might look like. In some ways, we are very much like Kevorkian's Michigan. The coming Supreme Court opinion will likely settle whether states can issue blanket prohibitions on physician-assisted dying (as New York and Washington—but not Hawaii—have done) or whether there is a Constitutionally-protected liberty interest that prevents this.

In either event, I expect we will have legislative work to do. For if New York and Washington win in the Supreme Court, we are going to have to argue the question of legalization. It would be an advantage if the candidate laws and regulations were as intelligently drafted as possible. But if New York and Washington lose, the issue of legality will be settled and it will only remain to draft our laws and regulations. Regardless of the court's decision, Hawaii would benefit from an improved understanding of the regulative and professional options that are open to us. The most effective way of realizing that goal would be a public conference focusing on our alternatives.

Let me list a few of the pertinent questions that such a conference might cover.

1. What medical conditions would a patient have to meet in order to be eligible under the regulations for PAD? Three of the most discussed criteria involve terminal illness, unmitigable pain and unrelievable suffering (a much broader concept than pain).

2. What cognitive capacities must patients have in order to be eligible for such assistance? Two of the most discussed options involve decisionally-capacitated patients who have repeatedly made such requests and formerly capacitated patients who have prepared an appropriate advance directive.

3. What procedures should be in place to ensure that the standard set in the answers to #1 and #2 are met? Currently discussed options involve the establishment of specialized "palliative care" review committees and independent physicians to provide second opinions about decisional capacity, the underlying medical disorders and treatability. Waiting periods have been discussed in connection with some types of case, as has the routine use of counseling.

4. What assistance can patients ask for? Two of the most discussed options involve the writ-



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ing of prescriptions for lethal medications and the actual administration of preparations.

5. Who may provide such assistance? Should medical doctors have an exclusive right to provide such assistance or should others be permitted to do so?

6. Could fees be paid for such services? How about fees that did not provide a profit above and beyond expenses? Should a "market" for such services be officially discouraged?

7. What measures might be called for to prevent abuse? Should certain types of reporting and documentation be required? What organizations or agencies would receive such reports? What measures would be taken in the event that reporting and documentation were neglected? What types of record review would occur? Should PAD be judicially supervised?

8. How should discussions of PAD be conducted between physician and patient? What counseling and information should patients receive prior to making a decision? Should physicians ever initiate or encourage such discussions? What practices should physicians follow if a patient asks for PAD and the physician is opposed to participating in it?

9. What protections, if any, might be required to prevent coercion and undue influence?

Intentionally missing from this list is the issue many feel to be the most important: Should PAD be legal? This is because there is no consensus on the most defensible form of PAD. No thoughtful person could support PAD in all its forms. For this reason, the conference is best seen as a preface to a political debate that awaits us.

We do not have to reinvent the wheel. There are a number of groups nationally and internationally who have been working vigorously on these questions. Oregon, the Netherlands, and, for a brief period, the Northern Territory in Australia have had laws in place. Guidelines and model statutes have been developed and critiqued in New York, New England and the Bay Area. There are more than a few academicians, physicians, and ethicists who are making substantial contributions to our thinking on these issues. And there are organizations that could provide support and financial assistance if there was broad agreement that such a conference could contribute to the quality of public debate here in Hawaii and elsewhere.

A title for the conference might be *Living With Physician-Assisted Dying*. Properly mounted and advertised, it could draw attendees both locally and nationally. Videotaped, it could be rebroadcast on public access televi-

sion statewide. It might be possible to assemble a publishable volume of the conference proceedings.

But such a venture is best pursued by a broad community coalition. Under the present circumstance, where there is a common need for a common education, nothing could better further our community's interest in carrying out responsible and effective deliberation on the choices that PAD may soon force upon us.

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## Special Commentary

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### Documentary on the Work of Dr Mitsuo Aoki Looking for Families to Share Their Experiences

#### A Healing Journey to Show How the Hawaii Counselors Provide Comfort to the Catastrophically Ill and Their Families

When serious illness strikes it can be one of the most painful, stressful and confusing times. But it doesn't have to be that way, according to Dr Mitsuo Aoki, who for more than 30 years has acted as counselor and facilitator to more than 300 Hawaii patients and their families and friends. He has taught them to learn from the illness by providing a framework to a better understanding of life and the healing process.

As a Professor of Religion Emeritus of the University of Hawaii at Manoa, he has devoted his life to counseling families who are facing catastrophic illnesses. Dr Aoki, or "Mits" as he is known to many, uses cultural and spiritual traditions from Asia, Polynesia and Europe in helping the ill through their journey. His approach combines humanism and gentle humor with deep compassion.

Didi Leong is the Executive Producer of A Healing Journey, an hour-long documentary that will show the results of Dr Aoki's professional techniques as he works with patient and their families.

The program will show how Dr Aoki works with a few families who are dealing with this difficult time. "We want the film to bring out that even in our darkest hours, it can be a time of enlightenment, love and compassion," said Aoki. "When people come together to face these difficult situations, it presents opportunities for sharing, honesty, and growth and truly connecting with loved ones...connections that will succeed our mortal lives."

This documentary will be the first multicultural contribution to the audiovisual literature on dealing with the serious illness of loved ones.

The production team is nearly finished raising funds for the unique project and is now looking for families who will let the film crew document how Dr Aoki helps the patient, family and friends during the process.

Instead of being created by a scriptwriter's imagination, the intimate interaction between families and Dr Aoki will be captured directly on videotape.

"We have an unusual request; that a person who is seriously ill allow us to record the interaction between Mits Aoki and that person, his/her family and friends during the months-long process," said documentary producer Melanie Kosaka. "The sharing of that

personal process could be one of the most valuable gifts a person could ever give to others," she continued.

When complete, the documentary will air on Hawaii Public Television. It will be offered to national and regional television stations throughout the Public Broadcasting System.

The dedicated production team includes Executive Producer Didi Leong, Producers Melanie Kosaka and Bob Bates, Director Joy Chong-Stannard, Project Producer Muffy Gushi and Associate Producer Cindy Powell.

If you have a patient who would like to be included in the documentary, A Healing Journey, call Melanie Kosaka at 808-537-3537 or Muffy Gushi at 808-242-4507 (Maui).

*A Healing Journey is a co-production of Lotus Films, KHET Hawaii Public Television and Community Development Pacific with support from the Alexander & Baldwin Foundation, Atherton Family Foundation, Chung Kun & David Ai Trusts, Mr. & Mrs. Sidney Ayabe, Mr. and Mrs. Earl Bakken, Fred Berry, Sumiko Biller, Robert E. Black Foundation, Borthwick Group, Mr. & Mrs. Paul Cassidy, Dr & Mrs Robert Fujimoto, Gannet Foundation, Mr & Mrs James Grownney, Hawaii Biodyne Inc., Hawaii Planing Mill Co., HMSA, Julia Ing, Island Insurance Companies, Mr & Mrs Peter Lee, The Sun Leong Family, Mr and Mrs Herb Lotman, K. J. Luke Foundation, Bev Lum, Louis and Y. T. Lum Foundation, Manoa Shopping Center, Inc., McNerny Foundation, Bill Mills, James Napier, L. Q. Pang Foundation, Dr M. Pierre Pang, Servco Pacific, Colleen Sullivan, The Sullivan family, C. S. Wo Foundation, Mr & Mrs Francis Wong, and Pundy and Shirley Yokouchi.*



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