November 19, 2010
Albany Medical College
ME-700 (Wiggers Auditorium), Albany, New York
7:45 am - 3:30 pm
**Agenda**

**Friday, November 19**

7:45-8:25 am  
**Registration, Continental Breakfast**

8:25-8:30 am  
**Welcome, Introductions**  
*Vincent P. Verdile, MD, Dean*

8:30-9:30 am  
**A History of Surrogate Health Care Decisions Making in New York: How Did We Get to Where We Are?**  
*Robert N. Swidler, MA, JD*

9:30-9:45 am  
**Break**

9:45-10:40 am  
**2010 Family Health Care Decisions Act: What Are the Key Provisions and Would Changes in Decision Making Improve or Worsen at the Bedside?**  
*Alicia Ouellette, JD*

10:40-11:35 am  
**Approaches and Surrogate Health Care Decision Making In Other States: A Role for Individual Hospital Policies to Supplement and Improve Bedside Practice?**  
*Thaddeus Mason Pope, JD, PhD*

11:35-12:30 pm  
**Lunch**

12:30-1:20 pm  
**Breakout Session I**  

A  
Hospital Ethics Committee Organization and Function: The Basics  
*Ronn L. Huff, MA(c)*

B  
MOLST: The AMC Experience  
*Michael W. Dailey, MD, FACEP*

C  
Ethics and Law: Critical Differences and Similarities Given Practice Norms  
*Danielle Holley, JD, MS*

D  
Difficult Conversations at the Bedside  
*Harlan E. Ratmeyer, M.Div, D.Min.*

1:20-2:05 pm  
**Breakout Session II**  

A  
Hospital Ethics Committee Organization and Function: The Basics  
*Ronn L. Huff, MA(c)*

B  
MOLST: The AMC Experience  
*Michael W. Dailey, MD, FACEP*

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Ethics and Law: Critical Differences and Similarities Given Practice Norms  
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D  
Difficult Conversations at the Bedside  
*Harlan E. Ratmeyer, M.Div, D.Min.*

2:05-2:15 pm  
**Break**

2:15-3:15 pm  
**“A Mock Ethics Consultation and the 2010 Family Health Care Decisions Act: How Might We Expect the New Law to Play Out When a Family Is in Crisis and Conflicted?”**  
*Heather Frenz; Shelia Otto, RN, BSN, MA; Wayne N. Shelton, MSW, PhD; Bruce D. White, DO, JD*

3:15-3:30 pm  
**Concluding Remarks, Evaluation**  
*Bruce D. White, DO, JD*
**Special Needs**

If you have disabilities, dietary restrictions or other special requests, please contact the Office of Continuing Medical Education at (518) 262-5828 by November 8 to discuss your needs.

**Accommodations**

A block of overnight rooms at the Hilton Garden Inn will be available for the evening of November 18, at a group rate of $129. Please call the Hilton directly at (518) 396-3500 or 877-782-9444 and reference Albany Medical College. The room block will be released on November 3, after this date the group rate cannot be guaranteed.

Gratuity and room tax are additional. Check-in is at 4:00 PM; Check-out is at 12:00 pm.

**Directions to the Albany Medical College**

**From the South:** Take the New York State Thruway to Exit 23. Bear right off the exit. At the light, turn left onto Southern Blvd. Proceed for approximately one mile to Delaware Avenue. Turn right onto Delaware Avenue and proceed for approximately one mile. Turn left onto Holland Avenue and proceed two blocks. Albany Medical Center will be directly in front of you.

**From the North:** Take the Northway (I-87) to I-90 East, Exit at I-787 South (Albany). Exit at Madison Avenue. Proceed approximately one mile on Madison Avenue. Turn left onto New Scotland Avenue. Go two blocks. Albany Medical Center will be on your right.

**From the East:** Take I-90 West to I-787 South (Albany). Exit at Madison Avenue. Proceed approximately one mile on Madison Avenue. Turn left onto New Scotland Avenue. Go two blocks. Albany Medical Center will be on your right.

**From the West:** Take I-90 East to I-787 South (Albany). Exit at Madison Avenue. Proceed approximately one mile on Madison Avenue. Turn left onto New Scotland Avenue. Go two blocks. Albany Medical Center will be on your right.

**Attire**

Attire for the conference is neat casual. Since everyone has a different comfort level, we suggest that you dress in layers or bring a sweater. The Albany Medical Center Professional Image Standards Policy is in effect at Albany Medical Center sponsored educational programs. Employees and attendees must comply with this policy when attending sponsored educational events. The attire for all Albany Medical Center sponsored events is business casual or appropriate clinical attire.

**Online Syllabus**

Printed syllabus material will NOT be available at the conference. The syllabus will be available on-line 5 days prior and 5 days after the conference. In order to receive access to the syllabus material you must provide your e-mail address on the registration form. You will receive access information via e-mail. If you do not receive access information please call (518) 262-5828.
COURSE DESCRIPTION
The 2010 AMBI Clinical Ethics Conference is a conference in which keynote speakers, guest faculty and conference participants gather at the Alden March Bioethics Institute in Albany, New York, for a full day of engaging discussions and breakout sessions revolving around a single theme. This year’s theme explores the new Family Health Care Decisions Act and its impact at the hospitalized patient’s bedside.

TARGET AUDIENCE
This conference will be of interest to institutional ethics committee members, physicians, nurse practitioners, physician assistants, nurses, pharmacists, social workers, chaplains, hospice staff, case managers, lawyers, healthcare facility administrators, and others interested in healthcare decision making.

LEARNING OUTCOMES
Upon completion of this conference, participants will be able to:
• Give the reasons the New York Legislature enacted the 2010 Family Health Care Decision Act.
• Highlight critical events in the new law’s legislative history including drafters’, proponents’, and opponents’ arguments.
• Define the statutory terms: proxy, surrogate, substituted judgment standard, and best interests standard.
• Explain the provisions of the statute that detail ethics committee membership and responsibilities.
• Define medical futility and describe statutory provisions and limitations in dealing with surrogate demands for inappropriate medical treatment.

ACCREDITATION
Albany Medical College is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Albany Medical College designates this educational activity for a maximum of 5.75 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAPA accepts Category 1 credit from AOACCME, Prescribed credit from AAFP, and AMA Category 1 CME credit for the PRA from organizations accredited by the ACCME.

An application has been filed with the American Academy of Family Physicians. Determination of credit is pending.

Nursing
Albany Medical Center Hospital is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

This Learning Activity will be awarded a maximum of 6.00 Continuing Nursing Education Contact Hours.

Other: Please call the Office of CME at (518) 262-5828 to inquire about other types of professional credit.

TUITION

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<th>By November 8:</th>
<th>After November 8:</th>
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<tbody>
<tr>
<td>Full Tuition</td>
<td>$100.00</td>
<td>$125.00</td>
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<tr>
<td>Albany Medical Center RNs</td>
<td>$75.00</td>
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<tr>
<td>Albany Medical College and Albany Law School Students and Graduate Nursing Students</td>
<td>$50.00</td>
<td>$75.00</td>
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<td>AMC Alumni (Discount made possible by AMC Alumni Association)</td>
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Tuition includes admission to the conference, access to the on-line course syllabus, a continental breakfast, breaks, and lunch.

REFUND POLICY
All refunds are subject to a $35.00 service charge. Refunds will be processed once written notification of cancellation is received.

CONFIRMATION
All registrants will receive a confirmation card in the mail or via e-mail. If you do not receive this prior to the conference, please call the Office of CME at (518) 262-5828 to confirm that we have received your information.

FOR INFORMATION
For further information, please contact Marlena Schreifels in Office of Continuing Medical Education by phone at (518) 262-5828, by fax at (518) 262-5679 or by e-mail at schreim@mail.amc.edu. For emergency calls during the conference, please call the Office of Continuing Medical Education or the Alden March Bioethics Institute at (518) 262-5828 or (518) 262-6082.

Visit the Albany Medical Center website at www.amc.edu.
Method of registration: Mail or Fax

Fax: Only registrations paid with a credit card will be accepted by fax at (518) 262-5679. This is a secure fax line.

Mail this form with payment to:
Office of Continuing Medical Education
Mail Code 1, J408
Albany Medical College - Clinical Ethics Conference
47 New Scotland Avenue
Albany, NY 12208-3479

Name & Degree (as to appear on conference materials, two degrees only):
____________________________________________________________________________
____________________________________________________________________________

CME Credit Tracking: ____________________-________________-________________
Month of Birth Date of Birth First 4 Letters of Your First Name

Specialty: ________________________________________________________________
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Home Address: ___________________________________________________________
City: ___________________ State: _______ Zip: __________________
E-mail Address: __________________________________________________________
(Must provide an e-mail address to gain access to the on-line syllabus)

I Will Attend:

Session 1: (Check One)
□ A) Hospital Ethics Committee Organization and Function: The Basics
□ B) MOLST: The AMC Experience
□ C) Ethics and Law: Critical Differences and Similarities Given Practice Norms
□ D) Difficult Conversations at the Bedside

Session 2: (Check One)
□ A) Hospital Ethics Committee Organization and Function: The Basics
□ B) MOLST: The AMC Experience
□ C) Ethics and Law: Critical Differences and Similarities Given Practice Norms
□ D) Difficult Conversations at the Bedside

Check Method of Payment:
□ My Check for $_______, payable to Albany Medical College is enclosed.
□ Please charge my credit card for the amount of $___________.
(For credit card payment, complete information below.)

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Name As It Appears on Card: __________________________________
Card Number: ___________________________ Exp. Date: _____/____/____
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Office Use Only
Check #: ___________________________
B/P: ___________________________
Amount: ___________________________
Date Received: __________________
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CC: ___________________________
Note: ___________________________
REGISTER BY NOVEMBER 8
AND SAVE $$$$$$$$$$$$

We use multiple mailing lists for our conferences.
If you receive more than one brochure,
kindly pass it on to a colleague.