

Alcor News Bulletin

Number 8: February 19th, 2003

Our Current Position on Last-Minute Cases

Last week we were contacted by a man in Florida who told us that his mother was in intensive care and was not expected to survive for more than a few days. Unfortunately, neither the man nor his mother is an Alcor member. They had expressed interest in joining many years ago, but never completed their paperwork.

Last-minute cases have always been problematic for cryonics organizations. When someone is unconscious and near death in a hospital, and a relative asks us to intervene, we face two dilemmas: Lack of informed consent, and lack of arrangements for payment. We also have to agonize over another issue: Our limited resources.

Alcor is still adjusting to a new era in which we expect an average of one case every six or seven weeks. In the past, when the facility had to handle only one or two cases per year, it could operate on a "batch system": When reserves of cryoprotectant, tubing packs, medications, or washout solution ran low, Alcor staff spent a few days making another batch, and then returned to their other duties. In the future, almost certainly we will have to move toward a system that is closer to a production line, creating new supplies on a continuing basis. This will require more staff and more lab space. Our expansion plan, which has been approved in principle by the board of directors, will triple the lab space but will require labor and money. Ultimately Alcor will reap benefits from growth, but like any small company that is trying to get bigger, we can expect some growing pains along the way. Alcor News will provide regular updates as we enhance our ability to handle a larger volume of cases, including simultaneous cases, using a bigger operating room and a faster system for producing supplies.

In the meantime, we may need to conserve our resources. While we are ramping up our capabilities to respond to a larger membership, we may hesitate to accept last-minute cases involving nonmembers, even in situations where our financial and ethical requirements can be satisfied. The lesson here is simple, has been delivered frequently, but cannot be repeated too often: Members come first. Currently almost 100 people have requested signup documents but have not completed them. If you are in this group, please be aware that until we accept you as a member, Alcor does not promise to respond if you experience a health emergency.

Alcor's New Paramedic Settles In

Larry Johnson, the nationally certified paramedic who joined us fulltime just before the end of January, has been working

ten-hour days to familiarize himself with cryonics and help us in our efforts to enhance our capabilities. Already Larry has become fully proficient using the ATP (Air Transportable Perfusion kit, which we employ for blood washout in remote areas). Larry subsequently met all 12 of the members of Paramedics Unlimited, and trained them in using the ATP, along with a registered nurse who is now available to help us on standbys. Two weeks from now, Larry will be teaching techniques for patient airway access to our students in the Alcor training sessions which commence on March 1st.

This coming Friday Larry will get some surgical practice at a laboratory in California, and he will have a chance to meet all of our Southern California team members. He'll show them the new system that he has introduced for transporting meds in a set of canvas pouches which Larry used in the days when he was a helicopter paramedic.

Larry has also been calling Alcor members, obtaining updates on their health histories. When we suggested that he might work slightly shorter hours because we don't want to risk him burning out, he laughed and told us that in his last job he used to do 12-hour shifts on an ambulance in Las Vegas. Apparently Alcor is a low-stress environment by comparison.

Alan Sinclair's Bunker

Alan Sinclair, who lives in England, is the founder of Cryonics Europe, an umbrella organization that is open to members of other cryonics groups and includes some Alcor people in addition to its primary group of Cryonics Institute members.

Recently Alan discovered an underground air-force installation which was designed to survive nuclear attack, is situated under about 7 acres of mostly undeveloped land, and is for sale for a "mere" 300,000 pounds sterling (slightly more than US\$500,000). Alan seems serious about buying it. Since the facility contains about 30,000 square feet, it might actually be big enough to allow members of different cryonics organizations to coexist in relative harmony. More to the point, it offers unrivalled security as a future cryonics storage facility and could be a huge publicity magnet for cryonics in the UK.

For a look at some pictures of this unique installation, try these URLs:

<http://www.subbrit.org.uk/rsg/sites/s/skendleby/>
<http://www.rockhopper.freemove.co.uk/rafskendlebypage1.htm>

When members of Alcor UK visit our training sessions on March 1st, we hope to discuss with them their outlook on sharing the resource of Alan Sinclair's bunker if he pursues his ambitious plan to buy it.

Truck Conversion Update

As reported in previous editions of Alcor News, we are converting a truck into a cryonics treatment vehicle in which we should be able to perform surgical procedures. The load section of the truck is now being wired with 110-volt and 12-volt circuits and has been partially insulated. We considered mounting an RV-style electric-powered air conditioner above the cab (we didn't want it on the roof, because the truck is tall enough already). Unfortunately the top of the cab isn't big enough to support the cooling unit with sufficient vent space behind it, and we were unhappy about the need for an additional generator just to power the air conditioner. Consequently we are looking now at the type of unit normally used on larger trucks, with a compressor that is driven by the engine under the hood.

Meanwhile our two new California standby team leaders, Bobby June and Todd Huffman, are planning to inspect some vans and ambulances this week in an effort to decide which type of vehicle will be best to transport patients within the greater Los Angeles area. In a case that we handled last December, surgical procedures were delayed briefly while we were waiting for the mortuary collection service to reach the patient. Naturally a mortuary service can't be expected to respond with the same urgency as an ambulance service, and we recognize the need to fill this role ourselves.

A footnote regarding California readiness: A replacement ATP support kit and meds kit were shipped out from Alcor on Tuesday, February 18th. This satisfies our obligation to restock Southern California with emergency supplies.

Cryonics Loses an Advocate in Germany

We were sad to learn last week that one of the very few cryonicists in Germany is no longer alive. We still don't have complete details, but apparently he was found several days after he experienced cardiac arrest alone at his home. By the time we were notified, an autopsy had been performed. Obviously the prospect of future life is meager at best for anyone who has been autopsied after days of lifelessness at room temperature.

Alcor informed this person more than two years ago that his membership would lapse because his insurance arrangements did not satisfy our requirements at that time. We have been told by his attorney that he made other arrangements to pay for cryopreservation via a bequest, but he never explained to Alcor that he was doing this. If he had, we would have warned him that a bequest is not a method of prepayment which we normally accept.

Last week we spoke to the mortician who has custody of the patient, and asked him to take steps to prevent any further deterioration of the brain. However, when we spoke to the same mortician today (February 19th), he told us that the patient willed his money to a friend who was supposed to allocate a portion to Alcor; but so far as we can determine, a German court has already ruled that since the patient endured such a long period of deterioration at room temperature, and since the brain was removed from the skull

during autopsy, the court feels that cryopreservation is pointless, and the beneficiary of the will is under no obligation to comply with any provision for Alcor to receive payment.

This has been a very unhappy case which might have been resolved differently if the patient had made arrangements to pay for cryopreservation in accordance with our usual guidelines, and if we had been notified more promptly about the patient's death and the subsequent decision to autopsy. Unfortunately, the patient had no close family members to tell us what was happening.

Legal Briefing from a Funeral Director

Steve Rude (pronounced roo-dee), whose Rude Family Mortuary has assisted Alcor many times, visited us recently to provide guidance on the legalities of moving patients after legal death. We have been troubled by the time it takes to file a death certificate and obtain a disposition permit before we can move patients from some states, and we wanted to explore options to accelerate this process. From Steve we learned that emergency filing is only possible in selected counties. Also some states impose more regulatory barriers than others, and may require (for example) that the death certificate must be presented in person to the county registrar. By contrast, in Arizona, the death certificate can be faxed to the county registrar, and one member of the registrar's office takes a pager home each night, to respond to emergencies. This is another reason why we can offer better treatment to any patient who is able to relocate in Arizona before legal death occurs.

A few states have a much more relaxed attitude toward documentation. Florida, for instance, does not require that a death certificate accompanies a patient who is moved out-of-state, and according to Steve, the certificate does not have to list the specific cause of death. It merely states whether the case should be reviewed by a medical examiner for possible autopsy.

The USA is a patchwork of inconsistent regulations controlling postmortem procedures. Clearly we need to be better informed about all the possible variations, so that we can be better prepared. The format of a death certificate is set by the state, even though a county has jurisdiction when someone dies; therefore our first step is to acquire sample death certificates from all 50 states, and be aware of which states have relatively lenient regulations. Steve will be assisting us in this effort.

Our session with Steve has enabled us to compile a four-page document, "Legal Aspects of Patient Transport," which will be included in our training sessions commencing on March 1st. As reported in the previous Alcor News, the training sessions are now oversubscribed. We have not set a date, yet, for additional training that we hope to offer in the Fall.

Medical Guidance for Alcor Members

After a great deal of research and fact checking, Alcor finally can offer the booklet which we announced when we were preparing it last year. It is titled "Protecting Yourself in Medical Emergencies."

Many of our members have asked us how to avoid an autopsy, how to assign durable power of attorney to healthcare, and under what circumstances they might benefit from a "do not resuscitate" order in a hospital. Alcor has provided advice on these topics in the past, but the information has never been gathered in one place. "Protecting Yourself in Medical Emergencies" describes all the simple steps that anyone can take to maximize the chance of receiving prompt treatment as a cryopatient.

The document is in Microsoft Word format. To receive an electronic copy, send your request to Jessica Sikes:

However, if you requested a copy when we announced it previously, please do not send a duplicate request now.

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