



# Cost of Dying: Confronting End-of-Life Issues

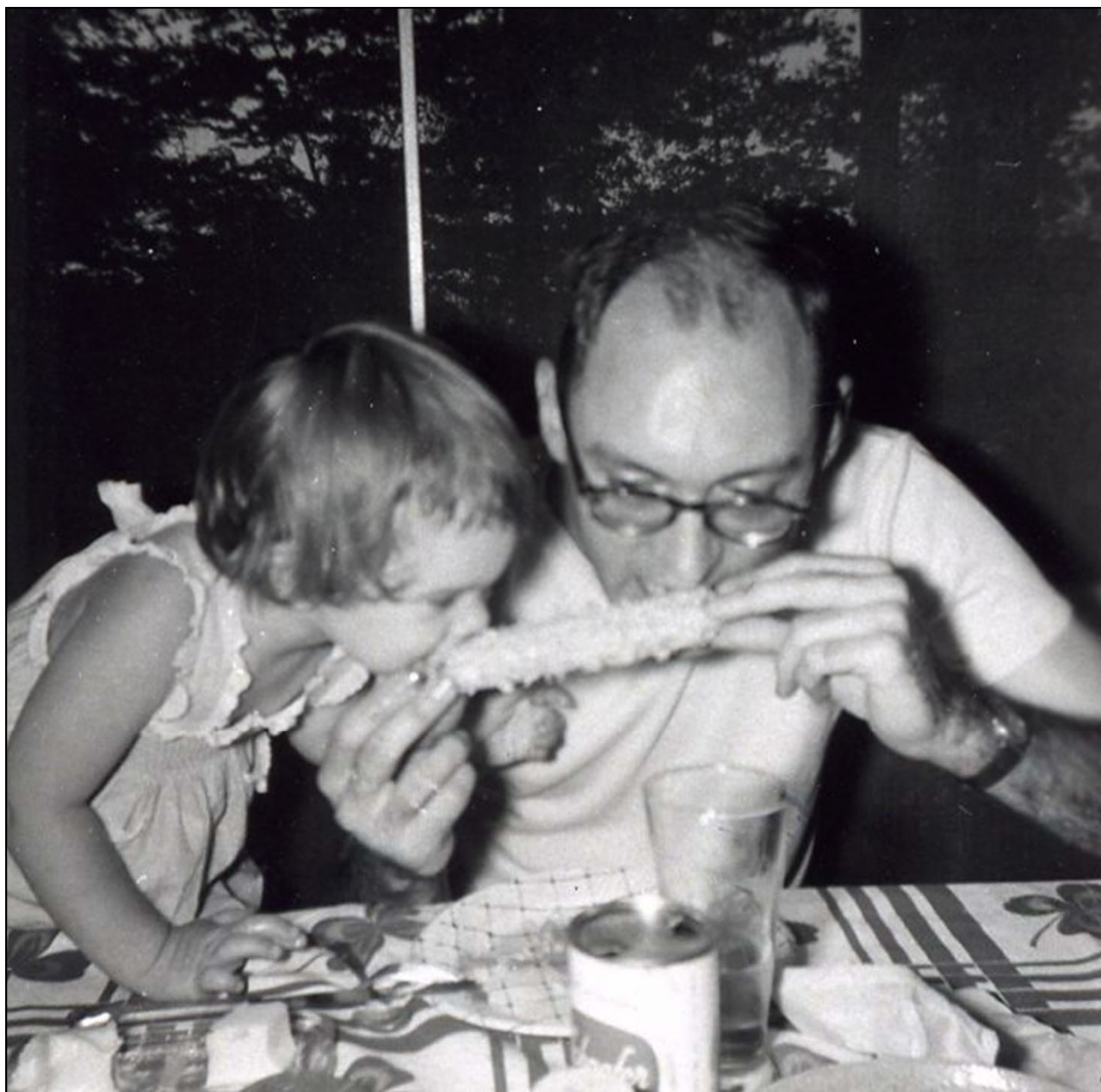
**Lisa Krieger**

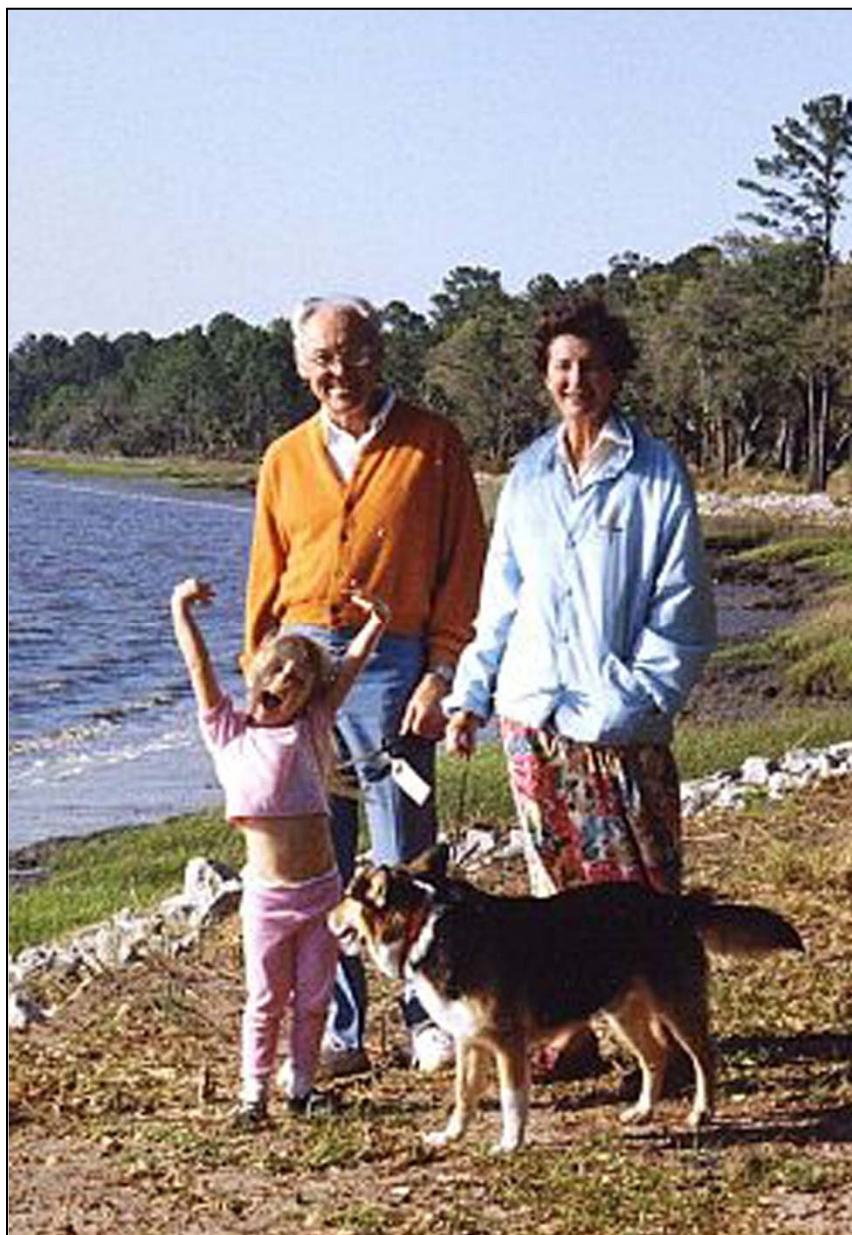
**May 8, 2013**



# Lisa M. Krieger

- Science and medicine reporter for the *San Jose Mercury News* and Bay Area News Group
- Former National Association of Science Writers fellow at Duke University School of Medicine
- Editor of the University of California Press Book *AIDS: A Community Response*
- Co-author of the *Incredible Voyage: Exploring the Human Body*





# Day 1 and Day 2

DATE OF BILL 10/10/11		<b>STANFORD HOSPITAL &amp; CLINICS</b> Patient Financial Services File 74431 P.O. Box 60000 San Francisco, CA 94160 Stanford University Medical Center		<b>ITEMIZED STATEMENT OF ACCOUNT</b> HOSPITAL STATEMENT PAGE NO. 1	
PATIENT NAME KRIEGER, KENNETH		HOSPITAL ACCOUNT NUMBER 51973532	INITIAL SERVICE DATE 07/19/2011	DISCHARGE DATE 07/28/2011	MEDICAL RECORD NUMBER 20603080
GUARANTOR NAME AND ADDRESS KRIEGER, ESTATE OF KENNETH 628 Guinda St Palo Alto, CA 94301-2140		INSURANCE COMPANY NAME MEDICARE PART A BLUE SHIELD OUT	GROUP NUMBER 76017	POLICY NUMBER 137245046 MWK3HZN705	
* Make Check Payable To: Stanford Medical Center. * If you wish to pay by credit card, please complete reverse side. * Please write the ACCOUNT NUMBER on your check and return with the top portion of this statement.					
AMOUNT OF PAYMENT		\$			
DATE OF SERVICE	SERVICE CODE	DESCRIPTION OF HOSPITAL SERVICES	QUANTITY	TOTAL CHARGES	
071911	18110668	KIT ART LINE ADL SNGL LINE	1	50.00	
071911	18110700	KIT CATH MULTI LUMEN CNTRL VENOUS PRESSURE I	1	900.00	
071911	18116475	KIT CATH PRESEP CV OXIMETER	1	2125.00	
071911	19100866	HC IP VENT MGMT INV/NON-INV INIT	1	4111.00	
071911	19100908	HC STAT RESUSCITATION BAG CHECK	1	0.00	
071911	19102607	HC RESUSC BAG SETUP/REPLACE	1	179.00	
071911	19102755	HC STAT THRPIST TRNSPORT T .25HR	1	0.00	
071911	19103258	HC STAT:THRPIST TRTMT .25HR	2	0.00	
071911	26290031	HC E2 ICU LEVEL III	1	18589.00	
071911	32001018	HC ED MEDICAL CRITICAL CARE	1	9215.00	
071911	32001133	HC THRP PROPH IVP SAME DRUG	1	273.00	
071911	32003048	HC IVP INJ-ADDTL SEQ NEW DRUG	1	265.00	
071911	32051310	HC ENDOTRACH INTUB, EMERGENT	1	2451.00	
071911	32051450	HC INSERT CVC > 5YRS	1	5433.00	
071911	32051633	HC CATH FOLEY	1	288.00	
071911	32091498	HC IV INFUSION-THERAPEUTIC-1ST HR	1	893.00	
071911	41004706	HC CHEST 1 VIEW	2	1076.00	
071911	41010000	HC STAT: PORT XRAY O/R	1	0.00	
071911	47200654	HC ABO TYPING	1	83.00	
071911	47200704	HC RH TYPING	1	83.00	
071911	47200837	HC ANTIB SCRN-3 CELL	1	260.00	
071911	50302355	URINALYSIS WITH MICROSCOPIC UA T2350635	1	83.00	
071911	50393438	CBC W/ DIFFERENTIAL CBCD T2350582	1	227.00	
071911	50463454	METABOLIC PANEL, COMPREHENSIVE METC T23505	1	324.00	
071911	50570019	PROTHROMBIN TIME (PT) PT T2350583	1	116.00	
071911	51863421	TROPONIN I TNI T2350584	1	274.00	
071911	55000905	SUSCEPTIBILITY ZZ00 T2350761	1	215.00	
071911	55070007	URINE CULTURE URNC T2350708	1	219.00	
071911	55080006	BLOOD CULTURE BLC T2350761	1	294.00	
071911	55080063	BLOOD FULL ID 1 ORG BFID T2350761	1	150.00	
071911	56100050	HC S ECG HOSP	1	484.00	
071911	58700097	ISTAT BC4, VENOUS PCBC4V T2350719	1	113.00	
071911	58700105	ISTAT BC4, VENOUS PCBC4V T2350719	1	97.00	
071911	58700139	ISTAT BC4, VENOUS PCBC4V T2350719	1	125.00	
071911	58700147	ISTAT BC4, VENOUS PCBC4V T2350719	1	91.00	
071911	58700238	GLUCOSE BY METER POCGLU T2350649	1	64.00	
ACCOUNT NUMBER 51973532		IMPORTANT - READ REVERSE SIDE		FED. I.D. 77-0485765	

DATE OF BILL 10/10/11		<b>STANFORD HOSPITAL &amp; CLINICS</b> Patient Financial Services File 74431 P.O. Box 60000 San Francisco, CA 94160 Stanford University Medical Center		<b>ITEMIZED STATEMENT OF ACCOUNT</b> HOSPITAL STATEMENT PAGE NO. 2	
PATIENT NAME KRIEGER, KENNETH		HOSPITAL ACCOUNT NUMBER 51973532	INITIAL SERVICE DATE 07/19/2011	DISCHARGE DATE 07/28/2011	MEDICAL RECORD NUMBER 20603080
GUARANTOR NAME AND ADDRESS KRIEGER, ESTATE OF KENNETH 628 Guinda St Palo Alto, CA 94301-2140		INSURANCE COMPANY NAME MEDICARE PART A BLUE SHIELD OUT	GROUP NUMBER 76017	POLICY NUMBER 137245046 MWK3HZN705	
* Make Check Payable To: Stanford Medical Center. * If you wish to pay by credit card, please complete reverse side. * Please write the ACCOUNT NUMBER on your check and return with the top portion of this statement.					
AMOUNT OF PAYMENT		\$			
DATE OF SERVICE	SERVICE CODE	DESCRIPTION OF HOSPITAL SERVICES	QUANTITY	TOTAL CHARGES	
071911	58700295	ISTAT CG4, VENOUS PCCG4V T2350653	1	270.00	
071911	58700303	ISTAT CG4, VENOUS PCCG4V T2350653	1	530.00	
071911	58700337	TROPONIN I (POC) PCTNI T2350663	1	274.00	
071911	40109995	SHC RIS STAT DX ENTRY	2	0.00	
071911	RX250	ACETAMINOPHEN 650 MG SUPP	1	2.05	
071911	RX250	D5W SOLN	1	53.00	
071911	RX250	DOPAMINE 400 MG IN D5W 250 ML 400 MG/250 ML	10	146.60	
071911	RX250	KETAMINE 100 MG/ML SOLN 5 ML VIAL	1	50.29	
071911	RX250	PROPOFOL 10 MG/ML EMUL 100 ML AMPUL	1	107.24	
071911	RX250	VANCOMYCIN 1 GRAM/200 ML PGBK 200 ML BAG	2	112.04	
071911	RX636	NOREPINEPHRINE 1 MG/ML SOLN	1	66.42	
071911	RX636	PHENYLEPHRINE IN NS 100 MCG/ML 0.5 MG/5 ML	3	143.16	
071911	RX636	PIPERACILLIN-TAZOBACTAM 3.375 GRAM/50 ML PGB	3	193.16	
071911	RX636	SUCCINYLCHOLINE 100 MG/ML SOLN 10 ML VIAL	6	49.41	
072011	18102236	CATH CVC KIT SL ANTIMICROB 16GSX20CM	1	2125.00	
072011	18110627	KIT ARTERIAL LINE 20GA X 5"	1	380.00	
072011	18126227	KIT ART LINE SWAN GANZ 2-LINE	1	100.00	
072011	18130674	SET CATH RAD ART 20GA	2	100.00	
072011	19100908	HC STAT RESUSCITATION BAG CHECK	2	0.00	
072011	19103050	HC IP VENT MGMT INV/NON-INV EA AD	1	3107.00	
072011	19103258	HC STAT:THRPIST TRTMT .25HR	6	0.00	
072011	26290049	HC E2 ICU LEVEL IV	1	25643.00	
072011	33168907	HC STAT CLINICAL INTERVENTION L2	2	0.00	
072011	40910002	HC STAT: PORT U/S	1	0.00	
072011	40930133	HC DPLX VENOUS EX IMAN BIL	1	2608.00	
072011	41002551	HC PELVIS <3 VIEWS	1	468.00	
072011	41002957	HC HIP 1 VIEW	1	573.00	
072011	41003005	HC HIP MIN 2V	1	665.00	
072011	41004706	HC CHEST 1 VIEW	1	538.00	
072011	41010000	HC STAT: PORT XRAY O/R	4	0.00	
072011	50301654	BILL FOR MANUAL ESR BESRAD W2379167	1	109.00	
072011	50393438	CBC W/ DIFFERENTIAL CBCD W2374766	1	227.00	
072011	50393743	ESR, SEDIMENTATION RATE PANEL ESRP W237980	1	58.00	
072011	50402908	MAGNESIUM, SER/PLAS MGN W2375170	1	196.00	
072011	50462571	LACTIC ACID LAC T2351063	1	270.00	
072011	50462571	LACTIC ACID LAC W2375018	1	270.00	
ACCOUNT NUMBER 51973532		IMPORTANT - READ REVERSE SIDE		FED. I.D. 77-0485765	

# Day 3 and Day 4

DATE OF BILL 10/10/11		<b>STANFORD HOSPITAL &amp; CLINICS</b> File 74431 P.O. Box 60000 San Francisco, CA 94160 Stanford University Medical Center		PATIENT FINANCIAL SERVICES STATEMENT OF ACCOUNT ITEMIZED PAGE NO. 3	
PATIENT NAME KRIEGER, KENNETH		HOSPITAL ACCOUNT NUMBER 51973532	INITIAL SERVICE DATE 07/19/2011	DISCHARGE DATE 07/28/2011	MEDICAL RECORD NUMBER 20603080
GUARANTOR NAME AND ADDRESS KRIEGER, ESTATE OF KENNETH 628 Guinda St Palo Alto, CA 94301-2140		INSURANCE COMPANY NAME MEDICARE PART A BLUE SHIELD OUT	GROUP NUMBER 76017	POLICY NUMBER 137245046 MWK3HZN705	
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AMOUNT OF PAYMENT		\$			
DATE OF SERVICE	SERVICE CODE	DESCRIPTION OF HOSPITAL SERVICES	QUANTITY	TOTAL CHARGES	
072011	50462571	LACTIC ACID LAC W2375020	1	270.00	
072011	50462571	LACTIC ACID LAC W2375918	1	270.00	
072011	50462829	BLOOD GASES, VENOUS VBG W2376126	1	728.00	
072011	50462829	BLOOD GASES, VENOUS VBG W2377267	1	728.00	
072011	50463439	HEPATIC FUNCTION PANEL A HFP W2374770	1	263.00	
072011	50463447	METABOLIC PANEL, BASIC METB W2374770	1	260.00	
072011	50463447	METABOLIC PANEL, BASIC METB W2375170	1	260.00	
072011	50463447	METABOLIC PANEL, BASIC METB W2377266	1	260.00	
072011	50500305	FIBRINOGEN FIB W2377205	1	215.00	
072011	50503366	D-DIMER DDIM W2377205	1	286.00	
072011	50570019	PROTHROMBIN TIME (PT) PT W2379904	1	116.00	
072011	50570019	PROTHROMBIN TIME (PT) PT W2380420	1	116.00	
072011	50570043	PROCALCITONIN PROCT W2375328	1	278.00	
072011	51863421	TROPONIN I TNI T2351063	1	274.00	
072011	51863421	TROPONIN I TNI W2374770	1	274.00	
072011	51863488	C-REACTIVE PROTEIN CRP W2377266	1	149.00	
072011	51863488	C-REACTIVE PROTEIN CRP W2379802	1	149.00	
072011	55020945	R/O MRSA ROMRS W2376115	1	180.00	
072011	58700055	ISTAT G3+, ARTERIAL PCG3 W2375168	1	530.00	
072011	58700055	ISTAT G3+, ARTERIAL PCG3 W2375848	1	530.00	
072011	58700055	ISTAT G3+, ARTERIAL PCG3 W2377626	1	530.00	
072011	58700055	ISTAT G3+, ARTERIAL PCG3 W2378986	1	530.00	
072011	92200070	HC TTE W DOPPLER W COLOR	1	4820.00	
072011	401099995	HC RIS STAT DX ENTRY	5	0.00	
072011	RX250	CHLORHEXIDINE 0.12% MWSH 473 ML BOTTLE	473	59.49	
072011	RX250	DSW SOLP	4	206.72	
072011	RX250	NS 0.9 % SOLP	4	207.68	
072011	RX250	PHYTONADIONE 10 MG/ML SOLN 1 ML AMPUL	10	118.09	
072011	RX250	SODIUM BICARBONATE 1 MBQ/ML SOLN	2	182.80	
072011	RX250	VASOPRESSIN 20 UNIT/ML SOLN	5	89.67	
072011	RX250	WHITE PETROLATUM 56.8-42.5 % OINT 3.5 G TUBE	1	9.24	
072011	RX636	CIPROFLOXACIN 400 MG/200 ML PGBK 200 ML BAG	2	60.20	
072011	RX636	DEXMETOMIDINE 200 MCG/2 ML SOLN	5	3128.36	
072011	RX636	HYDROMORPHONE 10 MG/ML SOLN	3	74.50	
072011	RX636	HYDROMORPHONE 2 MG/ML SOLN 1 ML AMPUL	2	85.56	
072011	RX636	LEVOFLOXACIN 750 MG/150 ML PGBK 150 ML BAG	3	490.28	
ACCOUNT NUMBER 51973532		IMPORTANT - READ REVERSE SIDE		0.00	
32-100A-1 (11/09) FED. I.D. 77-0465765 For assistance, please contact our Customer Service Center in Palo Alto at (650) 498-7200. If you are calling from outside the 650 area code, please call us at 1-800-333-7491. Our business hours are Monday - Friday 8:00 am - 5:00 pm Pacific time.					

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PATIENT NAME KRIEGER, KENNETH		HOSPITAL ACCOUNT NUMBER 51973532	INITIAL SERVICE DATE 07/19/2011	DISCHARGE DATE 07/28/2011	MEDICAL RECORD NUMBER 20603080
GUARANTOR NAME AND ADDRESS KRIEGER, ESTATE OF KENNETH 628 Guinda St Palo Alto, CA 94301-2140		INSURANCE COMPANY NAME MEDICARE PART A BLUE SHIELD OUT	GROUP NUMBER 76017	POLICY NUMBER 137245046 MWK3HZN705	
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AMOUNT OF PAYMENT		\$			
DATE OF SERVICE	SERVICE CODE	DESCRIPTION OF HOSPITAL SERVICES	QUANTITY	TOTAL CHARGES	
072011	RX636	LINEZOLID 600 MG/300 ML SOLP 300 ML BAG	6	1936.72	
072011	RX636	MEROPENEM 500 MG SOLR	10	220.60	
072011	RX636	NOREPINEPHRINE 1 MG/ML SOLN	1	66.42	
072011	RX636	PANTOPRAZOLE 40 MG SOLR 1 EACH VIAL	1	74.48	
072011	RX636	PIPERACILLIN-TAZOBACTAM 2.25 GRAM/50 ML PGBK	2	140.36	
072111	3402468	HC STAT:MNT REASSESS IND EA 15	3	0.00	
072111	18132001	CATH SUCTION CATH SING LUMEN 14FR PORTEX	1	50.00	
072111	18185447	VAMP CLOSED NEEDLELESS BLOOD SAMPLING SYSTEM	1	100.00	
072111	19100908	HC STAT RESUSCITATION BAG CHECK	4	0.00	
072111	19102755	HC STAT THRPIST TRNSPORT T .25HR	2	0.00	
072111	19103050	HC IP VENT MGMT INV/NON-INV EA AD	1	3107.00	
072111	19103258	HC STAT:THRPIST TRTMNT .25HR	3	0.00	
072111	26290049	HC E2 ICU LEVEL IV	1	25643.00	
072111	41004003	HC FEMUR AP + LAT	1	799.00	
072111	41004201	HC TIBIA + FIBULA AP	1	628.00	
072111	41004300	HC ANKLE MIN 3V	1	628.00	
072111	41004706	HC CHEST 1 VIEW	1	538.00	
072111	41010000	HC STAT: PORT XRAY O/R	1	0.00	
072111	42023101	HC CT HEAD	1	3033.00	
072111	47200654	HC ABO TYPING	1	83.00	
072111	47200704	HC RH TYPING	1	83.00	
072111	47200837	HC ANTIB SCRIN-3 CELL	1	260.00	
072111	50115427	HC PLT PHERESIS,LR,IRRAD	1	2867.00	
072111	50120419	HC THAWED PLASMA-EA UNIT	7	3059.00	
072111	50200104	VENIPUNCTURE: LAB VLB H2367380	1	55.00	
072111	50200104	VENIPUNCTURE: LAB VLB H2367381	1	55.00	
072111	50393420	CBC CBCO H2365581	1	190.00	
072111	50393438	CBC W/ DIFFERENTIAL CBCD H2361646	1	227.00	
072111	50400258	ALBUMIN, SER/PLAS ALB H2362415	1	125.00	
072111	50400407	ALK P'TASE,TOTAL,SER/PLAS ALKP H2362415	1	132.00	
072111	50400704	TOTAL BILIRUBIN TBIL H2362415	1	94.00	
072111	50402551	LDH, TOTAL, SER/PLAS LDH H2363141	1	175.00	
072111	50402908	MAGNESIUM, SER/PLAS MGN H2360653	1	196.00	
072111	50403401	PROTEIN, TOTAL, SER/PLAS TP H2362415	1	77.00	
072111	50403450	AST (SGOT), SER/PLAS AST H2362415	1	134.00	
072111	50403500	ALT (SGPT), SER/PLAS ALT H2362415	1	134.00	
ACCOUNT NUMBER 51973532		IMPORTANT - READ REVERSE SIDE		0.00	
32-100A-1 (11/09) FED. I.D. 77-0465765 For assistance, please contact our Customer Service Center in Palo Alto at (650) 498-7200. If you are calling from outside the 650 area code, please call us at 1-800-333-7491. Our business hours are Monday - Friday 8:00 am - 5:00 pm Pacific time.					

# Day 5 and Day 6

DATE OF BILL	 <b>STANFORD HOSPITAL &amp; CLINICS</b> File 74431 P.O. Box 60000 San Francisco, CA 94160 Stanford University Medical Center		PATIENT FINANCIAL SERVICES	ITEMIZED	PAGE NO.
10/10/11	HOSPITAL STATEMENT		STATEMENT OF ACCOUNT	5	
PATIENT NAME	HOSPITAL ACCOUNT NUMBER	INITIAL SERVICE DATE	DISCHARGE DATE	MEDICAL RECORD NUMBER	
KRIEGER, KENNETH	51973532	07/19/2011	07/28/2011	20603080	

GUARANTOR NAME AND ADDRESS	KRIEGER, ESTATE OF KENNETH 628 Guinda St Palo Alto, CA 94301-2140	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
	MEDICARE PART A BLUE SHIELD OUT	76017	137245046 MWK3HZN705	

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DATE OF SERVICE	SERVICE CODE	DESCRIPTION OF HOSPITAL SERVICES	QUANTITY	TOTAL CHARGES
072111	50462571	LACTIC ACID LAC H2361647	1	270.00
072111	50462571	LACTIC ACID LAC H2361874	1	270.00
072111	50462571	LACTIC ACID LAC H2362416	1	270.00
072111	50462571	LACTIC ACID LAC H2364854	1	270.00
072111	50462829	BLOOD GASES, VENOUS VBG H2363941	1	728.00
072111	50463439	HEPATIC FUNCTION PANEL A HFP H2363141	1	263.00
072111	50463447	METABOLIC PANEL, BASIC METB H2360653	1	260.00
072111	50463447	METABOLIC PANEL, BASIC METB H2362415	1	260.00
072111	50500305	DIC SCREEN DIC H2362007	1	215.00
072111	50500305	DIC SCREEN DIC H2364689	1	215.00
072111	50500404	DIC SCREEN DIC H2362007	1	206.00
072111	50500404	DIC SCREEN DIC H2364689	1	206.00
072111	50503366	DIC SCREEN DIC H2362007	1	286.00
072111	50503366	DIC SCREEN DIC H2364689	1	286.00
072111	50570019	DIC SCREEN DIC H2362007	1	116.00
072111	50570019	DIC SCREEN DIC H2364689	1	116.00
072111	50570019	PROTHROMBIN TIME (PT) PT H2360668	1	116.00
072111	50570019	PROTHROMBIN TIME (PT) PT H2361745	1	116.00
072111	50570019	PROTHROMBIN TIME (PT) PT H2363195	1	116.00
072111	50570019	PROTHROMBIN TIME (PT) PT H2364689	1	116.00
072111	50570019	PROTHROMBIN TIME (PT) PT H2364691	1	116.00
072111	50570027	DIC SCREEN DIC H2362007	1	178.00
072111	50570027	DIC SCREEN DIC H2364689	1	178.00
072111	51563492	HAPTOGLOBIN HAP H2363141	1	234.00
072111	55060008	ANAEROBIC CULTURE ANER H2367073	1	330.00
072111	55060255	BIOPSY/TISSUE (GEN) GS BXTG H2367073	1	250.00
072111	55080006	BLOOD CULTURE BLC H2363161	1	294.00
072111	55080006	BLOOD CULTURE, BLC2 H2363162	1	294.00
072111	55090401	BIOPSY/TISSUE (GEN) GS BXTG H2367073	1	136.00
072111	55091649	BIOPSY/TISSUE (GEN) GS BXTG H2367073	1	110.00
072111	58700055	ISTAT G3+, ARTERIAL PCG3 H2361670	1	530.00
072111	58700055	ISTAT G3+, ARTERIAL PCG3 H2365491	1	530.00
072111	58700055	ISTAT G3+, ARTERIAL PCG3 H2365668	1	530.00
072111	94100286	HC STAT: INPT STOMA EACH 15MIN	4	0.00
072111	94100294	HC STAT: INPT WOUND CARE EA 15MIN	4	0.00
072111	401099995	HC RIS STAT DX ENTRY	5	0.00

ACCOUNT NUMBER	51973532	IMPORTANT - READ REVERSE SIDE	FED. I.D. 77-0465765	0.00
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30-100A-1 (1/10/9)  
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PAY THIS AMOUNT

DATE OF BILL	 <b>STANFORD HOSPITAL &amp; CLINICS</b> File 74431 P.O. Box 60000 San Francisco, CA 94160 Stanford University Medical Center		PATIENT FINANCIAL SERVICES	ITEMIZED	PAGE NO.
10/10/11	HOSPITAL STATEMENT		STATEMENT OF ACCOUNT	6	
PATIENT NAME	HOSPITAL ACCOUNT NUMBER	INITIAL SERVICE DATE	DISCHARGE DATE	MEDICAL RECORD NUMBER	
KRIEGER, KENNETH	51973532	07/19/2011	07/28/2011	20603080	

GUARANTOR NAME AND ADDRESS	KRIEGER, ESTATE OF KENNETH 628 Guinda St Palo Alto, CA 94301-2140	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
	MEDICARE PART A BLUE SHIELD OUT	76017	137245046 MWK3HZN705	

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DATE OF SERVICE	SERVICE CODE	DESCRIPTION OF HOSPITAL SERVICES	QUANTITY	TOTAL CHARGES
072111	RX250	D5W SOLP	1	52.52
072111	RX250	NS 0.9 % SOLP	3	153.72
072111	RX250	PHYTONADIONE 10 MG/ML SOLN	10	118.09
072111	RX250	VASOPRESSIN 20 UNIT/ML SOLN	5	89.67
072111	RX636	CALCIUM GLUCONATE 4.6 MEQ/25 ML 25 ML BAG	6	120.40
072111	RX636	LIDOCAINE (PF) 1% 1% SOLN 2 ML AMPUL	2	46.38
072111	RX636	LINEZOLID 600 MG/300 ML SOLP 300 ML BAG	3	968.36
072111	RX636	MEROPEM 500 MG SOLR	10	220.60
072111	RX636	PANTOPRAZOLE 40 MG SOLR	1	74.48
072211	18116822	HEEL PROTECTOR PRESSURE RELIEVING	1	475.00
072211	19100908	HC STAT RESUSCITATION BAG CHECK	2	0.00
072211	19103050	HC IP VENT MGMT INV/NON-INV EA AD	1	3107.00
072211	19103258	HC STAT: THRPST TRTMNT .25HR	3	0.00
072211	26290049	HC E2 ICU LEVEL IV	1	25643.00
072211	41004706	HC CHEST 1 VIEW	1	538.00
072211	41010000	HC STAT: PORT XRAY O/R	1	0.00
072211	50393420	CBC CBCO F2302145	1	190.00
072211	50402908	MAGNESIUM, SER/PLAS MGN F2302145	1	196.00
072211	50403583	SODIUM, UR (RANDOM) W/CREAT UNA F2305255	1	91.00
072211	50462175	BILL URINE CREATININE BURCR F2305255	1	132.00
072211	50462571	LACTIC ACID LAC F2302159	1	270.00
072211	50462829	BLOOD GASES, VENOUS VBG F2302152	1	728.00
072211	50463447	METABOLIC PANEL, BASIC METB F2302145	1	260.00
072211	50463447	METABOLIC PANEL, BASIC METB F2304145	1	260.00
072211	50470046	CK, TOTAL CK F2303859	1	201.00
072211	50500305	DIC SCREEN DIC F2302156	1	215.00
072211	50500305	DIC SCREEN DIC F2304146	1	215.00
072211	50500404	DIC SCREEN DIC F2302156	1	206.00
072211	50500404	DIC SCREEN DIC F2304146	1	206.00
072211	50503366	DIC SCREEN DIC F2302156	1	286.00
072211	50503366	DIC SCREEN DIC F2304146	1	286.00
072211	50570019	DIC SCREEN DIC F2302156	1	116.00
072211	50570019	DIC SCREEN DIC F2304146	1	116.00
072211	50570019	PROTHROMBIN TIME (PT) PT F2302156	1	116.00
072211	50570027	DIC SCREEN DIC F2302156	1	178.00
072211	50570027	DIC SCREEN DIC F2304146	1	178.00

ACCOUNT NUMBER	51973532	IMPORTANT - READ REVERSE SIDE	FED. I.D. 77-0465765	0.00
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# Day 7 and Day 8

DATE OF BILL 10/10/11	<b>STANFORD HOSPITAL &amp; CLINICS</b> Patient Financial Services File 74431 P.O. Box 60000 San Francisco, CA 94160 Stanford University Medical Center		<b>ITEMIZED STATEMENT OF ACCOUNT</b> HOSPITAL STATEMENT PAGE NO. 7	
PATIENT NAME KRIEGER, KENNETH	HOSPITAL ACCOUNT NUMBER 51973532	INITIAL SERVICE DATE 07/19/2011	DISCHARGE DATE 07/28/2011	MEDICAL RECORD NUMBER 20603080
GUARANTOR NAME AND ADDRESS KRIEGER, ESTATE OF KENNETH 628 Guinda St Palo Alto, CA 94301-2140		INSURANCE COMPANY NAME MEDICARE PART A BLUE SHIELD OUT GROUP NUMBER 76017 POLICY NUMBER 137245046 MWK3HZN705		
• Make Check Payable To: Stanford Medical Center. • If you wish to pay by credit card, please complete reverse side. • Please write the ACCOUNT NUMBER on your check and return with the top portion of this statement.				
DATE OF SERVICE	SERVICE CODE	DESCRIPTION OF HOSPITAL SERVICES	QUANTITY	TOTAL CHARGES
072211	58700055	ISTAT G3+, ARTERIAL PCG3 F2303329	1	530.00
072211	58700055	ISTAT G3+, ARTERIAL PCG3 F2303556	1	530.00
072211	58700055	ISTAT G3+, ARTERIAL PCG3 F2307631	1	530.00
072211	40109995	HC RIS STAT DX ENTRY	1	0.00
072211	RX250	NS 0.9 % SOLP	3	153.72
072211	RX636	HYDROMORPHONE 10 MG/ML SOLN	6	149.00
072211	RX636	IMMUNE GLOBULIN 10 % INJ	140	48619.88
072211	RX636	LINEZOLID 600 MG/300 ML SOLP 300 ML BAG	6	1936.72
072211	RX636	PANTOPRAZOLE 40 MG SOLR	1	74.48
072211	RX636	PRNICILLIN G POTASSIUM 20,000,000 UNIT SOLR	30	157.12
072311	19100908	HC STAT RESUSCITATION BAG CHECK	1	0.00
072311	19103050	HC IP VENT MGMT INV/NON-INV EA AD	1	3107.00
072311	26290049	HC E2 ICU LEVEL IV	1	25643.00
072311	41004706	HC CHEST 1 VIEW	1	538.00
072311	41010000	HC STAT: PORT XRAY O/R	1	0.00
072311	50393420	CBC CBCO S1527256	1	190.00
072311	50402908	MAGNESIUM, SER/PLAS MGN S1527242	1	196.00
072311	50462829	BLOOD GASES, VENOUS VBG S1527249	1	728.00
072311	50462829	BLOOD GASES, VENOUS VBG S1528720	1	728.00
072311	50463447	METABOLIC PANEL, BASIC METB S1527242	1	260.00
072311	50463447	METABOLIC PANEL, BASIC METB S1528455	1	260.00
072311	50500305	DIC SCREEN DIC S1527253	1	215.00
072311	50500305	DIC SCREEN DIC S1528458	1	215.00
072311	50500404	DIC SCREEN DIC S1527253	1	206.00
072311	50500404	DIC SCREEN DIC S1528458	1	206.00
072311	50503366	DIC SCREEN DIC S1527253	1	286.00
072311	50503366	DIC SCREEN DIC S1528458	1	286.00
072311	50570019	DIC SCREEN DIC S1527253	1	116.00
072311	50570019	DIC SCREEN DIC S1528458	1	116.00
072311	50570027	DIC SCREEN DIC S1527253	1	178.00
072311	50570027	DIC SCREEN DIC S1528458	1	178.00
072311	58700055	ISTAT G3+, ARTERIAL PCG3 S1528140	1	530.00
072311	58700055	ISTAT G3+, ARTERIAL PCG3 S1530571	1	530.00
072311	40109995	HC RIS STAT DX ENTRY	1	0.00
072311	RX250	CALCIUM CHLORIDE 13.6 MEQ/25 ML 25 ML BAG	1	60.20
072311	RX250	NS 0.9 % SOLP	2	102.16
ACCOUNT NUMBER 51973532		IMPORTANT - READ REVERSE SIDE		0.00
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PATIENT NAME KRIEGER, KENNETH	HOSPITAL ACCOUNT NUMBER 51973532	INITIAL SERVICE DATE 07/19/2011	DISCHARGE DATE 07/28/2011	MEDICAL RECORD NUMBER 20603080
GUARANTOR NAME AND ADDRESS KRIEGER, ESTATE OF KENNETH 628 Guinda St Palo Alto, CA 94301-2140		INSURANCE COMPANY NAME MEDICARE PART A BLUE SHIELD OUT GROUP NUMBER 76017 POLICY NUMBER 137245046 MWK3HZN705		
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DATE OF SERVICE	SERVICE CODE	DESCRIPTION OF HOSPITAL SERVICES	QUANTITY	TOTAL CHARGES
072311	RX250	SCOPOLAMINE 1.5 MG/72 HR PT72	1	89.28
072311	RX636	HEPARIN 10,000 UNIT/ML SOLN 1 ML VIAL	5	56.90
072311	RX636	HYDROMORPHONE 10 MG/ML SOLN	3	74.50
072311	RX636	HYDROMORPHONE 2 MG/ML SOLN 1 ML AMPUL	2	87.24
072311	RX636	LINEZOLID 600 MG/300 ML SOLP 300 ML BAG	3	968.36
072311	RX636	PANTOPRAZOLE 40 MG SOLR	1	74.49
072311	RX636	PENICILLIN G POTASSIUM 20,000,000 UNIT SOLR	30	157.12
072411	19103258	HC STAT:THRPST TRTMNT .25HR	1	0.00
072411	25091133	HC C3 M/S LEVEL III PVT	1	9044.00
072411	RX250	GLYCOPYRROLATE 0.2 MG/ML SOLN 1 ML VIAL	3	129.04
072411	RX250	HYDROMORPHONE 1 MG/ML 30 ML SYRINGE	16	561.80
072411	RX250	NS 0.9 % SOLP	1	51.56
072411	RX250	WHITE PETROLATUM 56.8-42.5 % OINT 3.5 G TUBE	1	9.24
072411	RX636	HYDROMORPHONE 10 MG/ML SOLN	3	74.50
072411	RX636	MIDAZOLAM 1 MG/ML SOLN 2 ML VIAL	6	183.92
072511	25091133	HC C3 M/S LEVEL III PVT	1	9044.00
072511	RX250	GLYCOPYRROLATE 0.2 MG/ML SOLN 1 ML VIAL	3	130.49
072511	RX250	HYDROMORPHONE 1 MG/ML 30 ML SYRINGE	8	280.90
072511	RX636	HYDROMORPHONE 4 MG/ML SOLN 1 ML AMPUL	2	101.07
072511	RX636	LORAZEPAM 2 MG/ML SOLN 1 ML VIAL	1	46.28
072611	25091133	HC C3 M/S LEVEL III PVT	1	9044.00
072611	RX250	GLYCOPYRROLATE 0.2 MG/ML SOLN 1 ML VIAL	3	130.49
072611	RX250	HYDROMORPHONE 1 MG/ML 30 ML SYRINGE	16	561.80
072611	RX636	HYDROMORPHONE 4 MG/ML SOLN 1 ML AMPUL	2	107.42
072611	RX636	LORAZEPAM 2 MG/ML SOLN 1 ML VIAL	1	46.28
072711	3402468	HC STAT:MNT REASSESS IND EA 15	1	0.00
072711	25091133	HC C3 M/S LEVEL III PVT	1	9044.00
072711	RX250	GLYCOPYRROLATE 0.2 MG/ML SOLN 1 ML VIAL	3	130.49
072711	RX250	HYDROMORPHONE 1 MG/ML 30 ML SYRINGE	24	842.70
072711	RX250	SCOPOLAMINE 1.5 MG/72 HR PT72	1	89.28
072711	RX636	HYDROMORPHONE 4 MG/ML SOLN 1 ML AMPUL	2	107.42
072711	RX636	LORAZEPAM 2 MG/ML SOLN 1 ML VIAL	1	46.28
072811	18129353	MORGUE PACK L - 300 LBS	1	100.00
Total Charges				323657.8
ACCOUNT NUMBER 51973532		IMPORTANT - READ REVERSE SIDE		0.00
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## AFTER A FRAIL, 88-YEAR-OLD WITH DEMENTIA CONTRACTS A LIFE-THREATENING INFECTION, HIS DAUGHTER MUST BALANCE THE COST TO GO ON WITH THE COST OF DYING



A detailed medical bill sits amid family photos and other keepsakes that are among the items Lisa M. Kringer has to remember her father, Ken, a successful and loving engineer who died at Stanford Hospital in 2011.

**With her father suffering and doctors doing everything they can, a journalist learns it's hard to reject care even as expenses soar**

By Lisa M. Kringer, [lkringer@mercurynews.com](mailto:lkringer@mercurynews.com)

**EVERY NIGHT BEFORE PUTTING ON HIS PAJAMAS, DAD** emptied the coins from his pockets. The special ones he placed in an album, but most went into a jar to be saved. So how could the hospital bill for the final days of this fragile man — with carefully prepared end-of-life instructions — add up to \$323,000 in just 30 days?

That's the price of a home for a struggling family. Enough to get a future doctor through medical school. Hundreds of potential visits. Thousands of vacation days.

My father's story — the final days of a frail 88-year-old with advancing dementia at the end of a long and rewarding life — poses a mother's dilemma: Just because it's possible to prolong a life, should we?

It's a story of people doing their best in a system that's built to save our loved ones. And it's a reminder of the impossibility, during a crisis, to assess costs and benefits that aren't at all obvious.

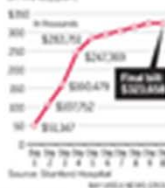
This was the lesson of my father's passing: It is easy to get quick access to world-class treatment. It's much harder to reject it. "If we look at what's coming down the road in technology," said 40-year-old biochemist Daniel Callahan of the Hastings Center, "we learn to realize that this endless fight against aging can't go on."

"What medicine provides is more and more ways to keep people going," he said. "An extra few days, or a month — it is very, very hard for doctors and families to give that up."

See **COST**, Page D7

### THE FINAL BILL

Here are the cumulative charges for the 30 days Ken Kringer was hospitalized — leaving off in the final two days, when he was taken off life support.



Online: Share the story of a loved one's last days at [www.facebook.com/mercurynews](http://www.facebook.com/mercurynews) or scan the code with your smartphone to add your comments below the photo.

### FORECLOSURE CRUNCH

## Crisis reaches upscale homes

More million-dollar houses seized by banks or forced into short sales as defaults hit the high-end market

By Pete Conry

The housing crisis, which first devastated borrowers who purchased lower-cost homes with subprime loans, has caught up with people whose wealth helped them buying into their homes longer.

Throughout affluent communities in the Bay Area, million-dollar-and-up homes are increasingly being sent to foreclosure, or sold as a last resort for far less than their mortgages.

More than 1,500 Bay Area homes with mortgages of \$1 million or more were scheduled for auction last year, more than double the number in 2008, according to ForeclosureRighter, a foreclosure-tracking service.

"The fact is, upper-end folks are starting to feel the crunch," said Barbara Salton, president of the Contra Costa County Association of Realtors.

Santa Clara County had more than 400 homes valued at \$1 million or more scheduled for auction in 2011, the most in six Bay Area counties.

Anne Walker of Coldwell Banker in Cupertino has a \$1.7 million foreclosure listing in wealthy Menlo Park. Like others in their situation, the banker remains tight-lipped, is talking about it publicly.

See **HOUSING**, Page D5

Online: For more Bay Area real estate coverage and data, go to [www.mercurynews.com/real-estate](http://www.mercurynews.com/real-estate)

### IN-YOUR-FACE SCIENCE

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**COST OF DYING = AN ONGOING SERIES**

# At life's end, care differs

From Manhattan to the Bay Area, how hospitals treat chronically ill patients varies widely

By Lisa M. Kruger • [lskruger@mercurynews.com](mailto:lskruger@mercurynews.com)

**HOW YOU DIE — AND WHAT IT COSTS — DEPENDS LARGELY** on where you get care. That's the revelation of a major national database widely regarded as the best hospital-by-hospital look at the cost of dying. It shows that Bay Area residents are about twice as likely to die in a high-cost, high-tech intensive care unit as people in Minneapolis, or Portland, Ore. But they are far less likely to get ICU care than Manhattan residents.

Within the Bay Area, the Dartmouth Atlas of Health Care depicts hospitals' widely different approaches to care for dying people: Hayward's St. Rose Hospital ranks twice as high as Stanford in "intensity of care," a measure that considers the amount of time that dying patients spend in the hospital and the aggressiveness of physician services.

Major differences appear even

within cities: In San Jose, Regional Medical Center and Good Samaritan Hospital are 25 miles apart — but Medicare spent an extra \$25,000, or a third more, per patient in their last two years of life at Regional than Good Samaritan, because of different care strategies.

America's varied landscape of

See **COST**, Page 21

## TOO MUCH CARE? PHYSICIAN SON SAYS YES



When Foster City resident Sarah Kyung Lee, 76, fell and was hospitalized in March, her geriatrician son, Dr. Sei Lee, eventually insisted she be released because of what he considered to be overly aggressive hospital care.

## ABOUT THE SERIES

This story is part of a yearlong series exploring end-of-life issues inspired by the emotional and financial costs of the final days of reporter Lisa M. Kruger's father.

**Coming up:** A documentary video chronicles a San Jose woman's end-of-life journey.

## ONLINE EXTRA

**Database:** See data showing how California hospitals compare in intensity of end-of-life treatment.

**Resources:** Learn how to manage end-of-life care and see other stories in the Cost of Dying series.

GO TO [WWW.MERCURYNEWS.COM/COST-OF-DYING](http://WWW.MERCURYNEWS.COM/COST-OF-DYING)

## Database: Intensity of end-of-life care for California hospitals

Daniel Willis

Bay Area News Group

Posted: 12/08/2012 04:00:09 PM PST

Updated: 04/22/2013 03:10:56 PM PDT

[Story: At life's end, care differs](#) | [Series: Cost of Dying](#)

Region  City  Hospital

The study analyzed the end-of-life experience of people over the age of 66 with one of nine chronic conditions who were enrolled in traditional (fee-for-service) Medicare. Rates are adjusted for age, sex, race and primary chronic condition.

**HCI:** "Hospital Care Intensity," measured by the number of days in the hospital and the number of doctor visits while hospitalized, last two years of life.

**Medicare spending:** Total Medicare spending, per patient, last two years of life

**ICU days:** Days in intensive care unit, per patient, last six months of life

**Hospice days:** Days in hospice, per patient

**Physician visits:** Number of different physicians seen, per patient, last six months of life

<a href="#">Hospital</a>	<a href="#">City</a>	<a href="#">System</a>	<a href="#">HCI</a>	<a href="#">Medicare Spending</a>	<a href="#">ICU Days</a>	<a href="#">Hospice Days</a>	<a href="#">Physician Visits</a>
Alameda County Medical Center	Oakland	Alameda Medical Center			4.86	5.86	
Alameda Hospital	Alameda		0.91	\$72,104.93	6.03	6.49	30.59
Alta Bates Summit Med Ctr-Berkeley	Berkeley	Sutter Health	1.07	\$80,859.03	4.92	11.21	41.7

Dr. Irwin Shelub, chief medical officer of Seton Medical Center in Daly City

# 'WE BEGAN TO REALIZE THAT WE WERE PROTRACTING DEATH, NOT ENSURING LIFE, AND THAT WASN'T RIGHT.'

## Cost

Continued from Page 1

end-of-life experiences reflects different philosophies in how aggressively hospitals combat death, concludes Dartmouth's 2011 analysis. While some hospitals marshal doctors and devices to postpone death even when death is clearly certain, others favor care options that let the end of life proceed in comfortable settings, or even at home.

"We think that science drives clinical decision-making," said Dartmouth investigator Dr. Elliott Fisher. "But those decisions are sharply conditioned by how many beds are in our community and how our physicians have become accustomed to treating seriously ill patients."

"In the topsy-turvy world of health care, doctors and hospitals have a very powerful influence on how you are treated," he said.

Geographic and institutional variations in care are the subject of this installment of the ongoing series on the Cost of Dying. To understand those patterns, there is no better source of data than the Dartmouth analysis, which reveals patterns of care that patients and families can use to weigh where physicians are likely to be more, or less, aggressive.

## Subjective decisions

California law states physicians cannot be required to provide medical care that they believe will be ineffective. But textbooks offer no standard formula for end-of-life treatment, and it can be hard to predict who will benefit or be harmed.

If patients have not specified in writing their end-of-life wishes in advance, their fates rest on doctors' accumulated subjective decisions about treatments and tests to order or to resist.

"These differences pan out because the way we practice is different," said Dr. Steven Pantilat, director of UCSF's Palliative Care Program.

For more than two decades, the Dartmouth Atlas Project has documented glaring variations in how medical resources are distributed and used in the United States. The project analyzes Medicare's billing records to obtain information about national, regional and local markets, as well as hospitals and their affiliated physicians. It aims to boost understanding of our health care system and forms the foundation for many efforts to improve care across America.

The project has its critics, who say its death analyses ignore the people who are still alive thanks to aggressive doctors.

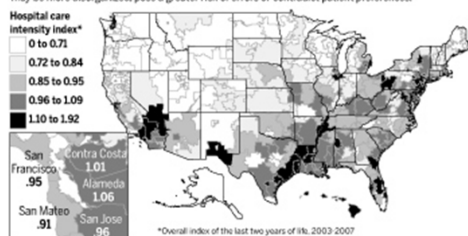
Higher-spending hospitals seem to save more lives, according to one study of heart failure patients at six California teaching hospitals.

But the project's supporters say the data shines a harsh light on controversial "do everything" impulses in hospitals, which can prolong suffering or dying.

One end-of-life analysis is based on billing records of Medicare patients in their final two years of life from 2003 to 2007, the most recent years for which information was available. It assesses

## Hospital care in the last two years of life

Chronically ill Medicare beneficiaries in some parts of the U.S. get more hospital-intensive care during their final two years than those elsewhere. This map by Dartmouth researchers portrays "intensity" scores, measured by the number of days patients spent in the hospital and doctor visits received while hospitalized. Research shows that spending more, increasing services and seeing many doctors do not necessarily improve survival or quality of care. Dartmouth experts hypothesize that high-intensity care may be more disorganized, pose a greater risk of errors or contradict patient preferences.



## Use of hospice care

Hospice care eases the experience of dying and helps support families. Some studies show hospice care decreases costs. Here are the percent of patients getting hospice care during their last six months of life in Bay Area hospitals from 2003 to 2007. A high percentage means more hospice care; a low percentage, less. The national average is 37 percent.

Hospital	City	Percent
<b>Alameda County</b>		
Alta Bates Summit Med. Ctr.	Berkeley	34%
Eden Medical Center	Castro Valley	33%
Washington Hospital	Fremont	29%
ValleyCare Med. Center	Philastron	27%
San Leandro Hospital	San Leandro	26%
Alameda Hospital	Alameda	24%
Alta Bates Summit Med. Ctr.	Oakland	24%
Alameda County Med. Center	Oakland	22%
St. Rose Hospital	Hayward	22%
<b>Contra Costa County</b>		
John Muir Med. Center	Walnut Creek	41%
Contra Costa Reg. Med. Ctr.	Martinez	39%
San Ramon Reg. Med. Ctr.	San Ramon	38%
Sutter Delta Med. Center	Antioch	33%
John Muir Med. Center	Concord	30%
Doctors Med. Center	San Pablo	25%
<b>San Francisco</b>		
UCSF Medical Center	San Francisco	29%
California Pacific Med. Center	San Francisco	25%
Davies Med. Center	San Francisco	25%
St. Mary's Medical Center	San Francisco	17%
St. Francis Memorial Hospital	San Francisco	16%
S.F. General Hospital Med. Ctr.	San Francisco	13%
St. Luke's Hospital	San Francisco	13%
Chinese Hospital	San Francisco	8%
<b>San Mateo County</b>		
Sequoia Hospital	Redwood City	35%
Mills-Peninsula Health Serv.	Burlingame	33%
San Mateo Medical Center	San Mateo	21%
Seton Medical Center	Daly City	19%
<b>Santa Clara County</b>		
Community Hospital	Los Gatos	37%
Good Samaritan Hospital	San Jose	37%
Stanford Hospital and Clinics	Stanford	36%
El Camino Hospital	Mountain View	33%
O'Connor Hospital	San Jose	33%
Santa Clara Valley Med. Center	San Jose	33%
St. Louise Regional Hospital	Gilroy	33%
Regional Med. Center	San Jose	23%

NOTE: The database includes only patients who were enrolled in traditional "fee-for-service" Medicare, which excludes Kaiser Permanente. Also omitted: hospitals with insufficient data.



After hitting her head in a fall in March, Sarah Kyung Lee was hospitalized but later released to recover at a board-and-care facility in Foster City.

## FOR MORE INFORMATION

**Database:** Data on care of Medicare patients with severe chronic illness or cancer are available for all hospitals with sufficiently large study populations at [www.dartmouthatlas.org](http://www.dartmouthatlas.org).

**Spreadsheets:** Excel tables are available on its Downloads page, or you can create your own reports using custom tools.

**Details:** To get started, click on "Data by Topic," then select "Care of Chronic Illness in Last Two Years of Life." In the "Start a Report" menu, select the "Cancer Care" or "End of Life Care" topic, and choose a measure to explore.

When a city or hospital has a lot of empty beds, local physicians unconsciously adapt to this higher capacity and admit more patients, the Dartmouth team said. Research at Dartmouth and elsewhere shows that when ICU beds are readily available, less severely ill patients fill them and stay longer.

Imagine that a patient's chronic condition worsens; if the nearby hospital has a lot of room, a doctor may reason it is safer and easier to treat them there. But if the hospital doesn't have available beds, doctors may look harder for stay-at-home alternatives, said UCSF's Pantilat.

This explains the differences in care between San Francisco and Los Angeles. "In the San Francisco Bay Area, where hospitals are fuller, we see less intensive care than in L.A., where beds are readily available," said Maribeth Shannon of the California HealthCare Foundation in Sacramento.

Medical school curriculums also drive regional differences: Medical residents often practice where they studied, reinforcing the region's culture of care.

## End-of-life training

At UCSF, medical students hear lectures in pain management and palliative care and participate in discussions about dying.

They even get lessons, using paid actors, in how to break bad news. Studies show that doctors who don't feel comfortable discussing end-of-life options are more likely to propose more treatment, no matter how futile.

The hospitals that take the time for vital conversations are the ones that keep dying patients out of ICUs, out ventilators and free of desperate chemotherapy, Pantilat said.

They give patients impartial and accurate information about end-of-life choices. They describe options of palliative care or hospice. They mention the complications of treatment. They probe families' goals, such as pain control, dignity and quality of life.

Those are some of the steps being taken by Daly City's Seton Medical Center, which in 2007 ranked high among Bay Area hospitals for its frequency of treating end-of-life patients in its ICU.

"We began to realize that we were protracting death, not ensuring life, and that wasn't right," said Seton Chief Medical Officer Dr. Irwin Shelub. The hospital hired a palliative care coordinator and chief medical officer. It insists on frequent family conferences. It has even put into place a "Medically Ineffective Care" policy, which forestalls unnecessary care.

Under the policy, when Seton's med-

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QUARTERLY REPORT

## Strong year for venture funding

Recent slowdown may reassure stretchy analysts disagree on what members mean for valley startups

By Peter Delmonico

pdmonico@mercurynews.com

For the venture capital industry, 2011 was a year of superlatives — the highest level of investment in Internet companies since the dot-com bust and the highest level in clean-tech ever. But it also was a year that ended on a worrisome downward swing.

Venture capitalists pumped \$29.4 billion into nearly 3,700 deals, according to new statistics from the National Venture Capital Association and PricewaterhouseCoopers. Both numbers were an uptick over 2010, which itself had marked something of a turnaround for the industry after two years of declines.

But the fourth-quarter numbers looked across the board less, showing a drop both in dollars and deals compared with the third quarter. And that third-quarter represented a decline in activity compared with the second quarter, when investor enthusiasm waned after LinkedIn's initial public offering of stock. During the second quarter of 2011, venture firms poured \$2.3 billion into 364 deals. In the most recent quarter, those figures were 814 deals, and 444 deals.

See VC, Page 3

### FAREWELL TO A STAR



Fans wave and take photos of the hearse carrying singer Whitney Houston's remains after her memorial service Sunday in Newark, N.J. **PHOTO PAGE A2**

**Online:** View a photo gallery from Whitney Houston's memorial by scanning this code on a smartphone or by going to [HTTP://PHOTO.MERCURYNEWS.COM](http://photo.mercurynews.com)

**SPORTS • C3**  
 Grizzlies edge out Warriors 104-103 in game's final seconds

## AFTER ONE DAUGHTER DETAILED THE AGONY IN DECIDING HER AILING FATHER'S END-OF-LIFE CARE, READERS SHARED THEIR STORIES AND LESSONS LEARNED FROM THE 'COST OF DYING'



**HEAVY DUTY:** Pittsburgh's Roy Brown helped care for his mother, seen in a video at left, while she underwent three surgeries before dying. Doctors "talked us into countless surgeries that made her worse off," he said.

From starting that difficult conversation, to accepting the end of a loved one's life, those who have been there offer their wisdom

By Lisa M. Kruger, [lskruger@mercurynews.com](mailto:lskruger@mercurynews.com)

### I'M NOT AFRAID OF DEATH. I DIDN'T MISS MYSELF BEFORE.

I was born and was born myself once I'm gone. I'm terrified of pointless suffering. I don't want to be a trial to my family. I don't want my last moments to be the stacking of ribs while medics try to restart my heart. What's a good death? And how do we get there?

Thanks to the generosity of readers, I've learned a lot about dying in the two weeks since I wrote "Cost of Dying," the story about my father's final days in a hospital bed, far from the natural death he desired. So many of your letters made clear your loved ones' wishes. Now, here's what I learned from you about better and more compassionate ways to leave this life.

**LESSON 1:** Much earlier, we need to think — long and hard — about end-of-life care.

"I was not prepared," said Roy Brown, of Pittsburgh, who cared for his 84-year-old mother, Adele, and her husband Robert, 84, before their deaths. "Even if your loved one comes out of something horrible,

don't tell yourself into thinking that you will have them around forever. Make sure you talk to them about what they would like you to do the next time.

"A love is so strong that it can cloud your thinking."

For me, planning should have begun the day my dad got his Alzheimer's diagnosis, four years before his death. Certainly when he had his hip. By the time we got to the ER, trying to combat an infection in my 84-year-old dad, it was too late.

One reader described the bedtime birthday of a senior friend — who celebrated by giving an Alzheimer's Detective film to each guest.

See COST, Page 12

### ABOUT THIS STORY

Two weeks ago, Lisa M. Kruger wrote about the final days of her dad's life — and the huge "hospital bill" — in "Cost of Dying."



COURTESY OF LISA M. KRUGER

### YOUR STORIES

Readers share their own experiences with making end-of-life decisions for their dying family members. **PAGE A2**

### ONLINE EXTRA

Join the "Cost of Dying" conversation at [WWW.MERCURYNEWS.COM/COST-OF-DYING](http://WWW.MERCURYNEWS.COM/COST-OF-DYING). Scan this code on a smartphone to watch a video of readers talking about difficult end-of-life decisions.

See COST, Page 12

# CHOOSING HOW YOU DIE

HOW END-OF-LIFE PLANNING GUIDES DOCTORS AND LOVED ONES THROUGH ALL THE AGONIZING DECISIONS ASSOCIATED WITH THE COST OF DYING

**DO NOT RESUSCITATE PLEASE! DO NOT CALL 911 WILLIAM L. NEWMAN**

NEWMAN HAS REQUESTED THAT HIS BODY BE DONATED TO RESEARCH.

Bill Newman, 87, of Capitola, wears a self-made "Do Not Resuscitate" badge when he goes out. Experts say that to assure that such wishes are met, people should get an official DNR form and medallion or bracelet.

**By Lisa W. Kruger, *lkruger@sanjose.com***

**BILL NEWMAN HAS SEEN HIS SHARE OF HOSPITALS.** That's why he plans to never go back. "If I fall over, just let me go. No 911 guys with paddles. No helis and whistles," said the 87-year-old retired high school teacher and double bypass survivor. "So he wears a 'Do Not Resuscitate' badge to his 6:33 a.m. gym workouts in Capitola. He posted the same DNR message on his refrigerator and shared it with his doctor — and all 10 children.

A good death is not guaranteed, he knows. It takes preparation, discussion and documentation. Some others make — and lose you, should make — the deeply personal and difficult decisions about how you choose to die in the subject of this installment is our reporting on the emotional and financial cost of dying.

Modern medicine grinds out lives in ways once thought unimaginable. But increasingly, we divide into frailty, disease and dementia, ill-prepared for the day when treat-

ment fails us. We can do better, if we make a conscious choice.

Newman took control of his final days. Life Preserver never shared his wishes, and his family still hesitates to discuss a disaster once he and all of his seven children end-of-life attorney Jim Eisenberg thought his own father's wishes were clear, but he has been started by the complexities of making such critical decisions for the years who gave him life.

So neither what you prefer — a

**See CHOICES, Page A2**

# State awaits climate windfall

Global-warming law promises billions, but legislators must navigate legality disputes, strict spending constraints

**By Paul Rogers, *progers@sanjose.com***

For the past 30 years, California has struggled with huge budget deficits and wrenching cuts. But finally, however, the state is poised to raise billions from an untapped new source: the proceeds from its landmark global warming law.

The windfall could come as soon as this fall, when state officials are set to begin auctioning off pollution credits and reductions, power plants and other major polluters as part of a new "cap-and-trade" system.

The amounts are potentially enormous: from \$1 billion to \$3 billion a year in 2012 and 2013, jumping as high as \$4 billion a year by 2015, according to the Department of State's Legislative Analyst's Office.

By comparison, the state's current budget deficit is \$9 billion.

But like every windfall on an island surrounded by ocean water they can't drink, Gov. Jerry Brown and state legislators face difficult constraints on how they can spend the money. More than 30 years of court rulings and budget measures — dating to Proposition 13 in 1978 — back the way, probably only to projects that reduce greenhouse gas emissions.

To add another hurdle, major business groups are opposing the law, arguing that the state can

**IN THE BUDGET \$1B**

Amount of revenue from the auction of pollution credits that Gov. Jerry Brown has included in his 2012 budget.

**The problem:** Critics argue that the government can't spend the money as it pleases, and the money may be restricted to use on environmental issues.

**See CAP AND TRADE, Page A2**

# Soul-searching after Oakland school shooting

Innigrants, tied by hopes of better life, now share in grief, sadness and confusion

**By Matt O'Brien, Robert Samuels and Lisa Fernandez, *rob@sanjose.com***

More content, payback installments at [www.sanjose.com/cort-cv-07154](http://www.sanjose.com/cort-cv-07154)

## CASH FOR CARBON FOOTPRINT

# State awaits climate windfall

Global-warming law promises billions, but legislators must navigate legality disputes, strict spending constraints

Dr. Paul Rogers

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But like thirsty cattaroys on an island surrounded by ocean water they can't drink. Gov. Jerry Brown and state legislators face strict constraints on how they can spend the money. More than 30 years of court rulings and ballot measures — dating to Proposition 218 in 1978 — limit its use, probably only to projects that reduce greenhouse emissions.

To add another hurdle, major business groups are proposing lawsuits, arguing that the state can-

See WARNINGS, Page 1

## SHATTERED DREAMS

## Soul-searching after Oakland school shooting

Insignia, tied by hopes of better life,  
now share in grief, shame and confusion

By Matt O'Brien, Robert Salonga and Lisa Fernandez  
*Staff Writers*



COST OF DYING: AN ONGOING SERIES

## FEEDING DILEMMA

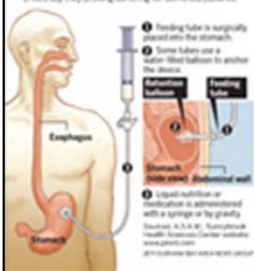
HOW TO NOURISH THE SICK — AND WHETHER TO USE ARTIFICIAL MEANS — IS PAINFUL END-OF-LIFE CHOICE



Paul Barrett helps his wife, Diana, eat dinner at an assisted living facility in Menlo Park. Diana suffers from Alzheimer's; if she can no longer eat, she will not receive a feeding tube, in accordance with her wishes.

### HOW FEEDING TUBES WORK

Tubes help nourish those who can't feed themselves. Critics say they prolong suffering for dementia patients.



By Lisa M. Krieger • [blogs.mercurynews.com](http://blogs.mercurynews.com)

### SMALL PLASTIC TUBE IS ALL THAT STANDS

between survival and starvation. "The benefits of a feeding tube — helping older adults who have difficulty eat — seems so obvious that it is used on one-third of demented nursing home residents, contributing to a growing device market worth \$1.64 billion annually. " Except it does little to help. And it can hurt.

Decades after the tube achieved widespread use for people with irreversible dementia, some families are beginning to opt out, thanks, in part, to research that artificial feeding prolongs, complicates and isolates dying.

The tale of the feeding tube, known as percutaneous endoscopic gastrostomy (PEG), is the latest installment of "Cost of Dying," a series exploring how our technological ability to stave off death creates dilemmas unimaginable decades ago, when we died younger and more quickly.

Food is love we comfort those we love; what if

See CHOICES, Page 8

SHARE YOUR STORY. SEE MORE CONTENT AT [WWW.MERCURYNEWS.COM/COST-OF-DYING](http://WWW.MERCURYNEWS.COM/COST-OF-DYING)

THE BATTLE OVER PROP. 30

## Donor group stays hidden

Arizona faction with ties to Rowe is trying to sink Brown's measure

By Steven Ramirez

[blogs.mercurynews.com](http://blogs.mercurynews.com)

SACRAMENTO — With the election clock ticking, a shadowy Arizona group rebuffed its efforts Thursday to keep donors from learning who's behind the anonymous \$2 million donation it recently made to influence two key California ballot measures.

But even as donors to the Phoenix-based Americans for Responsible Leadership remain a mystery, a closer portrait of the group is emerging through its ties to the George W. Bush White House and top Republican lawmakers. Late Thursday, the group gave one more indication of its hostile approach to measure extending the death penalty to Arizona, but a violation of California's campaign laws. It appended a Sacramento judge's order aimed at removing who was behind the millions of dollars it has pumped into the Golden State to fight Gov. Jerry Brown's tax-increase measure and prop up an anti-union proposition.

The Fair Political Practices Commission, the state's political watchdog agency, has filed

See ARIZONA, Page 11

KEY ISSUES IGNORED

## In presidential politics, tech takes a back seat

Silicon Valley has served as a major source of cash for both presidential candidates — but not as much of a source of ideas for their campaigns.

That message held steady as Obama and Romney are vying for the White House, but the message is clear: Obama and Romney have not been listening to the tech community. Obama and Romney have what, exactly?

"It really should be a part of the national discussion, because it's not just a part of the national economy," said Rep. Anna Escobedo Cabral. "There are extraordinary opportunities ahead. I'm disappointed that there's not, out of either camp, the kind of discussion of

See O'BRIEN, Page 11

TURN BACK YOUR CLOCK  
Daylight saving time ends at 2 a.m. Sunday.

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CLUB VALLEY 301

DECEMBER 14, 2012

Cost of Dying » For years, nurse Gayla Caliva had watched others struggle with end-of-life decisions, so when confronted with her own choice, it was surprisingly simple — and liberating

GAYLA'S GOODBYE

ON HER TERMS: When doctors told Gayla Caliva, 70, that she needed dialysis, she said no and chose instead to make the most of her final days. "I was very peaceful after I made that decision. And I was surprised."

By Lisa M. Kruger • [kruger@mercurynews.com](#)

WHAT IS UNBEARABLE SUFFERING?

For Gayla Caliva, it was life at the mercy of a dialysis machine. It was a meal without spices, sweetest or spiciest. It was fatigue so deep that even flowers and forests held no joy.

So when diabetes caused her kidneys to fail, the fiercely independent 70-year-old chose certain death over life-sustaining dialysis. While the right treatment for some, it was not for her.

"I don't want to live like that," asserted Caliva, a nurse, who also had heart problems. "I have had a joyful life. I feel lucky."

To share her professional experience, she agreed to let photojournalist Dai Sugano follow her through her final weeks as she endured, and then endured, the end of life.

Her story — told on [Pages M6-A7](#) and in an online video — is the latest installment of *Cost of Dying*, this newspaper's yearlong series on the emotional, financial and physical toll at life's end.

CONNECTICUT SHOOTING

Painful details of day emerge

Medical examiner calls victims' injuries 'devastating'; witnesses recount teachers' acts of bravery

By James Barron

New York Times

The gunman in the Connecticut shooting blasted his way into the elementary school and then sprayed the children with bullets, first from a distance and then at close range, hitting more of them as many as 10 times, as he fired a semi-automatic rifle loaded with ammunition designed for maximum damage, officials said Saturday as they provided grim new details of the massacre.

Dr. Wayne Carver, the state's chief medical examiner, said all of the 20 children and six adults gassed down at the Sandy Hook Elementary School in Newtown, Conn., had been struck more than once in the fusillade.

He said their wounds were "all over, all over."

"This is a very devastating set of injuries," he said at a briefing in Newtown. When asked if they had suffered after they were hit, he said, "Not for very long."

The disclosures came as the police released the victims' names. They ranged in age from 6 to 16.

CHOOSING HOW TO DIE

Documentary: Watch Gayla Caliva's story in a video produced by Emmy Award winner Dai Sugano. To see it, scan this code with a smartphone or go to [www.mercurynews.com/cost-of-dying-video](#).

ABOUT THE SERIES

This story is part of a yearlong series examining issues inspired by the emotional and financial costs of the final days in the life of reporter Lisa M. Kruger's father.

Coming up: Policymakers and medical experts look for ways to provide less costly and more humane care for the dying.

ONLINE EXTRA

To learn more about end-of-life decision-making and hospice care, go to [www.mercurynews.com/cost-of-dying](#).

For MASSACRE, Page 20

Donna Soto, right, the mother of Sandy Hook teacher Victoria Soto, and Victoria's sister, Karly, mourn at a candlelight vigil Saturday in Shelton, Conn. Victoria Soto was killed Friday protecting her students.

MORE COVERAGE OF THE MASSACRE

The victims: A glimpse of some of those who lost their lives Friday at Sandy Hook. [Read all](#)

Gun buyback: Oakland event nets over 200 weapons, rights held across Bay Area. [Read all](#)

Online extra: Scan this code with your smartphone to see a photo gallery, and go to [www.mercurynews.com/shoot-shooting](#) for more coverage.

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# COST OF DYING

AN OCCASIONAL SERIES ON END-OF-LIFE CARE

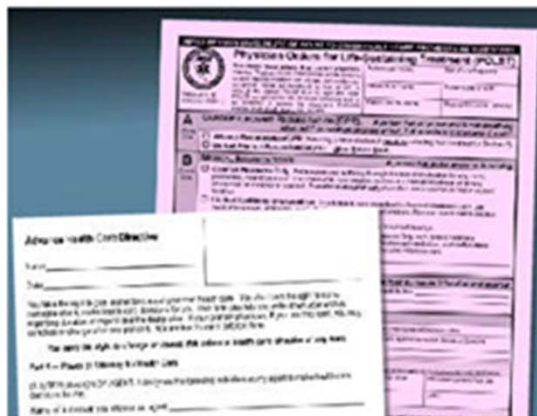


## A better way for final days

A yearlong exploration of the costs of dying concludes with eight ways to achieve a more humane and less expensive end of life.

## The series

- The original story: My father's death (Feb. 2012)
- Follow-up: Lessons learned (Feb. 2012)
- How to plan for a good death (April 2012)
- Palliative care eases the cost of dying (July 2012)
- Feeding: Simple act, painful choices (Nov. 2012)
- The challenges of at-home caregiving (Dec. 2012)
- At life's end, care differs (Dec. 2012)
- Gayla's goodbye: One nurse's choice (Dec. 2012)
- A better way for final days (Dec. 2012)



## Tips on how to fill out the forms

Everyone, regardless of age, should have an Advance Health Care Directive and a Physician Orders for Life-Sustaining Treatment.

## Resources

- Video: Health care advance directives
- Advance Health Care Planning workshops offered by Bay Area News Group
- New website is useful tool for medical planning
- Top questions when making medical decisions
- Help through hospice: What you need to know
- Database: Intensity of end-of-life care for California hospitals
- Caregiving: Online resources



## The original story: My dad's death

How could the hospital bill for the final 10 days of this frugal man, with carefully prepared end-of-life instructions, add up to \$323,000?

• Follow-up: Lessons learned





Lisa M. Krieger

lkrieger@mercurynews.com

**[www.mercurynews.com/cost-of-dying](http://www.mercurynews.com/cost-of-dying)**