

Looking Ahead With Grieppe & McRee

www.grieppmcree.com

Fall 2001



Galen F. Grieppe

Galen Grieppe Awarded Prestigious Specialist Certification by State Bar of California

Law firm founding partner Galen F. Grieppe has been awarded the designation of **Certified Specialist** in Estate Planning, Trust and Probate Law, by the California Board of Legal Specialization.

Galen has been in practice since 1971, and is an author of *Looking Ahead With Living Trusts*, a consumer guide to estate planning. He has written numerous articles, spoken throughout the Southland, and has developed courses for the State of California Department of Continuing Education, which are offered for professional development. He also teaches and customizes programs for consumers and numerous professional and community groups in the greater Los Angeles area.

Galen holds a B.A. from Claremont McKenna College, a J.D. from Loyola University School of Law, and an LL.M. degree in taxation from Golden Gate University. In 1992 he left his partnership in a large Los Angeles firm to found Grieppe and McRee, in Pasadena.

Attorneys are only permitted to identify themselves as **Certified Specialists** in California if they have satisfied strict requirements. Out of approximately 150,000 active attorneys in the State, only 664 have achieved the status of Certified Specialist in Estate Planning – an elite group of practitioners – *equal to less than one-half of 1% of all California attorneys.*

The State Bar of California Board of Legal Specialization bestows the title of *Certified Specialist* to attorneys who:

- § Take and pass an extensive written examination;
- § Demonstrate a high degree of expertise in their specialty field;
- § Fulfill stringent comprehensive education requirements; and
- § Receive favorable evaluations by attorneys and judges familiar with their work.

continued on back page

In this issue:

Certified Specialist

Pets and Estate Planning

Pain Control Raises Legal Issues.

Talk With Your Loved Ones

From the desk of Sharon McRee

New Seminars!

Pets Often Overlooked in Personal Estate Planning Process

Often overlooked in the estate planning process, **pets** may find themselves homeless or unwanted, following the extended disability or death of an owner.

Every year thousands of bewildered and grieving pets are turned into shelters by overburdened family members or caretakers who cannot take on the responsibility of caring for an animal companion.

There are creative ways to provide for pets in estate planning. An estate plan can set up a structured program for the care of *any* animal for whom you want to continue to provide a loving home.

While it is true that you cannot generally leave money directly to animals, you can achieve the same effect by carefully crafting the language of your living trust to reflect

your specific wishes about “any pets I may own at the time of my disability or death,” including the use of money for their benefit.

If you have not provided for the care of your pets, we will be happy to discuss revision of your estate plan at your next annual review.

To schedule a review, call us at 626 584-8900 or e-mail us at

Pain Control Is Becoming a Legal Issue

Is there such a thing as “too much” pain medicine for the terminally ill?

Recent news reports reveal that U.S. Attorney General John Ashcroft seeks to overturn Oregon’s voter-mandated “right to die” law. Whatever one’s opinion of this law, Oregon observers report that the government’s move to clamp down on this law is already having a chilling effect on the conduct of doctors who treat severe pain in terminally ill patients. Because pain medications are often used to end life, by individuals seeking a quiet and dignified death, doctors who prescribe such drugs fall under close scrutiny and run a higher risk of prosecution for over-prescribing certain drugs. With the federal government now at odds with Oregon state law, doctors are unsure about their legal protections.

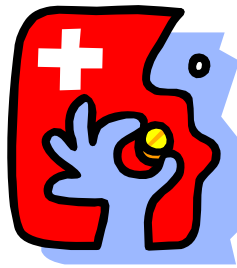
It is now generally understood that in our country there has been a lag in awareness about pain control techniques, fueled by fear of creating drug addicts, fear of being targeted for prosecution, lack of education in medical schools, and a Puritanical notion that pain is something we ought to put up with, even in our dying days.

How much pain medication to give terminally ill patients, when the medication itself might hasten death, has long been a difficult issue. ***A 1998 study found that 25% of elderly cancer patients in nursing homes received NO treatment for daily pain!***

The trend is starting to change. At least 15 states have recently passed laws ensuring that doctors’ licenses won’t be revoked for prescribing powerful controlled substances like morphine for severe pain, but since prescribing “adequate” medication is an art as much as a science,

doctors are still subject to governmental suspicions, and ongoing efforts to monitor their work. A further complication occurs when a patient in great pain is not able to communicate with the physician and a *health care agent* (usually a family member) is acting on behalf of the patient.

The organization that accredits hospitals approved standards in 1999, declaring that “all patients have a right to proper pain management.”



What constitutes “proper” and adequate pain management for YOU may very well depend on what you have written in your own Health Care Directive.

Congress has considered the Pain Relief Promotion Act, which would have formally declared that prescribing controlled substances to alleviate pain is a legitimate medical decision, even if those drugs increase risk of death.

The problem seems to be that it is difficult to make a *political* distinction that allows for strong and adequate pain relief but somehow does not “slide the slippery slope” into assisted suicide, a highly volatile social issue. Many believe that only a patient and her doctor should be the judges of what constitutes “adequate” medication. Since it is virtually impossible to set an objective standard that delineates the pain relief/assisted suicide differential, legislators have taken a timid approach,

Because of the apparent disparity between emerging medical consumer attitudes and political sentiments, some pain specialists may rightly wonder to whom they are responsible—the suffering patient or the government? The answer, for now, is **both**.

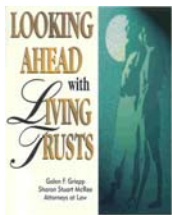
With the government looking over the shoulder of your doctor, one of the best things you can do for yourself is to put your pain management choices in writing, and discuss them with those whom you have designated as your health care agents.

Many physicians, including those opposed to assisted suicide, raise a health concern. They fear that judging whether prescribing decisions are proper or improper could cause a *backlash against pain treatment*.

What if a patient needed a high dosage of a pain-relieving drug, but that same drug could prolong his death? Should a doctor be disciplined if a week’s worth of morphine is given to a patient, who then intentionally overdoses and dies?

Under most current state laws, the physician is at risk. The current state and federal laws are not supportive of pain relief advances and many doctors and patients pursue adequate pain relief in fear and secrecy. If patient wishes are clear and choices are not made under duress, pain management decisions may be less subject to questioning.

For the vast majority of terminally ill patients, pain can be controlled. Many *continued on next page*



Our book
Looking Ahead With Living Trusts

Makes a thoughtful holiday gift, and is available autographed and gift wrapped.

Call to order.

626 584-8900

Many of you know by now that I am taking some focused time away from the office!

Since my third year of law practice (out of 25 years, now!), I have been pursuing graduate studies in the social sciences.

While I will maintain some VERY limited client involvement, my energies are being directed toward completion of a Ph.D. in behavioral science, with an emphasis on FAMILY DYNAMICS.

I fully believe that the best lawyers are those who are the keenest observers of human interaction, which is at the HEART of our work. A large part of our job is to *listen to you* and to interpret what you are saying into legal concepts and language.



From the desk of Sharon McRee...

I plan to use my combined degrees to offer even better service to our clients!

Talk to loved ones about your wishes and theirs

by Jim Towey *excerpted and reprinted with permission of the St. Petersburg Times*

Today, four out of five adults have not filled out a health care directive [*living will*], and even fewer have **discussed** their wishes with anyone! Most of us put off this discussion with our spouse, family and doctor until it is too late to have one.

And those who could help confront our culture's systematic denial about death and dying, don't. Doctors seldom mention the subject with their patients. In managed care, most don't have the time, and besides, they weren't trained to have these discussions. After all, in a health care system more focused on curing than caring, what is the point of learning what a patient wants or doesn't want?

We can make it our personal mission to learn the wishes of our family members so that we can be there for them....

Hospitals? The great majority falls short. Even though they are required by law to let patients know their legal right to control end-of-life care decisions, these facilities have pared down their social work and pastoral staff to the point that patients are on their own if they want to exercise those rights. Nursing homes and assisted living facilities typically are staffed even worse, with the same result. And how often do you hear any one at the pulpit talk about the importance of confronting these life and death matters? Those who preach about matters touching eternity often have neither bothered to think of their own mortality, nor planned for it.

We can make it our personal mission to learn the wishes of our family members so that we can be there for them when they need us the most. **And we can plan for ourselves so that we don't leave others**

guessing or feeling guilty. We shouldn't expect doctors and judges to play God on decisions that the law expects us to make.

And finally, we can demand that those responsible for the delivery of end-of-life care make the improvement of this system an urgent priority. When Americans are asked how they want death to come, the answers are nearly unanimous. They want it to be quick and painless, and to happen at home, with family around. But the reality in the 21st century is that this

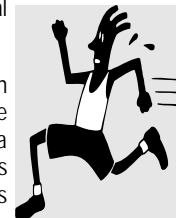
seldom happens. Pain is poorly managed and the dying process for many is artificially prolonged. Seventy percent in Florida go home to God from a hospital or nursing home bed, often receiving medical treatments doomed to fail. If that is what one's last days are going to be like, is it any wonder most people dread this subject and decide that planning for it is pointless?

What's more, the debate on how to improve end-of-life care risks being overtaken by zealots on each extreme – the ones wanting to legalize euthanasia and the ones who feel people are morally obliged to accept every possible life support treatment, regardless of how burdensome these treatments are to patients and their families. This issue is too important to be commandeered by these fringe groups.

Change will only come about when we take personal responsibility for it.

What's your REAL age?

Who doesn't know that regular exercise improves the quality of life and may prolong it? But what do *education* and *employment status* have to do with our "real age?"



Real age is the condition of your body, not the date on your calendar. Take a revealing test and assess whether you are truly as young as you feel!

Visit www.realage.com and answer questions anonymously. Consider simple changes that can *subtract* years from your body and *add* years to your life!

Pain Control (cont'd from page 2)

in the medical and bioethics fields now believe that it is a patient's right to choose to live comfortably and possibly die sooner, rather than to die a lingering and painful death. In testimony before Congress, Dr. James Rathmell, of the University of Vermont, said "I would plead for better pain control. Focus the physician's attention on pain being the issue, not preservation of life."

Most of our clients have given thought to the terms of their Advance Health Care Directives. Do you remember the advance choices you made? As medical knowledge and social attitudes shift, and your awareness of health issues grows, it's a good idea to review your Directive annually, and fine tune it.

In the U.S., we generally feel very uncomfortable around those who are grieving a loss. (A "loss" could be a death, a dramatic health event, or even your house burning down.) We encourage them to "snap out of it," or repeat platitudes, such as "it was for the best." Our uneasy responses to the losses of others, which probably arise from cultural denial of loss and death, have a damaging effect on all of us—we try to **mask our sadness** or "get over it" because it seems to us that we might appear weak or too focused on the loss. **But "focus" is normal** and helps us toward a faster and more satisfying resolution of

Loss and grief; finding support...

our sadness.

Think about it: employers usually grant only three days of leave following a family death. It's generally understood in psychology that after three days the survivors are still in a state of shock, yet we expect them to "get over it" in three days! Adjusting to the loss of a close family member can actually be a years-long process, which can be handled in a healthy way.

We praise the stoic family member, who seems to be "taking it well," and when grief is openly shown, we say that someone is "taking it hard."

We don't consider that "healthy," although it

probably is!

Perhaps, as a society, we are not ready to lend full support to grieving friends, but we can at least **acknowledge** the legitimacy of grief and the long and *natural* recovery process.

If you have experienced such a loss, *even if it was very long ago*, and you are still grieving, or you know someone in this situation, ***grief counseling*** is an excellent idea. There are wonderful specialists in this field, who can help us sort out what is normal and experience our emotions without shame or guilt. ***Our office will gladly refer you to one such expert. Please call us if you need help.***

LEGAL NEWS, VIEWS AND CLIENT SERVICES

1000 E. WALNUT STREET
PASADENA, CALIFORNIA 91106

Phone: 626-584-8900

Fax: 626-584-8901

Email: estateplanners@aol.com



Griep & McRee

Attorneys and Counselors at Law
practice limited to estate planning and related matters

Visit us on the web!
www.griepmcree.com

Galen F. Griep and **Sharon McRee** offer the maximum in client service and lawyer accessibility. At our firm, we embrace a professional *team approach* to estate planning. We strive to build and maintain ongoing contact with our clients, as well as with their other professional advisors, so that our work enhances each client's personal and business goals.

We do not provide "one shot service."

We build client relationships.

We recognize an obligation to offer education to our clients and to the public. We do not strive to "sell" ideas or service, because we know that *when intelligent people are given access to valuable information and ethical professional guidance, they will make sound decisions.*

Galen Griep adds "Certified Specialist" to long list of honors *(cont'd from page one)*

Over the past nine years, Galen's practice has been exclusively devoted to estate planning and related matters. He began the rigorous specialization process in 1999, achieving certification in September of this year.

In 1994 he was honored by the *National Network of Estate Planning Attorneys*, as one of its outstanding members. He has been awarded for his work as a Superior Court Arbitrator and as an arbitrator for the American Arbitration Association, as well as for his

many contributions to various community and professional groups.

Among those he has contributed time and expertise to are: Hillside Home for Children; California AIDS Ride; Los Angeles Archdiocese; American Cancer Society; Multiple Sclerosis Society; St. Francis School; Pilgrim School; Pasadena Waldorf School; Gael Blair Academy; Japanese-American National Museum; League of Women Voters; Rotary International; Kiwanis Club; Optimist Club.

He has designed and presented estate planning programs to a range of interest groups, including Sanwa Bank, Wells Fargo Bank, American Express Financial Services, Fidelity Funds, New York Life, Charles Schwab and Pacific Bridge Insurance.

Despite a busy professional schedule, Galen still finds time to enjoy his family and is very proud of his two lovely, talented and smart daughters, **Ravenna** [19] and **Romy** [11]!

Watch For Our Brand New Seminars 2001-2002 !!

(dates to be announced — please CALL NOW to let us know of your interest and schedule suggestions)

Functioning Through the Illness or Loss of a Loved One
with special guest speaker

The Entrepreneur's Guide to Estate Planning:
putting your personal "brand" on your plan

The Responsible Trustee;
an orientation to trusteeship

The Power of Purpose Through Multi-Generational Planning
a workshop for adults and their parents

The More Things Change...
what do recent legal and tax changes mean to you?

Health Care Planning Workshop
advance directives, long term care, asset protection