

## Flu cases strain Bend ER

By Markian Hawryluk  
WesCom News Service

BEND — A virulent strain of the flu has filled the emergency room at St. Charles Bend to capacity, forcing the hospital system to cancel surgeries and divert patients to other hospitals.

Hospital officials said the emergency room typically treats about 120 patients on any given Monday but saw 150 patients this past Monday and admitted 30 of those patients to the hospital.

Michelle Brenholdt, the director of St. Charles Bend's emergency services and trauma program, said many patients admitted to the hospital are staying longer than usual and that is causing a backlog into the ER.

"We're still able to take care of sick patients and critical patients, but it's a really good time to remind people where to go for care," she said. "If you have serious signs and symptoms, certainly we want you to come here, but if you can get to an urgent care or your doctor's office for less serious things, then certainly that's the best place."

St. Charles Bend has 32 emergency room beds, and as of Wednesday afternoon, 22 were filled by patients waiting to be admitted to an



Dr. Doug Lowery-North works with a patient in a hallway of the St. Charles Bend emergency room Wednesday.

inpatient room.

"We have nine beds in the hallways where we're trying to help move people along, which is not optimal, and it's not fun for anybody, but it works," said Dr. Bill Reed, an emergency room physician at the hospital.

Reed said doctors are seeing more flu patients than normal who are having trouble breathing and need to be admitted and put on oxygen.

The hospital has diverted some patients to St. Charles Redmond, which in turn is sending some of its patients to hospitals in Madras and

Prineville.

"Oftentimes we'll transfer patients to Portland when we lack capacity, and the Portland hospitals are all full too. There's up to a three-day wait to get a bed," Brenholdt said. "We have even tried to get patients to Boise, and they're full too."

Reed said the flu is also putting pressure on emergency medical services. The Bend Fire Department, which typically handles about 25 calls a day, responded to 50 calls Monday.

"There were multiple occasions where all of the five active ambulances were

on calls or at the ER," Reed said. "There was one point where all five were at the ER unloading patients, and we're still taking dispatch calls."

Sisters Fire and Rescue has helped alleviate the crunch, taking additional calls and transporting patients to Redmond.

The solution to the hospital's capacity woes lies tantalizingly close. St. Charles is scheduled to open its new tower on May 19, adding a 24-bed intensive care unit and a 28-bed step-down unit — for patients in between intensive care and a traditional hospital room.

## Oregon trials led to approval of breast cancer treatment

By Kale Williams  
The Oregonian

Eva Joseph first found out she had breast cancer in 2002. She underwent chemotherapy, had radiation treatments and a mastectomy, and the side effects were brutal. She lost her hair and gained weight from the steroids included in her treatment.

After all that, however, she was declared cancer-free. Then, in 2014, the now 72-year-old West Linn resident began having difficulty breathing. The cancer had returned, this time in her lungs and sternum.

But this time her treatment options were different.

Joseph was accepted into a clinical trial at Providence for a new immunotherapy drug that has proved effective in treating her deadly type of breast cancer. Now, the general public will have access to the drug in a major development for treating end-stage breast cancer.

It's an exciting breakthrough, said Alison Conlin, a medical oncologist at the Providence Cancer Institute, where some of the trials took place.

"Immunotherapy is finally an option for people with breast cancer," Conlin said. "It's less toxic and there are less side effects."

The Food and Drug Administration last week gave early approval to the drug to be used in breast cancer treatment for the general public.

The drug will be used for people with stage four, triple negative breast cancer, Conlin said, one of the deadliest types. Those diagnosed with that type of cancer are usually given about 18 months to live, but with the new immunotherapy, Conlin said, some patients were living for two years with a dramatically improved quality of life.

## Oregon at impasse over opioid use for chronic pain

By Markian Hawryluk  
WesCom News Service

Oregon's efforts to prevent opioid overdoses have reached a difficult impasse: what to do with the chronic pain patients who are on high doses of opioids now considered unsafe.

While some experts are warning about the potential harms of forcing stable pain patients off opioids, others insist reductions will benefit patients whether they want to make the change or not.

The divergence of opinion was on full display this week at the first meeting of a state task force convened to develop guidelines for tapering opioid use. It is the key issue to be resolved when a state commission met Thursday to consider new chronic pain coverage rules for the Oregon Health Plan.

"I think the potential harms associated with opioids have become clear," said Dr. Dana Hargunani, chief medical officer for the Oregon Health Authority. "Harms shown by the evidence about tapering are less clear."

Both national and state prescribing guidelines urge judicious prescribing of opioid pain medication, generally limiting doses to less than 90 mg of a

morphine-equivalent dose. But guidelines provide little guidance about whether patients above that threshold should be tapered.

In their opening remarks, many of the members of the tapering task force used terms like "compassionate" or "patient-centered" to express their preference that the guideline be implemented with flexibility, rather than in a draconian, one-size-fits-all manner.

Dr. Arian Nachat, a palliative care physician with Legacy Health, spoke about patients who sought out assisted suicide after being cut off of their opioids cold turkey.

"I hear this story happening more and more," she said. "We can't force people off opioids."

But other members of the task force questioned whether the distinction between forced and unforced tapers was real.

"I can't tell you whether the tapers I do in my practice are voluntary or involuntary," said Dr. Roger Chou, a professor of medicine at Oregon Health & Science University and director of the Pacific Northwest Evidence-based Practice Center.

The majority of the time, patients don't want to be tapered, he said.

"I explain why I think that's im-

portant, that it's a safety issue, and I guide them through the process. I try to be empathetic, but they don't want to taper," Chou said. "Is that voluntary or involuntary?"

Other members of the task force agreed, and said that if tapers were strictly voluntary, only about 25 percent of patients would ever be tapered. Chou also questioned whether the task force should use the terms patient-centered or compassionate.

"Compassionate sounds good but it's a loaded term. At least in the discussion going on right now, it's often meant to mean not tapering," he said. "I don't think there's anything compassionate about leaving people on drugs that could potentially harm them."

The task force plans to develop guidelines by the fall that any provider in the state could use in helping patients reduce their opioid use. While other health care organizations may endorse those guidelines, they will remain voluntary.

Thursday's vote by the Health Evidence Review Commission on Medicaid coverage for certain chronic pain conditions, however, has a more direct impact on patients. The commission is considering a proposal to add coverage of

five chronic pain conditions that previously had not been covered. The proposal would allow patients with those conditions to receive alternative services, such as acupuncture, yoga or physical therapy, in addition to opioid and non-opioid treatments.

An earlier version of the proposal would have required patients with those conditions to taper off opioids within a year. After significant public outcry and input from pain experts, the proposal was revised to allow at least some chronic pain patients to remain on opioids long term.

The revised proposal would still require patients with fibromyalgia or lower back pain, as well chronic pain patients who fail to meet the criteria for ongoing opioids, to be tapered off opioids altogether.

The proposed coverage change has garnered significant national attention. Chronic pain patients and pain experts from across the country fear it could set a precedent for other public and private health plans to force people off opioids.

More than 100 of the nation's leading experts on pain and addiction medicine signed on to a letter penned by Dr. Sean Mackey,

chief of pain medicine at Stanford University, urging the commission to put aside the proposal until more evidence was available.

"These requirements still mandate non-consensual forced tapering, which can cause grave destabilization to stable patients, without evidence of benefit," Mackey wrote.

The letter said there were at least four comprehensive studies of opioid tapering that should be completed within the year and would provide a better understanding of the consequences of opioid tapers.

"We fear the HERC's proposal is, in essence, a large-scale experiment on medically, psychologically and economically vulnerable Oregonians, at a moment when Oregon has already seen a significant reduction in opioid prescribing and prescription opioid-related deaths," Mackey wrote. "The evidence supports that this proposal represents an alarming step backward in the delivery of patient-centered pain care for the state of Oregon."

If the proposal is approved, the changes would go into effect in 2020. If the commission is not willing to proceed, it could table consideration, delaying implementation until 2022 at the earliest.

## FISHING

Continued from Page 1B

In California, his search for golden trout came to an end after four years and hundreds of miles hiking along streams to outsmart the elusive fish.

"You stare at this fish in your hand and it's like the golden ticket from Willy Wonka," Veals said.

And on Halloween night, dressed as a 1920s butler, Veals unearthed a real monster — a 24-and-a-half-inch brown trout on the Boise River. In the stillness of the fall evening, Veals said, the fish's thrashing sounded like whitewater rapids.

"To be able to hold up a 24-and-a-half-inch brown trout caught 5 minutes from my house is unreal," Veals said.

That brown trout could still be in the Boise River — Veals is almost exclusively a catch-

*"You can do a 365-day challenge with whatever makes you happiest. Try 15 minutes a day for yourself. Day by day, you'll be surprised at how much you accomplish."*

— **Stephen Veals, Idaho man who fished every day in 2018**

and-release fisherman who, ironically, doesn't much enjoy the taste of fish.

While 365 days of just about anything seems like a pretty daunting task, Veals said he was surprised at how quickly a year went by.

"On day 330, I was like, 'I don't want this to end,'" Veals said.

He toyed with the idea of a 500-day challenge instead. His wife, Laura, who'd created a trophy to commemorate 365 days of angling,

urged him to stick to the original goal.

"I never once was like, 'No, he can't do it,'" Laura said. "It was more, 'How are we going to do this when things get real?' Because we knew things were going to get real."

### Relaxation

It won't surprise many anglers that Veals' time on the water helped him feel at peace.

"Very few things I do just by myself," he said. "I had to lean more on fishing to recharge my battery so I could support my wife." For much of the year, the two traveled to visit Laura's father, John Clough, who was fighting cancer. When the stress and anguish of that situation started to feel overwhelming, fishing was a way for Veals to ground himself.

"It's an amazing stress reliever to feel the water

around you, be in tune with the seasons," Veals said.

"There's something about being connected to that natural change. You can't help but feel humbled." As more things went haywire through 2018, fishing was Veals' constant. His wife said that likely helped him succeed in his goal.

"It was the one thing (he) had control over every single day," Laura said.

Not to mention, the constant practice was starting to pay off.

"I don't want to say I was a better angler, but it made me more willing to experiment and fail," he said.

### Sharing the Challenge

The 365-day challenge started as something Veals could do for himself. Soon, he found the greatest reward was to bring others along.

His uncle was beside him

when he reeled in that massive sturgeon. As a mentor in the Big Brothers Big Sisters of America program, he took his "little brother" out to fish for the first time. And before his father-in-law died of cancer in June of 2018, Veals had taught John to fly fish on Boulder Creek near the Cloughs' Colorado home.

"I still fished on the day my father-in-law passed away," Veals said. "I went back to (Boulder Creek) the day of his funeral. It felt like he was looking down on me and it was a really moving experience." Laura, who at times became frustrated with her husband's pursuit of the challenge, eventually found it helped her carve out some personal time, too. During one fishing detour, she had a revelation.

"Instead of sitting in the car ... for 20 minutes thinking about how my dad had

just died, I thought, 'This is my space for 20 minutes,'" Laura said.

She got out of the car and spent the quick fishing trip stretching. Soon she began practicing yoga, and today she's taken up aerial dancing. She doesn't follow her husband's every-single-day itinerary, but his spirit is part of what drives her.

"It taught me to find something for me," Laura said.

Veals said he learned several lessons over the course of the year, but the most important was learning to make — and maintain — time for his own happiness. It's a tenet he hopes others will aspire to.

"You can do a 365-day challenge with whatever makes you happiest," Veals said. "Try 15 minutes a day for yourself. Day by day, you'll be surprised at how much you accomplish."