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SEARCH STRATEGY

Set No.	Searched for	Databases	Results
S2	Ethics, Medicine and Public Health	Ebook Central, Public Health Database, Publicly Available Content Database	384599*
S1	nutrition	Ebook Central, Public Health Database, Publicly Available Content Database	697278*

* Duplicates are removed from your search, but included in your result count.

The Coalition for Epidemic Preparedness Innovations (CEPI) and the Partnerships of Equitable Vaccine Access

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; Gostin, Lawrence O ²; Aneja, Kashish ³; Nardi, Francesca ³; Gottschalk, Katie ³; Monahan, John ²
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COLORADO STATE UNIVERSITY, FORT COLLINS, CO, USA; COLORADO SCHOOL OF PUBLIC
HEALTH, AURORA, CO, USA ² O'NEILL INSTITUTE FOR NATIONAL AND GLOBAL HEALTH LAW,
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INSTITUTE FOR NATIONAL AND GLOBAL HEALTH LAW, WASHINGTON, DC, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article highlights and evaluates the role of CEPI and its contribution to global equitable access to COVID-19 vaccines through its established partnerships for vaccine development. The article adds to the understanding of how and when such partnerships can work for public health, especially under emergency citations.

DETAILS

Subject:	Public health; COVID-19 vaccines; COVID-19; Collaboration; Funding; Immunization; Pandemics; Public private partnerships; Innovations; Supply chains; International organizations; Monetary incentives; Global health; Disease transmission; Medical ethics
Business indexing term:	Subject: Public private partnerships Supply chains
Location:	United States--US
Company / organization:	Name: AstraZeneca; NAICS: 325412; Name: Coalition for Epidemic Preparedness Innovations; NAICS: 541714, 923120
Identifier / keyword:	Equitable Vaccine Access; Public Health Partnerships; Coalition for Epidemic Preparedness Innovations (CEPI); Pandemic Response; COVID-19 Vaccine
Publication title:	The Journal of Law, Medicine & Ethics; Boston
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Issue:	2
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Letter From The Editor

Hutchinson, Ted

[ProQuest document link](#)

DETAILS

Subject:	Editors; Medical ethics
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
Source details:	International Collaborations: The Future of Health Care
Pages:	223-223
Publication year:	2023
Publication date:	Summer 2023
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Challenges and Opportunities in Modernizing Clinical Trial Recruitment

Pasha, Amirala S ¹
; Silbert, Richard ^{1 1} MAYO CLINIC, ROCHESTER, MN, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Clinical trial recruitment is ripe for innovation. The current model is costly, often results in poor recruitment and offers inequitable access. To improve this system, we envision a peer-to-peer blockchain platform where patients control the depth and breadth of how their medical information is shared.

DETAILS

Subject: Cancer; Enrollments; Innovations; Patients; Technological change; Clinical trials; Minority & ethnic groups; Participation; Mortality; Modernization; Pandemics; Recruitment; Blockchain; Community; Peers; COVID-19; Medical ethics

Business indexing term: Subject: Blockchain Recruitment

Identifier / keyword: Clinical Trial Recruitment; Clinical Trial Innovation; Privacy; Differential Compensation; Block Chain

Publication title: The Journal of Law, Medicine & Ethics; Boston

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Issue:	2
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Publication date:	Summer 2023
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Battles Over Medication Abortion Threaten the Integrity of Drug Approvals in the U.S.

Bendicksen, Liam ¹

; Kesselheim, Aaron S ² ¹ PORTAL, BRIGHAM AND WOMEN'S HOSPITAL, BOSTON, MA, USA ² PORTAL, BRIGHAM AND WOMEN'S HOSPITAL, BOSTON, MA, USA; HARVARD MEDICAL SCHOOL, BOSTON, MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Legal challenges to the FDA's approval of mifepristone have destabilized patients' ability to access controversial medicines like medication abortion. We argue that federal courts' receptiveness to this litigation undermines the coherence and integrity of prescription drug regulation in the U.S.

DETAILS

Subject:	Bans; FDA approval; Regulatory approval; Federal regulation; Litigation; Pharmaceutical industry; Abortion; Drugs; Prescription drugs; Federal court decisions; Judges & magistrates; Case reports; Medical ethics
Business indexing term:	Subject: FDA approval Regulatory approval Pharmaceutical industry
Location:	United States--US
Company / organization:	Name: Food & Drug Administration--FDA; NAICS: 926150
Identifier / keyword:	Medication Abortion; Federal Courts; U.S. Food and Drug Administration; Drug Approvals; Mifepristone
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Malleable Morality: Re-Shaping Moral Judgments in Health Policymaking

Simana, Shelly ¹ ¹ STANFORD LAW SCHOOL, STANFORD, CA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

When confronted with moral dilemmas related to health, governments frequently turn to “moral experts,” such as bioethicists and moral philosophers, for guidance and advice. They commonly assume that these experts’ moral judgments are primarily a product of deliberate reasoning. The article challenges this assumption, arguing that experts’ moral judgments may instead be primarily a product of moral intuitions which, often subconsciously, respond to the social setting.

DETAILS

Subject:	Morality; Philosophers; Public health; Research ethics; Policy making; Experts; Cooperation; Moral judgment; Rationalism; Philosophy; Decision making; Medical ethics
Identifier / keyword:	Health; Moral Experts; Moral Intuition; Moral Judgment; Policymaking; Social Intuitionist Model
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
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Risk Reduction Policies to Reduce HIV in Prisons: Ethical and Legal Considerations and Needs for Integrated Approaches

Das, Sayantane¹ ; Ladha, Sameer² ; Klitzman, Robert²

¹ UNIVERSITY OF QUEENSLAND, BRISBANE, AUSTRALIA ² COLUMBIA UNIVERSITY, NEW YORK, NY, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The United States has the fastest growing prison population in the world, and elevated incarceration rates, substance use, and human immunodeficiency virus (HIV) prevalence are fueling each other. Yet without a national guideline mandated for HIV care within the prison system, standards for state and federal prisons vary greatly.

DETAILS

Subject:	Human immunodeficiency virus--HIV; Imprisonment; Prisons; Epidemics; Condoms; Acquired immune deficiency syndrome--AIDS; Prisoners; Correctional system; Disease transmission; Medical ethics
Location:	United States--US
Company / organization:	Name: Department of Justice; NAICS: 922130; Name: Bureau of Prisons; NAICS: 922140
Identifier / keyword:	HIV/AIDS; Sexually Transmitted Infection (STI); Prison Health Care System & Human Rights; Pre-Exposure Prophylaxis (PREP); Mandatory Screening
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
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“Death and Taxes”: Why Financial Compensation for Research Participants is an Economic and Legal Risk

Waltz, Margaret ¹ ; Davis, Arlene M ¹ ; Fisher, Jill A ¹ ¹ UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL, NC, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

In the US, research payments are technically taxable income. This article argues that tax liability is a form of possible economic and legal risk of paid research participation. Findings are presented from empirical research on Phase I healthy volunteer trials. The article concludes by discussing the implications of these findings for the informed consent process, as well as for broader ethical issues in whether and how payments for research participation should be regulated.

DETAILS

Subject:	Compensation; Enrollments; Participation; Taxable income; Income taxes; Taxation; Informed consent; Clinical trials; Liability; Economic research; Social security numbers; Payments; Research methodology; Research & development--R &D; Tax returns; Volunteers; Human subjects; Consent; Medical ethics
Business indexing term:	Subject: Compensation Taxable income Income taxes Tax returns
Location:	United States--US
Company / organization:	Name: Internal Revenue Service--IRS; NAICS: 921130

Identifier / keyword:	Healthy Volunteers; Phase I Trials; Research Participation; Study Payments; Risk; Informed Consent
Publication title:	The Journal of Law, Medicine & Ethics; Boston
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Issue:	2
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State-Specific Barriers to Methadone for Opioid Use Disorder Treatment

Russoniello, Kellen ¹ ; Harrington, Cailin ² ; Beydoun, Sarah ³ ; Borrego, Lucrece ³ ¹ DRUG POLICY ALLIANCE, NEW YORK, NY, USA ² SETON HALL UNIVERSITY, NEWARK, NJ, USA ³ UNIVERSITY OF CALIFORNIA, IRVINE, CA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Opioid agonist treatment, including methadone, is the safest and most effective method for treating opioid use disorders and reduces opioid overdose deaths. While access to methadone is highly regulated by federal law, a substantial portion of states impose stricter barriers.

DETAILS

Subject:

Emergency medical care; Drug overdose; Disorders; Fatalities; Heroin; Regulation; FDA approval; Methadone; Rural areas; Toxicology; Substance use disorder; Pharmacists; Controlled substances; Patient satisfaction; COVID-19; Narcotics; Disease transmission; Medical ethics

Business indexing term:

Subject: FDA approval

Identifier / keyword:

Opioids; Opioid Agonist; Treatment; Methadone; Overdose; Opioid Treatment Program

Publication title:

The Journal of Law, Medicine & Ethics; Boston

Volume:

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Issue:

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DOI:	https://doi.org/10.1017/jme.2023.73
ProQuest document ID:	2859504122
Document URL:	https://www.proquest.com/scholarly-journals/state-specific-barriers-methadone-opioid-use/docview/2859504122/se-2?accountid=211160
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Database:	Public Health Database

Improving Labor Outcomes among People with Mild or Moderate Mental Illness through Law and Policy Reform

Kroll, David S ¹

¹ BRIGHAM AND WOMEN'S HOSPITAL, BOSTON, MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Barsky et al. have made a compelling argument that the current laws in place to protect employees who are trying to maintain gainful employment while also managing and/or seeking care for common psychiatric conditions are only successful some of the time and do not adequately cover the range of situations in which employees are likely to find themselves.¹ Adequate support of employees is likely to be even more critical in this era in which increased attention is being paid to the effects of the COVID-19 pandemic and other stressful world events on the prevalence and course of mental and behavioral health conditions.²

Depression is already the leading cause of disability worldwide,³ and having a co-morbid psychiatric disorder along with a physical disability amplifies the degree of impairment associated with that disability.⁴ What can get missed in the assessment of a patient's working abilities when a psychiatric disorder that compromises them is present, however, is that disability itself is a bad outcome.⁵ Individuals who are kept out of the work force by a health condition are likely to live in poverty regardless of whether they qualify for disability benefits, and they face important social disadvantages, too, including a higher risk of social isolation.⁶ The economic disadvantages may be especially critical for younger adults, who can lose out on important opportunities to lay the groundwork for a successful career and remain disadvantaged upon returning to the workplace even after a temporary disability ends.⁷

As with virtually any other problem related to health and health outcomes, prevention and early intervention are therefore key.⁸ Policies (such as Title I of the Americans with Disabilities Act that Barsky et al discuss) that facilitate early access to treatment and support, especially for individuals with mild to moderate conditions, likely can do more to improve long-term health outcomes (and economic outcomes), than policies that only facilitate access to care when symptoms have already become so severe that the disability associated with them has reached a certain threshold.

Perhaps not enough attention is paid to the problem of presenteeism. As Barsky et al. explained, presenteeism occurs when an employee with a (usually mild or moderate) health condition is functioning well enough to go to work and ostensibly perform their job duties but does so in a way that is less productive or effective than they ordinarily would. Presenteeism does not necessarily trigger a referral for treatment or support services. Instead, employers and/or managers commonly interpret presenteeism as a sign that the employee is sub-par, and this in turn can lead to *fewer* opportunities for thriving (in the best of cases), and disciplinary actions and/or termination (in the worst).⁹ Thus, a lack of recognition and support for mild and moderate behavioral health conditions perpetuates a cycle in which small problems can become big problems, and potential opportunities to prevent the devastating outcome of disability are missed.

DETAILS

Subject:	Mental health; Employers; Disability; Employees; Health services; Americans with Disabilities Act 1990-US; Mental disorders; Mental depression; Medical ethics; Physical disabilities; Disadvantaged; COVID-19; Employment; Adults; Health care access; Legal reform; Mental health services; Workplaces; Poverty; Work; Social isolation; Disability recipients
Business indexing term:	Subject: Employers Employees Americans with Disabilities Act 1990-US
Identifier / keyword:	Disability; Depression; Employee e Health; Population Health; Health Policy
Publication title:	The Journal of Law, Medicine & Ethics; Boston
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Issue:	2
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Genomic Data as a National Strategic Resource: Implications for the Genomic Commons and International Data Sharing for Biomedical Research and Innovation

McKibbin, Kyle ¹ ; Shabani, Mahsa ¹ ¹ GHENT UNIVERSITY, GHENT, BELGIUM

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article provides a critical review of new policies in China, the United States, and the European Union that characterize genomic data as a national strategic resource. Specifically, we review policies that regulate human genomic data for economic, national security, or other strategic purposes rather than ethical or individual rights purposes.

DETAILS

Subject:	Human rights; Interoperability; Collaboration; Competitive advantage; Infrastructure; Data; Biomedical research; Databases; National security; Access to information; Personal health; Genomes; Medical research; Information sharing; Learning commons; Genomics; Ethics; Privacy; Cloud computing
Business indexing term:	Subject: Competitive advantage Infrastructure Information sharing
Location:	United States--US; China
Identifier / keyword:	Information Commons; Research; International Collaboration; Data Sharing; Nationalism

Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
Source details:	International Collaborations: The Future of Health Care
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Publication subject:	Law, Medical Sciences
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Last updated:	2023-09-01

Enhancing Reciprocity, Equity and Quality of Ethics Review for Multisite Research During Public Health Crises: The Experience of the COVID-19 Clinical Research Coalition Ethics Working Group

Rahimzadeh, Vasiliki ¹

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

In this paper we report findings from a commissioned report to the COVID-19 Clinical Research Coalition on approaches to streamline multinational REC review/approval during public health emergencies. As currently envisioned in the literature, a system of REC mutual recognition is theoretically possible based on shared procedural REC standards, but raises numerous concerns about perceived inequities and mistrust.

DETAILS

Subject: Ethics; Infectious diseases; Securities regulations; Standards; Public health; COVID-19; Collaboration; Emergencies; Observatories; Coalitions; Pandemics; Medical research; Content analysis; Research ethics; Ebola virus; Genomics; Research; Working groups

Business indexing term: Subject: Securities regulations

Identifier / keyword: Public Health; COVID-19; Clinical Research; Ethics

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The Sociological Context of Incarceration and Health

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

In "Risk Reduction Policies to Reduce HIV in Prisons," Das, Ladha, and Klitzman¹ focus on four programs to reduce intra-prison transmission of HIV and enhance treatment. All four programs are worthwhile, even with the obstacles enacting such initiatives would entail.

It is valuable, though, to consider the larger sociological context of the relationship between incarceration and health and some additional obstacles to reform. In particular, I see two types of risk, especially if one is interested in improving the general health of those involved with the criminal justice system. A focus on HIV, though absolutely critical, might overshadow other health issues that also ought to be important in any discussion of enhancing care. In addition, a focus on improving the treatment or prevention of illness in prison can obscure the process by which incarceration is linked to health. The connection between incarceration and health has multiple dimensions, elevating the significance of criminal justice contact — and all the processes that contact entails—to a fundamental cause of disease. Such a relationship necessitates a different type of focus, over multiple environments.

Enhancing medical care in prisons is desirable and needed, but if the goal is improving the health of those with criminal justice contact, a focus on treatment in prison is limited. Up to half of people in prison have a chronic illness, a rate far higher than in the general population, but relatively few have HIV.² Three times more have tuberculosis than HIV, and far more have hypertension. Furthermore, there are differences among custodial institutions. The authors define "prisons" broadly, as is appropriate, but there are significant differences between jails, state prisons, and federal prisons, both in opportunities and obstacles. Incarceration in jail is short-term, incarceration in prisons is much longer, though the median time is still short of two years.³ To an approximation, the quality of health care overlaps with the average length of a sentence: jails provide grossly inadequate care, state prisons provide somewhat better care, and federal prisons a bit better still. If the goal is enhancing care among underserved communities, the high turnover and volume of jails provides the best opportunity, though reform in state and especially federal prisons is more feasible, as their administration is focused more on long-term custody and, by extension, treatment. Much is made of the stock size of the prison population, but over 600,000 people are released from jail and prison every year.⁴ In addition, many states have initiated processes of rather rapid decarceration in recent years. The US still incarcerates far too many people, but the needs of recently released people are pressing and not terribly well accounted for when considering the inadequacies of care in prison.

DETAILS

Subject: Tuberculosis; Chronic illnesses; Reforms; Quality of care; Imprisonment; Health care; Jails; Prisons; Society; Hypertension; Human immunodeficiency virus--HIV; Medical treatment; Sociology; Criminal justice; Illnesses; Health; Criminal records

Location: United States--US

Identifier / keyword: Incarceration; Punishment; Reintegration; Prison Healthcare; Chronic Disease

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Telehealth in the Metaverse: Legal & Ethical Challenges for Cross-Border Care in Virtual Worlds

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¹ WEILL CORNELL MEDICINE – QATAR, AR-RAYYAN, QATAR

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article examines the legal and ethical challenges for the provision of healthcare in the metaverse. It proposes that the issues arising in the metaverse are an extension of those found in telehealth and virtual health communities, albeit with greater complexity. It argues that international collaboration between policymakers, lawmakers, and researchers is required to regulate this space and facilitate the safe and effective development of meta-medicine.

DETAILS

Subject: Ethics; Research; Support groups; Medicine; Clinical medicine; Telemedicine; Borders; Medical personnel; Virtual communities; Policy making; Privacy; Virtual reality; Professional ethics; COVID-19

Business indexing term: Subject: Professional ethics

Location: United States--US

Identifier / keyword: Metaverse; Meta-Medicine; Virtual Healthcare; Law; Ethics

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“Consent Does Not Scale”: Laying Out the Tensions in Balancing Patient Autonomy with Public Benefit in Commercializing Biospecimens

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ABSTRACT (ENGLISH)

Selling Clinical Biospecimens: Guidance for Researchers and Private Industry” by Peter Schwartz and Jane Hartsock explores the important and complex world of academic medical centers (AMCs) commercializing patient biospecimens.¹ It is important because specimen commercialization can enable critical research. It is complex because it makes most patients uncomfortable. As the authors point out, there are few legal requirements to structure options. Striking the right balance is left up to individual policies and procedures on a hospital by hospital (or even doctor by doctor) basis.

Collaborations between AMCs and commercial industry can fund and accelerate important health research with biospecimens and related phenotypic information.² AMCs are in a unique position to collect biospecimens as patients share diverse specimen types and related phenotypic information as part of their clinical care. In fact, hospitals are being “inundated with requests” from industry across the country.³

Industry is also a key component of financially supporting AMC biobanks.⁴ In recent years, types of data remuneration arrangements have expanded to licensing agreements for industry-derived machine-learning models, discounted clinical data analyses, electronic medical record “awards” and invoice credits, or academic advantages such as access to data necessary for high-impact research.⁵ For example, in *Dinerstein v Google*,⁶ employees from Google and UChicago published the AI model, trained on UChicago patients, together.⁷

But as Schwartz and Hartsock explore, many patients when asked are uncomfortable with specimen commercialization.⁸ Looking at health information, patients also report they are particularly uncomfortable with data sharing for profit and are concerned that profit-driven users might burden or exploit patients.⁹

So, how can we respect patient autonomy interests while maintaining the public benefit of enabling industry/AMC research collaboration? As asked by the authors: do AMCs owe their patients something more than required by law? And if so — what is it?

DETAILS

Subject:	Patients; Ethnicity; Ethics; Public good; Commercialization; Medical research; Informed consent; Compensation; Awards; Data; Health research; Burden sharing; Hospitals
Business indexing term:	Subject: Commercialization
Identifier / keyword:	Biospecimen; Biobank; Commercialization; Research
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
Source details:	International Collaborations: The Future of Health Care
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Publication date:	Summer 2023

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“Out Like a Lion:” Terminating the COVID-19 National Public Health Emergency

[ProQuest document link](#)

ABSTRACT (ENGLISH)

From its inception, the COVID-19 pandemic has been a disruptive force on U.S. health care and public health systems. President Biden's announced termination of the national public health emergency on May 11, 2023 portends a return to normalcy and relief for Americans from the greatest infectious disease scourge the nation has ever faced. In reality, closing out this pandemic presents a tempest of legal and practical complications.

DETAILS

Subject:	Infectious diseases; Health surveillance; COVID-19; Medicaid; Health care policy; Presidents; Influenza; Immigration; Public health; Emergency preparedness; Pandemics; Epidemics; Boundaries; Coronaviruses; Health services; Disease control; Health insurance; Case reports; Medical ethics
Business indexing term:	Subject: Medicaid Health insurance
Location:	United States--US; Arizona
People:	Biden, Joseph R Jr
Company / organization:	Name: Supreme Court-US; NAICS: 922110; Name: Food & Drug Administration--FDA; NAICS: 926150; Name: Department of Health & Human Services; NAICS: 923120
Identifier / keyword:	COVID-19; Pandemic; Public Health Emergency; Termination; Impacts; Immigration
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Volume:	51
Issue:	2
Source details:	International Collaborations: The Future of Health Care
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Publication date:	Summer 2023
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When Public Health Goes Wrong: Toward a New Concept of Public Health Error

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¹ UNIVERSITY OF BRITISH COLUMBIA, VANCOUVER, CANADA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Studies of public health decisions that have had harmful effects tend to disagree about what constitutes a public health error. Debates exist about whether public health errors must be culpable or not, as well as about what the criteria for judging public health errors should be.

DETAILS

Subject:	Public health; Failure; Errors; Radiation therapy; Medical errors; COVID-19; Narcotics; Case studies; Medical ethics
Location:	United States--US; Canada
Identifier / keyword:	Public Health Error; Public Health Failure; Public Health Ethics; Opioid Epidemic; COVID-19
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
Source details:	International Collaborations: The Future of Health Care
Pages:	385-402
Publication year:	2023
Publication date:	Summer 2023
Section:	Independent Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
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Decolonization of Global Health Law: Lessons from International Environmental Law

Phelan, Alexandra L ¹ ; Sirleaf, Matiangai ²

¹ JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD, USA ² UNIVERSITY OF MARYLAND, BALTIMORE, MD, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Global health law for pandemics currently lacks legal obligations to ensure distributional and reparative justice. In contrast, international environmental law contains several novel international legal mechanisms aimed at addressing the effects of colonialism and global injustices that arise from the disproportionate contributions to — and impacts of — climate change and biodiversity loss.

DETAILS

Subject:	Colonialism; Pathogens; Vaccines; International; Decolonization; Technology transfer; International law; Pandemics; Biodiversity; Public health; Responsibilities; Developing countries--LDCs; Climate change; Industrialized nations; Reforms; Environmental law; Global health; Case reports; Medical ethics
Business indexing term:	Subject: Technology transfer Developing countries--LDCs Industrialized nations
Identifier / keyword:	International Law; Decolonization; Global Health; Climate Change; Equity
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
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Publisher:	Cambridge University Press
Place of publication:	Boston
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Publication subject:	Law, Medical Sciences
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Document type:	Journal Article, Case Study
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Increasing Equity in the Transnational Allocation of Vaccines Against Emerging Pathogens: A Multi-Modal Approach

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article proposes the adoption of a multi-modal system for allocating vaccine doses during large transnational outbreaks of infectious diseases. The chosen allocative criteria (public health need; country-income level; qualification through funding; and, subsidiarily, a modified lottery system) are adapted from a current embodiment of allocative multi-modality outside the context of public health: the New York City Marathon.

DETAILS

Subject: Public health; COVID-19 vaccines; Geopolitics; Transnationalism; Immunization; Pandemics; Epidemics; Medical ethics

Identifier / keyword: Vaccine; Equity; Pandemic; Epidemic; Nationalism

Publication title: The Journal of Law, Medicine & Ethics; Boston

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INTRODUCTION

King, Jaime S ¹

; Manning, Joanna ¹ ¹ THE UNIVERSITY OF AUCKLAND IN AUCKLAND, NEW ZEALAND

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The broader and more expansive the challenges we face, the smaller and more interconnected the world feels. As people, families, nations, and international communities face the impact of global pandemics, extreme weather events, and the economic reverberations of those events, we must increasingly look to one another for support, inspiration, and collaboration. This special issue of the *Journal of Law, Medicine & Ethics* is dedicated to the theme of International Collaborations: The Future of Health. All contributions in the collection address issues that are global in nature or scale or raise common challenges for all nations, such that cross-border collaboration offers significant potential benefits. We have thoroughly enjoyed the privilege of working with the contributing authors on their articles, which cover a wide range of fascinating topics and issues of global import.

This special issue comprises ten articles that propose various forms of international collaborations that can shape the future of health in terms of how we respond to public health emergencies (Halabi et al., Santos Rutschman, Rahimzadeh et al., and King et al.), address legal and ethical challenges arising from advances in health information use and technology (Solaiman, McKibbin and Shabani; Pasha and Silbert), and promote health equity and the inclusion of diverse voices in health decision-making (Satjos, et al., Boyd-Cain et al., Simana). The issue presents the articles in these groups to allow readers with particular interests to easily identify articles of relevance.

Additional cross-cutting themes also emerged that reflect some of the largest challenges facing health care systems worldwide. Many of the issues considered by the authors arise against a background of pre-existing health inequities between populations, nations, and global regions, or concern challenges that may exacerbate those inequities. As part of alleviating this pervasive global problem, several authors urge initiatives designed to address the social and environmental determinants of health, as well as greater democratic participation in societal institutions, as a means of elevating the voices of marginalized populations.

DETAILS

Subject:	Public health; Research ethics; COVID-19 vaccines; Pathogens; Collaboration; Emergencies; International; Information storage; Climate change; Transnationalism; Pandemics; Disease transmission; Medical ethics; Health disparities; Borders; Decision making; Information technology; Health education
Identifier / keyword:	International Collaborations; The Future of Health; Response to Public Emergencies; Vaccine Distribution; Sharing Health Information; Health Equity
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Health Justice Partnerships: An International Comparison of Approaches to Employing Law to Promote Prevention and Health Equity

Tobin-Tyler, Elizabeth ¹ ; Boyd-Caine, Tessa ² ; Genn, Hazel ³ ; Ries, Nola M ⁴ ¹ BROWN UNIVERSITY SCHOOL OF PUBLIC HEALTH AND ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY, PROVIDENCE, RI, USA ² HEALTH JUSTICE AUSTRALIA, SYDNEY, AUSTRALIA ³ UNIVERSITY COLLEGE LONDON, UK ⁴ UNIVERSITY OF TECHNOLOGY, SYDNEY, AUSTRALIA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article traces the development and growth of health justice partnerships (HJPs) in three countries: the United States, Australia and the United Kingdom.

DETAILS

Subject:	Health disparities; Socioeconomic factors; Collaboration; Low income groups; Health education; Justice; Medical ethics
Location:	Australia; United States--US; United Kingdom--UK
Identifier / keyword:	Health Justice Partnership; Medical-Legal Partnership; Health Inequities; Social Determinants of Health; Interprofessional Education and Practice
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Issue:	2
Source details:	International Collaborations: The Future of Health Care
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Publication date:	Summer 2023
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Place of publication:	Boston

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Publication subject:	Law, Medical Sciences
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Selling Clinical Biospecimens: Guidance for Researchers and Private Industry

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; Hartsock, Jane A ^{1 1} INDIANA UNIVERSITY, INDIANAPOLIS, IN, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The recently revised Common Rule requires that donors of biospecimens for research be informed if their specimens might be used for commercial profit. The Common Rule, however, does not apply to sharing or selling de-identified biospecimens that are "leftover" from clinical uses. As a result, many medical researchers remain uncertain of their legal and ethical obligations when a commercial entity expresses interest in these specimens.

DETAILS

Subject:	Patients; Health care policy; Fiduciary responsibility; Chlamydia; Commercialization; Federal regulation; Medical research; Biotechnology industry; Health Insurance Portability & Accountability Act 1996-US; Ethics; Consent; Accountability; Health insurance; Health care industry; Bioethics
Business indexing term:	Subject: Fiduciary responsibility Commercialization Biotechnology industry Health Insurance Portability & Accountability Act 1996-US Health insurance
Company / organization:	Name: Regeneron Pharmaceuticals Inc; NAICS: 325412
Identifier / keyword:	Biospecimens; Commercial Use; Research
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
Source details:	International Collaborations: The Future of Health Care
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Publication subject:	Law, Medical Sciences
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Database:	Public Health Database

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In this Together: International Collaborations for Environmental and Human Health

King, Jaime S ¹

; Manning, Joanna ¹ ; Woodward, Alistair ¹ ¹ THE UNIVERSITY OF AUCKLAND, AUCKLAND, NEW ZEALAND

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Climate change exacts a devastating toll on health that is rarely incorporated into the economic calculus of climate action. By aligning health and environmental policy and collaborating across borders, governments and industries can develop powerful initiatives to promote both environmental and human health.

DETAILS

Subject:	Air pollution; Environmental policy; Climate change; Collaboration; Outdoor air quality; Health; Mortality; COVID-19; Medical ethics
Identifier / keyword:	Climate Change; Environmental and Human Health; Economic Case for Climate action; International Collaborations
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
Source details:	International Collaborations: The Future of Health Care
Pages:	271-286
Publication year:	2023
Publication date:	Summer 2023
Section:	Symposium Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
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Language of publication:	English
Document type:	Journal Article
Publication history :	
Online publication date:	2023-09-01
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Document URL: <https://www.proquest.com/scholarly-journals/this-together-international-collaborations/docview/2859503311/se-2?accountid=211160>

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Database: Public Health Database

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Delivering Culturally-Appropriate, Technology-Enabled Health Care in Indigenous Communities

Sajtos, Laszlo ¹ ; Martini, Nataly ¹ ; Scahill, Shane ¹ ; Edwards, Hemi ¹ ; Biasiny-Tule, Potaua ² ; Hiria Te Rangi ³ ¹ UNIVERSITY OF AUCKLAND, AUCKLAND, NEW ZEALAND ² NGATI PIKIAO, ROTORUA, NEW ZEALAND; NGATI WHAKAUE, ROTORUA, NEW ZEALAND ³ WHARE HAUORA, WELLINGTON, NEW ZEALAND

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Indigenous health is becoming a top priority globally. The aim is to ensure equal health opportunities, with a focus on Indigenous populations who have faced historical disparities. Effective health interventions in Indigenous communities must incorporate Indigenous knowledge, beliefs, and worldviews to be culturally appropriate.

DETAILS

Subject: Cancer; Infectious diseases; Diabetes; Health care policy; Mortality; Rheumatoid arthritis; Intervention; Health disparities; Health; Success factors; Patients; Native peoples; Motivation; Life expectancy; Weight control; Knowledge; Hypertension; Decision making; Cardiovascular disease; Indigenous peoples; Design; Lifestyles; Employment security; Medical ethics

Business indexing term: Subject: Employment security

Location: Canada; Australia; New Zealand

Identifier / keyword: Healthcare Interventions; Shared Decision-Making; Motivation-Opportunity-Ability (MOA) Framework; Indigenous Communities

Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
Source details:	International Collaborations: The Future of Health Care
Pages:	322-331
Publication year:	2023
Publication date:	Summer 2023
Section:	Symposium Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
e-ISSN:	1748720X
Source type:	Scholarly Journal
Language of publication:	English
Document type:	Journal Article
Publication history :	
Online publication date:	2023-09-01
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ProQuest document ID:	2859502907
Document URL:	https://www.proquest.com/scholarly-journals/delivering-culturally-appropriate-technology/docview/2859502907/se-2?accountid=211160
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The Road to Universal Coverage: Where Are We Now?

Johnson, Micah ¹

; El-Sayed, Abdul ² ¹ BRIGHAM AND WOMEN'S HOSPITAL, BOSTON, MA, USA ² HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH BOSTON, MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Note

The following was written as a commentary on an article we published in our Spring 2023 issue, "Comprehensive Healthcare for America: Using the Insights of Behavioral Economics to Transform the U. S. Healthcare System," by Paul C. Sorum, Christopher Stein, and Dale L. Moore. This commentary should have appeared alongside that article. We apologize to the authors and our readers for the error.

DETAILS

Subject:	Drug prices; Redistricting; Infrastructure; Behavioral economics; Health care policy; Employment; Political parties; Workforce; Health services; Primary care; National health insurance; Negotiations; Inflation Reduction Act 2022-US; Prescription drugs; Reforms; Democracy; Medicare; Insurance coverage; Medical ethics
Business indexing term:	Subject: Drug prices Infrastructure Employment Workforce National health insurance Inflation Reduction Act 2022-US Medicare Insurance coverage
Location:	United States--US; Oregon
Identifier / keyword:	Universal Coverage; Healthcare; Medicare; Primary Care; Democracy
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
Source details:	International Collaborations: The Future of Health Care
Pages:	440-442
Publication year:	2023

Publication date:	Summer 2023
Section:	Independent Articles: Commentary
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
e-ISSN:	1748720X
Source type:	Scholarly Journal
Language of publication:	English
Document type:	Commentary
Publication history :	
Online publication date:	2023-09-01
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Improving Labor Outcomes among People with Mild or Moderate Mental Illness through Law and Policy Reform

Barsky, Benjamin A ¹ ; Frank, Richard G ² ; Glied, Sherry A ³ ¹ HARVARD UNIVERSITY, CAMBRIDGE, MA, USA ² USC-BROOKINGS SCHAEFFER INITIATIVE ON HEALTH POLICY, WASHINGTON, DC, USA ³ NEW YORK UNIVERSITY, NEW YORK CITY, NY, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Mild and moderate mental illnesses can hinder labor force participation, lead to work interruptions, and hamper earning potential. Targeted interventions have proven effective at addressing these problems. But their potential depends on labor protections that enable people to take advantage of these interventions while keeping jobs and income.

DETAILS

Subject:	Legal reform; Mental depression; Mental disorders; Employers; Illnesses; Employees; Employment; Labor force participation; Intervention; Medical ethics
Business indexing term:	Subject: Employers Employees Employment
Company / organization:	Name: Equal Employment Opportunity Commission--EEOC; NAICS: 921190
Identifier / keyword:	Labor; Mental Illness; Workplace Interventions; Americans with Disabilities Act; Paid Medical Leave
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
Source details:	International Collaborations: The Future of Health Care
Pages:	355-362
Publication year:	2023
Publication date:	Summer 2023
Section:	Independent Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences

ISSN:	10731105
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Source type:	Scholarly Journal
Language of publication:	English
Document type:	Journal Article
Publication history :	
Online publication date:	2023-09-01
Publication history :	
First posting date:	01 Sep 2023
DOI:	https://doi.org/10.1017/jme.2023.68
ProQuest document ID:	2859502891
Document URL:	https://www.proquest.com/scholarly-journals/improving-labor-outcomes-among-people-with-mild/docview/2859502891/se-2?accountid=211160
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Tax the Rich! Tax the Research Participants?

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Waltz, David, and Fisher claim that the bioethics literature has been “silent about any tax liability associated with [research] payments.”¹ But there has, at the very least, been a whisper that taxation is one amongst a host of ethical and legal issues that ought to be considered when payment is offered to research participants.² Offers of payment can serve various functions — to reimburse reasonable research-related expenses, to compensate participants for their time and other contributions to research, and to incentivize research participation.³ As Waltz et al. note, participant payments, excluding reimbursements, are taxable income, and as such must be reported to the Internal Revenue Service (IRS). Though this may seem like a dull bureaucratic detail, it is a detail worthy of ethical reflection. What are the ethical implications of taxing research-related income? If participants pay their taxes, their take-home

pay from research participation is lower than their gross pay. Although there are often worries that participants are paid too much, this concern generally affixes to what is paid *prior to deductions*. When we think instead about net pay, it may change our sense of what counts as fair payment and, perhaps, lend support to the argument that we should worry less about over-paying and more about under-paying participants.⁴

If participants do not pay their taxes, they are exposed to financial and legal risks. It has long been recognized that the risks of research participation are not limited to the physical and psychological but can also encompass the economic and social. Risks must be minimized and accurately communicated to participants through an informed consent process.⁵ Yet, as Waltz et al note, and as I too have found in prior empirical research, the tax implications of participant payments are often not sufficiently addressed in consent documents.⁶

There is another financial risk associated with payment for research participation that must be made clear. Participants may find that earning research-related income affects their eligibility for Supplemental Security Income (SSI) — monthly payments to low-income older adults and persons with disabilities — and other public benefits programs. Waltz et al. make the irony apparent. People often express concerns that there is an unjust reliance on — even exploitation of — worse-off individuals to fill Phase I trials. Yet, participation in these same trials may make it more difficult to access or prevent individuals from accessing public assistance programs intended for the worse-off.⁷

DETAILS

Subject:	Clinical trials; Compensation; Taxes; Worry; Medicaid; Ethics; Qualitative research; Taxable income; Participation; Tax exemptions; Medical ethics; Older people; Trials; Taxation; Informed consent; Payments; Liability; People with disabilities; Research methodology; Bioethics; Exploitation; Disability recipients
Business indexing term:	Subject: Compensation Taxes Medicaid Taxable income Tax exemptions
Company / organization:	Name: Internal Revenue Service--IRS; NAICS: 921130
Identifier / keyword:	Human Subjects Research; Payment to Research Participants; Informed Consent; Risk; Taxation
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	2
Source details:	International Collaborations: The Future of Health Care
Pages:	426-428
Publication year:	2023
Publication date:	Summer 2023
Section:	Independent Articles: Commentary
Publisher:	Cambridge University Press
Place of publication:	Boston

Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
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Language of publication:	English
Document type:	Commentary
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Document URL:	https://www.proquest.com/scholarly-journals/tax-rich-research-participants/docview/2859500790/se-2?accountid=211160
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Missouri Citizen Perceptions: Giving Second Amendment Preservation Legislation a Second Look

Raissan, Kerri M ¹ ; Dineen, Jennifer ¹ ; Doucette, Mitchell ² ; Grasso, Damion ¹ ; Devaney, Cassandra ¹
¹ UNIVERSITY OF CONNECTICUT, HARTFORD, CT, USA ² JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

In June 2021, Missouri passed the “Second Amendment Preservation Act” (SAPA). Though SAPA passed easily and had gubernatorial support, many Missouri law enforcement agencies, including the Missouri Sheriff’s Association, oppose it. Missing from this policy conversation, and deserving of analysis, is the voice of Missouri citizens. Using qualitative interview data and survey data, we explored what if anything Missouri gun owners knew about SAPA and what they perceived its effects would be on gun-related murders, suicides, gun thefts, and mass shootings. Most Missouri gun owners had not heard about SAPA and were ambivalent about its potential effect on gun safety outcomes. Our findings also indicate that respondents’ attitudes toward SAPA and the impact of such policy on safety is driven by gun ownership (i.e., primary versus living in a household with firearms), partisan identification, and attitudes toward government firearm regulation.

DETAILS

Subject:	Investigations; Gun violence; Law enforcement; Mass murders; Safety; Federal regulation; Firearm laws & regulations; Shootings; State laws; Perceptions; Ownership; Internet access; Public safety; Respondents; Firearms; Legislation; Preservation; Public officials; Suicides & suicide attempts; Medical ethics
Location:	Missouri; United States--US
Company / organization:	Name: National Rifle Association--NRA; NAICS: 813410, 813940
Identifier / keyword:	Second Amendment Preservation Act; Guns; Citizen Perception
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	32-52
Publication year:	2023
Publication date:	Spring 2023
Section:	Symposium Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105

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Source type: Scholarly Journal

Language of publication: English

Document type: Journal Article

Publication history :

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Last updated: 2023-05-31

Database: Public Health Database

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Balancing the Roles of Clinicians and Police in Separating Firearms from People in a Dangerous Mental Health Crisis: Legal Rules, Policy Tools, and Ethical Considerations

Vitiello, Evan ¹ ; Roskam, Kelly ² ; Swanson, Jeffrey ³ ¹ UNC CHAPEL HILL, CHAPEL HILL, NC, USA ² JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD, USA ³ DUKE UNIVERSITY, DURHAM, NC, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

In COVID's immediate wake, the 2020 death toll from a different enemy of the public's health — gun violence — ticked up by 15 percent in the United States from the previous year. Meanwhile, the U.S. Supreme Court issued an opinion in *Caniglia v. Strom* that will allow people who have recently threatened suicide — with a gun — to keep unsecured guns in their home unless police take time to obtain a search warrant to remove them.

DETAILS

Subject:	Search & seizure; Exigent circumstances; Search warrants; Supreme courts; Domestic violence; Gun violence; Law enforcement; Prevention; Mental disorders; Mental health services; Mental health; Mass murders; Firearm laws & regulations; Bipartisan Safer Communities Act 2022-US; Police; Disease control; Suicides & suicide attempts; Medical ethics
Location:	Indiana; Connecticut; United States--US; Washington DC
Company / organization:	Name: Centers for Disease Control & Prevention--CDC; NAICS: 923120
Identifier / keyword:	Gun Control; Mental Health; Police
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	93-103
Publication year:	2023
Publication date:	Spring 2023
Section:	Symposium Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
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Source type:	Scholarly Journal
Language of publication:	English

Document type:	Journal Article
Publication history :	
Online publication date:	2023-05-25
Publication history :	
First posting date:	25 May 2023
DOI:	https://doi.org/10.1017/jme.2023.44
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Last updated:	2023-05-31
Database:	Public Health Database

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Gender and Stand Your Ground Laws: A Critical Appraisal of Existing Research

Light, Caroline ¹ ; Thomas, Janae ² ; Yakubovich, Alexa ³ ¹ HARVARD UNIVERSITY, CAMBRIDGE, MA, USA ² QUINTAIROS, PRIETO, WOOD, AND BOYER, TAMPA, FL, USA ³ DALHOUSIE UNIVERSITY, HALIFAX, NS, CANADA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This paper evaluates the existing research on Stand Your Ground (SYG) laws in terms of the extent to which it has accounted for gender. In particular, we address (a) what the available evidence suggests are the gender-based impacts of SYG laws and (b) where, how, and why considerations of gender may be missing in available studies.

DETAILS

Subject:	Self defense; Evidence; Task forces; Threats; Domestic violence; Racism; Arrests; Law enforcement; Minority & ethnic groups; Black people; Gender; Sociology; Crime prevention; Race; Firearm laws & regulations; Murders & murder attempts; Firearms; Medical ethics; Policy analysis
Location:	United States--US; Florida
Identifier / keyword:	Stand Your Ground; Intersectionality; Gender; Domestic Violence; Intimate Partner Violence; Battered Woman Syndrome
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	53-63
Publication year:	2023
Publication date:	Spring 2023
Section:	Symposium Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
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Language of publication:	English
Document type:	Journal Article
Publication history :	
Online publication date:	2023-05-25
Publication history :	
First posting date:	25 May 2023

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Database:	Public Health Database

Document 30 of 49

“Comprehensive Healthcare for America”: Using the Insights of Behavioral Economics to Transform the U. S. Healthcare System

Sorum, Paul C ¹ ; Stein, Christopher ² ; Moore, Dale L ³ ¹ ALBANY MEDICAL COLLEGE, ALBANY, NY, USA ² SIENA COLLEGE, LOUDONVILLE, NY, USA ³ ALBANY LAW SCHOOL, ALBANY, NY, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

“Comprehensive Healthcare for America” is a largely single-payer reform proposal that, by applying the insights of behavioral economics, may be able to rally patients and clinicians sufficiently to overcome the opposition of politicians and vested interests to providing all Americans with less complicated and less costly access to needed healthcare.

DETAILS

Subject:	Behavioral economics; Health care policy; Politics; Health services; Architecture; Blood & organ donations; Industrialized nations; Cost control; Expenditures; Accountable care organizations; Insurance coverage; Medicare; Health insurance; Medical ethics
Business indexing term:	Subject: Behavioral economics Architecture Industrialized nations Cost control Accountable care organizations Insurance coverage Medicare Health insurance
Location:	United States--US; Maryland

People:	Biden, Joseph R Jr
Company / organization:	Name: Congress; NAICS: 921120; Name: House of Representatives; NAICS: 921120; Name: Senate; NAICS: 921120
Identifier / keyword:	Healthcare Reform; Universal Healthcare; Healthcare Access; Healthcare Financing; Behavioral Economics; Libertarian Paternalism; Single Payer
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	153-171
Publication year:	2023
Publication date:	Spring 2023
Section:	Independent Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
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Language of publication:	English
Document type:	Journal Article
Publication history :	
Online publication date:	2023-05-25
Publication history :	
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Database: Public Health Database

Document 31 of 49

Integrating Health Technology Assessment and the Right to Health in South Africa: A Qualitative Content Analysis of Substantive Values in Landmark Judicial Decisions

DiStefano, Michael J ¹; Karim, Safura Abdool ²; Krubiner, Carleigh B ³; Hofman, Karen J ⁴ ¹ SKAGGS SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES, UNIVERSITY OF COLORADO, AURORA, CO, USA ² SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF WESTERN CAPE, CAPE TOWN, SOUTH AFRICA ³ WELLCOME TRUST, LONDON, ENGLAND ⁴ UNIVERSITY OF THE WITWATERSRAND SCHOOL OF PUBLIC HEALTH, JOHANNESBURG, SOUTH AFRICA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The World Health Assembly has encouraged WHO member-states to establish capacity in health technology assessment (HTA) as a support for achieving universal health coverage (UHC). Simultaneously, the WHO has stated that UHC is "a practical expression of the concern for health equity and the right to health." This has prompted questions about potential tensions between priority-setting efforts and the right to health on the road to UHC. South Africa (SA) is an ideal setting in which to explore how the priority-setting work of an HTA body may be integrated with an existing rights framework.

DETAILS

Subject: Hemodialysis; Health care access; Technology assessment; Health disparities; Constitutional law; Health care policy; Social security; Content analysis; Decision making; Social change; National health insurance; Working groups; Equal rights; Health technology assessment; Medical ethics

Business indexing term:	Subject: Social security National health insurance
Location:	South Africa
Identifier / keyword:	Values; Ethics; Human Rights; Priority Setting; Health Care; Judicialization
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	131-149
Publication year:	2023
Publication date:	Spring 2023
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Publication subject:	Law, Medical Sciences
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Database: Public Health Database

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Decisions about College Football during Covid-19: An Ethical Analysis

Baugh, Christine M ¹; Glantz, Leonard ²; Mello, Michelle M ³ ¹ UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS, AURORA, CO, USA ² BOSTON UNIVERSITY, BOSTON, MA, USA ³ STANFORD UNIVERSITY, STANFORD, CA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This manuscript uses competitive college football as a lens into the complexities of decision-making amid the Covid-19 pandemic. Pulling together what is known about the decision-makers, the decision-making processes, the social and political context, the risks and benefits, and the underlying obligations of institutions to these athletes, we conduct an ethical analysis of the decisions surrounding the 2020 fall football season. Based on this ethical analysis, we provide key recommendations to improve similar decision processes moving forward.

DETAILS

Subject: Ethics; COVID-19; College campuses; Pandemics; Decision making; College sports; Soccer; Athletes; Medical ethics

Location: Texas; United States--US; Arizona; Kansas; Georgia; Florida; Virginia; Michigan; Iowa; Oregon; Oklahoma

Company / organization: Name: National Collegiate Athletic Association--NCAA; NAICS: 813990

Identifier / keyword: American Football; Sports Ethics; Risk; Decision-Making; Institutional Ethics; Public Health

Publication title: The Journal of Law, Medicine & Ethics; Boston

Volume: 51

Issue: 1

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Publication date:	Spring 2023
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Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
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Language of publication:	English
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DOI:	https://doi.org/10.1017/jme.2023.45
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Database:	Public Health Database

Leveraging Community Context, Data, and Resources to Inform Suicide Prevention Strategies

Barnard, Leslie M ¹ ; Spark, Talia L ² ; Leavitt, Colton ³ ; Leary, Jacob ⁴ ; Lehmkuhl, Lee J ⁵ ; Johnston, Nicole ⁶ ; Wallace, Erik A ¹ ¹ UNIVERSITY OF COLORADO SCHOOL OF MEDICINE, AURORA, CO, USA ² WESTAT, AURORA, CO, USA ³ UNIVERSITY OF UTAH, SALT LAKE CITY, UT, USA ⁴ UNIVERSITY OF WASHINGTON, SEATTLE, WA, USA ⁵ FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST, COLORADO SPRINGS, CO, USA ⁶ SUICIDE PREVENTION COLLABORATIVE OF EL PASO COUNTY, COLORADO SPRINGS, CO, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Colorado has consistently had one of the highest rates of suicide in the United States, and El Paso County has the highest number of suicide and firearm-related suicide deaths within the state. Community-based solutions like those of the Suicide Prevention Collaborative of El Paso County may be more effective in preventing suicide as they are specific to local issues, sensitive to local culture, and informed by local data, community members, and stakeholders.

DETAILS

Subject:	Fatalities; Collaboration; Success; Local culture; Injury prevention; Automobile safety; Violence; Public health; Suicide; Firearm laws & regulations; Prevention; Community; Firearms; Suicides & suicide attempts; Vehicles; Medical ethics
Location:	United States--US; Colorado
Identifier / keyword:	Firearm Suicide; Prevention; Community Engagement; Lethal Means Safety
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
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Section:	Symposium Articles

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Last updated:	2023-05-31
Database:	Public Health Database

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Intimate Partner Violence, Firearm Injuries and Homicides: A Health Justice Approach to Two Intersecting Public Health Crises

Tobin-Tyler, Elizabeth ^{1 1} BROWN UNIVERSITY SCHOOL OF PUBLIC HEALTH, PROVIDENCE, RI, USA

ABSTRACT (ENGLISH)

More than half of all intimate partner homicides involve a firearm and firearms are frequently used by perpetrators of intimate partner violence (IPV) to injure and threaten victims and survivors. Recent court decisions undermine important legal restrictions on firearm possession by IPV perpetrators, thus jeopardizing the safety of victims and survivors. This article reviews the history and recent developments in the law at the intersection of IPV and firearm violence and proposes a way forward through a health justice framework.

DETAILS

Subject:	Public health; Womens health; Domestic violence; Gun violence; Victims; Black people; Pandemics; Intimate partner violence; Justice; Transgender persons; Injuries; Survivor; Restrictions; Firearms; Shootings; Non-binary gender; Homicide; Mass murders; Firearm laws & regulations; Human rights; State laws; Equal rights; Medical ethics; Murders & murder attempts
Location:	United States--US
Identifier / keyword:	Intimate Partner Violence; Firearm Violence; Domestic Violence Laws; Public Health; Health Justice
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
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Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105

e-ISSN:	1748720X
Source type:	Scholarly Journal
Language of publication:	English
Document type:	Journal Article
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Publication history :	
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ProQuest document ID:	2818617415
Document URL:	https://www.proquest.com/scholarly-journals/intimate-partner-violence-firearm-injuries/docview/2818617415/se-2?accountid=211160
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Equity in the Pandemic Treaty: Access and Benefit-Sharing as a Policy Device or a Rhetorical Device?

Abbie-Rose Hampton ¹ ; Eccleston-Turner, Mark ¹ ; Rourke, Michelle ² ; Switzer, Stephanie ³ ¹

DEPARTMENT OF GLOBAL HEALTH & SOCIAL MEDICINE, KING'S COLLEGE LONDON, UNITED KINGDOM ² LAW FUTURES CENTRE, GRIFFITH UNIVERSITY, AUSTRALIA ³ STRATHCLYDE LAW SCHOOL, UNIVERSITY OF STRATHCLYDE, SCOTLAND

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Equity is a foundational concept for the new World Health Organization (WHO) Pandemic Treaty. WHO Member States are currently negotiating to turn this undefined concept into tangible outcomes by borrowing a policy

mechanism from international environmental law: "access and benefit-sharing" (ABS).

DETAILS

Subject:	Agreements; Public health; COVID-19 vaccines; Pathogens; Severe acute respiratory syndrome coronavirus 2; Intellectual property; Pandemics; Biodiversity; Influenza; Manufacturers; International law; Viruses; International organizations; Research & development--R &D; Treaties; Coronaviruses; Provisions; Environmental law; Case reports; Medical ethics
Business indexing term:	Subject: Manufacturers
Location:	South Africa
Company / organization:	Name: World Trade Organization; NAICS: 928120
Identifier / keyword:	Pandemic Treaty; Access and Benefit-Sharing; Pandemic Influenza Preparedness Framework; Pathogen Sharing; Access to Medicines
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	217-220
Publication year:	2023
Publication date:	Spring 2023
Section:	Columns: Global Health Law
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
e-ISSN:	1748720X
Source type:	Scholarly Journal
Language of publication:	English

Document type: Journal Article, Case Study

Publication history :

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Database: Public Health Database

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Playing the 2020 College Football Season: An Authorized, Lawful, and Reasonable Decision by NCAA Division I FBS Universities

Mitten, Matthew J ¹ MARQUETTE UNIVERSITY LAW SCHOOL, MILWAUKEE, WI, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

"In Decisions about College Football during Covid-19: An Ethical Analysis,"¹ the authors note that while most American universities eliminated in-person classes and on-campus social gatherings during the 2020 summer and fall and no other intercollegiate sports were played during this time, a subgroup of National Collegiate Athletic Association (NCAA) Division I FBS universities chose to play fall 2020 intercollegiate football games, apparently motivated in significant part by financial considerations as well as political and public pressures. Acknowledging that whether to play intercollegiate sports during a pandemic is not simply a scientific decision, they correctly assert "universities have obligations to protect the health of athletes and the community [that] must trump political demands that emanate from other motivations and that threaten health harms." Accurately pointing out the decentralized nature of the decisions of each NCAA Division's member universities (and athletic conferences) in deciding whether to play fall 2020 college football, they assert (incorrectly) that the NCAA is "an external oversight agency" with "the

authority to make and enforce health and safety rules” governing all its member universities. They express legitimate concern that the “importance of football revenue to universities arguably creates a conflict of interest for university decisionmakers when protecting athletes’ safety involves financial loss.” The authors then identify, summarize, and use the primary ethical issues from the 2020 Division I FBS football season as the basis for their recommendations to “help institutions balance values to make thoughtful and ethical decisions” with “broad health implications in the future.”

DETAILS

Subject:	Participation; Professional sports; Politics; Pandemics; Decision making; Tournaments & championships; Public health; College sports; Student athletes; Conflicts of interest; Local government; Mental health; Governors; Coaches & managers; Ethics; College basketball; Coronaviruses; COVID-19; Medical ethics; Colleges & universities; Public finance; Safety; College athletics; Health; Athletes; Decisions; Sports; Soccer
Business indexing term:	Subject: Conflicts of interest
Location:	United States--US
Company / organization:	Name: United Nations--UN; NAICS: 928120; Name: National Collegiate Athletic Association--NCAA; NAICS: 813990
Identifier / keyword:	Covid-19; College Football; 2020 Season; NCAA Division I FBS; Intercollegiate Athletics
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	119-122
Publication year:	2023
Publication date:	Spring 2023
Section:	Independent Articles: Commentary
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences

ISSN: 10731105

e-ISSN: 1748720X

Source type: Scholarly Journal

Language of publication: English

Document type: Commentary

Publication history :

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ProQuest document ID: 2818617395

Document URL: <https://www.proquest.com/scholarly-journals/playing-2020-college-football-season-authorized/docview/2818617395/se-2?accountid=211160>

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Database: Public Health Database

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Republicans, Democrats, & Doctors: The Lawmakers Who Wrote Sterilization Laws

Lombardo, Paul A ¹ ¹ GEORGIA STATE UNIVERSITY COLLEGE OF LAW, ATLANTA, GA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

During the 20th Century, thirty-two state legislatures passed laws that sanctioned coercive sexual sterilization as a solution to the purported detrimental increases in the population of “unfit” or “defective” citizens. While both scholarly and popular commentary has attempted to attribute these laws to political parties, or to broad or poorly defined ideological groups such as “progressives,” no one has identified the political allegiance of each legislator who introduced a successfully adopted sterilization law, and the governor who signed it. This article remedies that omission.

DETAILS

Subject:	Bipartisanship; Political parties; State legislatures; State laws; Progressivism; Marriage; Legislators; Genetic engineering; Governors; Sterilization; Medical ethics
Location:	Minnesota; New Jersey; Georgia; Colorado; Pennsylvania; Idaho; Nevada; Michigan; Vermont; Utah; United States--US; Arizona; Kansas; North Carolina; Nebraska; Oregon
Identifier / keyword:	Eugenics; Sterilization Laws; Legislative Sponsors; Political Parties; Progressivism
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	123-130
Publication year:	2023
Publication date:	Spring 2023
Section:	Independent Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
e-ISSN:	1748720X
Source type:	Scholarly Journal
Language of publication:	English
Document type:	Journal Article
Publication history :	
Online publication date:	2023-05-25
Publication history :	

First posting date: 25 May 2023

DOI: <https://doi.org/10.1017/jme.2023.47>

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Database: Public Health Database

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Advocating for Abolition in Health Law: A Theory and Praxis to Liberate Black Incarcerated Women

Baradi, Hala ¹ ¹ NORTHEASTERN UNIVERSITY LAW SCHOOL, BOSTON, MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The prison-industrial complex has historically operated as a mechanism for social control generally and as a tool to restrict women’s reproductive capacities specifically. Reproductive justice is a domain within the practice of health law. However, health law as currently practiced is ill-equipped to understand how the carceral state functions as a structural determinant of health or how legacies of oppression have facilitated the abridgment of incarcerated women’s reproductive capacities.

DETAILS

Subject: Bodily integrity; Reproductive rights; Womens health; Abolition of slavery; Oppression; Black people; Praxis; Social control; Women; Stereotypes; Pregnancy; Abolitionists; Prisons; Health; Political power; Prisoners; Imprisonment; Law; Medical ethics

Location: United States--US

Identifier / keyword: Health Law; Health Justice; Abolition; Reproductive Justice; Structural Determinant of Health

Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	196-207
Publication year:	2023
Publication date:	Spring 2023
Section:	Independent Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
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Language of publication:	English
Document type:	Journal Article
Publication history :	
Online publication date:	2023-05-25
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DOI:	https://doi.org/10.1017/jme.2023.56
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2023-10-02

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Reasonable Accommodation and Disparate Impact: Clean Shave Policy Discrimination in Today’s Workplace

Yucheng (Renee) Jiang ¹ ¹ FORDHAM UNIVERSITY, NEW YORK, NY, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article examines *Bey v. City of New York* — a recent Second Circuit case where four Black firefighters suffering from Pseudofolliculitis Barbae (a skin condition causing irritation when shaving which mostly affects Black men) challenged the New York City Fire Department’s Clean Shave Policy — with an intersectional approach utilizing legal theories of racial, disability, and religious discrimination.

DETAILS

Subject:

Firefighters; Racial discrimination; Handicapped accessibility; Federal regulation; Disability discrimination; Intersectionality; Skin; Workplaces; Employers; Litigation; Fire departments; Fires; Discrimination; Black people; Male employees; Employees; Hairstyles; Race; Safety standards; Employment discrimination; Federal court decisions; Americans with Disabilities Act 1990-US; Medical ethics

Business indexing term:

Subject: Employers Male employees Employees Safety standards Employment discrimination Americans with Disabilities Act 1990-US

Location:

New York; United States--US

Company / organization:

Name: Equal Employment Opportunity Commission--EEOC; NAICS: 921190; Name: Occupational Safety &Health Administration--OSHA; NAICS: 926150

Identifier / keyword:

Grooming Policy Discrimination; Hair Discrimination; Clean Shave Policy; Racial Discrimination; Disability Discrimination

Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	185-195
Publication year:	2023
Publication date:	Spring 2023
Section:	Independent Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
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Language of publication:	English
Document type:	Journal Article
Publication history :	
Online publication date:	2023-05-25
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First posting date:	25 May 2023
DOI:	https://doi.org/10.1017/jme.2023.55
ProQuest document ID:	2818617360
Document URL:	https://www.proquest.com/scholarly-journals/reasonable-accommodation-disparate-impact-clean/docview/2818617360/se-2?accountid=211160
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Midterm Maelstrom: Public Health Legal Impacts of Election 2022

Hodge, James G, Jr ¹ ; Barraza, Leila ² ; Piatt, Jennifer L ¹ ; White, Erica N ¹ ¹ SANDRA DAY O'CONNOR COLLEGE OF LAW, ARIZONA STATE UNIVERSITY, TEMPE, AZ, USA ² UNIVERSITY OF ARIZONA COLLEGE OF PUBLIC HEALTH, UNIVERSITY OF ARIZONA, TUCSON, AZ, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Among the morass of critical issues impacting the results of the midterm elections in 2022 were core public health issues related to health care access, justice, and reforms. Collectively, voters' communal health and safety concerns dominated outcomes in key races which may shape national, state, and local legal approaches to protecting the public's health in the modern era.

DETAILS

Subject:	Public health; Midterm elections; Health care access; Criminal law; Election results; Governors; Climate change; Case reports; Medical ethics
Location:	United States--US; Kansas; California; Michigan
People:	Biden, Joseph R Jr
Company / organization:	Name: Congress; NAICS: 921120; Name: Environmental Protection Agency--EPA; NAICS: 924110; Name: Senate; NAICS: 921120; Name: Supreme Court-US; NAICS: 922110
Identifier / keyword:	Election; Public Health; Justice; Rights; Policies; Law; Reform
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	208-212
Publication year:	2023

Publication date:	Spring 2023
Section:	Columns: Public Health and the Law
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
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Source type:	Scholarly Journal
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Document type:	Journal Article, Case Study
Publication history :	
Online publication date:	2023-05-25
Publication history :	
First posting date:	25 May 2023
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Devil in the Details: Physician Duties and Expanded Access



[ProQuest document link](#)

ABSTRACT (ENGLISH)

Vermeulen et al. suggest a moral duty exists for physicians to inform patients of “relevant opportunities” for Expanded Access. Such a duty is likely both too broad, leading to important practical challenges, and too narrow, without further steps to promote patient access. However, physicians should be expected to be aware of the EA pathway, disclose it to eligible patients, and support the pursuit of EA options reasonably likely to help.

DETAILS

Subject:	Clinical trials; Drugs; Patients; Disclosure; Access; FDA approval; Regulatory approval; Physicians; Medical ethics
Business indexing term:	Subject: Disclosure FDA approval Regulatory approval
Location:	United States--US
Company / organization:	Name: Food & Drug Administration--FDA; NAICS: 926150
Identifier / keyword:	Expanded Access; Investigational Drug; Physician Duty; Informed Consent; Autonomy
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	181-184
Publication year:	2023
Publication date:	Spring 2023
Section:	Independent Articles: Commentary
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105

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Source type:	Scholarly Journal
Language of publication:	English
Document type:	Commentary
Publication history :	
Online publication date:	2023-05-25
Publication history :	
First posting date:	25 May 2023
DOI:	https://doi.org/10.1017/jme.2023.54
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Database:	Public Health Database

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Do Physicians Have a Duty to Discuss Expanded Access to Investigational Drugs with their Patients? A Normative Analysis

Vermeulen, Stefan F ¹ ; Hordijk, Marjolijn ² ; Visser, Ruben J ² ; Bunnik, Eline M ² ¹ DEPARTMENT OF MEDICAL ETHICS, PHILOSOPHY AND HISTORY OF MEDICINE, ERASMUS MC, UNIVERSITY MEDICAL CENTRE ROTTERDAM, THE NETHERLANDS; GGZ BREBURG, TILBURG, THE NETHERLANDS ² DEPARTMENT OF MEDICAL ETHICS, PHILOSOPHY AND HISTORY OF MEDICINE, ERASMUS MC, UNIVERSITY MEDICAL CENTRE ROTTERDAM, THE NETHERLANDS

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Drawing on ethical and legal frameworks in the Netherlands, the United States and France, we examine whether physicians are expected to inform patients about potentially relevant opportunities for expanded access to investigational drugs. While we found no definitive legal obligation, we argue that physicians have a moral obligation to discuss opportunities for expanded access with patients who have run out of treatment options to prevent inequality, to promote autonomy, and to achieve beneficence.

DETAILS

Subject:	Patients; Obligations; Disease; Physicians; Regulatory reform; Clinical trials; Drugs; Pharmaceutical industry; Medical treatment; Ethics; Access; Provisions; Clinical practice guidelines
Business indexing term:	Subject: Pharmaceutical industry
Location:	Turkey; Netherlands; United States--US; France
Identifier / keyword:	Expanded Access; Treatment Options; Investigational Treatments; Professional Obligations; Moral Obligations; Shared Decision Making
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
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Publication year:	2023
Publication date:	Spring 2023
Section:	Independent Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
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Language of publication:	English
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Database:	Public Health Database

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Transferable Exclusivity Vouchers and Incentives for Antimicrobial Development in the European Union

Victor L Van de Wiele ¹ ; Raymakers, Adam ¹ ; Kesselheim, Aaron S ¹ ; Rome, Benjamin N ^{1 1}
 PORTAL, HARVARD MEDICAL SCHOOL, BOSTON, MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The European Commission's proposal to address antimicrobial resistance using transferable exclusivity vouchers (TEVs) is fundamentally flawed. European policymakers and regulators should consider alternatives, such as better funding for basic and clinical research, use of advance market commitments funded by a pay-or-play tax, or enacting an EU Fund for Antibiotic Development.

DETAILS

Subject:	Infections; Health care policy; Costs; Funding; Antibiotics; Regulatory approval; Biological products; Public health; Antimicrobial agents; Health care expenditures; Policy making; Vouchers; Research & development--R & D; Drug resistance; Incentives; Case reports; Medical ethics; Bioethics
Business indexing term:	Subject: Costs Regulatory approval Incentives
Location:	United States--US
Company / organization:	Name: European Commission; NAICS: 928120; Name: Congress; NAICS: 921120; Name: European Union; NAICS: 926110, 928120
Identifier / keyword:	Antimicrobials; European Union; antimicrobial resistance; transferable exclusivity vouchers; market exclusivity
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
Pages:	213-216
Publication year:	2023
Publication date:	Spring 2023
Section:	Columns: Health Policy Portal
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
ISSN:	10731105
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Source type:	Scholarly Journal
Language of publication:	English
Document type:	Case Study, Journal Article

Publication history :	
Online publication date:	2023-05-25
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First posting date:	25 May 2023
DOI:	https://doi.org/10.1017/jme.2023.58
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Letter From The Editor

[ProQuest document link](#)

DETAILS

Subject:	Medical ethics
Publication title:	The Journal of Law, Medicine & Ethics; Boston
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Source details:	The Evolving Fight Against Gun Violence
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Publication date:	Spring 2023
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Publication subject:	Law, Medical Sciences
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Curbing the Epidemic of Community Firearm Violence after the Bruen Decision

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

The Supreme Court's decision in *New York State Rifle & Pistol Association Inc. v. Bruen* undermines the ability of cities and states to regulate firearms safety. Nonetheless, we remain hopeful that firearm violence can decline even after the *Bruen* decision. Several promising public health approaches have gained broader adoption in recent years. This essay examines the key drivers of community firearm violence and reviews promising strategies to reverse those conditions, including community violence intervention (CVI) programs and place-based and structural interventions.

DETAILS

Subject:	Self defense; Public health; Segregation; Supreme courts; Domestic violence; Gun violence; Assaults; Decisions; Intervention; Jurisprudence; Victimization; Firearms; Community; Liquor stores; Mass murders; Firearm laws & regulations; Neighborhoods; Medical ethics
Business indexing term:	Subject: Liquor stores
Location:	New York; United States--US
Identifier / keyword:	Firearms; Violence Prevention; Structural Racism; Racial Segregation; Gun Control
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
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Publication date:	Spring 2023
Section:	Symposium Articles
Publisher:	Cambridge University Press
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Publication subject:	Law, Medical Sciences
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Document type:	Journal Article
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Publication history :	
First posting date:	25 May 2023
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Document URL:	https://www.proquest.com/scholarly-journals/curbing-epidemic-community-firearm-violence-after/docview/2818617294/se-2?accountid=211160
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FOREWORD Finding Balance in the Fight Against Gun Violence

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

The United States is distinct among high-income countries for its problem with gun violence, with Americans 25 times more likely to be killed by gun homicide than people in other high-income countries.¹ Suicides make up a majority of annual gun deaths — though that gap is closing as homicides are on the rise — and the U.S. accounts for 35% of global firearm suicides despite making up only 4% of the world's population.² More concerning, gun deaths are only getting worse. In 2021, firearm fatalities approached 50,000, the highest we have seen in at least 40 years.³ The increase in homicides in conjunction with lower crime overall further suggests a problem specifically with guns.⁴ As devastating as these deaths are, it does not come close to encompassing the mass toll of America's gun violence epidemic — a toll that disproportionately impacts people of color, with the Black community suffering at

the highest rates. A broader and more accurate view of what constitutes gun violence must become a part of the national discourse if we are going to develop effective strategies to combat this crisis.⁵

DETAILS

Subject:	Fatalities; Bipartisanship; Gun violence; Law enforcement; Crime; Politics; Firearm accidents & safety; Public health; Firearms; Shootings; Industrialized nations; Contemporary problems; Black people; Homicide; Suicide; Firearm laws & regulations; Partisanship; State laws; Suicides & suicide attempts; Medical ethics; Murders & murder attempts
Business indexing term:	Subject: Industrialized nations
Location:	New York; United States--US
Identifier / keyword:	Gun Violence; Second Amendment; Disparities; Intersectionality; Firearms Justice
Publication title:	The Journal of Law, Medicine & Ethics; Boston
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Issue:	1
Source details:	The Evolving Fight Against Gun Violence
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Publication date:	Spring 2023
Section:	Symposium Articles
Publisher:	Cambridge University Press
Place of publication:	Boston
Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences
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Document 47 of 49

We Charge Vaccine Apartheid? – ERRATUM

Sirleaf, Matiangai

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DETAILS

Publication title: The Journal of Law, Medicine & Ethics; Boston

Volume: 51

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Priority-Setting on the Path to Universal Health Care

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

DiStefano and colleagues identify a key tension: despite a country's commitment to achieving universal health care, there will be limits on what is available to individuals.¹ While resources dictate the need for limits, the specific limits implemented should be justified by values or reasons. But the identification of the substantive reasons for priority-setting is only part of the task — the process of making priority-setting decisions is important for establishing the legitimacy of the outcome. Priority-setting is a fundamentally public activity that acknowledges the limitations on realizing a right to health and access to all needed health care. As such, priority-setting should not occur in the courtroom, but through accountable government actors assigned the specific role; judicialization of priority-setting should only occur to correct missteps in procedure or unreasonableness.

Though a national insurance system supports population health and individual well-being by providing coverage and access to health care, it is constrained in what it can cover because of limited financial, personnel, and nonfungible resources. In health systems that are tax-funded, health services are in direct competition for public funding with other socially valuable projects, like education, transportation, and social services. Therefore, priority-setting decisions must be made about the provision of services. Because the trade-offs inherent in these decisions affect people's ability to lead healthy lives and achieve social opportunities, priorities should be set fairly and on the basis of justifiable reasons.

Drawing on Rawls's concept of reasonableness, the standard of justifiable basis for priority-setting is that of reasonableness. People are reasonable when they propose to their equals or those whom they are committed to cooperating with (rather than subduing, by contrast) basic principles or reasons that the others can accept, and all agree to follow them.² People will interpret evidence, claims, and the application of reasonable principles to make a judgment; these judgments will often differ between people but because they are grounded in reasonableness, they are considered "reasonable disagreement."³ The fact of reasonable disagreement is inevitable. A priority-setting body should act reasonably, that is offering reasons that its constituents can agree are appropriate for the type of decision, but the possibility of reasonable disagreement over a decision is inescapable

DETAILS

Subject:	National health insurance; Decision making; Equal rights; Medical ethics; Health services; Academic achievement; Social services delivery; Legitimacy; Decisions; Health care access
Business indexing term:	Subject: National health insurance
Identifier / keyword:	Priority-Setting; Socioeconomic Rights; Healthcare Resource Allocation; Procedural Justice; Health Technology Assessment
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Document 49 of 49

Differences in Perceptions of Gun-Related Safety by Race and Gun Ownership in the United States

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Motivated by disparities in gun violence, sharp increases in gun ownership, and a changing gun policy landscape, we conducted a nationally representative survey of U.S. adults (n=2,778) in 2021 to compare safety-related views of white, Black, and Hispanic gun owners and non-owners. Black gun owners were most aware of homicide disparities and least expecting of personal safety improvements from gun ownership or more permissive gun carrying. Non-owner views differed. Health equity and policy opportunities are discussed.

DETAILS

Subject:	White people; Hispanic Americans; Health disparities; Polls & surveys; Victims of crime; African Americans; Regression analysis; Domestic violence; Perceptions; Gun violence; Ownership; Public safety; Adults; Safety; Black people; Victimization; Firearm laws & regulations; Ethnicity; Race; Murders & murder attempts; Medical ethics
Location:	United States--US
Identifier / keyword:	Public Opinion; Firearms; Personal Safety; Gun-Related Beliefs; Health Status Disparities; Health Equity
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Volume:	51
Issue:	1
Source details:	The Evolving Fight Against Gun Violence
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Country of publication:	United Kingdom, Boston
Publication subject:	Law, Medical Sciences

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Halabi, S., Gostin, L. O., Aneja, K., Nardi, F., Gottschalk, K., & Monahan, J. (2023). The coalition for epidemic preparedness innovations (CEPI) and the partnerships of equitable vaccine access. *The Journal of Law, Medicine & Ethics*, 51(2), 234-246. doi:<https://doi.org/10.1017/jme.2023.85>

This article highlights and evaluates the role of CEPI and its contribution to global equitable access to COVID-19 vaccines through its established partnerships for vaccine development. The article adds to the understanding of how and when such partnerships can work for public health, especially under emergency citations.

Hutchinson, T. (2023). Letter from the editor. *The Journal of Law, Medicine & Ethics*, 51(2), 223. doi:<https://doi.org/10.1017/jme.2023.87>

Pasha, A. S., & Silbert, R. (2023). Challenges and opportunities in modernizing clinical trial recruitment. *The Journal of Law, Medicine & Ethics*, 51(2), 314-321. doi:<https://doi.org/10.1017/jme.2023.66>

Clinical trial recruitment is ripe for innovation. The current model is costly, often results in poor recruitment and offers inequitable access. To improve this system, we envision a peer-to-peer blockchain platform where patients control the depth and breadth of how their medical information is shared.

Bendicksen, L., & Kesselheim, A. S. (2023). Battles over medication abortion threaten the integrity of drug approvals in the U.S. *The Journal of Law, Medicine & Ethics*, 51(2), 448-449. doi:<https://doi.org/10.1017/jme.2023.76>

Legal challenges to the FDA's approval of mifepristone have destabilized patients' ability to access controversial medicines like medication abortion. We argue that federal courts' receptiveness to this litigation undermines the coherence and integrity of prescription drug regulation in the U.S.

Simana, S. (2023). Malleable morality: Re-shaping moral judgments in health policymaking. *The Journal of Law, Medicine & Ethics*, 51(2), 344-354. doi:<https://doi.org/10.1017/jme.2023.70>

When confronted with moral dilemmas related to health, governments frequently turn to "moral experts," such as bioethicists and moral philosophers, for guidance and advice. They commonly assume that these experts' moral judgments are primarily a product of deliberate reasoning. The article challenges this assumption, arguing that experts' moral judgments may instead be primarily a product of moral intuitions which, often subconsciously, respond to the social setting.

Das, S., Ladha, S., & Klitzman, R. (2023). Risk reduction policies to reduce HIV in prisons: Ethical and legal considerations and needs for integrated approaches. *The Journal of Law, Medicine & Ethics*, 51(2), 366-381. doi:<https://doi.org/10.1017/jme.2023.86>

The United States has the fastest growing prison population in the world, and elevated incarceration rates, substance use, and human immunodeficiency virus (HIV) prevalence are fueling each other. Yet without a national guideline mandated for HIV care within the prison system, standards for state and federal prisons vary greatly.

Waltz, M., Davis, A. M., & Fisher, J. A. (2023). "Death and taxes": Why financial compensation for research participants is an economic and legal risk. *The Journal of Law, Medicine & Ethics*, 51(2), 413-425. doi:<https://doi.org/10.1017/jme.2023.72>

In the US, research payments are technically taxable income. This article argues that tax liability is a form of possible economic and legal risk of paid research participation. Findings are presented from empirical research on Phase I healthy volunteer trials. The article concludes by discussing the implications of these findings for the informed consent process, as well as for broader ethical issues in whether and how payments for research participation should be regulated.

Russoniello, K., Harrington, C., Beydoun, S., & Borrego, L. (2023). State-specific barriers to methadone for opioid use disorder treatment. *The Journal of Law, Medicine & Ethics*, 51(2), 403-412. doi:<https://doi.org/10.1017/jme.2023.73>

Opioid agonist treatment, including methadone, is the safest and most effective method for treating opioid use disorders and reduces opioid overdose deaths. While access to methadone is highly regulated by federal law, a substantial portion of states impose stricter barriers.

Kroll, D. S. (2023). Improving labor outcomes among people with mild or moderate mental illness through law and policy reform. *The Journal of Law, Medicine & Ethics*, 51(2), 363-365. doi:<https://doi.org/10.1017/jme.2023.69>

Barsky et al. have made a compelling argument that the current laws in place to protect employees who are trying to maintain gainful employment while also managing and/or seeking care for common psychiatric conditions are only successful some of the time and do not adequately cover the range of situations in which employees are likely to find themselves.¹ Adequate support of employees is likely to be even more critical in this era in which increased attention is being paid to the effects of the COVID-19 pandemic and other stressful world events on the prevalence and course of mental and behavioral health conditions.² Depression is already the leading cause of disability worldwide,³ and having a co-morbid psychiatric disorder along with a physical disability amplifies the degree of impairment associated with that disability.⁴ What can get missed in the assessment of a patient's working abilities when a psychiatric disorder that compromises them is present, however, is that disability itself is a bad outcome.⁵ Individuals who are kept out of the work force by a health condition are likely to live in poverty regardless of whether they qualify for disability benefits, and they face important social disadvantages, too, including a higher risk of social isolation.⁶ The economic disadvantages may be especially critical for younger adults, who can lose out on important opportunities to lay the groundwork for a successful career and remain disadvantaged upon returning to the workplace even after a temporary disability ends.⁷ As with virtually any other problem related to health and health outcomes, prevention and early intervention are therefore key.⁸ Policies (such as Title I of the Americans with Disabilities Act that Barsky et al discuss) that facilitate early access to treatment and support, especially for individuals with mild to moderate conditions, likely can do more to improve long-term health outcomes (and economic outcomes), than policies that only facilitate access to care when symptoms have already become so severe that the disability associated with them has reached a certain threshold. Perhaps not enough attention is paid to the problem of presenteeism. As Barsky et al. explained, presenteeism occurs when an employee with a (usually mild or moderate) health condition is functioning well enough to go to work and ostensibly perform their job duties but does so in a way that is less productive or effective than they ordinarily would. Presenteeism does not necessarily trigger a referral for treatment or support services. Instead, employers and/or managers commonly interpret presenteeism as a sign that the employee is sub-par, and this in turn can lead to fewer opportunities for thriving (in the best of cases), and disciplinary actions and/or termination (in the worst).⁹ Thus, a lack of recognition and support for mild and moderate behavioral health conditions perpetuates a cycle in which small problems can become big problems, and potential opportunities to prevent the devastating outcome of disability are missed.

McKibbin, K., & Shabani, M. (2023). Genomic data as a national strategic resource: Implications for the genomic commons and international data sharing for biomedical research and innovation. *The Journal of Law, Medicine & Ethics*, 51(2), 301-313. doi:<https://doi.org/10.1017/jme.2023.77>

This article provides a critical review of new policies in China, the United States, and the European Union that characterize genomic data as a national strategic resource. Specifically, we review policies that regulate human genomic data for economic, national security, or other strategic purposes rather than ethical or individual rights purposes.

Rahimzadeh, V., Ambe, J., & de Vries, J. (2023). Enhancing reciprocity, equity and quality of ethics review for multisite research during public health crises: The experience of the COVID-19 clinical research coalition ethics working group. *The Journal of Law, Medicine & Ethics*, 51(2), 258-270. doi:<https://doi.org/10.1017/jme.2023.75>

In this paper we report findings from a commissioned report to the COVID-19 Clinical Research Coalition on approaches to streamline multinational REC review/approval during public health emergencies. As currently envisioned in the literature, a system of REC mutual recognition is theoretically possible based on shared procedural REC standards, but raises numerous concerns about perceived inequities and mistrust.

Schnittker, J. (2023). The sociological context of incarceration and health. *The Journal of Law, Medicine & Ethics*, 51(2), 382-384. doi:<https://doi.org/10.1017/jme.2023.65>

In “Risk Reduction Policies to Reduce HIV in Prisons,” Das, Ladha, and Klitzman¹ focus on four programs to reduce intra-prison transmission of HIV and enhance treatment. All four programs are worthwhile, even with the obstacles enacting such initiatives would entail. It is valuable, though, to consider the larger sociological context of the relationship between incarceration and health and some additional obstacles to reform. In particular, I see two types of risk, especially if one is interested in improving the general health of those involved with the criminal justice system. A focus on HIV, though absolutely critical, might overshadow other health issues that also ought to be important in any discussion of enhancing care. In addition, a focus on improving the treatment or prevention of illness in prison can obscure the process by which incarceration is linked to health. The connection between incarceration and health has multiple dimensions, elevating the significance of criminal justice contact — and all the processes that contact entails—to a fundamental cause of disease. Such a relationship necessitates a different type of focus, over multiple environments. Enhancing medical care in prisons is desirable and needed, but if the goal is improving the health of those with criminal justice contact, a focus on treatment in prison is limited. Up to half of people in prison have a chronic illness, a rate far higher than in the general population, but relatively few have HIV.² Three times more have tuberculosis than HIV, and far more have hypertension. Furthermore, there are differences among custodial institutions. The authors define “prisons” broadly, as is appropriate, but there are significant differences between jails, state prisons, and federal prisons, both in opportunities and obstacles. Incarceration in jail is short-term, incarceration in prisons is much longer, though the median time is still short of two years.³ To an approximation, the quality of health care overlaps with the average length of a sentence: jails provide grossly inadequate care, state prisons provide somewhat better care, and federal prisons a bit better still. If the goal is enhancing care among underserved communities, the high turnover and volume of jails provides the best opportunity, though reform in state and especially federal prisons is more feasible, as their administration is focused more on long-term custody and, by extension, treatment. Much is made of the stock size of the prison population, but over 600,000 people are released from jail and prison every year.⁴ In addition, many states have initiated processes of rather rapid decarceration in recent years. The US still incarcerates far too many people, but the needs of recently released people are pressing and not terribly well accounted for when considering the inadequacies of care in prison.

Solaiman, B. (2023). Telehealth in the metaverse: Legal & ethical challenges for cross-border care in virtual worlds. *The Journal of Law, Medicine & Ethics*, 51(2), 287-300. doi:<https://doi.org/10.1017/jme.2023.64>

This article examines the legal and ethical challenges for the provision of healthcare in the metaverse. It proposes that the issues arising in the metaverse are an extension of those found in telehealth and virtual health communities, albeit with greater complexity. It argues that international collaboration between policymakers, lawmakers, and researchers is required to regulate this space and facilitate the safe and effective development of meta-medicine.

Spector-Bagdady, K. (2023). “Consent does not scale”: Laying out the tensions in balancing patient autonomy with public benefit in commercializing biospecimens. *The Journal of Law, Medicine & Ethics*, 51(2), 437-439. doi:<https://doi.org/10.1017/jme.2023.74>

Selling Clinical Biospecimens: Guidance for Researchers and Private Industry” by Peter Schwartz and Jane Hartsock explores the important and complex world of academic medical centers (AMCs) commercializing patient biospecimens.¹ It is important because specimen commercialization can enable critical research. It is complex because it makes most patients uncomfortable. As the authors point out, there are few legal requirements to structure options. Striking the right balance is left up to individual policies and procedures on a hospital by hospital

(or even doctor by doctor) basis. Collaborations between AMCs and commercial industry can fund and accelerate important health research with biospecimens and related phenotypic information.² AMCs are in a unique position to collect biospecimens as patients share diverse specimen types and related phenotypic information as part of their clinical care. In fact, hospitals are being “inundated with requests” from industry across the country.³ Industry is also a key component of financially supporting AMC biobanks.⁴ In recent years, types of data remuneration arrangements have expanded to licensing agreements for industry-derived machine-learning models, discounted clinical data analyses, electronic medical record “awards” and invoice credits, or academic advantages such as access to data necessary for high-impact research.⁵ For example, in *Dinerstein v Google*,⁶ employees from Google and UChicago published the AI model, trained on UChicago patients, together.⁷ But as Schwartz and Hartssock explore, many patients when asked are uncomfortable with specimen commercialization.⁸ Looking at health information, patients also report they are particularly uncomfortable with data sharing for profit and are concerned that profit-driven users might burden or exploit patients.⁹ So, how can we respect patient autonomy interests while maintaining the public benefit of enabling industry/AMC research collaboration? As asked by the authors: do AMCs owe their patients something more than required by law? And if so — what is it?

Hodge, James G., Jr. (2023). “Out like a lion:” terminating the COVID-19 national public health emergency. *The Journal of Law, Medicine & Ethics*, 51(2), 443-447. doi:<https://doi.org/10.1017/jme.2023.71>

From its inception, the COVID-19 pandemic has been a disruptive force on U.S. health care and public health systems. President Biden’s announced termination of the national public health emergency on May 11, 2023 portends a return to normalcy and relief for Americans from the greatest infectious disease scourge the nation has ever faced. In reality, closing out this pandemic presents a tempest of legal and practical complications.

Bavli, I. (2023). When public health goes wrong: Toward a new concept of public health error. *The Journal of Law, Medicine & Ethics*, 51(2), 385-402. doi:<https://doi.org/10.1017/jme.2023.67>

Studies of public health decisions that have had harmful effects tend to disagree about what constitutes a public health error. Debates exist about whether public health errors must be culpable or not, as well as about what the criteria for judging public health errors should be.

Phelan, A. L., & Sirleaf, M. (2023). Decolonization of global health law: Lessons from international environmental law. *The Journal of Law, Medicine & Ethics*, 51(2), 450-453. doi:<https://doi.org/10.1017/jme.2023.78>

Global health law for pandemics currently lacks legal obligations to ensure distributional and reparative justice. In contrast, international environmental law contains several novel international legal mechanisms aimed at addressing the effects of colonialism and global injustices that arise from the disproportionate contributions to — and impacts of — climate change and biodiversity loss.

Ana, S. R. (2023). Increasing equity in the transnational allocation of vaccines against emerging pathogens: A multi-modal approach. *The Journal of Law, Medicine & Ethics*, 51(2), 247-257. doi:<https://doi.org/10.1017/jme.2023.63>

This article proposes the adoption of a multi-modal system for allocating vaccine doses during large transnational outbreaks of infectious diseases. The chosen allocative criteria (public health need; country-income level; qualification through funding; and, subsidiarily, a modified lottery system) are adapted from a current embodiment of allocative multi-modality outside the context of public health: the New York City Marathon.

King, J. S., & Manning, J. (2023). INTRODUCTION. *The Journal of Law, Medicine & Ethics*, 51(2), 229-233. doi:<https://doi.org/10.1017/jme.2023.81>

The broader and more expansive the challenges we face, the smaller and more interconnected the world feels. As people, families, nations, and international communities face the impact of global pandemics, extreme weather events, and the economic reverberations of those events, we must increasingly look to one another for support, inspiration, and collaboration. This special issue of the *Journal of Law, Medicine & Ethics* is dedicated to the theme of International Collaborations: The Future of Health. All contributions in the collection address issues that are global

in nature or scale or raise common challenges for all nations, such that cross-border collaboration offers significant potential benefits. We have thoroughly enjoyed the privilege of working with the contributing authors on their articles, which cover a wide range of fascinating topics and issues of global import. This special issue comprises ten articles that propose various forms of international collaborations that can shape the future of health in terms of how we respond to public health emergencies (Halabi et al., Santos Rutschman, Rahimzadeh et al., and King et al.), address legal and ethical challenges arising from advances in health information use and technology (Solaiman, McKibbin and Shabani; Pasha and Silbert), and promote health equity and the inclusion of diverse voices in health decision-making (Sajtos, et al., Boyd-Cain et al., Simana). The issue presents the articles in these groups to allow readers with particular interests to easily identify articles of relevance. Additional cross-cutting themes also emerged that reflect some of the largest challenges facing health care systems worldwide. Many of the issues considered by the authors arise against a background of pre-existing health inequities between populations, nations, and global regions, or concern challenges that may exacerbate those inequities. As part of alleviating this pervasive global problem, several authors urge initiatives designed to address the social and environmental determinants of health, as well as greater democratic participation in societal institutions, as a means of elevating the voices of marginalized populations.

Tobin-Tyler, E., Boyd-Caine, T., Genn, H., & Ries, N. M. (2023). Health justice partnerships: An international comparison of approaches to employing law to promote prevention and health equity. *The Journal of Law, Medicine & Ethics*, 51(2), 332-343. doi:<https://doi.org/10.1017/jme.2023.84>

This article traces the development and growth of health justice partnerships (HJPs) in three countries: the United States, Australia and the United Kingdom.

Schwartz, P. H., & Hartsock, J. A. (2023). Selling clinical biospecimens: Guidance for researchers and private industry. *The Journal of Law, Medicine & Ethics*, 51(2), 429-436. doi:<https://doi.org/10.1017/jme.2023.83>

The recently revised Common Rule requires that donors of biospecimens for research be informed if their specimens might be used for commercial profit. The Common Rule, however, does not apply to sharing or selling de-identified biospecimens that are “leftover” from clinical uses. As a result, many medical researchers remain uncertain of their legal and ethical obligations when a commercial entity expresses interest in these specimens.

King, J. S., Manning, J., & Woodward, A. (2023). In this together: International collaborations for environmental and human health. *The Journal of Law, Medicine & Ethics*, 51(2), 271-286. doi:<https://doi.org/10.1017/jme.2023.82>

Climate change exacts a devastating toll on health that is rarely incorporated into the economic calculus of climate action. By aligning health and environmental policy and collaborating across borders, governments and industries can develop powerful initiatives to promote both environmental and human health.

Sajtos, L., Martini, N., Scahill, S., Edwards, H., Biasiny-Tule, P., & Rangi, H. T. (2023). Delivering culturally-appropriate, technology-enabled health care in indigenous communities. *The Journal of Law, Medicine & Ethics*, 51(2), 322-331. doi:<https://doi.org/10.1017/jme.2023.62>

Indigenous health is becoming a top priority globally. The aim is to ensure equal health opportunities, with a focus on Indigenous populations who have faced historical disparities. Effective health interventions in Indigenous communities must incorporate Indigenous knowledge, beliefs, and worldviews to be culturally appropriate.

Johnson, M., & El-Sayed, A. (2023). The road to universal coverage: Where are we now? *The Journal of Law, Medicine & Ethics*, 51(2), 440-442. doi:<https://doi.org/10.1017/jme.2023.80>

Note The following was written as a commentary on an article we published in our Spring 2023 issue, “Comprehensive Healthcare for America’: Using the Insights of Behavioral Economics to Transform the U. S. Healthcare System,” by Paul C. Sorum, Christopher Stein, and Dale L. Moore. This commentary should have appeared alongside that article. We apologize to the authors and our readers for the error.

Barsky, B. A., Frank, R. G., & Glied, S. A. (2023). Improving labor outcomes among people with mild or moderate mental illness through law and policy reform. *The Journal of Law, Medicine & Ethics*, 51(2), 355-362.
doi:<https://doi.org/10.1017/jme.2023.68>

Mild and moderate mental illnesses can hinder labor force participation, lead to work interruptions, and hamper earning potential. Targeted interventions have proven effective at addressing these problems. But their potential depends on labor protections that enable people to take advantage of these interventions while keeping jobs and income.

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