

UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE

Department of Family and Geriatric Medicine

Syllabus

MEDICAL JURISPRUDENCE – INTRODUCTION TO HEALTH LAW

Professor: Winsor C. Schmidt, J.D., LL.M. Course: FMED-###
Endowed Chair/Distinguished Scholar in Urban Health Policy
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Required textbooks

B. Furrow, *et al.*, *Health Law: Cases, Materials and Problems*, St. Paul, MN: West Publishing Co. (Sixth Ed. 2008).

Recommended textbook

B. Furrow, *et al.*, *Health Law*, St. Paul MN: West Publishing Co. (2nd Ed. 2000).

Course Description

This course is an examination of “medical jurisprudence”: the law, legal system, and legal reasoning related to medicine.¹ This introduction to health law undertakes a survey of legal issues in medicine focusing on the four ultimate health care system concerns: quality; autonomy, or personhood; equitable access; and cost. Coverage includes: (a) introduction to law, the legal system, and legal reasoning; (b) quality control regulation through licensing of health care professionals; (c) the physician-patient relationship, informed consent, and confidentiality; (d) professional liability and reforming the tort system for medical injuries; (e) cost and access to health care in the health care delivery system; (f) professional relationships in health care enterprises, staff privileges, managed care contracts, labor and employment, and discrimination law; (g) Medicare and Medicaid fraud and abuse, false claims, and Stark Law self-referrals; (h) reproduction and birth, legal status of the embryo/fetus, medical intervention in reproduction, and fetal maternal decision-making; (i) legal issues in human genetics; and (j) life and death decisions, advance directives, withholding/withdrawing life support, treatment refusal for religious reasons, decisional capacity and guardianship, deciding for children, futile treatment.

According to available literature, “Medical jurisprudence” is one of the teaching topic areas surveyed by the U.S. Liaison Committee on Medical Education (LCME) Part II Annual Medical School Questionnaire.² The most recent survey of the state of American medical education in health law concludes that “the cumulative amount of time devoted to . . . health law . . . does not appear commensurate with [its] importance.”³ Britain’s General Medical Council has established medical law as

¹ Williams & Winslade, “Educating Medical Students about Law and the Legal System,” 70 (9) *Academic Medicine* 777-785 (September 1995).

² Association of American Medical Colleges, “Hot Topics in Medical Education,” [110 of 126 medical schools reportedly have “medical jurisprudence” as a topic in a required course (87%; up from 104 of 125, 83%, in 2004-2005)].

³ Persad, et al., “The Current State of Medical School Education in Bioethics, Health Law, and Health Economics,” 36 (1) *Journal of Law, Medicine, and Ethics* 89, 93 (Spring 2008).

one of the core components of the medical curriculum,⁴ including by a consensus statement of the core list of topics to be covered.⁵ The course on Medical Jurisprudence is consistent with this literature.

The course should enhance sensitivity, not only to those needing medical care, but also for the contributions, problems, and limitations of the disciplines and professions that formulate, contribute to, and administer medical care and health policy.

Course Objectives

A principal objective of the course is for students to acquire the ability to recognize, describe, discuss, and apply the significant issues in health care law. Course objectives include: (a) providing students with knowledge and understanding of physicians' legal obligations sufficient to enable legally effective medical practice with minimum legal risk; and (b) enabling students to appreciate the intellectual satisfaction of discussion within health law and that "legal reasoning and critical reflection are natural and integral components in their clinical decision making and practice."⁶

In alignment with the University of Louisville School of Medicine's education goal to "Graduate physicians who have the knowledge, skills, and attitudes to provide outstanding medical care and who are well prepared for residency training," particular objectives of medical jurisprudence/health law include the knowledge, skills, and attitudes objectives of: (a) specifying, discussing, and applying the significant issues in health care law; (b) recognizing legal issues, "learning to tell their attorneys what constitutes appropriate medical care and then ask how to deliver that care with minimal legal risks," and acquiring critical reasoning/legal reasoning competencies ("reason by analogy, interpret language, apply general, mutable principles to particular cases, establish probabilities, and measure benefits against burdens") by "practicing the application of legal principles to decisions about patient care and about health policy"; and (c) "increase confidence in clinical decision making . . . and make physicians less averse to legal risk" and "learn to be enthusiastic participants in the process of policymaking."⁷

Methodology

"The case method has played an important role in the study of law, medicine, and business for many years." When reading *Health Law*, students should prepare one-page briefs of all briefable cases. In class it is expected that students will be able to orally relate, in their own words, using their briefs and notes if desired, any of the following elements present in each case: the name, date, and citation of the case; a short statement of the essential facts; the issue; the holding; the reasoning. Students should then be prepared to compare the case with preceding cases, to synthesize a line of cases, to identify what the case communicates about the subject, and to discuss such matters in context of the text's questions, problems, and narrative.

As a general rule, students should spend a minimum of at least two or three hours preparing for class for each hour in class.

Class will be conducted in seminar and informal lecture style, including some Socratic method. A

⁴ General Medical Council, *Tomorrow's Doctors*, London: General Medical Council 1993: 14, 26. See also Doyal, Editorial, Medical Ethics and Law as a Core Subject in Medical Education: A Core Curriculum Offers Flexibility in How It Is Taught But Not that It Is Taught, 316 *British Medical Journal* 1623-1624 (May 30, 1998).

⁵ Consensus Group of Teachers of Medical Ethics and Law in UK Medical Schools, "Teaching Medical Ethics and Law within Medical Education," 24 *Journal of Medical Ethics* 188-193 (1998).

⁶ *Id.* at 188-189.

⁷ Williams, et al., "Educating Medical Students about Law and the Legal System," 70 (9) *Academic Medicine* 777, 782 (September 1995). See, e.g., LeBlang, et al., "The Impact of Legal Medical Education on Medical Students' Attitudes toward Law," 60 (4) *Journal of Medical Education* 279-287 (April 1985) (legal medicine education has a favorable impact on attitudes of medical students toward law and the legal system).

law dictionary (e.g., *Black's Law Dictionary*) or medical glossary or dictionary (e.g., *Dorland's Medical Dictionary*) may be helpful, but is not required. Students can be called upon randomly without prior notice and questioned on the facts, issues, legal principles, and judicial reasoning of the cases, and on the content of the non-case material.

It is assumed that graduate-level students “have gained sufficient mastery of at least one discipline [as undergraduates] that they can take on a major part of the responsibility for their own education.” Graduate-level course emphasis is not on classroom lecture or discussion by the instructor, but on the reading, thinking and problem solving done by the students. “A graduate course is one in which students are required to deepen their understanding of a disciplinary area largely through independent work under the guidance of a qualified instructor.”

Requirements

1. Readings in *Health Law* and as otherwise specified.
2. School of medicine class attendance requirements apply.
3. Class preparation and participation are assumed and expected.
4. Aspiring professionals are expected “to keep up to date on emerging issues and potential problems.” I recommend that students join the American Society of Law, Medicine and Ethics, 765 Commonwealth Avenue, 16th St., Boston, MA 02215, (617) 262-4990. Regular annual membership is \$230; student membership is \$90. Membership includes subscriptions to the *American Journal of Law and Medicine*, and the *Journal of Law, Medicine, and Ethics*.

Method of Evaluating Student

Paper or final written examination.

If the final written examination is selected, one week before the exam date, short answer essay questions will be identified in class. Students will prepare all questions. At exam time, students will be told which specific questions constitute the exam. This format is take home and prepare, come back into class and write without benefit of text, briefs, notes, or any other inappropriate aid.

Students may negotiate with the instructor a 3,000-5,000 word term paper as an alternative to the final written examination. Students should aspire to do papers suitable for publication. The topic should be something like: “Legal Issues [or Implications] in [some aspect of] Medical Care.”

As an alternative to the paper or final examination, students may choose to do five 600-1000 word problems spaced throughout the course. The problems should be typewritten, double-spaced, and error-free. Late papers or problems will be penalized. Graduate quality work and writing are expected. Please do not use a plastic cover.

Literature Review References:⁸

Garrard, Judith (2007). *Health Sciences Literature Review Made Easy: The Matrix Method, Second Edition*. Gaithersburg, MD.

Gehlbach, Stephen (2005). *Interpreting Medical Literature: Practical Epidemiology for Clinicians, Fifth Edition*. McGraw-Hill.

⁸ From your college education, you are presumed to have knowledge and experience at the level of the following guide for college students: *MLA Handbook for Writers of Research Papers, Seventh Edition*, NYC, NY: Modern Language Association.

- Goldschmidt, P. (June 1986, Part I). Information Synthesis: A Practical Guide. *Health Services Research* 21: 215-237.
- Hart, C. (2001). *Doing a Literature Search: A Comprehensive Guide for the Social Sciences*. Thousand Oaks, CA: SAGE Publications.
- Galvan, J. (2009). *Writing Literature Reviews: A Guide for Students of the Social and Behavioral Sciences, Fourth Edition*. Glendale, CA: Pycszak Publishing.
- Pan, M. Ling (2008). *Preparing Literature Reviews: Qualitative and Quantitative Approaches, Third Edition*. Glendale, CA: Pycszak Publishing.
- Publication Manual of the American Psychological Association, Sixth Edition*, American Psychological Association.

Grading (of all course performance) will be based on comparison with the performance of fellow students.

Disability Services Reasonable Accommodations Statement

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first week of class of any accommodations needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through the University's disability resource center.

Schedule of Assignments

Due Date

Session One

Introduction

Introduction to law, the legal system, and legal reasoning
Instruction on briefing court cases

Session Two

Benchmarks for Measuring Developments in Health Law:

(a) Legal Perspectives on Defining Sickness, Quality, and the Problem of Medical Error; (b) Distributive Justice and Resource Allocation (the Example of Human Organ Transplantation); and (c) the Constitutional Foundation of Public Health Law (Forced Treatment, Isolation, and Quarantine)

Read "Introduction to Health Law... for Non-Law Students" (8 pp.).

Read handout on briefing court cases including sample brief of Wiener v. United States, 357 U.S. 349 (1958).

Furrow, preface and pp. 1-115 (brief cases on pp. 3, 28, 84, 99).

Objectives:

To define sickness, quality, and medical error in various legal contexts.

To understand how the law addresses the problem of medical error.

To understand distributive justice and the allocation of health care resources using the example of human organ transplantation.

Recommended:

"Executive Summary" for L. Cohn, et al. (eds.), *Too Err Is Human: Building a Safer Health System*, Washington, DC: Institute of Medicine, National Academy Press (2000) (available on-line at:

<http://search.nap.edu/nap-cgi/de.cgi?term=too+err+is+human&x=0&y=0>)

Schmidt, Heckert, & Mercer, "Factors Associated with Medical Malpractice: Results from a Pilot Study," 7 *J. Contemp. Health L. & Pol'y* 157 (1991).

Gawande, "Annals of Medicine: When Doctors Make Mistakes," *The New Yorker*, pp. 40-55 (Feb. 1, 1999).
Gawande, "Annals of Medicine: When Good Doctors Go Bad," *The New Yorker*, pp. 60-69 (Aug. 7, 2000).
Werth, "A Marine's Private War," *The New Yorker*, pp. 64-77 (Dec. 18, 2000).
D. Himmelstein & S. Woolhandler, *Bleeding the Patient: The Consequences of Corporate Health Care*, Philadelphia, PA: Common Courage Press (2001).
Agency for Healthcare Research and Quality, <http://www.ahrq.gov/consumer/>
Joint Commission on Accreditation of Healthcare Organizations, <http://www.jcaho.org/general+public/gp+speak+up>
National Patient Safety Foundation, <http://www.npsf.org/>
The Leapfrog Group, <http://www.leapfroggroup.org>
Public Citizen Health Research Group, <http://www.citizen.org/hrg>
Commonwealth Fund: <http://whynotthebest.org/>
DHHS Hospital Compare: <http://www.hospitalcompare.hhs.gov/>
Institute for Safe Medication Practices: <http://consumermedsafety.org/>

Session Three

Promoting Quality: Quality Control Regulation through Licensing of Health Care Professionals

Furrow, pp. 115-158 (brief cases on pp. 117, 120, 132, 141, 150).
Optional problem due (p. 10, 57, 66, 76, 83, 92, 105, or 113).

Objectives:

To determine how law regulates quality through licensing of health care professionals in the contexts of discipline, complementary and alternative medicine, unlicensed providers, and scope of practice.

Session Four

The Physician-Patient Relationship: The Contract Between Patient and Physician

Furrow, pp. 195-229 (brief cases on pp. 195, 203, 212, 219, 222).

Objectives:

To understand the contract between patient and physician including the express and implied contract, physicians in institutions, specific promises and warranties of cure, exculpatory clauses, and partial limitations on the right to sue.

Session Five

Informed Consent: The Physician's Obligation

Furrow, pp. 230-283 (brief cases on pp. 233, 246, 258, 268, 277, 279).

Objectives:

To understand the origins and legal framework of informed consent, including negligence as a basis of recovery, the disclosure of physician-specific risk information, the disclosure of statistical mortality information, the disclosure of risks of non-treatment, and the disclosure of physician conflicts of interest.

Session Six

Confidentiality and Disclosure in the Physician-Patient Relationship

Furrow, pp. 283-326 (brief cases on pp. 283, 289, 296, 302, 323).
Optional problem due (p. 228, 228-9, 230, 258, 267, 296, or 325.)

Objectives:

To analyze causation complexities, damage issues and punitive damages, and

- exceptions to the legal duty to disclose.
 To understand the health care institution's obligation regarding informed consent.
- To understand confidentiality and disclosure in the physician-patient relationship, including breaches of confidence, duties to protect third parties, confidentiality and disclosure of AIDS-related information, and federal medical privacy standards (e.g., HIPAA- Health Insurance Portability and Accountability Act).
- Session Seven **Liability of Health Care Professionals**
 Furrow, pp. 327-386 (brief cases on pp. 327, 342, 357, 364, 371, 381, 381).
- Objectives:
 To understand how the standard of care is established, including practice guidelines as codified standards of care, examination of expert witnesses, defendant admissions, medical expert plaintiffs, common knowledge, *res ipsa loquitur*, and strict liability.
 To examine judicial balancing of risk and benefit.
 To define plaintiff theories of negligent infliction of emotional distress, duties to contest reimbursement limits, and fraudulent concealment and spoliation of evidence.
- Session Eight **Liability of Health Care Professionals (Defenses to a Malpractice Suit) and Reforming the Tort System for Medical Injuries**
 Furrow, pp. 386-436, 539-559 (brief cases on pp. 386, 390, 405, 412, 421, 425).
 Optional problem due (p. 354, 380, 384, 421, 434, 552) or the following two-part problem:
- (a) Define, describe and discuss the extent to which there is a medical malpractice crisis. (b) Identify and discuss what, if anything, should be done about any such medical malpractice crisis.
- Objectives:
 To define the respectable minority rule, practice guidelines as an affirmative defense, clinical innovation, Good Samaritan acts, and contributory fault of the patient.
 To understand causation problems of delayed, uncertain, or shared responsibility in the contexts of the discovery rule, multiple defendants, and the alternative causal tests.
 To define the damages innovations of the "loss of a chance" doctrine, and increased risks and "fear of the future".
- Session Nine **Cost and Access to Health Care in the Health Care Delivery System: The Policy Context, and the Obligation to Provide Care**
 Furrow, pp. 560-637 (brief cases on pp. 600, 603, 604, 613, 623, 632).
- Objectives:
 To understand the policy context for the problems of health care access and cost.
 To understand approaches to expanding access and controlling costs, including: public health insurance, encouraging the purchase of private insurance, cost control regulation, managed competition, managed care, and health savings accounts.

To understand a physician's and a hospital's legal duty to treat.
To understand statutory exceptions to the common law: EMTALA, ADA,
Section 504 of the Rehabilitation Act, Title VI.

Recommended:

Cf. David Himmelstein & S. Woolhandler, *Bleeding the Patient: The Consequences of Corporate Health Care*, Philadelphia, PA: Common Courage Press (2001).

Schmidt, "Health Care Financing and Delivery for the Elderly: A Planned, Regulated System in Counterpoint to a Competitive Marketplace Approach" in M. Kapp (ed.), *Ethics, Law, and Aging Review: Consumer-Directed Care and Older Persons*, NY: Springer Publishing Co., pp. 53-65 (2000).

Session Ten

Professional Relationships in Health Care Enterprises

Furrow, pp. 849-908 (brief cases on pp. 852, 859, 865, 874, 879, 885, 895, 900).

Objectives:

To identify legal issues in staff privileges and hospital-physician contracts.
To identify legal issues in managed care contracts for professional services.
To identify legal issues in health care labor and employment, including employment-at-will, the National Labor Relations Act (physician unions), and discrimination law.

Session Eleven

Fraud and Abuse: Regulatory Control of Providers' Financial Relationships

Furrow, pp. 1023-1094 (brief cases on pp. 1025, 1032, 1037, 1058, 1063).
Optional problem due from pp. 560-637, 849-908, or 1023-1094.

Objectives:

To identify legal issues regarding false claims, Medicare and Medicaid fraud and abuse, The Ethics in Patient Referrals Act (Stark I) and Stark II (part of the 1993 Omnibus Budget Reconciliation Act), and state statutes and alternative approaches to referrals and fee-splitting.

Session Twelve

Bioethics- Legal Issues in Human Reproduction and Birth

Furrow, pp. 1186-1296 (brief cases on pp. 1210, 1216, 1225, 1250, 1270, 1286).

Objectives:

To understand when human life becomes a legal person.
To understand legal contexts for medical intervention in reproduction (contraception, abortion, sterilization, tort remedies of wrongful birth, wrongful life and wrongful conception).
To understand legal contexts for facilitating reproduction (artificial insemination; in vitro fertilization, egg transfer and embryo transfer).

Session Thirteen

Bioethics- Legal Issues in Fetal Maternal Decisionmaking

Furrow, pp. 1296-1351 (brief cases on pp. 1297, 1303, 1313, 1330, 1340, 1344).

Objectives:

To understand legal contexts for facilitating reproduction (surrogacy; cloning and stem cell research).
To understand the legal context for fetal maternal decisionmaking.

Session Fourteen

Bioethics- Legal, Social and Ethical Issues in Human Genetics; Defining Death

Furrow, pp. 1352-1442 (brief cases on pp. 1361, 1372, 1389, 1398, 1410, 1425, 1437, 1440).

Objectives:

To identify legal, social and ethical issues in human genetics (legal responses to privacy, confidentiality, discrimination, commercialization).

To understand issues in defining legal death (development of the “brain death” definition; anencephalic infants; religious objections; patient definition; individual choice).

Session Fifteen

Bioethics- Legal Issues in Life and Death Decisions

Furrow, pp. 1408-1505 (brief cases on pp. 1464, 1467, 1475, 1488, 1497, 1499).
Optional problem due from pp. 1186-1505 (but not the problems on pp. 1262, 1366, 1367, 1371, 1442).

Optional term paper due.

Objective:

To understand the legal context for life and death decisions (principles of autonomy and beneficence; the constitutional “right to die”; the right to die for patients with decisional capacity).

Recommended:

W. Schmidt, *Guardianship: Court of Last Resort for the Elderly and Disabled*, Durham, NC: Carolina Academic Press (1995), 260 pp.

See “Guardianship and Adult Protective Services Reading List”.

Session Sixteen

The “Right to Die” for Children and Newborns; Physician Assisted Death; Interdisciplinary Institutional Review Boards (IRBs) and Ethics Committees

Furrow, pp. 1505-1613 (brief cases on pp. 1505, 1528, 1537, 1548, 1587).

Objectives:

To understand the right to die for patients without decisional capacity.

To understand the right to die for children and newborns.

To understand criminal and civil liability in right to die cases.

To identify legal issues in physician assisted death.

To understand the legal context for interdisciplinary decisionmaking in health care (IRBs, ethics committees, and advisory committees).

Recommended:

W. Schmidt, *Guardianship: Court of Last Resort for the Elderly and Disabled*, Durham, NC: Carolina Academic Press (1995), 260 pp.

See “Guardianship and Adult Protective Services Reading List”.

Schmidt, “Considerations of Social Science in a Reconsideration of Parham v. J. R. and the Commitment of Children to Public Mental Institutions,” 13 *Journal of Psychiatry and Law* 339-59 (Fall-Winter 1985).

Schmidt & Otto, “A Legal and Behavioral Science Analysis of Statutory Guidelines for Children Mental Health and Substance Abuse Services: The Florida Case,” 16 *Journal of Psychiatry and Law* 9-65 (1988).

FINAL EXAMINATION OR PAPER

Bibliography (Supplemental Reading List)

- G. Annas, et al., *American Health Law*, Boston: Little, Brown and Co. (1990).
- G. Annas, *The Rights of Patients*, Carbondale, Ill.: Southern Illinois Univ. Press (3rd ed. 2004).
- J. Areen, et al., *Law, Science and Medicine*, Westbury, N.Y.: Foundation Press (2nd ed. 1996).
- R. Barry, *The Six Sigma Book for Healthcare: Improving Outcomes by Reducing Errors*, Chicago: Health Administration Press (2002).
- B. Bayer, *Private Acts, Social Consequences: AIDS and the Politics of Public Health*, NY: Free Press (1989).
- T. Beauchamp & J. Childress, *Principles of Biomedical Ethics*, NY: Oxford Univ. Press (2001).
- W. Bogdanich, *The Great White Lie: How America's Hospitals Betray Our Trust and Endanger Our Lives*, N.Y.: Simon & Schuster (1991).
- R. Bonney & R. Smith, *Contracting In A Managed Care Environment: Market-Based Approaches*, Chicago: Health Administration Press (2002).
- Brennan, Troyan A., Lucian L. Leape, Nan M. Laird, Liesi E. Herbert, A. Russell Localio, Ann G. Lawthers, Joseph P. Newhouse, Paul C. Weiler, and Howard H. Hiatt. "Incidence of Adverse Events and Negligence in Hospitalized Patients." *New England Journal of Medicine* 324(6) (February 7, 1991): 370-376.
- Brennan, Troyan A., Liesi E. Herbert, Nan M. Laird, Ann Lawthers, Kenneth E. Thorpe, Lucian L. Leape, A. Russell Localio, Stuart R. Lipsitz, Joseph P. Newhouse, Paul C. Weiler, and Howard H. Hiatt. "Hospital Characteristics Associated with Adverse Events and Substandard Care." *JAMA* 265(24) (June 26, 1991): 3265-3269.
- Burstin, Helen R., William G. Johnson, Stuart R. Lipsitz, and Troyan A. Brennan. "Do the Poor Sue More?" *JAMA* 270(14) (October 13, 1993): 1697-1701.
- Clark, "Medication Errors in Family Practice, in Hospitals and After Discharge from the Hospital: An Ethical Analysis," *32 Journal of Law, Medicine, and Ethics* 349-357 (Summer 2004).
- M. Closen, et al., *AIDS: Cases and Materials*, Houston, TX: John Marshall Publishing (1989).
- W. Curran, et al., *Health Care Law, Forensic Science and Public Policy*, Boston: Little, Brown and Co. (4th ed. 1990).
- H. Dalton (ed.), *AIDS and the Law*, New Haven: Yale University Press (1987).
- P. Danzon, *Medical Malpractice: Theory, Evidence, and Public Policy*, Cambridge, Mass.: Harvard

- University Press (1985).
- C. Dellinger (ed.), *Healthcare Facilities Law: Critical Issues for Hospitals, HMOs, and Extended Care Facilities*, Boston: Little, Brown & Co. (1991).
- T. Garrett, H. Baille & R. Garrett, *Health Care Ethics: Principles and Problems*, Upper Saddle River, NJ: Prentice-Hall (1993).
- A. Gawande, et al., "The Incidence and Nature of Surgical Adverse Events in Colorado and Utah in 1992," *Surgery*, 126: 66-75 (1999).
- Garnick, Deborah W., Ann M. Hendricks, Troyan A. Brennan. "Can Practice Guidelines Reduce the Number and Cost of Malpractice Claims?" *JAMA* 266 (20) November 27, 1991: 2856- 2860.
- F. Grad, *The Public Health Law Manual*, Washington, D.C.: American Public Health Association (2nd ed. 1990).
- T. Grundner, *Informed Consent: A Tutorial*, Owings Mills, MD: National Health Publishing (1986).
- C. Hall, I. Ellman & D. Strouse, *Health Care Law and Ethics*, St. Paul, MN: West Publishing Co. (1999, 2nd ed.).
- D. Harris, *Contemporary Issues in Healthcare Law and Ethics*, Chicago: Health Administration Press (3rd ed., 2007).
- C. Havighurst, J. Blumstein & T. Brennan, *Health Care Law and Policy*, Westbury, NY: Foundation Press (1998, 2nd ed.).
- A. Holder, *Legal Issues in Pediatrics and Adolescent Medicine*, New Haven, Conn.: Yale University Press (1985).
- C. Holm, *Next Generation Physician-Health System Partnerships*, Chicago: Health Administration Press (2000).
- P. Huber & R. Litan (eds.), *The Liability Maze: The Impact of Liability Law on Safety and Innovation*, Washington, D.C.: The Brookings Institution (1991).
- R. Jarvis, M. Closten, D. Hermann & A. Leonard, *AIDS Law*, St. Paul, MN: West Publishing Co. (1991).
- Johnson, William G., Troyan A. Brennan, Joseph P. Newhouse, Lucian L. Leape, Ann G. Lawthers, Howard H. Hiatt, Paul C. Weiler. "The Economic Consequences of Medical Injuries." *JAMA* 267(18) (May 13, 1993): 2487-2492.
- M. Kapp, et al., *Legal and Ethical Aspects of Health Care for the Elderly*, Ann Arbor, Mich.: Health Administration Press (1992, 2nd edition).
- F. Kavalari & A. Spiegel, *Risk Management in Health Care Institutions: A Strategic Approach*, Boston: Jones and Bartlett Publishers (2003).
- B. Kilner, *Who Lives? Who Dies? Ethical Criteria in Patient Selection*, Yale Univ. Press (1990).
- L. Kohn, J. Corrigan & M. Donaldson (eds.), *To Err Is Human: Building a Safer Health System*,

- Washington, D.C.: Committee on Quality of Health Care in America, Institute of Medicine, National Academy Press (1999) (available on-line at: http://books.nap.edu/html/to_err_is_human/)
- N. Laham, *Why the U.S. Lacks a National Health Insurance Program*, Westport, Conn.: Praeger (1993).
- M. Lambert, *Leading a Patient-Safe Organization*, Chicago: Health Administration Press (2004).
- Leape, Lucian L., Troyan A. Brennan, Nan Laird, Ann G. Lawthers, A. Russell Localio, Benjamin A. Barnes, Liesi E. Herbert, Joseph P. Newhouse, Paul C. Weiler, and Howard Hiatt. "The Nature of Adverse Events in Hospitalized Patients." *New England Journal of Medicine* 324(6) (February 7, 1991): 377-384.
- M. Leonard, et al., *Achieving Safe and Reliable Healthcare: Strategies and Solutions*, Chicago: Health Administration Press (2004).
- R. Litan & C. Winston (eds.), *Liability: Perspectives and Policy*, Washington, D.C.: Brookings Institution (1988).
- Localio, A. Russell, Ann G. Lawthers, Troyan A. Brennan, Nan M. Laird, Liesi E. Herbert, Lynn M. Peterson, Joseph P. Newhouse, Paul C. Weiler, and Howard H. Hiatt. "Relation between Malpractice Claims and Adverse Events Due to Negligence." *New England Journal of Medicine* 325(4) (July 25, 1991): 245-251.
- Localio, A. Russell, Ann G. Lawthers, Joan M. Bengsten, Liesi E. Herbert, Susan L. Weaver, Troyan A. Brennan, and Richard Landis. "Relationships between Malpractice Claims and Caesarean Delivery." *JAMA* 269(3) (January 20, 1993): 366-373.
- R. Miller, *Problems in Health Care Law*, Rockville, MD: Aspen Publishers, Inc. (2006, 9th edition).
- V. Navarro, *The Politics of Health Policy: The U.S. Reforms, 1980-1994*, Cambridge, MA: Blackwell Publishers (1994).
- L. Noah & B. Noah, *Law, Medicine, and Medical Technology: Cases and Materials*, NY: Foundation Press (2002).
- N. Novak & K. Guarino, *Health Care Facility Records: Confidentiality. Computerization. and Security*, Chicago: ABA Forum on Health Law (July 1995).
- G. Pozgar, *Legal of Health Care Administration*, Gaithersburg, MD: Aspen Publishers (10th ed., 2007).
- G. Pozgar, *Legal Essentials of Health Care Administration*, Gaithersburg, MD: Aspen Publishers (2009).
- President's Commission for the Study of Ethical Problems in Medicine and Biomedical Research and Behavioral Research, *Securing Access to Health Care*, Washington, D.C.: U.S. Gov't Printing Office (1983).
- W. Roach, et al., *Medical Records and the Law*, Gaithersburg, MD: Aspen Publishers (1998, 3rd ed.).
- M. Rodwin, *Medicine, Money, and Morals: Physicians' Conflicts of Interest*, NY: Oxford Univ. Press (1993).

- R. Rosenblatt, S. Law & S. Rosenbaum, *Law and the American Health Care System*, Westbury, NY: The Foundation Press, Inc. (1997).
- M. Rosenthal & K. Sutcliffe (eds.), *Medical Error: What Do We Know? What Do We Do?*, San Francisco: Jossey Bass (2002).
- D. Rozovsky, *Consent to Treatment: A Practical Guide*, Boston: Little, Brown & Co. (2nd ed. 1990).
- Schmidt, "Health and Human Services Law and Regulation" in J. Rabin & M. Steinhauer (eds.), *Handbook on Human Services Administration*, NY: Marcel Dekker, Inc. (1988), pp. 381-404.
- Schmidt, "Health Care Financing and Delivery for the Elderly: A Planned, Regulated System in Counterpoint to a Competitive Marketplace Approach" in M. Kapp (ed.), *Ethics, Law, and Aging Review*, NY: Springer Publishing Co., pp. 53-65 (2000).
- Schmidt (ed.), "Symposium: Issues in Health Law. Part I," 11 *J. Health & Human Resources Admin.* 437 (1989).
- Schmidt (ed.), "Symposium: Issues in Health Law. Part II," 12 *J. Health & Human Resources Admin.* 112 (1989).
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