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Independent Articles

Spring 2024

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The administration of Pre-Mortem Interventions (PMIs) to preserve the opportunity to donate, to assess the eligibility to donate, or to optimize the outcomes of donation and transplantation are controversial as they offer no medical benefit and include at least the possibility of harm to the still-living patient. In this article, we describe the legal analysis surrounding consent to PMIs, drawing on existing legal commentary and identifying key legal problems. We provide an overview of the approaches in several jurisdictions that have chosen to explicitly address PMIs within codified law. We then provide, as an example, a detailed exploration of how PMIs are likely to be addressed in one jurisdiction where general medical consent law applies because there is no specific legislation addressing PMIs – the province of Ontario in Canada.

Patients and physicians do not know the cost of medical procedures. The result is that patients may opt for a procedure that carries minimal health benefit but significant financial cost, and a physician may push for an expensive procedure without an awareness of the financial burden it may place on the patient. Opaque medical billing thus contributes to exorbitant, rising medical costs, burdening the healthcare system and individuals. The aim of this paper is to critically assess proposals to address the problem of opaque medical billing. I argue that expanding informed consent to include out-of-pocket costs is unlikely to succeed in the courts or become part of professional practice. I then argue that recent increased price transparency rules at the federal level are ineffective for patients and fail to include physicians in greater awareness of financial burden. Fortunately, a solution is readily available. I argue that the Centers for Medicare and Medicaid Services (CMS) should pursue a rule requiring that patients be informed by the physician of a reasonable out-of-pocket expense estimate for non-urgent procedures prior to services rendered.

Federally Qualified Health Centers (FQHCs) proved to be critical points of access for people of color and other underserved populations during the COVID-19 pandemic, administering 61% of their COVID-19 vaccinations to people of color, compared to the 40% rate for the overall United States' vaccination effort. To better understand the approaches and outcomes of FQHCs in pandemic response, we conducted semi-structured interviews with FQHC health care providers and outreach workers and analyzed them using an inductive qualitative methodology.

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Symposium articles *are solicited by the guest editor for the purposes of creating a comprehensive and definitive collection of articles on a topic relevant to the study of law, medicine and ethics. Each article is peer reviewed.*

Independent articles *are essays unrelated to the symposium topic, and can cover a wide variety of subjects within the larger medical and legal ethics fields. These articles are peer reviewed.*

Columns *are written or edited by leaders in their fields and appear in each issue of JLME.*

Next Issue:

A Tribute to Professor Charity Scott

Columns