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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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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.

Letter From The Editor

Hutchinson, Ted

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Challenges and Opportunities in Modernizing Clinical Trial Recruitment

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[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.

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Battles Over Medication Abortion Threaten the Integrity of Drug Approvals in the U.S.

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[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.

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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.

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Risk Reduction Policies to Reduce HIV in Prisons: Ethical and Legal Considerations and Needs for Integrated Approaches

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[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.

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“Death and Taxes”: Why Financial Compensation for Research Participants is an Economic and Legal Risk

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[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.

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State-Specific Barriers to Methadone for Opioid Use Disorder Treatment

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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.

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

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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.

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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

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[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.

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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

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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.

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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.

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

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[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.

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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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[ProQuest document link](#)

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?

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

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[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.

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When Public Health Goes Wrong: Toward a New Concept of Public Health Error

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[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.

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Decolonization of Global Health Law: Lessons from International Environmental Law

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[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.

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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.

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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.

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Health Justice Partnerships: An International Comparison of Approaches to Employing Law to Promote Prevention and Health Equity

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[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.

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Selling Clinical Biospecimens: Guidance for Researchers and Private Industry

Schwartz, Peter H ¹
; 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.

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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.

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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.

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The Road to Universal Coverage: Where Are We Now?

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[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.

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

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[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.

Tax the Rich! Tax the Research Participants?

Largent, Emily A ¹ ¹ UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA, PA, USA

[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

Bibliography

Citation style: APA 6th - Annotated with Abstracts - American Psychological Association, 6th Edition

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>

