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SEARCH STRATEGY

Set No.	Searched for	Databases	Results
S1	The Journal of Law, Medicine & Ethics	Ebook Central, Public Health Database, Publicly Available Content Database	84522*

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

A Pandemic Instrument can Optimize the Regime Complex for AMR by Striking a Balance between Centralization and Decentralization

Weldon, Isaac ¹ ; Yaseen, Safaa ¹ ; Hoffman, Steven J ¹ ¹ YORK UNIVERSITY, TORONTO, ONTARIO, CANADA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Global antimicrobial resistance (AMR) is currently governed by a decentralized regime complex composed of multiple institutions with overlapping and sometimes conflicting principles, norms, rules, and procedures. Such a decentralized regime complex provides certain advantages and disadvantages when compared to a centralized regime. A pandemic instrument can optimize the regime complex for AMR by leveraging the strengths of both centralization and decentralization. Existing climate treaties under the UNFCCC offer lessons for achieving this hybrid approach.

DETAILS

Subject:	Agreements; Agriculture; Food security; Principles; Sustainable development; Protocol; Cooperation; Decentralization; Intellectual property; Pandemics; Humanitarianism; Centralization; Diagnostic tests; Biodiversity; Sovereignty; Antimicrobial agents; Information sharing; Rules; Treaties; Drug resistance; COVID-19
Business indexing term:	Subject: Food security Sustainable development Information sharing
Company / organization:	Name: World Organization for Animal Health; NAICS: 813212; Name: United Nations-UN; NAICS: 928120; Name: World Trade Organization; NAICS: 928120
Identifier / keyword:	Regime Complex; Antimicrobial Resistance; Pandemic Instrument; Decentralization; Centralization
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Governance Processes and Challenges for Reservation of Antimicrobials Exclusively for Human Use and Restriction of Antimicrobial Use in Animals

Weese, J Scott ¹ ; Guilherme Antonio Da Costa Junior ² ; Gonzalez-Zorn, Bruno ³ ; Hardefeldt, Laura Y ⁴ ; Matheu, Jorge ⁵ ; Moulin, Gerard ⁶ ; Page, Stephen W ⁷ ; Singh, Ruby ⁸ ; Song, Junxia ⁹ ; Valsson, Olafur ¹⁰ ¹ UNIVERSITY OF GUELPH, ONTARIO, CANADA ² MISSION OF BRAZIL TO THE EUROPEAN UNION, BRUSSELS, BELGIUM ³ COMPLUTENSE UNIVERSITY, MADRID, SPAIN ⁴

UNIVERSITY OF MELBOURNE, MELBOURNE, AUSTRALIA; NATIONAL CENTRE FOR ANTIMICROBIAL STEWARDSHIP, AUSTRALIA ⁵ WORLD HEALTH ORGANIZATION, GENEVA, SWITZERLAND ⁶ FRENCH AGENCY FOR FOOD, ENVIRONMENTAL AND OCCUPATIONAL HEALTH & SAFETY (ANSES) ⁷ VETERINARY CLINICAL PHARMACOLOGY AND TOXICOLOGY, ADVANCED VETERINARY THERAPEUTICS IN NEWTOWN, AUSTRALIA; UNIVERSITY OF SYDNEY, SYDNEY, AUSTRALIA ⁸ FDA, ROCKVILLE, MARYLAND, USA ⁹ FOOD AND AGRICULTURE ORGANIZATION OF UNITED NATIONS, ROME, ITALY ¹⁰ WORLD ORGANISATION FOR ANIMAL HEALTH, PARIS, FRANCE

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The majority of antimicrobials that are produced are administered to animals, particularly food animals. While the overall impact of antimicrobial use in animals on antimicrobial resistance in humans and the environment is unclear, it undeniably has a role. Yet, some degree of antimicrobial use in animals is necessary for animal health and welfare purposes. Balancing the benefits and risks of antimicrobial use in animals is challenging because of the complexity of the problem and limitations in available data. However, a range of measures can be implemented to reduce, refine and optimize antimicrobial use in animals, with a goal of minimizing the impact on human and environmental health while maintaining necessary therapeutic use in animals. A pandemic instrument can provide the necessary foundation for the whole-of-society and whole-of-government One Health approach that is required to strengthen surveillance, communication, collaboration, and action.

DETAILS

Subject:	Infectious diseases; Pathogens; Feeds; Food; Surveillance; Pharmacy; Environmental health; Animals; Veterinarians; Prevention; Pandemics; Bacteria; Antimicrobial agents; Drug stores; Zoonoses
Business indexing term:	Subject: Drug stores
Identifier / keyword:	Antimicrobial Resistance; Antimicrobial Stewardship; One Health; Agriculture
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Document 3 of 40

Introduction: AMR Belongs in the Pandemic Instrument

Rogers Van Katwyk, Susan ¹; Outterson, Kevin ² ¹ YORK UNIVERSITY IN TORONTO, ONTARIO, CANADA ² BOSTON UNIVERSITY, BOSTON, MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

In the wake of COVID-19, the World Health Organization established an Intergovernmental Negotiating Body to negotiate a new instrument for pandemic prevention, preparedness, and response. This special issue of the *Journal*

of Law, Medicine & Ethics brings together multidisciplinary scholarship to address the question of whether antimicrobial resistance should be included in this new instrument. Drawing from disciplines including law, anthropology, history, public health, public policy, economics, and veterinary medicine, this special issue explores the inclusion of AMR within the Pandemic Instrument from three perspectives: first, through the lens of global AMR governance, second, from the perspective of technical governance challenges and opportunities affecting the global ability to address AMR and future pandemics, and third, from the perspective of pandemic instrument mechanisms for strengthening global AMR governance. Each paper makes a concrete recommendation with respect to the importance of including AMR within the scope of the pandemic instrument.

DETAILS

Subject:	Infections; Public policy; Public health; Medicine; COVID-19; Funding; Antibiotics; Pandemics; Bacterial infections; Medical research; Antimicrobial agents; Disease prevention; Anthropology; Governance; Prevention; Coronaviruses; Veterinary medicine; Drug resistance; Law
Location:	United States--US
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A Pandemic Instrument Can Start Turning Collective Problems into Collective Solutions by Governing the Common-Pool Resource of Antimicrobial Effectiveness

Weldon, Isaac ¹ ; Liddell, Kathy ² ; Rogers Van Katwyk, Susan ¹ ; Hoffman, Steven J ¹ ; Minssen, Timo ³ ; Otterson, Kevin ⁴ ; Palmer, Stephanie ² ; Viens, A M ¹ ; Viñuales, Jorge ² ¹ YORK UNIVERSITY IN TORONTO, CANADA ² UNIVERSITY OF CAMBRIDGE, CAMBRIDGE, UK ³ UNIVERSITY OF COPENHAGEN, COPENHAGEN, DENMARK ⁴ CARB-X, BOSTON, MA, USA; BOSTON UNIVERSITY, BOSTON, MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

To address the complex challenge of global antimicrobial resistance (AMR), a pandemic treaty should include mechanisms that 1) equitably address the access gap for antimicrobials, diagnostic technologies, and alternative therapies; 2) equitably conserve antimicrobials to sustain effectiveness and access across time and space; 3) equitably finance the investment, discovery, development, and distribution of new technologies; and 4) equitably finance and establish greater upstream and midstream infection prevention measures globally. Biodiversity, climate, and nuclear governance offer lessons for addressing these challenges.

DETAILS

Subject:	Infections; Infectious diseases; Collective action; Pandemics; Self interest; Biodiversity; Antimicrobial agents; Pharmaceutical industry; Social exclusion; Finance; Disease prevention; Colonialism; Prevention; Social sciences; Equity; Drug resistance; Drug dosages; Medical diagnosis; COVID-19
Business indexing term:	Subject: Pharmaceutical industry Equity
Identifier / keyword:	Antimicrobial Resistance; Common-Pool Resources; Equity; Governance; Collective Action
Publication title:	The Journal of Law, Medicine & Ethics; Boston
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Database:

Public Health Database

Document 5 of 40

Using the International Pandemic Instrument to Revitalize the Innovation Ecosystem for Antimicrobial R&D

Andrea Morales Caceres ¹ ; Singh, Kshitij Kumar ² ; Minssen, Timo ³ ; Rogers Van Katwyk, Susan ¹ ; Hoffman, Steven J ¹ ¹ YORK UNIVERSITY, TORONTO, ONTARIO, CANADA ² UNIVERSITY OF DELHI; UNIVERSITY OF COPENHAGEN, COPENHAGEN, DENMARK ³ UNIVERSITY OF COPENHAGEN, COPENHAGEN, DENMARK

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The inclusion of antimicrobial resistance (AMR) and increased research and development (R&D) capabilities in the most recent outline of the World Health Organization's (WHO's) international pandemic instrument signals an opportunity to reshape pharmaceutical R&D system in favour of antimicrobial product development. This article explains why the current innovation ecosystem has disadvantaged the creation of antimicrobial products for human use. It also highlights how the COVID-19 pandemic experience can inform and stimulate international cooperation to implement innovative R&D incentives to bring new, life-saving antimicrobial products to the market.

DETAILS

Subject:

Disadvantaged; Public health; COVID-19; Research & development--R &D; Coronaviruses; Intellectual property; Pandemics; International cooperation; Product development; Antimicrobial agents

Business indexing term:

Subject: Product development

Company / organization:

Name: World Trade Organization; NAICS: 928120

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Antimicrobial Resistance; Pandemic Instrument; Research and Development; Innovation; Pharmaceuticals

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The Journal of Law, Medicine & Ethics; Boston

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Adopting a Global AMR Target within the Pandemic Instrument Will Act as a Catalyst for Action

Rogers Van Katwyk, Susan ¹ ; Wilson, Lindsay ¹ ; Weldon, Isaac ¹ ; Hoffman, Steven J ¹ ; Poirier, Mathieu JP ¹ ¹ YORK UNIVERSITY IN TORONTO, ONTARIO, CANADA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Ensuring that life-saving antimicrobials remain available as effective treatment options in the face of rapidly rising levels of antimicrobial resistance will require a massive and coordinated global effort. Setting a collective direction for progress is the first step towards aligning global efforts on AMR. This process would be greatly accelerated by adopting *a unifying global target* — a well-defined global target that unites all countries and sectors. The proposed pandemic instrument — with its focus on prevention, preparedness and response — represents an ideal opportunity to develop and adopt a unifying global target that catalyzes global action on AMR. We propose three key characteristics of a unifying global target for AMR that — if embedded within the pandemic preparedness instrument — could rally public support, funding, and political commitment commensurate with the scale of the AMR challenge.

DETAILS

Subject:	Goal setting; Antimicrobial agents; Collective action; Success; Paris Agreement; Public opinion; Prevention; Politics; Pandemics; Commitment; COVID-19
Identifier / keyword:	Pandemic Treaty; One Health; Antimicrobial Resistance; Goal Setting; Global Health
Publication title:	The Journal of Law, Medicine & Ethics; Boston
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Country of publication:	United Kingdom, Boston

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Document 7 of 40

Equitable Access to Antibiotics: A Core Element and Shared Global Responsibility for Pandemic Preparedness and Response

Ren, Mengying ¹ ; So, Anthony D ² ; Chandy, Sujith J ³ ; Mirfin Mpundu ⁴ ; Peralta, Arturo Quizhpe ⁵ ; Åkerfeldt, Kerstin ¹ ; Sjöblom, Anna Karin ¹ ; Cars, Otto ¹ ¹ UPPSALA UNIVERSITY, UPPSALA, SWEDEN ² JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH, BALTIMORE, MD, USA ³ CHRISTIAN MEDICAL COLLEGE, VELLORE, INDIA ⁴ REACT AFRICA, LUSAKA, ZAMBIA ⁵ REACT LATIN AMERICA, CUENCA, ECUADOR

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Securing equitable antibiotic access as an essential component for health system resilience and pandemic preparedness requires a systems perspective. This article discusses key components that need to be coordinated and paired with adequate financing and resources to ensure antibiotic effectiveness as a global public good, which

should be central while discussing a new global agreement.

DETAILS

Subject:	Laboratories; Pandemics; Product development; Antibiotics; COVID-19
Business indexing term:	Subject: Product development
Identifier / keyword:	Antibiotics; Antibiotic Resistance; Pandemic Instrument; Equitable Access; Health System
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	S2
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Document 8 of 40

Embed Multisectoral Governance Mechanisms in the Pandemic Instrument for One Health Action

Palkovits, Michèle ¹ ; Rogers Van Katwyk, Susan ¹ ; Hoffman, Steven J ¹ ¹ YORK UNIVERSITY, TORONTO, ONTARIO, CANADA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Despite recognition of the health threat posed at the human-animal-environment interface long ago, One Health has yet to be meaningfully integrated into global pandemic prevention, preparedness, and response. With the negotiation of the forthcoming pandemic instrument under the auspices of the World Health Organization (WHO) — which is inherently restricted by its own constitutional mandate of human health — One Health risks being sidelined once again. Genuine integration of a One Health approach into this treaty will require the institutionalization of formal One Health coordination mechanisms.

DETAILS

Subject:

Food security; Public health; Collaboration; Legitimacy; Science; Success; Cooperation; Credibility; Pandemics; Decision making; Transparency; Design; Coordination; Health risks; Prevention; Coronaviruses; Climate change; Equity; Accountability; COVID-19

Business indexing term:

Subject: Food security Transparency Equity

Company / organization:

Name: Intergovernmental Panel on Climate Change; NAICS: 541715, 928120

Identifier / keyword:

Pandemic Instrument; One Health; Global Health Law; Multisectoral Coordination

Publication title:

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Language of publication:	English
Document type:	Journal Article
DOI:	https://doi.org/10.1017/jme.2023.30
ProQuest document ID:	2784546714
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An Awkward Fit: Antimicrobial Resistance and the Evolution of International Health Politics (1945-2022)

Kirchhelle, Claas ¹ ; Podolsky, Scott H ² ¹ UNIVERSITY COLLEGE DUBLIN, DUBLIN, IRELAND ²
HARVARD MEDICAL SCHOOL, BOSTON, MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Despite being acknowledged as a major global health challenge, growing levels of antimicrobial resistance (AMR) in pathogenic and commensal organisms have proven an awkward fit for international health frameworks. This article surveys the history of attempts to coordinate international responses to AMR alongside the origins and evolution of the current international health regulations (IHR). It argues that AMR, which encompasses a vast range of microbial properties and ecological reservoirs, is an awkward fit for the 'organismal' philosophies that centre on the rapid control of individual pathogens that have characterised international policy-making since the 19th century.

DETAILS

Subject:	Pathogens; Evolution; International; Property; Policy making; Antibiotics; Politics; Pandemics; Resistance; Quarantine; Cholera; Influenza; Public health; Antimicrobial agents; Nation states; Fever; Health; Foreign policy; Ecosystems; Drug resistance; Tropical diseases
Business indexing term:	Subject: Nation states
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ISSN:	10731105
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Source type:	Scholarly Journal
Language of publication:	English
Document type:	Journal Article
DOI:	https://doi.org/10.1017/jme.2022.78
ProQuest document ID:	2784546706
Document URL:	https://www.proquest.com/scholarly-journals/b-awkward-fit-antimicrobial-resistance-evolution/docview/2784546706/se-2?accountid=211160
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Document 10 of 40

Antimicrobial Resistance Must Be Included in the Pandemic Instrument to Ensure Future Global Pandemic Readiness

Lake, Shajoe J ¹ ; Rogers Van Katwyk, Susan ¹ ; Hoffman, Steven J ¹ ¹ YORK UNIVERSITY, TORONTO, ONTARIO, CANADA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Governments can practically and efficiently address zoonoses and AMR — within the text of the new pandemic instrument. We map the overlaps between the efforts needed to address both pandemic threats, including (a) equitable access to medical countermeasures, (b) globally integrated One Health surveillance and monitoring systems, (c) increased technical and laboratory capacity in low- and middle-income countries, and (d) a regulatory framework governing the stewardship of antimicrobials. By outlining potential dual-purpose provisions that could be included in a pandemic instrument, we argue that addressing AMR in the pandemic instrument is practicable, the

most effective use of limited time and resources, and provides the best opportunity for future global pandemic readiness.

DETAILS

Subject:	Infectious diseases; COVID-19 vaccines; Surveillance; Pandemics; Drug resistance; Zoonoses; Antimicrobial agents; COVID-19
Identifier / keyword:	Antimicrobial Resistance; Pandemic Instrument; World Health Organization; Global Health Law; International Law
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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
DOI:	https://doi.org/10.1017/jme.2022.74
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Document URL:	https://www.proquest.com/scholarly-journals/antimicrobial-resistance-must-be-included/docview/2784546697/se-2?accountid=211160

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Database: Public Health Database

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Letter From The Editor

Smith, Margo G

[ProQuest document link](#)

DETAILS

Subject: Antibiotics

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

Volume: 50

Issue: S2

Source details: Addressing Antimicrobial Resistance through the Proposed Pandemic Instrument

Pages: 1-1

Publication year: 2022

Publication date: Winter 2022

Section: Letter from the Editor

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:	Editorial
DOI:	https://doi.org/10.1017/jme.2022.72
ProQuest document ID:	2784546694
Document URL:	https://www.proquest.com/scholarly-journals/letter-editor/docview/2784546694/se-2?accountid=211160
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Last updated:	2023-03-09
Database:	Public Health Database

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Locating Disability Within a Health Justice Framework

Harris, Jasmine E ¹ ¹ UNIVERSITY OF PENNSYLVANIA CAREY LAW SCHOOL, PHILADELPHIA, PA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This Article explores the connections between disability and health justice in service of further tethering the two theories and practices. The author contends that disability should shift from marker of health inequity alone to critical demographic in the analytical and practical application of health justice. This theoretical move creates a more robust understanding of the harms of health injustice, its complexities, and, remedially, reveals underexplored legal and policy pathways to promote health justice.

DETAILS

Subject:	Health disparities; Discrimination; Disability; Intersectionality; Intervention; Employment; Justice; Law; Race; Civil rights; Coronaviruses; Americans with Disabilities Act 1990-US; Health education; COVID-19; People with disabilities
Business indexing term:	Subject: Employment Americans with Disabilities Act 1990-US
Identifier / keyword:	Disability Law; Disability Justice; Health Justice; Health Law; Intersectionality

Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	663-673
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.6
ProQuest document ID:	2784172022
Document URL:	https://www.proquest.com/scholarly-journals/locating-disability-within-health-justice/docview/2784172022/se-2?accountid=211160
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Database:	Public Health Database

The Social Determinants of Health, Health Disparities, and Health Justice

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Although the federal government and several state governments have recognized that structural discrimination limits less privileged groups' ability to be healthy, the measures adopted to eliminate health disparities do not address structural discrimination. Historical and modern-day structural discrimination in employment has limited racial and ethnic minority individuals' economic conditions by segregating them to low wage jobs that lack benefits, which has been associated with health disparities. Health justice provides a community-driven approach to transform the government's efforts to eliminate health disparities, by acknowledging the problem of structural discrimination; empowering less privileged groups to create and implement structural change; and providing support to redress harm.

DETAILS

Subject:	State government; Health disparities; Federal government; Economic conditions; Women; Racism; Social justice; Social privilege; Minority & ethnic groups; Minority groups; Employment discrimination; Employment; Domestic service
Business indexing term:	Subject: Employment
Identifier / keyword:	Health Justice; Employment; Health Disparities; The Social Determinants of Health; Home Health Care Workers
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	641-649
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.3
ProQuest document ID:	2784172012
Document URL:	https://www.proquest.com/scholarly-journals/social-determinants-health-disparities-justice/docview/2784172012/se-2?accountid=211160
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Trauma Informed Delinquency Interventions for Native Children

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² UNIVERSITY OF ALASKA FAIRBANKS, FAIRBANKS, AK, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Recognizing the links between childhood trauma and delinquency, many juvenile delinquency systems now emphasize trauma-informed care. This commentary examines established and emerging research on childhood trauma among American Indian and Alaska Native children and contrasts the development and implementation of "trauma-informed" approaches in state and tribal juvenile systems. It identifies three key innovations present in tribal

models and calls for further research to identify best practices that work for Native children and tribal communities.

DETAILS

Subject:	Research; Behavior; Criminalization; Trauma; Drug abuse; Intervention; Mental disorders; Juvenile justice; Violence; Families & family life; Juvenile delinquency; Innovations; Alcohol; Jurisdiction; Children & youth; Mental health; Addictive behaviors; Children; Sex crimes; Sexual abuse; Childhood; Social sciences; Post traumatic stress disorder
Identifier / keyword:	Trauma; Indigenous; Native; Children; Delinquency
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	745-757
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.16
ProQuest document ID:	2784172010

Document URL: <https://www.proquest.com/scholarly-journals/trauma-informed-delinquency-interventions-native/docview/2784172010/se-2?accountid=211160>

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Database: Public Health Database

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Food Oppression in a Pandemic

Freeman, Andrea ^{1 1} UNIVERSITY OF HAWAII, HONOLULU, HI USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

COVID-related racial disparities represent a spectrum of injustices and inequalities. Focusing on food oppression, this essay argues that racism infuses food law and policy in ways that contribute to racially disparate COVID deaths and severe illnesses. USDA nutrition program participants were at a nutritional disadvantage when COVID hit. Yet, government responses focused on food insecurity, not nutritional quality. Racism against a predominantly Black and brown labor force of essential food workers — from fields to meat plants to grocery stores — created tolerance for the administration's failure to protect or compensate some of the country's most vulnerable workers. When COVID-driven supply issues threatened to narrow white people's activities and choices, the favored response was to keep their options open by sacrificing Black and brown workers. A food oppression lens — understanding how corporate interests drive food policy — is necessary to achieve food equality in this pandemic and beyond.

DETAILS

Subject: Diabetes; Food; Tolerance; Corn; Commodities; Nutrition; Racism; Veganism; Food security; Subsidies; Retail stores; COVID-19; Agriculture; Native peoples; Farmers; Workers; Oppression; Racial differences; Black people; Pandemics; Low income groups; Labor force; Obesity; Asian Americans; Milk; Illnesses; Inequality; Racial inequality; Coronaviruses; Vegetarianism

Business indexing term: Subject: Commodities Subsidies

Location: United States--US

Company / organization: Name: Department of Agriculture; NAICS: 926140

Identifier / keyword: Health Justice; Food Justice; Food Policy; Health Disparities; Critical Race Theory

Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	711-718
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.12
ProQuest document ID:	2784172009
Document URL:	https://www.proquest.com/scholarly-journals/food-oppression-pandemic/docview/2784172009/se-2?accountid=211160
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Database:	Public Health Database

An Examination of the Ethical and Legal Limits in Implementing “Traceback Testing” for Deceased Patients

Martucci, Jessica ¹ ; Prado, Yolanda ² ; Rope, Alan F ³ ; Weinmann, Sheila ² ; White, Larissa ⁴ ; Zepp, Jamilyn ² ; Henrikson, Nora B ⁵ ; Heather Spencer Feigelson ⁴ ; Jessica Ezzell Hunter ⁶ ; Lee, Sandra Soo-Jin ⁷ ¹ HISTORY AND SOCIOLOGY OF SCIENCE DEPARTMENT, UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA, USA ² DEPARTMENT OF TRANSLATIONAL AND APPLIED GENOMICS, CENTER FOR HEALTH RESEARCH, KAISER PERMANENTE NORTHWEST, PORTLAND, OR, USA ³ CENTER FOR HEALTH RESEARCH, KAISER PERMANENTE NORTHWEST PORTLAND, OR AND GENOME MEDICAL SOUTH SAN FRANCISCO, CA, USA ⁴ INSTITUTE FOR HEALTH RESEARCH, KAISER PERMANENTE, DENVER CO, USA ⁵ KAISER PERMANENTE WASHINGTON HEALTH RESEARCH INSTITUTE, SEATTLE WA, USA ⁶ DEPARTMENT OF TRANSLATIONAL AND APPLIED GENOMICS, CENTER FOR HEALTH RESEARCH, KAISER PERMANENTE NORTHWEST, PORTLAND, OR, USA; GENOMICS, ETHICS, AND TRANSLATIONAL RESEARCH PROGRAM, RTI INTERNATIONAL, RESEARCH TRIANGLE PARK, NC, USA ⁷ DIVISION OF ETHICS, DEPARTMENT OF MEDICAL HUMANITIES AND ETHICS, COLUMBIA UNIVERSITY, NEW YORK, NY, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This paper examines the legal and ethical aspects of traceback testing, a process in which patients who have been previously diagnosed with ovarian cancer are identified and offered genetic testing so that their family members can be informed of their genetic risk and can also choose to undergo testing. Specifically, this analysis examines the ethical and legal limits in implementing traceback testing in cases when the patient is deceased and can no longer consent to genetic testing.

DETAILS

Subject:	Ethics; Ovarian cancer; Genetic testing; Patients; Social justice; Disclosure; Medical ethics; Cancer; Health risk assessment; Public health; Families & family life; Genetic counseling; Health Insurance Portability & Accountability Act 1996-US; Pathology; Genetic research; Right to know; Privacy; Equity
Business indexing term:	Subject: Disclosure Health Insurance Portability & Accountability Act 1996-US Equity
Identifier / keyword:	Traceback Testing; Cascade Screening; Return of Results; BRCA1 / BRCA2; Hereditary Breast and Ovarian Cancer; Cancer Syndromes
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4

Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
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Publication year:	2022
Publication date:	Winter 2022
Section:	Independent Articles
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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
DOI:	https://doi.org/10.1017/jme.2023.23
ProQuest document ID:	2784172006
Document URL:	https://www.proquest.com/scholarly-journals/examination-ethical-legal-limits-implementing/docview/2784172006/se-2?accountid=211160
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Database:	Public Health Database

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Assessing the Governance of Digital Contact Tracing in Response to COVID-19: Results of a

Multi-National Study

Hutler, Brian ¹ ; Blasimme, Alessandro ² ; Gur-Arie, Rachel ³ ; Ali, Joseph ⁴ ; Barnhill, Anne ⁴ ; Hood, Amelia ⁴ ; Kahn, Jeffrey ⁴ ; Perkins, Nancy L ⁵ ; Regenber, Alan ⁴ ; Vayena, Effy ^{2 1} TEMPLE UNIVERSITY, PHILADELPHIA, PA, USA ² ETH ZÜRICH, ZURICH, SWITZERLAND ³ ARIZONA STATE UNIVERSITY, PHOENIX, AZ, USA ⁴ JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD, USA ⁵ ARNOLD & PORTER KAYE SCHOLER LLP, WASHINGTON, DC, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This paper describes the results of a multi-country survey of governance approaches for the use of digital contact tracing (DCT) in response to the COVID-19 pandemic. We argue that the countries in our survey represent two distinct models of DCT governance, both of which are flawed. The “data protection model” emphasizes privacy protections at the expense of public health benefit, while the “emergency response model” sacrifices transparency and accountability, prompting concerns about excessive governance surveillance. The ethical and effective use of DCT in the future requires a new governance approach that is better suited to this novel use of mobile phone data to promote public health.”

DETAILS

Subject:	Infectious diseases; Personal information; COVID-19; Medical ethics; Surveillance; Severe acute respiratory syndrome coronavirus 2; Contact tracing; Privacy; Health education; Accountability; Public health; Cellular telephones; Pandemics; Epidemics; Transparency; Consortia; Legislation; Governance; Disease transmission
Business indexing term:	Subject: Transparency
Location:	Italy; Israel; Australia; Ghana; France; South Korea; Switzerland; South Africa; United States--US
Company / organization:	Name: European Union; NAICS: 926110, 928120
Identifier / keyword:	Digital Contact Tracing; Pandemic Response; Public Health Governance; Public Health Ethics
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	791-804
Publication year:	2022

Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.20
ProQuest document ID:	2784171987
Document URL:	https://www.proquest.com/scholarly-journals/assessing-governance-digital-contact-tracing/docview/2784171987/se-2?accountid=211160
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Last updated:	2023-05-16
Database:	Public Health Database

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The \$5 Billion Hop: Glatiramer Acetate and the US Patent System

Patel, Neeraj G ¹; Kesselheim, Aaron S ^{2 1} YALE SCHOOL OF MEDICINE, NEW HAVEN, CT, USA ² PROGRAM ON REGULATION, THERAPEUTICS, AND LAW (PORTAL), DIVISION OF PHARMACOEPIDEMIOLOGY AND PHARMACOECONOMICS, DEPARTMENT OF MEDICINE, BRIGHAM AND WOMEN'S HOSPITAL AND HARVARD MEDICAL SCHOOL, BOSTON, MA, USA; HARVARD MEDICAL SCHOOL CENTER FOR BIOETHICS, BOSTON, MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

New research and a government investigation have shed light on an anticompetitive practice called “Product Hopping” and specifically how it was employed in the case of the multiple sclerosis treatment glatiramer acetate beginning in 2014, which cost payers billions of dollars. We examine this case as well as a separate, impending instance of product hopping.

DETAILS

Subject:	Patients; Marketing; Congressional staff; Drug prices; Generic drugs; Brand names; Health care policy; Multiple sclerosis; Biological products; Pharmaceutical industry; Prescription drugs; Cost control; Patent law; Bioethics; Health insurance
Business indexing term:	Subject: Marketing Drug prices Brand names Pharmaceutical industry Cost control Health insurance
Location:	United States--US
Company / organization:	Name: Congress; NAICS: 921120; Name: AbbVie Inc; NAICS: 325411; Name: Patent & Trademark Office; NAICS: 926150; Name: Food & Drug Administration--FDA; NAICS: 922190
Identifier / keyword:	Product Hopping; Patent Thickets; Copaxone; Patent Reform; Drug Pricing Reform
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	852-856
Publication year:	2022
Publication date:	Winter 2022
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:	Journal Article
DOI:	https://doi.org/10.1017/jme.2023.27
ProQuest document ID:	2784171986
Document URL:	https://www.proquest.com/scholarly-journals/5-billion-hop-glatiramer-acetate-us-patent-system/docview/2784171986/se-2?accountid=211160
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Letter From The Editor

Hutchinson, Ted

[ProQuest document link](#)

DETAILS

Subject:	Open access
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	629-629
Publication year:	2022
Publication date:	Winter 2022

Section:	Letter from the Editor
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:	Editorial
DOI:	https://doi.org/10.1017/jme.2023.1
ProQuest document ID:	2784171980
Document URL:	https://www.proquest.com/scholarly-journals/letter-editor/docview/2784171980/se-2?accountid=211160
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Database:	Public Health Database

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Ethical and Public Health Considerations for Integrating Physicians with Mental Disability into the Physician Workforce

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ABSTRACT (ENGLISH)

Stigma against mental disability within the medical field continues to impose significant barriers on physicians and trainees. Here, we examine several implications of this stigma and propose steps toward greater inclusion of persons with mental disabilities in the physician workforce.

DETAILS

Subject:	Patients; Public health; Social justice; Medicine; Medical education; Careers; Medical ethics; Medical profession; Mental health; Mental disorders; Physicians; Prejudice; Stigma; Burnout; Medical students; Workforce; Suicidal behavior; Disability; Suicides & suicide attempts; People with disabilities
Business indexing term:	Subject: Careers Burnout
Identifier / keyword:	Mental Disability; Stigma; Physicians; Intersectionality; Public Health
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	833-840
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.24
ProQuest document ID:	2784171979
Document URL:	https://www.proquest.com/scholarly-journals/ethical-public-health-considerations-integrating/docview/2784171979/se-2?accountid=211160
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Last updated:	2023-07-12
Database:	Public Health Database

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The Anti-Transgender Medical Expert Industry

Caraballo, Alejandra ^{1 1} HARVARD UNIVERSITY, CAMBRIDGE, MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Civil rights attorneys challenging laws restricting transgender rights and access to healthcare often encounter anti-transgender medical experts in litigation at various stages. The experts often maintain dubious credentials in the relevant area of medical or scientific expertise which presents a challenge that undermines equitable access to justice by introducing pseudo-science into court proceedings. This commentary will discuss the phenomenon and propose a normative path forward.

DETAILS

Subject:	Witnesses; Gender dysphoria; Court hearings & proceedings; Medicine; Expert witness testimony; Civil rights; LGBTQ rights movements; Clinics; Transgender persons; Litigation; Federal Rules of Evidence; Experts; Gender identity; Gender-affirming care
Identifier / keyword:	Transgender; Expert Witness; Litigation; Evidence; Gender Affirming Care
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4

Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	687-692
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.9
ProQuest document ID:	2784171978
Document URL:	https://www.proquest.com/scholarly-journals/anti-transgender-medical-expert-industry/docview/2784171978/se-2?accountid=211160
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Last updated:	2023-03-19
Database:	Public Health Database

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We Charge Vaccine Apartheid?

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Vaccine apartheid is creating conditions that make for premature death, poverty, and disease in racialized ways. Invoking vaccine apartheid as opposed to euphemisms like vaccine nationalism, is necessary to highlight the racialized distributional consequences of vaccine inequities witnessed with COVID-19. This commentary clarifies the concept of vaccine apartheid against the historical and legal usage of apartheid. It reflects on the connections and important disjunctions between the two. It places the intellectual property regime under heightened scrutiny for reform and transformation. This commentary finds that drawing on the intersections between a human rights and health justice approach can provide creative and novel approaches for anti-subordination. It concludes that acknowledging and naming the structural injustice of vaccine apartheid is only the first step towards providing redress.

DETAILS

Subject:	Intellectual property; COVID-19 vaccines; Institutionalization; COVID-19; Racial discrimination; Immunization; International law; Injustice; Health disparities; Apartheid; Developing countries--LDCs; Nationalism; Subordination; Human rights; International; Oppression; Prevention; Criminal law; Poverty; Coronaviruses
Business indexing term:	Subject: Developing countries--LDCs
Location:	United Kingdom--UK; South Africa; India
Company / organization:	Name: World Health Organization; NAICS: 923120
Identifier / keyword:	Health Inequity; Vaccine Nationalism; Global Public Health; Health Justice; Medical Apartheid
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	726-737
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.14
ProQuest document ID:	2784171975
Document URL:	https://www.proquest.com/scholarly-journals/we-charge-vaccine-apartheid/docview/2784171975/se-2?accountid=211160
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Last updated:	2023-03-19
Database:	Public Health Database

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The Right to Repair Software-Dependent Medical Devices

Lindgren, Lars ¹ ; Kesselheim, Aaron S ² ; Kramer, Daniel B ³ ¹ PROGRAM ON REGULATION, THERAPEUTICS, AND LAW (PORTAL), DIVISION OF PHARMACOEPIDEMOLOGY AND PHARMACOECONOMICS, DEPARTMENT OF MEDICINE, BRIGHAM AND WOMEN'S HOSPITAL AND HARVARD MEDICAL SCHOOL, BOSTON, MA, USA; HARVARD LAW SCHOOL, CAMBRIDGE, MA, USA ² PROGRAM ON REGULATION, THERAPEUTICS, AND LAW (PORTAL), DIVISION OF PHARMACOEPIDEMOLOGY AND PHARMACOECONOMICS, DEPARTMENT OF MEDICINE, BRIGHAM AND WOMEN'S HOSPITAL AND HARVARD MEDICAL SCHOOL, BOSTON, MA, USA; HARVARD MEDICAL SCHOOL CENTER FOR BIOETHICS, BOSTON, MA, USA ³ RICHARD A. AND SUSAN F. SMITH CENTER FOR OUTCOMES RESEARCH IN CARDIOLOGY, BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD MEDICAL SCHOOL, BOSTON MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The "right to repair" movement highlights opportunities to reduce health care costs and promote public health resilience through increased competition in the way in which medical devices are serviced and updated over their

lifespan. We review legislative and legal facets of third-party repair of medical devices, and conclude with specific recommendations to help this market function more efficiently to the benefit of patients and health care systems.

DETAILS

Subject:	Software; Ventilators; Health care policy; Medical technology; Automotive repair services; Hospitals; Medical device industry; Restrictions; Medical imaging; Repair & maintenance; Health education; Competition; Public health; Patient safety; Consumers; Costs; Antitrust laws; Criminal liability; Health services; Copyright; Medical equipment; Third party; Libraries; Health care expenditures
Business indexing term:	Subject: Automotive repair services Medical device industry Repair & maintenance Consumers Costs Antitrust laws
Location:	United States--US
Company / organization:	Name: Library of Congress; NAICS: 519210; Name: Congress; NAICS: 921120; Name: General Electric Co; NAICS: 332510, 334290, 334512, 334519; Name: Food & Drug Administration--FDA; NAICS: 926150; Name: Federal Trade Commission--FTC; NAICS: 926150
Identifier / keyword:	Medical Device Regulation; Health Policy; Medical Software; Digital Health
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	857-859
Publication year:	2022
Publication date:	Winter 2022
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
e-ISSN:	1748720X

Source type:	Scholarly Journal
Language of publication:	English
Document type:	Journal Article
DOI:	https://doi.org/10.1017/jme.2023.28
ProQuest document ID:	2784171974
Document URL:	https://www.proquest.com/scholarly-journals/right-repair-software-dependent-medical-devices/docview/2784171974/se-2?accountid=211160
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Database:	Public Health Database

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A Health Justice Agenda for Local Governments to Address Environmental Health Inequities

Miao, Gregory ¹ ; Katie Hannon Michel ¹ ; Yuen, Tina ¹ ¹ CHANGELAB SOLUTIONS, OAKLAND, CA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article explores how structural failures in major federal environmental regulations—which set a foundation for environmental protections nationwide—have helped create many of the environmental injustices that people of color and low-income communities experience. It continues by examining how local governments have reinforced and compounded the failures in the federal environmental regulatory framework, particularly through local land use decisions. Although states play an important role in environmental policymaking, we propose that local governments are uniquely positioned to utilize a health justice approach to address environmental health inequities. This approach centers partnerships between frontline communities and local governments to develop just solutions that fill gaps within the federal environmental regulatory system and anticipate and mitigate the compounding effects of environmental health inequities.

DETAILS

Subject:	Environmental justice; Standards; Land use; Segregation; Environmental cleanup; Health risks; Environmental health; Costs; Minority & ethnic groups; Prevention; Enforcement; Low income groups; Environmental regulations; Justice; Health risk assessment; Federal regulation; Public health; Health disparities; Air pollution; Policy making; Financial analysis; Local government
Business indexing term:	Subject: Costs Land use Financial analysis
Identifier / keyword:	Environment; Health; Government; Justice; Local
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	758-768
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.17
ProQuest document ID:	2784171973
Document URL:	https://www.proquest.com/scholarly-journals/health-justice-agenda-local-governments-address/docview/2784171973/se-2?accountid=211160

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Database: Public Health Database

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(Im)Balancing Acts: Criminalization and De-Criminalization of Social and Public Health Problems

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Racially disparate policing, prosecution, and punishment harm individuals, families, and communities. These practices must be understood within the context of the development of the criminal legal system as a means of racialized social control. This context permits a critical examination of the way criminalization has been and is still deployed to subject poor and racialized communities to systemic injustices. This commentary frames a call for interventions to integrate a health justice approach to ensure that they advance racial and health equity to promote the well-being of individuals, families, and communities.

DETAILS

Subject: Criminalization; Drug trafficking; Punishment; Slavery; Social control; Criminal justice; Prisons; Families & family life; Community; Health education; Narcotics; Marijuana; White people; Health disparities; Public health; African Americans; Social order; Minority & ethnic groups; Black people; Disorderly conduct; Drug use; Cocaine; Press conferences; Criminal sentences; Decriminalization; Legislation; Race; Prosecutions; Imprisonment; Police

Location: United States--US

Company / organization: Name: Congress; NAICS: 921120

Identifier / keyword: Racial Inequities in Policing; Disproportionate Minority Contact; Criminal Legal Justice System Reform; Health Equity and Policing; Social and Structural Determinants of Criminalization

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

Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	703-710
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.11
ProQuest document ID:	2784171972
Document URL:	https://www.proquest.com/scholarly-journals/im-balancing-acts-criminalization-de-social/docview/2784171972/se-2?accountid=211160
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Database:	Public Health Database

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It's Not Irony, it's Interest Convergence: A CRT Perspective on Racism as Public Health Crisis

Statements

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Racism as a Public Health Crisis Statements (RPHCs) acknowledge the reality that racism must be eradicated to ensure health justice: a fair and just opportunity for all individuals to be healthy. Scholars of critical race theory (CRT) have expressed doubt when it comes to the capacity of law-related institutions to catalyze or sustain anti-racist efforts. These strains of skepticism underscore the question of whether so many RPHCs were adopted precisely because, in many instances, they were merely symbolic acts. This commentary argues that the trend in adopting RPHCs carries signs of interest convergence, and asserts that the alliance between government and the movement for health justice reflected in this phenomenon falls short of the substantive anti-racist action needed to realize health justice. The spate of RPHC adoption, in lieu of passing anti-racist policy or meaningfully empowering people of color, signifies that the movement for health justice must be strategic in determining whether to leverage, or be wary of, the power dynamics which shape political change. The health justice framework must expand its toolkit to include CRT.

DETAILS

Subject:	Critical race theory; Public health; Segregation; Racial justice; Racism; Hypotheses; Political change; Political power; Justice; Crises; Race
Location:	United States--US
Identifier / keyword:	Racism; Public Health; Critical Race Theory; Declarations; Public Policy
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	693-702
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.10
ProQuest document ID:	2784171969
Document URL:	https://www.proquest.com/scholarly-journals/s-not-irony-interest-convergence-crt-perspective/docview/2784171969/se-2?accountid=211160
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Database:	Public Health Database

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Challenges and Prospects for the Intergovernmental Negotiations to Develop a New Instrument on Pandemic Prevention, Preparedness, and Response

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

As Member States of the World Health Organization (WHO) meet in an International Negotiating Body (INB) to negotiate a legally binding agreement on pandemic prevention, preparedness, and response for submission to the 77th World Health Assembly in May 2024, this column reflects on creative but pragmatic and complementary means that could be employed in the short timeframe allotted for this important global health law negotiation.

DETAILS

Subject:	Agreements; Public health; COVID-19 vaccines; Pandemics; Society; Diplomatic & consular services; Influenza; Architecture; Negotiations; Public hearings; Prevention; Coronaviruses; Global health; COVID-19
Business indexing term:	Subject: Architecture
Company / organization:	Name: World Health Assembly; NAICS: 923120; Name: World Health Organization; NAICS: 923120
Identifier / keyword:	World Health Organization; World Health Assembly; Intergovernmental Negotiating Body; Pandemic Treaty; COVID-19
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	860-863
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.29

ProQuest document ID:	2784171968
Document URL:	https://www.proquest.com/scholarly-journals/challenges-prospects-intergovernmental/docview/2784171968/se-2?accountid=211160
Copyright:	© 2023 The Author(s)
Last updated:	2023-04-13
Database:	Public Health Database

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Data Sharing to Combat Segregation

Anderson, Courtney Lauren ¹ ¹ GEORGIA STATE UNIVERSITY COLLEGE OF LAW, ATLANTA, GA, USA.

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Data sharing between housing and education agencies will provide housing agencies with resources to assist them with efforts to decrease segregation and mitigate the adverse health outcomes experienced by people of color. The Fair Housing Act has the potential to fulfill its original integrationist purpose if housing and education agencies combine resources and data to create and implement fair housing plans. The Biden Administration's restored rule to affirmatively further fair housing pursuant to the Fair Housing Act of 1968 which seeks to reduce segregation and increase housing equity. However, it omits most of the processes set forth by the Obama Administration whereby federal agencies provide the proper tools to housing agencies so that they are able to make data-based decisions about housing policies. This article advocates for the sharing of data between housing and education agencies to optimize the positive impact of fair housing not only within housing, but also on the education, employment, and health opportunities for communities of color.

DETAILS

Subject:	Segregation; Housing policy; Data; Employment; Planning; Low income groups; Public housing; Health disparities; Fair Housing Act 1968-US; Housing discrimination; Information sharing; Management; Race; Neighborhoods; Affordable housing; Urban development; Education; Health education; Government agencies; School districts
Business indexing term:	Subject: Information sharing Affordable housing
Location:	United States--US
Company / organization:	Name: Federal Housing Administration; NAICS: 925110; Name: Department of Housing & Urban Development--HUD; NAICS: 925110

Identifier / keyword:	Segregation; Fair Housing; Affordable Housing; Data Sharing; Integration
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	769-775
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.18
ProQuest document ID:	2784171534
Document URL:	https://www.proquest.com/scholarly-journals/data-sharing-combat-segregation/docview/2784171534/se-2?accountid=211160
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Last updated:	2023-03-19
Database:	Public Health Database

Health Justice and Just Transition

Pamukcu, Aysha ¹ ; Harris, Angela P ² ¹ SAN FRANCISCO FOUNDATION, SAN FRANCISCO, CA, USA
² UNIVERSITY OF CALIFORNIA, DAVIS, DAVIS, CA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Just Transition, an organizing and policy framework that has emerged from the climate justice movement, is a powerful upstream response to health disparities created by structural subordination. As the public health field pushes itself to address the “cause of causes” of unjust health disparities, Just Transition offers new possibilities for partnership and collective action. We introduce the Just Transition framework, explain its relevance to the concerns of health justice advocates, and provide some examples of how the two movements might work together.

DETAILS

Subject:	Health disparities; Public health; Political activism; Systemic racism; Infrastructure; Sanitation; Water shortages; Natural resources; Pandemics; Justice; Collective action; Race; Political economy; Subordination; Social activism
Business indexing term:	Subject: Infrastructure Political economy
Location:	United States--US; Alabama
Identifier / keyword:	Just Transition; Climate Justice; Health Justice; Public Health; Racism
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	674-681
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.7
ProQuest document ID:	2784171533
Document URL:	https://www.proquest.com/scholarly-journals/health-justice-just-transition/docview/2784171533/se-2?accountid=211160
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Last updated:	2023-03-19
Database:	Public Health Database

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A Strategy to Improve Knowledge about Health Policies and Evidence Based Medicine for Federal Magistrates in Health Litigation

Bruno Barcala Reis ¹ ; Marcus Carvalho Borin ² ; Marcelo Dolzany da Costa ³ ; Dresch, Renato Luís ⁴ ; Osvaldo Oliveira Araújo Firmo ⁴ ; Melissa Cordeiro Guimarães ² ; Carla Barbosa Morais Alves ² ; Nelio Gomes Ribeiro Junior ² ; Ludmila Peres Gargano ² ; Túlio Tadeu Rocha Sarmiento ² ; Pâmela Santos Azevedo ² ; Isabella de Figueiredo Zuppo ² ; Dias, Carolina Zampirolli ² ; Vania Cristina Canuto dos Santos ⁵ ; Alvares-Teodoro, Juliana ² ; Francisco de Assis Acurcio ² ; Augusto Afonso Guerra Junior ² ¹ PUBLIC DEFENDERS OFFICE OF THE STATE OF MINAS GERAIS, BRAZIL; CCATES – SUS COLLABORATING CENTER FOR HEALTH TECHNOLOGY ASSESSMENT AT UFMG, BRAZIL ² CCATES – SUS COLLABORATING CENTER FOR HEALTH TECHNOLOGY ASSESSMENT AT UFMG, BRAZIL ³ FEDERAL REGIONAL COURT OF THE 1ST REGION, STATE OF MINAS GERAIS, BRAZIL ⁴ TJMG – COURT OF APPEALS OF STATE OF MINAS GERAIS, BRAZIL ⁵ DGITIS – DEPARTMENT OF MANAGEMENT AND INCORPORATION OF TECHNOLOGIES AND INNOVATION IN HEALTH, SCTIE, MINISTRY OF HEALTH, BRAZIL

ABSTRACT (ENGLISH)

Several countries maintain universal health coverage, which implies responsibility to organize delivery formats of healthcare services and products for citizens. In Brazil, the health system has a principle of universal access for more than 30 years, but many deficiencies remain and the country observes a day practice for those seeking judicial decisions to determine provision of healthcare.

DETAILS

Subject:	Medicine; Sexually transmitted diseases--STD; Intervention; Decision making; Litigation; Health services; Regulatory agencies; Purchasing power parity; Citizenship; Professionals; Cost control; Evidence-based medicine; Public policy
Business indexing term:	Subject: Purchasing power parity Professionals Cost control
Location:	Canada; Brazil
Identifier / keyword:	Academic Detailing; Health Litigation; Health Authority; Universal Health Coverage; Health Law
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	807-817
Publication year:	2022
Publication date:	Winter 2022
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

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Language of publication:	English
Document type:	Journal Article
DOI:	https://doi.org/10.1 017/jme.2023.22
ProQuest document ID:	2784171527
Document URL:	https://www.proquest.com/scholarly-journals/strategy-improve-knowledge-about-health-policies/docview/2784171527/se-2?accountid=211160
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Cooperative Ownership as a Health Justice Intervention: A Promising Strategy to Advance Health Equity Through the U.S. Childcare System

Libman, Kimberly ¹ ; Adler, Sabrina ¹ ; Musburger, Pratima ¹ ¹ CHANGELAB SOLUTIONS, OAKLAND, CA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

In their article “The Civil Rights of Health,” Harris and Pamukcu offer a framework connecting civil rights law to unjust health disparities with the aims of creating broader awareness of subordination as a root cause of health inequities and inviting policymakers to create new legal tools for dismantling it. They close with a call to action. Here, we take up their call and propose cooperative enterprises as a health justice intervention. To illustrate this conceptualization, we focus on childcare as a system with robust connections to social, economic, and health equity for children, workers, and families.

DETAILS

Subject: Values; Childrens health; Cooperatives; Employment; Profits; Health disparities; Families &family life; Child care; Policy making; Fairness; Concept formation; Cooperation; Ecosystems; Subordination; Intervention; Wages &salaries; COVID-19; Workers; Ownership; Civil rights; Minority ðnic groups; Pandemics; Justice; Public health; Caregivers; Civil law; Coronaviruses; Nonprofit organizations

Business indexing term:	Subject: Employment Profits Wages &salaries Workers
Location:	United States--US
Identifier / keyword:	Cooperative Ownership; Health Justice; Health Equity; Childcare; Civil Rights of Health
Publication title:	The Journal of Law, Medicine &Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	738-744
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.15
ProQuest document ID:	2784171517
Document URL:	https://www.proquest.com/scholarly-journals/cooperative-ownership-as-health-justice/docview/2784171517/se-2?accountid=211160
Copyright:	© 2023 The Author(s)
Last updated:	2023-03-19

Stemming the Shadow Pandemic: Integrating Sociolegal Services in Contact Tracing and Beyond

Makhlouf, Medha D ¹ ¹ PENNSYLVANIA STATE UNIVERSITY, DICKINSON SCHOOL OF LAW, CARLISLE, PA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The COVID-19 pandemic has shed light on the challenges of complying with public health guidance to isolate or quarantine without access to adequate income, housing, food, and other resources. When people cannot safely isolate or quarantine during an outbreak of infectious disease, a critical public health strategy fails. This article proposes integrating sociolegal needs screening and services into contact tracing as a way to mitigate public health harms and pandemic-related health inequities.

DETAILS

Subject: Infectious diseases; Public health; Socioeconomic factors; COVID-19 vaccines; COVID-19; Success; Asymptomatic; Mortality; Pandemics; Employment; Epidemics; Quarantine; Contact tracing; Health disparities; Coronaviruses; Food; Housing; Disease transmission

Business indexing term: Subject: Employment

Location: United States--US

Identifier / keyword: Health Equity; Covid-19; Poverty; Public Health; Medical-Legal Partnership

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

Volume: 50

Issue: 4

Source details: Health Justice: Engaging Critical Perspectives in Health Law and Policy

Pages: 719-725

Publication year: 2022

Publication date: Winter 2022

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
Sourcetype:	Scholarly Journal
Language of publication:	English
Document type:	Journal Article
DOI:	https://doi.org/10.1017/jme.2023.13
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Database:	Public Health Database

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INTRODUCTION: What is Health Justice?

Wiley, Lindsay F ¹ ; Yearby, Ruqaiyah ² ; Clark, Brietta R ³ ; Mohapatra, Seema ⁴ ¹ UCLA SCHOOL OF LAW, LOS ANGELES, CA, USA ² THE OHIO STATE COLLEGE SCHOOL OF LAW, COLUMBUS, OH, USA ³ LOYOLA LAW SCHOOL, LOYOLA MARYMOUNT UNIVERSITY, LOS ANGELES, CA, USA ⁴ SOUTHERN METHODIST UNIVERSITY SCHOOL OF LAW, DALLAS, TX, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Health justice is both a community-led movement for power building and transformational change and a community-oriented framework for health law scholarship. Health justice is distinguished by a distinctively social ethic of care that reframes the relationship between health care, public health, and the social determinants of health, and names subordination as the root cause of health inequities.

DETAILS

Subject:	Health care access; Health disparities; Public health; Community power; Racism; Social justice; Employment; Subordination; COVID-19
Business indexing term:	Subject: Employment
Identifier / keyword:	Social Justice; Community; Social Determinants of Health; Public Health; Health Care Access
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	636-640
Publication year:	2022
Publication date:	Winter 2022
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

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ProQuest document ID:	2784171500
Document URL:	https://www.proquest.com/scholarly-journals/introduction-what-is-health-justice/docview/2784171500/se-2?accountid=211160
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Last updated:	2023-10-05
Database:	Public Health Database

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A Critique of Expertise for Health Law

Ahmed, Aziza ¹ ¹ BOSTON UNIVERSITY, BOSTON, MA, USA

[ProQuest document link](#)

ABSTRACT (ENGLISH)

A health justice approach requires a progressive critique of expertise. This article considers two recent high-profile cases – the mask mandate and medication abortion -- to understand how we should think the mobilization of expertise in the context of public health law. Following from this, the article offers news ways to better understand how to think of the relationship between health law, expertise, and politics.

DETAILS

Subject:	Mobilization; Public health; Regulation; Progressivism; District courts; Sanitation; Pandemics; Health disparities; Abortion; Masks; State court decisions; Law; Government mandates; Judges & magistrates
Company / organization:	Name: Food & Drug Administration--FDA; NAICS: 922190
Identifier / keyword:	Expertise; Covid; Abortion; Politics; Social Determinants of Health
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4

Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	682-686
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.8
ProQuest document ID:	2784171499
Document URL:	https://www.proquest.com/scholarly-journals/critique-expertise-health-law/docview/2784171499/se-2?accountid=211160
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Last updated:	2023-03-19
Database:	Public Health Database

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Critical Perspectives to Advance Educational Equity and Health Justice

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ABSTRACT (ENGLISH)

A robust body of research supports the centrality of K-12 education to health and well-being. Critical perspectives, particularly Critical Race Theory (CRT) and Dis/ability Critical Race Studies (DisCrit), can deepen and widen health justice's exploration of how and why a range of educational inequities drive health disparities. The CRT approaches of counternarrative storytelling, race consciousness, intersectionality, and praxis can help scholars, researchers, policymakers, and advocates understand the disparate negative health impacts of education law and policy on students of color, students with disabilities, and those with intersecting identities. Critical perspectives focus upon and strengthen the necessary exploration of how structural racism, ableism, and other systemic barriers manifest in education and drive health disparities so that these barriers can be removed.

DETAILS

Subject:	Health disparities; Critical race theory; Education reform; Students; Racism; Ethnic identity; Health care; Praxis; Justice; Intersectionality; Policy making; Law; Fairness; Race; Secondary schools; Imprisonment; Advocacy; Health education; Systemic racism; Students with disabilities
People:	De La Vega
Identifier / keyword:	Education; Critical Perspectives; Health Justice; Critical Race Theory; DisCrit
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	776-790
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.19
ProQuest document ID:	2784171498
Document URL:	https://www.proquest.com/scholarly-journals/critical-perspectives-advance-educational-equity/docview/2784171498/se-2?accountid=211160
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Why Govern Broken Tools?

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

In *Assessing the Governance of Digital Contact Tracing in Response to COVID-19: Results of a Multi-National Study*, Brian Hutler et al. ably compare two approaches to the governance of digital contact tracing (DCT).¹ In this brief essay, I want to examine to what extent governance actually played a meaningful role in the failure of DCT. If DCT failed primarily for other reasons, then the authors' normative suggestion to pursue "a new governance approach ... for designing and implementing DCT technology going forward" may be misplaced.

DETAILS

Subject:	Public health; COVID-19; Privacy; Governance; Participation; Alliances; Contact tracing
Identifier / keyword:	Digital Contact Tracing; COVID; Governance Critique
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50

Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	805-806
Publication year:	2022
Publication date:	Winter 2022
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
DOI:	https://doi.org/10.1017/jme.2023.21
ProQuest document ID:	2784171497
Document URL:	https://www.proquest.com/scholarly-journals/why-govern-broken-tools/docview/2784171497/se-2?accountid=211160
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Federalism's Fallacy at the Forefront of Public Health Law

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Amid undulating conceptions of the role and prowess of federalism emerges its central constitutional role: *protecting American liberties against unwarranted governmental intrusions*. To the extent that federalism is used as a guise for withdrawing fundamental rights to abortion by the U.S. Supreme Court in *Dobbs v. Jackson Women's Health Organization*, individual rights are sacrificed in contravention of constitutional structural norms.

DETAILS

Subject:	Freedoms; Federalism; Human rights; Public health; Principles; COVID-19 vaccines; Supreme courts; Politics; Decision making; Pandemics; Sovereignty; Jurisprudence; Smallpox; Law; Abortion; Civil rights; Coronaviruses; Judges & magistrates; Womens health
Location:	United States--US; Massachusetts
Company / organization:	Name: Supreme Court-US; NAICS: 922110
Identifier / keyword:	Supreme Court; Constitution; Federalism; Rights; Liberty; Public Health
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	848-851
Publication year:	2022
Publication date:	Winter 2022
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
e-ISSN:	1748720X
Source type:	Scholarly Journal
Language of publication:	English
Document type:	Journal Article
DOI:	https://doi.org/10.1017/jme.2023.26
ProQuest document ID:	2784171494
Document URL:	https://www.proquest.com/scholarly-journals/federalism-s-fallacy-at-forefront-public-health/docview/2784171494/se-2?accountid=211160
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Respect for Communities in Health Justice

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ABSTRACT (ENGLISH)

Health justice seeks, both conceptually and in practice, to strengthen community engagement and empowerment as an integral means of addressing health disparities. In this essay, we explore the nature of communities and their roles in health care/public health. We propose that an ethical *principle of respect for communities* is a requisite part of health justice. It is this respect for communities that ethically grounds health justice's calls for greater community engagement and empowerment. Conceptions of health justice, we claim, will gain ethical power and coherence as this principle is more clearly recognized and further developed.

DETAILS

Subject:	Ethics; Public health; Social justice; Medical ethics; Values; Power; Health care; Empowerment; Justice; Health disparities; Community; Religion
Identifier / keyword:	Health Justice; Respect; Community; Communities; Public Health Ethics
Publication title:	The Journal of Law, Medicine & Ethics; Boston
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Publication date:	Winter 2022
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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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ProQuest document ID:	2784171489
Document URL:	https://www.proquest.com/scholarly-journals/respect-communities-health-justice/docview/2784171489/se-2?accountid=211160
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Health Justice Through the Lens of Power

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Health justice is an aspirational north star for scholars, practitioners, and anyone who refuses to accept the status quo of profound inequity. But what does health justice mean? How ought we conceptualize it? There is no correct answer to these questions, but any robust rendering of health justice must account for power and politics. This article posits that the path to health justice requires political struggle taking (at least) two forms: (1) building power and (2) breaking power. Building power for health justice means cultivating the political capacity of people who are disproportionately harmed by health inequity, and who therefore have the most at stake. Breaking power involves weakening and destabilizing the economic and political forces that perpetuate health inequity. By surfacing and elaborating these crucial modes of political struggle, this article points to a way forward for achieving health justice.

DETAILS

Subject: Health disparities; Quality of education; Collective action; Medicaid; Political power; Political systems; Health care; Justice

Business indexing term: Subject: Medicaid

Location: United States--US

People: Douglass, Frederick (1818-1895)

Identifier / keyword: Health Justice; Power; Politics

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

Volume: 50

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Pages: 656-662

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Section:	Symposium Articles
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Source type:	Scholarly Journal
Language of publication:	English
Document type:	Journal Article
DOI:	https://doi.org/10.1017/jme.2023.5
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Doctors and Pain Patients Avoid “Ruan” in the Supreme Court

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Physicians' fear of criminal prosecution for prescribing opioid analgesics is a major reason why many chronic pain patients are having an increasingly difficult time obtaining medically appropriate pain relief. In *Ruan v. United States*, 142 S. Ct. 2370 (2022), the Supreme Court unanimously vacated two federal convictions under the Controlled Substances Act. The Court held that the government must prove that the defendant knowingly or intentionally acted in an unauthorized manner.

DETAILS

Subject:	Drug overdose; Pain management; Supreme courts; Pharmacy; Trials; Physicians; Chronic pain; Professional practice; Supreme Court decisions; Primary care; Indictments; Convictions; Patients; Prescription drugs; Medical practices; Controlled substances; Fentanyl; Drug dosages; Disease control; Analgesics; Narcotics
Business indexing term:	Subject: Professional practice
Location:	United States--US
Identifier / keyword:	Controlled Substances Act; Criminal Prosecution; Opioids; Pain Management; Physicians
Publication title:	The Journal of Law, Medicine & Ethics; Boston
Volume:	50
Issue:	4
Source details:	Health Justice: Engaging Critical Perspectives in Health Law and Policy
Pages:	841-847
Publication year:	2022
Publication date:	Winter 2022
Section:	Columns: Currents in Contemporary Bioethics
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
DOI:	https://doi.org/10.1017/jme.2023.25
ProQuest document ID:	2784171485
Document URL:	https://www.proquest.com/scholarly-journals/doctors-pain-patients-avoid-ruan-supreme-court/docview/2784171485/se-2?accountid=211160
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Bibliography

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

Weldon, I., Yaseen, S., & Hoffman, S. J. (2022). A pandemic instrument can optimize the regime complex for AMR by striking a balance between centralization and decentralization. *The Journal of Law, Medicine & Ethics*, 50, 26-33. doi:<https://doi.org/10.1017/jme.2022.76>

Global antimicrobial resistance (AMR) is currently governed by a decentralized regime complex composed of multiple institutions with overlapping and sometimes conflicting principles, norms, rules, and procedures. Such a decentralized regime complex provides certain advantages and disadvantages when compared to a centralized regime. A pandemic instrument can optimize the regime complex for AMR by leveraging the strengths of both centralization and decentralization. Existing climate treaties under the UNFCCC offer lessons for achieving this hybrid approach.

Weese, J. S., Guilherme Antonio Da, C. J., Gonzalez-Zorn, B., Hardefeldt, L. Y., Matheu, J., Moulin, G., . . . Valsson, O. (2022). Governance processes and challenges for reservation of antimicrobials exclusively for human use and restriction of antimicrobial use in animals. *The Journal of Law, Medicine & Ethics*, 50, 55-63. doi:<https://doi.org/10.1017/jme.2022.80>

The majority of antimicrobials that are produced are administered to animals, particularly food animals. While the overall impact of antimicrobial use in animals on antimicrobial resistance in humans and the environment is unclear, it undeniably has a role. Yet, some degree of antimicrobial use in animals is necessary for animal health and welfare purposes. Balancing the benefits and risks of antimicrobial use in animals is challenging because of the complexity of the problem and limitations in available data. However, a range of measures can be implemented to reduce, refine and optimize antimicrobial use in animals, with a goal of minimizing the impact on human and environmental health while maintaining necessary therapeutic use in animals. A pandemic instrument can provide the necessary foundation for the whole-of-society and whole-of government One Health approach that is required to strengthen surveillance, communication, collaboration, and action.

Rogers Van Katwyk, S., & Outterson, K. (2022). Introduction: AMR belongs in the pandemic instrument. *The Journal of Law, Medicine & Ethics*, 50, 6-8. doi:<https://doi.org/10.1017/jme.2022.73>

In the wake of COVID-19, the World Health Organization established an Intergovernmental Negotiating Body to negotiate a new instrument for pandemic prevention, preparedness, and response. This special issue of the *Journal of Law, Medicine & Ethics* brings together multidisciplinary scholarship to address the question of whether antimicrobial resistance should be included in this new instrument. Drawing from disciplines including law, anthropology, history, public health, public policy, economics, and veterinary medicine, this special issue explores the inclusion of AMR within the Pandemic Instrument from three perspectives: first, through the lens of global AMR governance, second, from the perspective of technical governance challenges and opportunities affecting the global ability to address AMR and future pandemics, and third, from the perspective of pandemic instrument mechanisms for strengthening global AMR governance. Each paper makes a concrete recommendation with respect to the importance of including AMR within the scope of the pandemic instrument.

Weldon, I., Liddell, K., Rogers Van Katwyk, S., Hoffman, S. J., Minssen, T., Outterson, K., . . . Viñuales, J. (2022). A pandemic instrument can start turning collective problems into collective solutions by governing the common-pool resource of antimicrobial effectiveness. *The Journal of Law, Medicine & Ethics*, 50, 17-25. doi:<https://doi.org/10.1017/jme.2022.75>

To address the complex challenge of global antimicrobial resistance (AMR), a pandemic treaty should include mechanisms that 1) equitably address the access gap for antimicrobials, diagnostic technologies, and alternative therapies; 2) equitably conserve antimicrobials to sustain effectiveness and access across time and space; 3) equitably finance the investment, discovery, development, and distribution of new technologies; and 4) equitably finance and establish greater upstream and midstream infection prevention measures globally. Biodiversity, climate,

and nuclear governance offer lessons for addressing these challenges.

Andrea, M. C., Singh, K. K., Minssen, T., Rogers Van Katwyk, S., & Hoffman, S. J. (2022). Using the international pandemic instrument to revitalize the innovation ecosystem for antimicrobial R&D. *The Journal of Law, Medicine & Ethics*, 50, 47-54. doi:<https://doi.org/10.1017/jme.2022.79>

The inclusion of antimicrobial resistance (AMR) and increased research and development (R&D) capabilities in the most recent outline of the World Health Organization's (WHO's) international pandemic instrument signals an opportunity to reshape pharmaceutical R&D system in favour of antimicrobial product development. This article explains why the current innovation ecosystem has disadvantaged the creation of antimicrobial products for human use. It also highlights how the COVID-19 pandemic experience can inform and stimulate international cooperation to implement innovative R&D incentives to bring new, life-saving antimicrobial products to the market.

Rogers Van Katwyk, S., Wilson, L., Weldon, I., Hoffman, S. J., & Poirier, M. J. P. (2022). Adopting a global AMR target within the pandemic instrument will act as a catalyst for action. *The Journal of Law, Medicine & Ethics*, 50, 64-70. doi:<https://doi.org/10.1017/jme.2022.101>

Ensuring that life-saving antimicrobials remain available as effective treatment options in the face of rapidly rising levels of antimicrobial resistance will require a massive and coordinated global effort. Setting a collective direction for progress is the first step towards aligning global efforts on AMR. This process would be greatly accelerated by adopting a unifying global target — a well-defined global target that unites all countries and sectors. The proposed pandemic instrument — with its focus on prevention, preparedness and response — represents an ideal opportunity to develop and adopt a unifying global target that catalyzes global action on AMR. We propose three key characteristics of a unifying global target for AMR that — if embedded within the pandemic preparedness instrument — could rally public support, funding, and political commitment commensurate with the scale of the AMR challenge.

Ren, M., So, A. D., Chandy, S. J., Mpundu, M., Peralta, A. Q., Åkerfeldt, K., . . . Cars, O. (2022). Equitable access to antibiotics: A core element and shared global responsibility for pandemic preparedness and response. *The Journal of Law, Medicine & Ethics*, 50, 34-39. doi:<https://doi.org/10.1017/jme.2022.77>

Securing equitable antibiotic access as an essential component for health system resilience and pandemic preparedness requires a systems perspective. This article discusses key components that need to be coordinated and paired with adequate financing and resources to ensure antibiotic effectiveness as a global public good, which should be central while discussing a new global agreement.

Palkovits, M., Rogers Van Katwyk, S., & Hoffman, S. J. (2022). Embed multisectoral governance mechanisms in the pandemic instrument for one health action. *The Journal of Law, Medicine & Ethics*, 50, 71-81. doi:<https://doi.org/10.1017/jme.2023.30>

Despite recognition of the health threat posed at the human-animal-environment interface long ago, One Health has yet to be meaningfully integrated into global pandemic prevention, preparedness, and response. With the negotiation of the forthcoming pandemic instrument under the auspices of the World Health Organization (WHO) — which is inherently restricted by its own constitutional mandate of human health — One Health risks being sidelined once again. Genuine integration of a One Health approach into this treaty will require the institutionalization of formal One Health coordination mechanisms.

Kirchhelle, C., & Podolsky, S. H. (2022). An awkward fit: Antimicrobial resistance and the evolution of international health politics (1945-2022). *The Journal of Law, Medicine & Ethics*, 50, 40-46. doi:<https://doi.org/10.1017/jme.2022.78>

Despite being acknowledged as a major global health challenge, growing levels of antimicrobial resistance (AMR) in pathogenic and commensal organisms have proven an awkward fit for international health frameworks. This article surveys the history of attempts to coordinate international responses to AMR alongside the origins and evolution of the current international health regulations (IHR). It argues that AMR, which encompasses a vast range of microbial

properties and ecological reservoirs, is an awkward fit for the 'organismal' philosophies that centre on the rapid control of individual pathogens that have characterised international policy-making since the 19th century.

Lake, S. J., Rogers Van Katwyk, S., & Hoffman, S. J. (2022). Antimicrobial resistance must be included in the pandemic instrument to ensure future global pandemic readiness. *The Journal of Law, Medicine & Ethics*, 50, 9-16. doi:<https://doi.org/10.1017/jme.2022.74>

Governments can practically and efficiently address zoonoses and AMR — within the text of the new pandemic instrument. We map the overlaps between the efforts needed to address both pandemic threats, including (a) equitable access to medical countermeasures, (b) globally integrated One Health surveillance and monitoring systems, (c) increased technical and laboratory capacity in low- and middle-income countries, and (d) a regulatory framework governing the stewardship of antimicrobials. By outlining potential dual-purpose provisions that could be included in a pandemic instrument, we argue that addressing AMR in the pandemic instrument is practicable, the most effective use of limited time and resources, and provides the best opportunity for future global pandemic readiness.

Smith, M. G. (2022). Letter from the editor. *The Journal of Law, Medicine & Ethics*, 50, 1. doi:<https://doi.org/10.1017/jme.2022.72>

Harris, J. E. (2022). Locating disability within a health justice framework. *The Journal of Law, Medicine & Ethics*, 50(4), 663-673. doi:<https://doi.org/10.1017/jme.2023.6>

This Article explores the connections between disability and health justice in service of further tethering the two theories and practices. The author contends that disability should shift from marker of health inequity alone to critical demographic in the analytical and practical application of health justice. This theoretical move creates a more robust understanding of the harms of health injustice, its complexities, and, remedially, reveals underexplored legal and policy pathways to promote health justice.

Yearby, R. (2022). The social determinants of health, health disparities, and health justice. *The Journal of Law, Medicine & Ethics*, 50(4), 641-649. doi:<https://doi.org/10.1017/jme.2023.3>

Although the federal government and several state governments have recognized that structural discrimination limits less privileged groups' ability to be healthy, the measures adopted to eliminate health disparities do not address structural discrimination. Historical and modern-day structural discrimination in employment has limited racial and ethnic minority individuals' economic conditions by segregating them to low wage jobs that lack benefits, which has been associated with health disparities. Health justice provides a community-driven approach to transform the government's efforts to eliminate health disparities, by acknowledging the problem of structural discrimination; empowering less privileged groups to create and implement structural change; and providing support to redress harm.

Rolnick, A. C., & Patricia, S. H. (2022). Trauma informed delinquency interventions for native children. *The Journal of Law, Medicine & Ethics*, 50(4), 745-757. doi:<https://doi.org/10.1017/jme.2023.16>

Recognizing the links between childhood trauma and delinquency, many juvenile delinquency systems now emphasize trauma-informed care. This commentary examines established and emerging research on childhood trauma among American Indian and Alaska Native children and contrasts the development and implementation of "trauma-informed" approaches in state and tribal juvenile systems. It identifies three key innovations present in tribal models and calls for further research to identify best practices that work for Native children and tribal communities.

Freeman, A. (2022). Food oppression in a pandemic. *The Journal of Law, Medicine & Ethics*, 50(4), 711-718. doi:<https://doi.org/10.1017/jme.2023.12>

COVID-related racial disparities represent a spectrum of injustices and inequalities. Focusing on food oppression, this essay argues that racism infuses food law and policy in ways that contribute to racially disparate COVID deaths

and severe illnesses. USDA nutrition program participants were at a nutritional disadvantage when COVID hit. Yet, government responses focused on food insecurity, not nutritional quality. Racism against a predominantly Black and brown labor force of essential food workers — from fields to meat plants to grocery stores — created tolerance for the administration's failure to protect or compensate some of the country's most vulnerable workers. When COVID-driven supply issues threatened to narrow white people's activities and choices, the favored response was to keep their options open by sacrificing Black and brown workers. A food oppression lens — understanding how corporate interests drive food policy — is necessary to achieve food equality in this pandemic and beyond.

Martucci, J., Prado, Y., Rope, A. F., Weinmann, S., White, L., Zepp, J., . . . Lee, S. S. (2022). An examination of the ethical and legal limits in implementing "Traceback testing" for deceased patients. *The Journal of Law, Medicine & Ethics*, 50(4), 818-832. doi:<https://doi.org/10.1017/jme.2023.23>

This paper examines the legal and ethical aspects of traceback testing, a process in which patients who have been previously diagnosed with ovarian cancer are identified and offered genetic testing so that their family members can be informed of their genetic risk and can also choose to undergo testing. Specifically, this analysis examines the ethical and legal limits in implementing traceback testing in cases when the patient is deceased and can no longer consent to genetic testing.

Hutler, B., Blasimme, A., Gur-Arie, R., Ali, J., Barnhill, A., Hood, A., . . . Vayena, E. (2022). Assessing the governance of digital contact tracing in response to COVID-19: Results of a multi-national study. *The Journal of Law, Medicine & Ethics*, 50(4), 791-804. doi:<https://doi.org/10.1017/jme.2023.20>

This paper describes the results of a multi-country survey of governance approaches for the use of digital contact tracing (DCT) in response to the COVID-19 pandemic. We argue that the countries in our survey represent two distinct models of DCT governance, both of which are flawed. The "data protection model" emphasizes privacy protections at the expense of public health benefit, while the "emergency response model" sacrifices transparency and accountability, prompting concerns about excessive governance surveillance. The ethical and effective use of DCT in the future requires a new governance approach that is better suited to this novel use of mobile phone data to promote public health."

Patel, N. G., & Kesselheim, A. S. (2022). The \$5 billion hop: Glatiramer acetate and the US patent system. *The Journal of Law, Medicine & Ethics*, 50(4), 852-856. doi:<https://doi.org/10.1017/jme.2023.27>

New research and a government investigation have shed light on an anticompetitive practice called "Product Hopping" and specifically how it was employed in the case of the multiple sclerosis treatment glatiramer acetate beginning in 2014, which cost payers billions of dollars. We examine this case as well as a separate, impending instance of product hopping.

Hutchinson, T. (2022). Letter from the editor. *The Journal of Law, Medicine & Ethics*, 50(4), 629. doi:<https://doi.org/10.1017/jme.2023.1>

Sweet, A. R., Omar, S. H., & Stein, M. A. (2022). Ethical and public health considerations for integrating physicians with mental disability into the physician workforce. *The Journal of Law, Medicine & Ethics*, 50(4), 833-840. doi:<https://doi.org/10.1017/jme.2023.24>

Stigma against mental disability within the medical field continues to impose significant barriers on physicians and trainees. Here, we examine several implications of this stigma and propose steps toward greater inclusion of persons with mental disabilities in the physician workforce.

Caraballo, A. (2022). The anti-transgender medical expert industry. *The Journal of Law, Medicine & Ethics*, 50(4), 687-692. doi:<https://doi.org/10.1017/jme.2023.9>

Civil rights attorneys challenging laws restricting transgender rights and access to healthcare often encounter anti-transgender medical experts in litigation at various stages. The experts often maintain dubious credentials in the

relevant area of medical or scientific expertise which presents a challenge that undermines equitable access to justice by introducing pseudo-science into court proceedings. This commentary will discuss the phenomenon and propose a normative path forward.

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