

The Journal of Law, Medicine & Ethics (JLME): Material published in *The Journal of Law, Medicine & Ethics (JLME)* contributes to the educational mission of the American Society of Law, Medicine & Ethics, covering public health, health disparities, patient safety and quality of care, and biomedical science and research, and more.

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Submission Guidelines: For submission guidelines, please contact the editorial office at thutchinson@aslme.org. Submission guidelines are also available online at <http://journals.sagepub.com/home/lme>.

The Journal of Law, Medicine & Ethics (ISSN 1073-1105) (J812) is published quarterly—in March, June, September and December—by SAGE Publishing, 2455 Teller Road, Thousand Oaks, CA 91320 in association with the American Society of Law, Medicine & Ethics. Send address changes to the Journal of Law, Medicine & Ethics, c/o SAGE Publishing, 2455 Teller Road, Thousand Oaks, CA 91320.

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Introduction

*Chandra Ganesh, Michael Schmeltz,
and Jason Smith*

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**Can United States Healthcare Become
Environmentally Sustainable? Towards
Green Healthcare Reform**

Cristina Richie

In 2014, the United States health care industry produced an estimated 480 million metric tons of carbon dioxide (CO₂); nearly 8% of the country's total emissions. The importance of sustainability in health care — as a business reliant on fossil fuels for transportation, energy, and operational functioning — is slowly being recognized. These efforts to green health care are incomplete, since they only focus on health care structures. The therapeutic relationship is the essence of health care — not the buildings that contain the practice. As such, this article will first postulate reasons for a lack of environmental sustainability in US health care. Second, the article will focus on current green health care initiatives in the United States in which patients and physicians participate. Third, the rationale for participation in green initiatives will be explained. Fourth, the article will propose that, based on the environmental values of patients and physicians, health care insurance plans and health care insurance companies can be targeted for green health care reform, thereby closing the loop of sustainable health care delivery.

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**Public Health Policy Actions to
Address Health Issues Associated with
Drought in a Changing Climate**

Rachel E. Lookadoo and Jesse E. Bell

Over the last century, droughts have caused more deaths internationally than any other weather- or climate-related disaster. Like other natural disasters, droughts cause significant changes in the environment that can lead to negative health outcomes. As droughts are becoming more frequent and intense with climate change, public health systems need to address impacts associated with these events. Partnering with federal and local entities, we evaluated the state of knowledge of drought and health in the United States through a National Drought and Public Health Summit and a series of subsequent regional workshops. The intended outcome was to develop

public health strategies for implementing activities to better support and prepare public health systems for future droughts. The information gathered from this work identified multiple policy and law options to address the public health issues associated with drought. These policy recommendations include the use of public health emergency declarations for drought events, increased usage of preparedness evaluations for drought emergencies, and engagement of drought and climate experts in state and local risk assessments. As drought events are projected to increase in frequency and magnitude with climate change, taking policy action now will help decrease the health impacts of drought and save lives.

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**The Natural Environment as an
Object of Public Health Law:
Addressing Health Outcomes of Climate
Change through Intersections with
Environmental and Agricultural Law**

Jill Krueger and Betsy Lawton

The power to change the natural environment has received relatively little attention in public health law, yet is a core concern within environmental and agricultural law. Examples from environmental and agricultural law may inform efforts to change the natural environment in order to reduce the health impacts of climate change. Public health lawyers who attend to the natural environment may succeed in elevating health concerns within the environmental and agricultural law spheres, while gaining new tools for their public health law toolbox.

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**Using Precision Public Health
to Manage Climate Change:
Opportunities, Challenges, and
Health Justice**

Walter G. Johnson

Amid public health concerns over climate change, "precision public health" (PPH) is emerging in next generation approaches to practice. These novel methods promise to augment public health operations by using ever larger and more robust health datasets combined with new tools for collecting and analyzing data. Precision strategies to protecting the public health could more effectively or efficiently address the systemic threats of climate change, but may also propagate or exacerbate health disparities for the populations most vulnerable in a changing climate. How PPH interventions collect and aggregate data, decide

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what to measure, and analyze data pose potential issues around privacy, neglecting social determinants of health, and introducing algorithmic bias into climate responses. Adopting a health justice framework, guided by broader social and climate justice tenets, can reveal principles and policy actions which may guide more responsible implementation of PPH in climate responses.

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Adaptation of Animal and Human Health Surveillance Systems for Vector-Borne Diseases Accompanying Climate Change

Sam F. Halabi

Anthropogenic climate change is causing temperature rise in temperate zones resulting in climate conditions more similar to subtropical zones. As a result, rising temperatures increase the range of disease-carrying insects to new areas outside of subtropical zones, and increased precipitation causes flooding that is more hospitable for vector breeding. State governments, the federal government, and governmental agencies, like the Animal and Plant Health Inspection Service (APHIS) of USDA and the National Notifiable Disease Surveillance System (NNDSS) of the U.S. Centers for Disease Control and Prevention, lack a coordinated plan for vector-borne disease accompanying climate change. APHIS focuses its surveillance primarily on the effect of illness on agricultural production, while NNDSS focuses on the emergence of pathogens affecting human health. This article provides an analysis of the current framework of surveillance of, and response to, vector-borne infectious diseases, the impacts of climate change on the spread of vector-borne infectious diseases, and recommends changes to federal law to address these threats.

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The Health Reframing of Climate Change and the Poverty of Narrow Bioethics

Kyle Ferguson

We must resist thoroughly reframing climate change as a health issue. For human health-centric ethical frameworks omit dimensions of value that we must duly consider. We need a new, an environmental, research ethic, one that we can use to more completely and impartially evaluate proposed research on mitigation and adaptation strategies.

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Perceived Benefits and Harms of Involuntary Civil Commitment for Opioid Use Disorder

Elizabeth A. Evans, Calla Harrington, Robert Roose, Susan Lemere, and David Buchanan

Involuntary civil commitment (ICC) to treatment for opioid use disorder (OUD) prevents imminent overdose, but also restricts autonomy and raises other ethical concerns. Using the Kass Public Health Ethics Framework, we identified ICC benefits and harms. Benefits include: protection of vulnerable, underserved patients; reduced legal consequences; resources for families; and “on-demand” treatment access. Harms include: stigmatizing and punitive experiences; heightened family conflict and social isolation; eroded patient self-determination; limited or no provision of OUD medications; and long-term overdose risk. To use ICC ethically, it should be recognized as comprising vulnerable patients worthy of added protections; be a last resort option; utilize consensual, humanizing processes; provide medications and other evidence-based-treatment; integrate with existing healthcare systems; and demonstrate effective outcomes before diffusion. ICC to OUD treatment carries significant potential harms that, if unaddressed, may outweigh its benefits. Findings can inform innovations for ensuring that ICC is used in an ethically responsible way.

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An Ethicolegal Analysis of Involuntary Treatment for Opioid Use Disorders

Farhad R. Udhwadia and Judy Illes

Supply-side interventions such as prescription drug monitoring programs, “pill mill” laws, and dispensing limits have done little to quell the burgeoning opioid crisis. An increasingly popular demand-side alternative to these measures – now adopted by 38 jurisdictions in the USA and 7 provinces in Canada – is court-mandated involuntary commitment and treatment. In Massachusetts, for example, Part I, Chapter 123, Section 35 of the state’s General Laws allows physicians, spouses, relatives, and police officers to petition a court to involuntarily commit and treat a person whose alcohol or drug abuse poses a likelihood of serious harm. This paper explores the ethical underpinnings of this law as a case study for others. First, we highlight the procedural and substantive standards of Section 35 and evaluate the application of the law in practice, including the frequency with which it has been invoked and outcomes. We then use this background to inform an ethical critique of the law. Specifically, we argue that the infringement of autonomy and privacy associated with involuntary intervention under Section 35 is not currently justified on the grounds of a lack of evidenced benefits and a risk of significant of harm. Further ethical concerns also arise from a lack of standard of care provided under the Section 35 pathway. Based on this analysis, we advance four recommendations for change to mitigate these ethical shortcomings.

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Neither Ethical Nor Effective: The False Promise of Involuntary Commitment to Address the Overdose Crisis

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The Health Care System as Champion to Curb the Drug Overdose Crisis

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Legal and Ethical Analysis of Advertising for Elective Egg Freezing

Michelle J. Bayefsky

This paper reviews common advertising claims by egg freezing companies and evaluates the medical evidence behind those claims. It then surveys legal standards for truth in advertising, including FTC and FDA regulations and the First Amendment right to free speech. Professional standards for medical advertising, such as guidelines published by the American Society for Reproductive Medicine (ASRM), the American College of Obstetricians and Gynecologists (ACOG), and the American Medical Association (AMA), are also summarized. A number of claims, many of which relate to the targeting of younger women for eOC, are found to breach legal and ethical standards for truth in advertising. The ethical implications of misleading advertising claims are also discussed, and the central narrative woven by OC ads — that egg freezing is empowering to women — is examined. The paper concludes that a more balanced approach to the risks and benefits of OC is necessary to truly respect women's autonomy. Moreover, justice requires us to look beyond a medical procedure accessible only to a minority of women in order to address inequities in the workplace.

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The Moral Economy of Fertility Markets: Hope and Hype, History, and Inclusion

Seema Mohapatra and Dov Fox

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How Should Ethics Consultants Weigh the Law (and other Authoritative Directives)?

Peter Koch

In the continuing debate about the role of the Clinical Ethics Consultant in performing clinical ethics consultations, it is often assumed that consultants should operate within ethical and legal standards. Recent scholarship has focused primarily on clarifying the consultant's role with respect to the ethical standards that serve as parameters of consulting. In the following, however, I wish to address the question of how the ethics consultant should weigh legal standards and, more broadly, how consultants might weigh authoritative directives, whether legal, institutional, or professional, against other normative considerations. I argue that consultants should reject the view that authoritative directives carry exclusionary reason for actions and, further, ethicists should interpret directives as lacking any moral weight qua authoritative directive. I then identify both implications and limitations of this view with respect to the evolving role of the ethics consultant in an institutional setting, and in doing so propose the kinds of considerations the ethicist should weigh when presented with an authoritative directive.

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Letters to the Editor

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

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

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

Next Issue:

Public Sector and Non-Profit Contributions to Drug Development: Historical Scope, Opportunities, and Challenges

A Symposium Guest Edited by Ameet Sarpatwari