

HEALTH CARE ETHICS AND THE LAW

SECOND EDITION

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Preface

“A long habit of not thinking a thing is wrong, gives it a superficial appearance of being right.”

— **Thomas Paine (1737–1809)**, one of the Founding Fathers of the United States, from *Common Sense* (1776)

Authors’ Vision

This text will engage students with the ethical decisions faced by health care professionals every day. Based on principles and applications in health care ethics, medicine, and the law, this text extends beyond areas that are often included in discussions of bioethics, medical ethics, political philosophy, and the principles of justice. In this text, there is an intimate interplay between morality and ethics in distinguishing between good and bad or right and wrong; at the same time, morality is personal, and ethics refers to industry standards or rules. Morality and ethics should be united in a consistent manner. Far from overlooking the separation of ethics, medicine, and the law, it is assumed, as U.S. Supreme Court Justice Oliver Wendell Holmes (1841–1935) articulated, that ethics, medicine, and the law should not be separable. Therefore, all materials addressed in this text encompass both ethics and the law. At the same time, this text recognizes that what is lawful may not always be ethical, but what is ethical should always be lawful.

For many, the fundamental questions of ethics are “What should I do?” and “How should I act?” However, ethics seeks to provide principles in addition to standards or rules of conduct. Such principles can help guide us in identifying ethical issues and making ethical decisions in those not infrequent situations that may be outside the

purview of the standards and rules. In this text, ethics and the law can be understood in light of organizing principles in consideration of social policy.

The approach in this text continues to exclude theoretical puzzles not based on observation and data analysis. Many members of society are passionate adherents of the principle of utilitarianism: “Everyone is obligated to do whatever will achieve the greatest good for the greatest number.” Others are just as devoted to the basic principle of libertarianism: “Everyone is obligated to act only in ways that respect the human dignity and moral rights of everyone.” Ethical principles like these provide guidance for our actions; they balance stakeholder interests and personal motivations. We apply these principles by asking ourselves what is required of us when considering dilemmas such as the following:

- Accept hospice care or begin a new invasive experimental treatment regime that lacks clinical evidence of its curative efficacy and may not be fully covered by health insurance
- Have an abortion or take to term a severely disabled child, whether physically or intellectually or both

As health care professionals, we also apply ethical principles when we ask what is required of us or what is required of health care policies when considering whether or not to do the following:

- Provide affordable access to health insurance coverage to all members of society
- Limit health insurance coverage of medical treatments and U.S. Food and Drug Administration (FDA)-approved drugs to those that are determined to be effective based on

evidence-based medicine (not transient ideology or false dogma)

- Provide equal access to health care without regard to the ability to pay for such services

Ethical principles, though more general and requiring intelligent application, prevent ethics from being a mere list of rules and regulations or theoretical abstractions. Many ethicists, in an effort to be helpful in the maximum number of cases, focus on principles so as to broaden the considerations beyond health laws and regulations, thereby preventing ethics from becoming a matter of checking whether actions are following carefully crafted rules of dos and don'ts. This focus on principles also enables the discussion to include a very fundamental component of ethics: values.

The traditional values of compassion, equality of opportunity, and justice that were adopted by the American Medical Association in 2012 are referred to throughout this text. Some ethicists point out that by focusing only on what we should do or how we should act ignores the more important issue of what we should be and what our health care systems should stand for. In other words, the fundamental question of ethics is not what we should do, but what kind of person we should be and what social responsibilities health care systems should have as a result of their corporate existence (an existence that is derived from *the people* through their representative state governments; all health care organizations are *creations of the state*).

According to ethics (or virtue ethics), there are certain ideals, such as a commitment to excellence toward which everyone should strive, and which allow the full development of our humanity. These common ideals are discovered through reflection on what we have the potential to become. With this approach to ethics, one strives to grasp the core values of common ideals and then bring them to bear on everyday decision-making. The essential elements in these ideals, once identified, could hold the key to addressing true reform of the U.S. health care system.

Values are attitudes and character traits that enable us to be and to act in ways that develop our human potential. They enable the nation to pursue the commonly accepted ideals most Americans have adopted. How do we, and then society, develop values? Values are developed through learning and through practice. We can improve our character by practicing self-discipline, while a good character can be corrupted by repeated self-indulgence. Just as the ability to run a marathon develops through disciplined training and practice, so too does the capacity to be fair or to be compassionate develop through daily actions.¹

Values become habits. That is, once values are acquired, they become characteristic of us as health care professionals. For instance, if we develop the value of fairness, we may be referred to as being fair-minded because we attempt to be fair in all circumstances. Moreover, everyone who develops values is more disposed to act in ways that are consistent with their principles. If you have values, it is likely that you are an ethical person.

Habits create systems. At the heart of the value approach to ethics is the idea of systems. Ethical attitudes and character traits are not developed in isolation, but within and by the communities in which we choose to place ourselves (including where we choose to work). Our individual personalities are affected by the ideals and values our communities attach importance to and by the role models our communities present for imitation. This value approach urges us, as health care professionals, to pay attention to the contours of the health care systems in which we work and the habits of character that our employers encourage and instill.

Health care systems are only as ethical as the health care professionals who work within them and vice versa. An ethical health care system will not tolerate unethical behavior by anyone associated with it however far removed they might be from the center. Ethics, then, is not simply a matter of having ethical principles and learning to apply them to specific situations. Ethics is a matter of trying to determine the kind of health

1 Velasquez, M. G. (2017). *Business ethics: Concepts and cases*. London, England: Pearson.

care professional we should be and subsequently attending to the development of character within the health care system where we choose to work.

Throughout this text are two strong recurring themes: namely that a health care professional has an obligation to be ethical and that the nation's laws should be reformed to help create health care systems that improve the quality and equality of health care for all members of society. A related premise to the imperative to create ethical health care systems is that the convergence of many health care sectors is rapidly changing the principles governing provider competition and regulation. These changes require the American legal system to expand the boundaries of ethics as it recognizes what is best and what is essential in the U.S. health care ecosystem.

The health care industry faces unique challenges as the world has experienced its worst pandemic crisis in 100 years; health care systems are increasingly shifting strategies to stay ahead of the curve of emerging ethical issues and fluctuating government laws and regulations as the forces of the pandemic evolve. Providers are constructing new breakthroughs in health care delivery and seeking to return to the common ideals of reason through modern science. All of this active change has taken place amidst a pandemic that has accelerated innovative U.S. reform initiatives. Ethics should challenge these dynamic changes with a stern but fair message about moral limits.

Text Approach

Real-World Knowledge

This text explores ethical dilemmas in which there are two or more valid decisions to choose from. Real-world issues are explored that are often decided based on personal ethics, such as abortion, gun violence, and end-of-life care. This text bridges research and practice, reflecting current issues facing the health care industry and government agencies. The ethics concepts in this text are traditional practical questions of life: right and wrong and how to treat other people justly and fairly. The application of justice and compassion

seeks to provide health care professionals with sufficient knowledge of ethics to become intelligent, critical thinkers in professional practice.

This is a practical ethics text relevant to undergraduate students seeking the basic management skills required to work in health care organizations, as well as graduate students currently working in health care organizations as health care industry administrators, physicians, nurses, pharmacists, therapists, scientists, and other administrative and clinical managers. Every attempt is made within the text to support ethics with practical applications of decisions that health care professionals face in their everyday lives.

Depth and Breadth

This text does not overwhelm students with technical language and logic; instead, it covers basic principles of ethics and then focuses on practical applications of ethics in the real world of health care delivery and practice. Challenging court decisions and current health care actions are presented. Learning experiences can be customized by selecting from 13 topical chapters and a chapter on the future of health care or by studying a specific subject in-depth using the multiple online resources provided.

Ethical Principles

There is a focus on interpretation, insight into ideas of ethics, and the methodologies for ethical decision-making. Principles underlying the ethics of health care are woven throughout this text as reference points. Students can develop and strengthen their skills in ethical decision-making through examination of the difficult ethical considerations presented in each chapter. Traditional principles will, however, only serve as a reference. Students do not have to be confined to any one normative model or framework for making ethical decisions. Rather, students are encouraged to be disciplined and independent in their decision-making and discover new models for arriving at ethical decisions. Students can build new models that will assist them in thinking through the implications of ethical issues.

Normative Law Standards

What sets this text apart from other texts on health care ethics is its focus on the normative standards of the law in supporting the foundation for ethics. In contrast to the philosophical standards used in most traditional texts on health care ethics, in this text, the prescribed standards of conduct in almost every court decision of first impression are examined; cases of first impression set forth completely original issues of law for decision by the courts. This method of selecting court decisions to ascertain ethical underpinnings, which is unique to this text, highlights the changing nature of ethics and its current effect on the health care industry. Significant U.S. Supreme Court cases, as well as landmark cases from the U.S. Courts of Appeal and highest state courts with established precedents, will also be examined where the decisions are still good law and relevant. Each of the selected court decisions in this text addresses new, important, and substantive issues involving ethics.

Court decisions are examined with a focus on how ethical principles underlying the law are currently being applied, the correctness of traditional assumptions and choices, and what might be done differently in future similar situations. Although the role of the courts is to interpret and apply existing law, their decisions often prompt legislators to write new laws in response to new thinking and changes in society. Additionally, although it is not the role of the courts to make judgments about what is ethical or unethical, their decisions certainly contain assumptions about ethics. Therefore, to provide some help to the reader in making ethical decisions, this text employs a methodology of examining recent U.S. court decisions for ideas about ethics. The courts are in no way dictating ethics, but their decisions may indicate the direction a society is moving in terms of its accepting or rejecting certain actions and whether those actions are tolerable or desirable from an ethical point of view. It should be emphasized again that legal does not equal ethical, but it provides some indications about what is considered ethical.

Models for Decision-Making in the Health Care Context

This text seeks to apply the best ethical practices to the health care industry. Students are exposed to eight decision-making models (first developed at the Markkula Center for Applied Ethics at Santa Clara University) that have been applied to the health care context. Whether when seeking new models to overcome the failure of markets and governments to provide health care to millions of people or when searching for ways to better understand the nation's complex health care ecosystem, the decision-making models will assist students to understand the process for making ethical decisions. Students learn about key elements of ethics that allow the U.S. health care culture to operate.

State-of-the-Art Research on Health Care Ethics and the Law

This text is traditional legal scholarship written with state-of-the-art research methods, using online databases that are revolutionizing research on ethics and the law, including, foremost, the following:

- Knowledge@Wharton (Wharton School of the University of Pennsylvania)
- LexisNexis
- NLM (National Library of Medicine)
- OVRC (Opposing Viewpoints Research Center)
- ProQuest

The text reviews the philosophies of ethics and seeks common themes in the law as well as conflicts. Knowledge of the ethical considerations that arise as innovations transform global health care industry practices and public policy are clearly explained so that students can be open to new possibilities to apply what they learn when the ethical imperatives are not clear or are contradictory.

Primary Research with Health Care Professionals

Background information was obtained from a comprehensive search of published literature and reports obtained from various business, law, and medical trade journals. Secondary research of peer-reviewed journals is included in a bibliography for each chapter; some reference is made to government reports and policy papers. This research, in turn, was supplemented with reviews by a panel of bioethicists and health care professionals from all aspects of the health care industry. Their shared opinions and insights helped supplement the online databases with first-hand knowledge on current and future trends in health care ethics. They identified ethical matters that have the most social significance to them as leaders in the health care industry. This review process resulted in chapters having importance for real-world issues, present-day events, and the current state of the nation's health care reforms.

Organization of This Text

The text is divided into seven general parts:

Part I, "Introduction to Health Care Ethics," provides an overview of the ethical issues facing the U.S. health care ecosystem.

Chapter 1, *The Ethics of Health Care*, describes the ethical principles underlying the U.S. health care ecosystem; eight models for decision-making are provided to help health care professionals identify ethical issues and make the right decisions.

Chapter 2, *Values and Principles Confronting Our Health Care System*, explains how the health care industry seeks to develop ecosystems to help it make ethical decisions; the focus of this chapter is on nine values that often govern and guide decisions when ethical dilemmas are reviewed.

Part II, "The Ethics of Access to Health Care," addresses Americans' resolve to obtain the best health care system for as little investment as possible; the focus is on what is fair and just.

Chapter 3, *Access to Affordable Health Insurance*, draws attention to the ethical obligation and challenge of finding a way to provide access to affordable health insurance for everyone, especially vulnerable members of our society.

Chapter 4, *Patients' Rights and Responsibilities*, looks at the ethical issues involved in health care reform legislation, patient rights, and universal basic coverage.

Chapter 5, *Charitable Care and Tax-Exempt Hospitals*, examines whether nonprofit hospitals are required to provide mutually affordable health care in return for the substantial tax exemptions they receive; the focus of this chapter is on what is a fair health care ecosystem.

Part III, "The Ethical Development of Human Capital," concentrates on equality of opportunity in staffing U.S. health care organizations and the ethical issues of fairness affecting the management of employees.

Chapter 6, *Employers' Health Care Costs*, deals with growing efforts to trim employers' health care costs in an ethical manner. Particular attention is devoted to COVID-19 vaccinations, smoking- and weight-related behaviors, and adherence to treatment regimens, areas that are linked to preventable health conditions, and health care cost savings.

Chapter 7, *Management and Labor Relations*, covers the ethical principles underlying the unionization of physicians and nurses, as well as newer concerns surrounding wage disparities in the health care industry.

Part IV, "Improving the Quality and Equality of Health Care," explores areas that could combat rising health care costs and improve the quality and equality of health care.

Chapter 8, *Evidence-Based Medicine*, reviews the ethical issues confronting a discipline that has been around for more than a decade and is at the top of the list of improvements to patient safety, avoiding unnecessary medical procedures, and helping to provide more reliable and higher-quality health care.

Chapter 9, *Medical Malpractice*, considers the ethical dilemmas facing health care professionals when malpractice occurs, as well as medical standards of care and malpractice reform.

Part V, “Our Health Care System’s Ethical Response to Vulnerable Members of Society,” takes a systematic look at the intellectually disabled and victims of gun violence. The emphasis is on the costs of health care for the most vulnerable members of our society.

Chapter 10, *Mental Health*, focuses on the ethical issues involved in the health care system’s response to mental illness, and it seeks to address who should be responsible for the costs of living with a chronic mental disease or dangerous, severe mental disorder.

Chapter 11, *Public Safety and Gun Injury Prevention*, sets forth the ethical issues underlying the quandary of the modern U.S. health care system: while it is the most expensive in the world, Americans are neither healthier nor do they live longer than residents in other similarly situated countries.

Part VI, “Pressing Issues Facing Our Health Care System,” is composed of chapters describing pivotal ethical issues and real-world pitfalls the United States is confronting.

Chapter 12, *Women’s Reproductive Rights*, spotlights the disparate provision of health care for procreation concerns. It addresses the ethical principles underlying reproductive issues against the backdrop of how abortions, the newer forms of contraception, and maternity care

coverage are falling out of reach for more women in the United States.

Chapter 13, *Food Insecurities*, investigates ethical issues underlying the debate between the food industry and public health advocates over junk food, advertising, and obesity.

Chapter 14, *End-of-Life Care*, poses the ethical question of whether human beings have a right to die at a time and place of their own choosing.

Part VII, “Our Future Health Care System,” briefly overviews health care ethics within the context of the COVID-19 pandemic and health care reforms in the United States.

Chapter 15, *COVID-19 Pandemic and Other Public Health Emergencies*, discusses how uncertainty can be managed during dramatic events like global pandemics. The nation’s approach to COVID-19 is compared to the HIV/AIDS pandemic and how COVID-19 might be effectively controlled as an endemic disease like HIV.

Chapter 16, *A New Kind of Health Care Ethics*, offers a framework for reform of the current health care system. Changes in the law and ethical concerns are highlighted.

How to Use This Text

One of the strengths of this text is the consistent approach to topics in each chapter. Each chapter has been methodically developed so students can understand what the law is, as well as the ethical principles that act as a foundation for the law. This text can be used at both introductory and advanced levels by merely changing the amount of guidance provided in each chapter. The same format is used in each chapter:

- “Learning Objectives” provide an overview of what is to be learned in each chapter.
- “Key Terms” list the terminology and specialized terms used in the health care industry and its relevant law.

- “Ethical or Unethical Decision” sections at the beginning of Chapters 3 to 15 are short vignettes pulled from in-depth articles or drawn from actual court decisions pertinent to the chapter, demonstrating that society cannot always separate right from wrong or always know what the most ethical course of action is.
- Each chapter explains the basics of ethical decision-making for those with little or no training in ethics—namely, the importance of health care ethics, its basic principles, and how it applies to practical management applications. Specific court decisions illustrate how ethical issues are currently being identified and ethical principles applied to decisions in the real world. Understanding the legal reasoning of these court decisions will assist in reaching the most ethical decisions, particularly when such decisions may involve transforming the current legal order.
- “Ethical Dilemmas” dispersed throughout each chapter offer students the opportunity to apply their decision-making skills on both sides of an ethical issue to rationally arrive at ethical decisions.
- The “Ethical or Unethical Decision” that introduces the chapters is revisited, applying what is put forth and has been decided by the courts thus far in each chapter.
- “Chapter Summary” summarizes the most important ethical issues and principles covered in each chapter. The Chapter Summary pulls together practical knowledge and insight on emerging trends in the U.S. health care ecosystem.
- “Chapter Bibliography” lists the research that provides the foundation of this text.

Additional instructor support materials are available from Jones & Bartlett Learning. These include an Instructor’s Manual, PowerPoint Lecture Slides, and a Test Bank.

The Instructor’s Manual is a comprehensive resource that includes additional activities to engage students in critical thinking and analysis of ethical dilemmas and related ethical issues as well as analysis of court decision, detailed references citing key research, and more.

Visit <http://go.jblearning.com/Hammaker2> and click on “Instructor Resources” to request access to the full instructor support package.

About the Authors

This second edition comes with the addition of two *new* co-authors: Jonathan D. Gomberg, clinical physician at the University of Pennsylvania Health System (UPHS) and Perelman School of Medicine, who adds an indispensable medical perspective to this text, and Blake J. Tobias, Jr., a MHCI student within the Department of Medical Ethics and Health Policy studying Health Care Innovation at the University of Pennsylvania Perelman School of Medicine.

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Interaction with the Authors

The standard for this text on health care ethics is excellence. Our goal is that every instructor adopting this text has an excellent experience with it, along with its ancillary teaching materials. Adopters of this text may contact the authors to ask questions regarding materials in this text, to offer suggestions, to share teaching concerns, or to seek resolution of health law or health ethics disputes. If the next generation of health care managers can reclaim a supple awareness of the challenging standards of ethics, the U.S. health care system may regain some of its earlier prestige. As Tocqueville maintained in his 1840 influential text about American law and society, *Democracy in America*, the greatest task of each generation is not to erase the past and reconstruct the present, but

to recognize what was best in the past, what was essential, and to carry it forward.

The U.S. health care system will thrive again when the nation learns to acknowledge the force of this insight. However, if health care ethics is seen as nothing but a collection of arbitrary rules and regulations, and social forces are treated as obstacles to be overcome, rather than as shared boundaries to be reckoned with, the U.S. health care ecosystem will stay in its current crisis mode. Health care ethics should not be a wholly owned subsidiary of any one ideology. Instead, health care ethics should challenge all ideologies, with a firm understanding of the limits of law and medicine in a democracy based on notions of ethics and morality.

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How to Use This Textbook

Learning Objectives

Describes what readers should be able to do after completing each chapter.

Key Terms

Lists important terms that are defined and used in each chapter.

Ethical or Unethical Decision

Helps readers reach a judgment on the basis of ethical principles and personal reflection. The greater societal context of decisions should be considered as opposed to yielding to more selfish drives or incremental changes that merely support maintenance of the status quo. The decisions are often derived from current headlines. Ethics should be integrated with the law instead of distinguishing between the law and ethics.

Ethical Dilemmas

Expands upon the ethical issues presented in each chapter. While Congress, state legislatures, and lower trial courts are debating these dilemmas, they have not been satisfactorily dealt with by the highest federal and state appellate courts or the U.S. Supreme Court. Although the nation's highest courts can provide hints and inklings about ethics, it is ultimately each individual's responsibility to make rational decisions about ethics based on fair and just criteria. Thus, while there is a lack of widely accepted agreement for or against the ethical dilemmas in this text, reasoned and ethical conclusions should be based on ethical principles, as well as other common

standards essential for a civil society built upon just law. To avoid emotion and prejudice, it is important that decisions be made in honest consultation with others who also seek just and reasoned resolutions of ethical dilemmas.

Law and Ethics Analysis: Court Decisions

Summarizes the legal assumptions and ethical choices used by the courts (U.S. Supreme Court, U.S. Courts of Appeal, highest state courts) in their analysis of the issues presented in this text. The law necessarily involves ethical reasoning in judicial decision-making. This section presents the legal reasoning of these court decisions, many of first impression, involving questions of law which have been presented for the first time and which have never been decided before in any reported court decisions. The case summaries will assist reflections on how to reach the most ethical decisions, particularly when such decisions may involve transforming the current legal order. References, where available, at the end of each case summary provide additional commentary on the court decisions.

Chapter Summary

Provides an overview of each chapter.

Chapter Bibliography

Helps readers investigate topics in more depth. Each citation expands upon the ideas described in each chapter, explains important caveats, or offers additional examples of a compelling fact.

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2. *American Heart Association Conflict of Interest Policy*; *Council of Medical Specialty Societies Code for Interactions with Companies*; *Physician Payments Sunshine Act of 2009 (PPSA)*, 42 USC § 1320a-7h Transparency reports and reporting of physician ownership or investment interests, (2022) (conflicts-of-interest in evidence-based guidelines in Chapter 8).
3. *Cincinnati Women's Services, Inc. v. Taft*, 468 F3d 361 (U.S. Court of Appeals for the 6th Circuit 2006) (judicial bypass of parental consent requirement and mandatory in-person, informed consent meetings in Chapter 12).
4. *City of New York v. A-1 Jewelry & Pawn, Inc. (A-1 Jewelry III)*, 252 F.R.D. 130 (U.S. District Court for the Eastern District of New York 2008), dismissed upon settlement of the parties, *City of New York v. Adventure Outdoors*, 2015 U.S. Dist. LEXIS 75447 (U.S. District Court for the Eastern District of New York 2015) (illegal gun sales in Chapter 11).
5. *Colorado Revised Statutes Annotated § 12-36-136; Uniform Determination of Death Act of 1981*, § 1, 12 U.L.A. 777 (2022) (defining death in Chapter 14).
6. *DeJesus v. U.S. Department of Veterans Affairs*, 479 F3d 271 (U.S. Court of Appeals for the 3rd Circuit 2007) (liability for negligent discharge of mentally ill patient from treatment in Chapter 10). Followed by *Squeo v. Norwalk Hospital Association*, 113 A.3d 932 (Supreme Court of Connecticut 2015).
7. *DiCarlo v. St. Mary Hospital*, 530 F3d 255 (U.S. Court of Appeals for the 3rd Circuit 2008) (hospital charges for the uninsured in Chapter 5). Followed by *Limberg v. Sanford Medical Center Fargo*, 2016 N.D. LEXIS 123 (Supreme Court of North Dakota 2016).
8. *District of Columbia v. Heller*, 554 U.S. 570 (U.S. Supreme Court 2008) affirmed in related proceedings, 801 F3d 264 (U.S. Court of Appeals for the D.C. Circuit 2015), rehearing denied, 2016 U.S. App. LEXIS 3678 (U.S. Court of Appeals for the D.C. Circuit 2016) (federal regulations of firearms in Chapter 11).
9. *Dobbs v. Unemployment Compensation Board of Review*, 2010 Pa. Commw. Unpub. LEXIS 484 (Commonwealth Court of Pennsylvania, 2010) (employers' health care costs in chapter 6).
10. *Enloe Medical Center v. National Labor Relations Board*, 433 F3d 834 (U.S. Court of Appeals for the D.C. Circuit 2005) (mandatory on-call policies in Chapter 7). Followed by *Heartland Plymouth Court MI, LLC v. National Labor Relations Board*, 2016 U.S. App. LEXIS 8164 (U.S. Court of Appeals for the D.C. Circuit 2016).
11. *Golden Gate Restaurant Association v. City and County of San Francisco*, 546 F3d 639 (U.S. Court of Appeals for the 9th Circuit 2008), cert. denied, 561 U.S. 1024 (U.S. Supreme Court 2010) (fair share health care reform measure; limited ERISA preemption in Chapter 3).
12. *Gonzales v. Oregon*, 546 U.S. 243 (U.S. Supreme Court 2006) (assisted dying in Chapter 14).
13. *McDonald v. City of Chicago*, 561 U.S. 742 (U.S. Supreme Court 2010), incorporating *National Rifle Association of America, Inc.*, 567 F3d 856 (U.S. Court of Appeals for the 7th

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- Circuit 2009) (state and local regulation of guns in Chapter 11).
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 15. *New York State Rifle & Pistol Association Inc. v. Bruen*, 597 U.S. ___ (2022) (concealed-weapons permit law in Chapter 11).
 16. *NFIB (National Federation of Independent Business) v. OSHA (Occupational Safety and Health Administration)* and *Biden v. Missouri*, 595 U.S. ___, 2022 (vaccine-or-testing and masking mandates in Chapter 15).
 17. *Pelman v. McDonald's Corp.*, 396 F.3d 508 (U.S. Court of Appeals for the 2nd Circuit, 2005) (the obesity epidemic in Chapter 13).
 18. *Provena Covenant Medical Center v. Department of Revenue*, 925 N.E.2d 1131 (Supreme Court of Illinois, 2010) (charitable obligations of tax-exempt hospitals in Chapter 5).
 19. *Regents of the University of Colorado v. Students for Concealed Carry-on Campus*, 271 P.3d 496 (Colorado Supreme Court 2012) (guns on college campuses in Chapter 11).
 20. *Riegel v. Medtronic, Inc.*, 552 U.S. 312 (U.S. Supreme Court 2008) (patients' right to sue manufacturers of innovative medical products in Chapter 4).
 21. *Sanchez v. Wal-Mart Stores*, 221 P.3d 1276 (Supreme Court of Nevada, 2009) (medical negligence in Chapter 9).
 22. *Schiavo ex rel. Schindler v. Schiavo*, 403 F.3d 1289 (U.S. Court of Appeals for the 11th Circuit 2005), *stay denied*, 544 U.S. 957 (U.S. Supreme Court 2005) (discontinuance of life-sustaining medical treatment in Chapter 14).
 23. *Sorrell v. IMS Health Inc.*, 564 U.S. 552 (U.S. Supreme Court 2011) (patients' right to privacy and confidentiality in Chapter 4).
 24. *Texas Health Huguley v. Erin Jones*, Court of Appeals for the Second Appellate District of Texas at Fort Worth, 2021, No. 02-21-0-364-CV (off-label use of FDA-approved drugs in Chapter 15).
 25. *Thomas More Law Center v. Obama*, 651 F.3d 529 (U.S. Court of Appeals for the 6th Circuit 2011), cert. denied, 133 S.Ct. 61 (U.S. Supreme Court 2012) (access to health care in Chapter 3).
 26. *Torres-Lazarini v. United States*, 523 F.3d 69 (U.S. Court of Appeals for the 1st Circuit 2008) (opportunity to sue claims in Chapter 9).
 27. *Tummino v. Torti*, 603 F.Supp.2d 519 (U.S. District Court for the Eastern District of New York 2009), *reconsideration denied*, *Tummino v. Hamburg*, 260 F.R.D. 27 (U.S. District Court for the Eastern District of New York 2009) (emergency contraception in Chapter 12).
 28. *Virginia Mason Medical Center v. National Labor Relations Board*, 558 F.3d 891 (U.S. Court of Appeals for the 9th Circuit, 2009) (refusal to bargain in the health care industry in Chapter 7).
 29. *Virginia Office for Protection and Advocacy v. Stewart*, 131 S.Ct. 1632 (U.S. Supreme Court, 2011) (abuse and neglect of residents in state-run mental health facilities in Chapter 10).