

LAW & HEALTH CARE

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Volume VIII

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Focus on . . .

WHY DOCTORS BECOME LAWYERS

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An ER anesthesiologist at a major urban teaching hospital, a forensic pathologist working as a Maryland medical examiner, a Navy flight surgeon whose current tour of duty is "Marine One," the chair of emergency medicine at a county general hospital near D.C., and a neurologist in private practice who lives and works in a semi-rural Maryland community—what do these doctors have in common? They are also lawyers (or are studying to become lawyers), and while searching for a new challenge or a different way to think about the many complex issues they confront, they have turned to the law.



"new direction" in the practice of medicine. As his career in medicine progressed, he found that many of the issues he was dealing with as a physician had, more and more, to do with legal issues. Gerold says that this is a trend that came about since the advent of managed care.

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Kevin Gerold is an anesthesiologist at the University of Maryland Shock Trauma Center in Baltimore. He graduated from medical school in 1983, and he completed his law degree in May 2000. Gerold also has a Masters in Education which he says he acquired because he was expected to teach as part of his duties as a physician at University Hospital.

Gerold enrolled in law school because he envisioned moving to a profession that combined both law and medicine. He also wanted to take a

From the Director

Over the past several years, a number of physicians have come through the Law & Health Care Program. In our lead article, we explore the many reasons physicians go to law school and the many career paths they pursue after they graduate. We highlight both graduates and current students and one very famous MD/JD who is a Maryland alumnus.

The L&HCP continues to grow—we have added a new Director of Practicums and Externships to our staff and new courses to our curriculum. Our faculty research is as productive as ever (see pages 8 through 10 and Faculty Notes). In other articles, we bring you up to date on our upcoming fall conference, and the many activities in which our students are engaged.

We hope you enjoy the issue.

Diane Hoffmann, JD, MS
Interim Director

Learn more online!

Visit our website:

**[www.law.umaryland.edu/
maryhealth/index.htm](http://www.law.umaryland.edu/maryhealth/index.htm)**

See article on page 2.

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Dean, University of Maryland School of Law

Joan O'Sullivan, JD
Acting Associate Director, L&HCP

There are a number of law school
faculty who contribute to the diversity of the
Law & Health Care Program through their
teaching and scholarship. We share some of
these faculty's selected publications, presenta-
tions, and appointments in *Faculty Notes*:

Taunya Lovell Banks, JD
Richard Boldt, JD
Irving Breitowitz, JD
Karen Czapanskiy, JD
Susan J. Hankin, JD, MPH
Deborah S. Hellman, JD, MA
Stanley S. Herr, JD, DPhil
David A. Hyman, MD, JD
Susan Leviton, JD
Karen Rothenberg, JD, MPA
Rena I. Steinzor, JD
Deborah J. Weimer, JD, LLM
Roger C. Wolf, JD

Adjunct Faculty (2000-2001)

Ellen Callegary, JD, Callegary & Steedman
John R. Catizone, JD, The St. Paul Company
James Doherty, Jr., JD, Pecore & Doherty, LLC
W. Lawrence Fitch, JD, Community
Forensic Services
Douglas MacLean, PhD,
Department of Philosophy,
University of Maryland, Baltimore County
Kevin McAnaney, JD, Office of Counsel to
the Inspector General, Dept. of Health and
Human Services
Lewis Noonberg, JD, Piper and Marbury
Frank Palumbo, PhD, JD, University of
Maryland School of Pharmacy
Robert T. M. Phillips, MD, PhD
Forensic Consultation Association, Inc.
Sanford V. Teplitzky, JD, Ober, Kaler,
Grimes & Shriver

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Lisa Ohrin, JD

Program Coordinator/Editor:
Nancy Zibron, MA

Administrative Assistant:
Victoria Ndiaye

*Comments and letters should be
forwarded to the above address.*

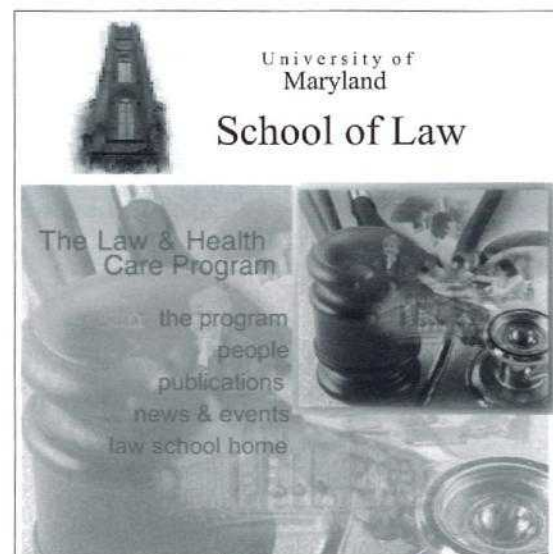
L&HCP Improves Outreach to Prospective Students

The Law & Health
Care Program began
the 2000-2001

school year with a newly
designed program brochure
and an improved and
expanded website. The
L&HCP brochure was
devised both to be more
readable and more attrac-
tive to the current body of
potential applicants inter-
ested in health law.

The L&HCP website
offers a more detailed view
of the Program. The site
contains information that is
also of interest to appli-
cants and serves as an easily acces-
sible source of information for
current students, alumni, faculty and
staff, and medical and legal profes-
sionals.

Added to the expanded site are
2000-2001 course descriptions,
information on upcoming confer-
ences and events, links to a real-time



"construction cam" showing progress
being made on the new law school, and
other current information.

You may call the L&HCP to obtain a
copy of the brochure and visit the
website at: www.law.umaryland.edu/maryhealth/index.htm

Have you ordered the latest issue of the *Journal of Health Care Law & Policy*?

**"Defining a 'Disability' Under the Americans
with Disabilities Act," Spring 2000**

Back issues:

"Conducting Medical Research on the Decisionally Impaired," 1998
"Testing and Telling?: Genetic Privacy, Family Disclosure and the Law," 1998
"Up in Smoke: Coming to Terms with the Legacy of Tobacco," Winter 1998-1999
"Caring for the Dying: Reexamining Our Approach," Spring/Summer 1999
"Substance Abuse, Families and the Courts: Legal and Public Health Challenges,"
Winter 1999-2000

Individual Issues @ \$13; subscriptions \$25/year (includes 2 issues)

Contact:

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JHCLP@umaryland.edu

WHY DOCTORS BECOME LAWYERS

Why Doctors Become Lawyers

Cont. from page 1

"Physicians today have increased administrative burdens placed on them. They want to be brought 'into the loop' when decisions are made, but often don't have the skill-set necessary to make good administrative decisions." Gerold adds that an MBA is another popular degree for physicians who are trying to educate themselves to handle both the scientific and administrative aspects of their positions.

Obviously, Gerold is a person who believes in being prepared for whatever situation he must deal with in the workplace—consequently, the decision to go to law school was not a difficult decision to make. Gerold says he enjoyed getting a legal education—"I found law school a good place to be,"—even though he came here as "a legal innocent" and didn't really know any lawyers other than those he dealt with at the hospital.

Gerold's first year was extremely disorienting, but he began to see a purpose for what he was learning during his second and third years. He said, "I still feel that the socratic method is the strangest way to educate people, or perhaps, it is just the least efficient way."

His expectations for using his law degree after graduation were both reinforced while he was in school and rewarded after he graduated. Gerold recently accepted a job with the Health Care Financing Administration as Medical Officer for Program Integrity. He plans to continue to practice medicine at University Hospital on a part-time basis. (See article, "Gerold Gets GGEAR Award" on page 5.)

Joe Pestaner is an Assistant Medical Examiner for the State of Maryland. His specialties are anatomical, forensic and pediatric pathology, and he is currently a forensic pathologist. He is an evening law student with a full-time job. Pestaner

graduated from medical school in 1990 and anticipates graduation from law school in December 2001.

In describing what he does for a living, Pestaner explains the difference between coroners and medical examiners: "Coroners are both medical



Kevin Gerold

doctors and lawyers, while Medical Examiners are medical doctors only. They can't give a legal opinion, although they can serve as expert witnesses and give testimony."

In 1938, Maryland was the first state to separate the two disciplines, creating the Medical Examiner's Office and turning over the investigative task to the Assistant States Attorneys' office. Some states still do not separate the two disciplines. Pennsylvania, the state that employs Cyril Wecht—a nationally known coroner who has issued an opinion on the JonBenet Ramsay murder and other high-profile cases, is one of those states. (See sidebar on Cyril Wecht on page 4.)

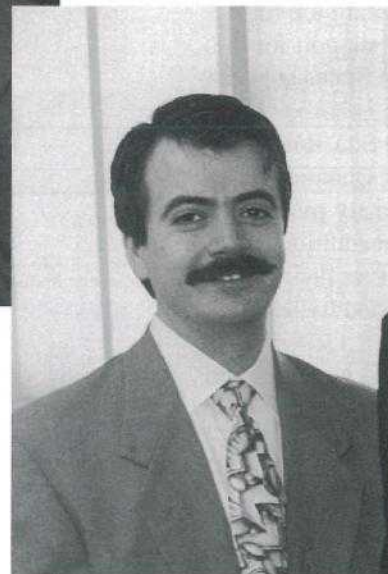
In 1986, while becoming a physician, Pestaner rotated through the Medical Examiner's office. He had always had an interest in the law and the rotation fueled it. Still, he realized that he wanted to continue to concentrate on medicine, and he has spent the last five years as a physician.

When asked what finally prompted his decision to enter law school, Pestaner says, "I have maxed out on Board Certifications as a pathologist, and I've served in many different positions, including a stint as the Chief Medical Examiner." Looking for a new challenge, Pestaner focused his interest on the law.

Pestaner stresses that he is not at all dissatisfied with pathology or with the field of medicine, in general. "I thoroughly enjoy what I do. My job is fascinating. Even now [before graduating from law school], I am immersed in both the medical and legal sides of the cases I handle."

His legal education, though not yet complete, has already helped him in his profession.

He recently performed an autopsy on a woman killed when the cab in which she was riding went off the road. The investigating police officers classified her death as a felony-murder, but because the cab driver was being robbed, Pestaner thought that it was an "accident." Pestaner's opinion was corroborated by his law professor, and he let the court know of his opinion when he testified.



Joe Pestaner

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WHY DOCTORS BECOME LAWYERS

Why Doctors Become Lawyers

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Among other things, Law school has taught Pestaner to provide the information that the court needs to know in order to make a fair decision.

While Pestaner enjoys his work, he is considering making the switch to law after he graduates. Pestaner says that he can see himself becoming an associate at a law firm as he gets older. (He also holds a degree in engineering and is interested in patent law and biotechnology.)

Lieutenant Commander **Steven J. Hudson** is a Navy flight surgeon currently assigned to "Marine One." He has the somewhat daunting job of providing aeromedical support for the President of the United States at home and overseas. Hudson is based with the Presidential Helicopter Squadron at Quantico, Virginia. At Quantico he is responsible for the primary medical care of over 900 marines, in addition to his deployments with the President — deployments that included Ireland and Northern Ireland, Jordan, Germany, El Salvador, Italy, Scotland, New Zealand and India.

Hudson graduated from medical school in 1994 and will graduate from law school in 2001. While he is getting his juris doctor, he is simultaneously working towards a Masters in Public Health at the Johns Hopkins University School of Hygiene and Public Health. His interests include ophthalmology research and writing, neuroscience, legal medicine and public health policy, and he hopes to use both his MD and JD in his profession in the future, pursuing careers in ophthalmology and legal medicine.

Hudson says that he thinks his law degree will broaden the scope of his clinical practice and enhance the care he gives to his patients through a greater understanding of the law. Hudson adds, "Legal Medicine is a unique way to

Cyril Wecht: Maryland Law Graduate

Cyril H. Wecht, MD, '62, the School of Law's first physician graduate, may be the country's most famous coroner since "Quincy."

The coroner of Allegheny County (Pennsylvania), Wecht is also the director of forensic pathology at St. Francis Central Hospital in Pittsburgh; clinical professor at the University of Pittsburgh schools of medicine, dental medicine, and graduate school of public health; and adjunct professor at Duquesne University schools of law, pharmacy and health sciences.

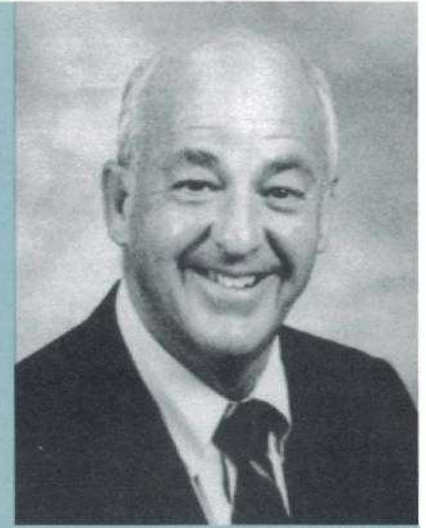
Throughout his career, he has served as a professional consultant in some of the country's most high-profile legal cases, including the assassinations of President John F. Kennedy, Sen. Robert F. Kennedy, and Rev. Martin Luther King; the death of Elvis Presley; the O.J. Simpson case; and the JonBenet Ramsey case. These cases . . . and others are discussed from Wecht's perspective and professional involvement in his books, *Cause of Death*, *Grave Secrets*, and *Who Killed JonBenet Ramsey?*

His calling is forensic pathology. [Perhaps, the medical field that interfaces most with the law.] During his residency at the Veterans Administration Hospital in Pittsburgh, Pa., he was allowed to attend the University of Pittsburgh School of Law.

Baltimore held the answer for his two remaining years of education: he finished his medical training as a research fellow in forensic pathology

serve patients, clients and the health care industry." He is satisfied with his career as a physician and is pursuing a law degree as a way to be a better doctor.

Hudson, who is married and has a daughter, Alina, and a son, Brennan, says that now that he is in law school,



Cyril Wecht

and associate pathologist, Office of the Chief Medical Examiner, while attending evening classes at the [University of Maryland] School of Law.

The emphasis Wecht has placed on legal medicine is no accident. He recognized from his own education where the strong points and the weak points lie. "For centuries, medical schools throughout the country have included legal coursework for doctors to understand the need for legal expertise. Most regrettably, in this country, there are still no courses offered medical students that accentuate the legal aspects of medicine."

The same is not true for legal education. At the University of Maryland School of Law, Dean Karen H. Rothenberg's own interest and direction spurred the School's Law and Health Care program.

Excerpted from an article written by Patricia Young published in the fall 2000 issue of *JD*. Reprinted with permission.

he finds that his expectations are being met. He adds, "It is challenging, and it is directly related to my professional interests and development."

Linda DeFeo is currently Chairman of Emergency Medicine at Prince Georges County Hospital. DeFeo

WHY DOCTORS BECOME LAWYERS

graduated from medical school in 1979, but it wasn't until a number of years later that she decided to pursue a law degree. She graduated from the University of Maryland School of Law in 1992 and was one of the first students to be part of the school's Law & Health Care Program.

At the time DeFeo enrolled in law school, she envisioned moving to a profession that combined both law and medicine. She was dissatisfied with the specialty she had chosen—emergency medicine.

She says, "Emergency medicine is a specialty for young people. Looking toward the future, I didn't want to continue to be 'on the line' in the emergency room, as I grew older." Emergency medicine is considered to be both a particularly stressful and physically demanding medical specialty.

After she started law school, DeFeo says she realized, however, that both the educational experience (and eventually the practice of law) were not what she thought they would be.

DeFeo adds, "At some point, I decided that it was not for me—basically, I finished law school just because I had started." After recognizing that the practice of law was not what she had imagined and realizing that she would have had to take a pay cut to do what she had originally set out to do, she decided not to change to a law/medicine job after she completed her law degree.

After graduating from law school, DeFeo moved into medical administration, and has been an administrator for the past nine years. Her position as Chairman of Emergency Medicine is about fifty percent clinical and fifty percent administrative.

DeFeo says she is not sorry she went to law school, "The degree has definite value. I find that I use it in a number of ways. For instance, I do a lot of work for my professional society in the Maryland legislature and it has helped me a lot in that area."

Kevin Gerold Receives GGEAR Award

At the end of this past spring semester, Kevin Gerold was awarded the 2000 Geriatrics and Gerontology Education and Research (GGEAR) award for outstanding clinical practice.

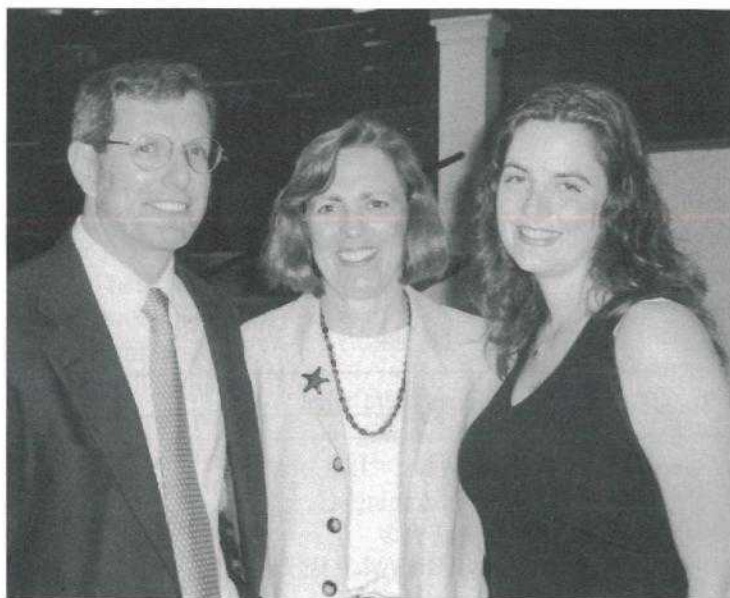
Gerold, an anesthesiologist at the University of Maryland Shock Trauma Center, was a student in the Health and Elder Law Clinic during his last year of law school. According to his supervisor, Health Law Clinic Director Joan O'Sullivan, he advocated for his clients with

great patience and success, and always with a bent toward negotiating a favorable settlement rather than proceeding immediately to court.

Gerold represented one elderly mother who was precluded from making health care decisions for her daughter with mental retardation because the daughter had a guardian appointed prior to passage of Maryland's Health Care Decisions Act. Gerold successfully convinced the judge to dismiss the guardianship so that the family could make health care

decisions without deferring to the Circuit Court.

Gerold was also involved in a large project in which the clinic staff authored a book regarding the laws of



From left to right: Kevin Gerold, Joan O'Sullivan, and Dawn Lanzalotti. Lanzalotti was also in O'Sullivan's Health and Elder Law clinic for one semester and graduated in May 2000 earning a Certificate in Health Law.

Maryland for Emergency Department doctors and nurses. Because he is a physician, he was able to edit the other students' chapters and make suggestions to improve them. His medical knowledge helped immensely in the Health and Elder Law Clinic during his tenure.

"In all of his cases," O'Sullivan said, "Kevin Gerold showed respect for the Clinic's elderly clients and worked diligently to meet their needs."

WHY DOCTORS BECOME LAWYERS

Why Doctors Become Lawyers

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Bruce Lobar is a first-year law student and a neurologist who is in private practice in Berlin, Maryland on the eastern shore of the Chesapeake Bay. He graduated from medical school in 1982 and expects to receive his JD in 2004.

Lobar has seen definite changes in the medical profession in his fifteen years of practice—most notably changes in the treatment and reimbursement relationships between physicians and patients caused by the introduction of a third-party decision maker. Being in private practice and practicing in semi-rural areas have insulated Lobar to these changes to a degree. Still, he says, the loss of empathy for patients and a corresponding loss of regard for physicians is clearly a trend in the practice of medicine.

"To say that these changes were what made me want to study law is an oversimplification," Lobar says. "It is more accurate to say that becoming a lawyer was something that I was interested in doing anyway, and what is happening in the medical profession provided the justification that I needed to get started."

The District of Columbia native also has a background in psychology and counseling and while he is not absolutely certain, his inclination is that he will become a practicing attorney after graduation.

"I believe that my [law] practice will include acting as an advocate for physicians, and I say that unabashedly and without apology," he adds. Lobar concedes that physicians are sometimes viewed as privileged, but feels that recent legislative changes have placed the medical profession under siege. He envisions using his law degree to protect physicians by working against a legislative trend leading to the governmental rationing of health care.

Spotlight on . . .

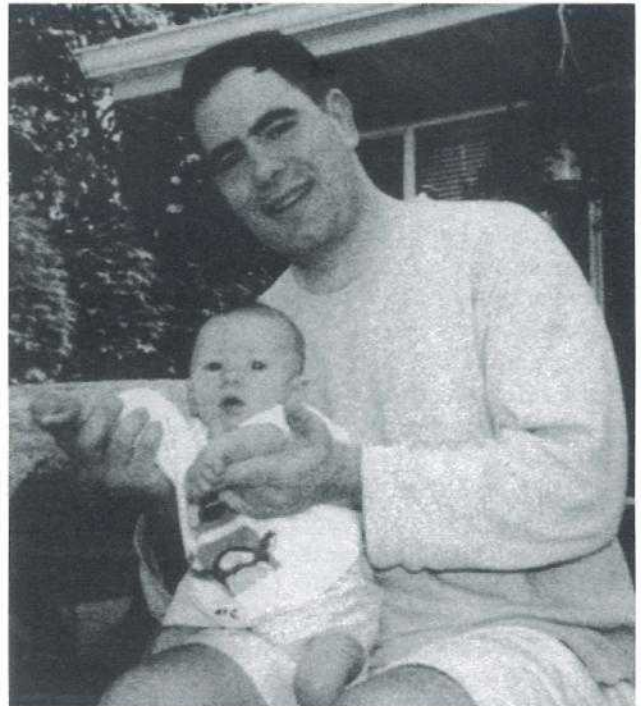
HEALTH LAW PRACTICUMS AND
EXTERNSHIPS:

The National Human Genome Institute

Steven Hudson, MD

The National Human Genome Research Institute (NHGRI) was originally established in 1989 as The National Center for Human Genome Research (NCHGR). It was set up to spearhead the Human Genome Project for the National Institutes of Health (NIH).

To carry out its diverse duties, NHGRI is organized into several administrative units including the Office of the Director headed by Francis S. Collins, MD, PhD. This office provides overall leadership, sets policies, and develops scientific, fiscal and management strategies for the NHGRI. The office oversees intramural, collaborative, and field research to study human genetic diseases and formulates research goals and long-range plans to accomplish the mission of the Human Genome Project, including the study of the ethical, legal, and social implications of genome research. The office coordinates the NIH human genome program with those of other federal and private agencies and with other international programs, and fosters support for international meetings, workshops, and activities to promote



Steven Hudson and son, Brennan

efficient international coordination and data exchange.

NHGRI is one of 24 institutes, centers, or divisions that make up the NIH, which is the largest biomedical research facility in the world.

Hudson discusses his placement:

"The health law practicum at NIH's National Human Genome Research Institute (NHGRI) places law students on the cutting edge of genetic policy development. Students are assigned various projects under the guidance of Barbara Fuller, JD, the Senior Policy Analyst at NHGRI and a L&HCP alumna.

WHY DOCTORS BECOME LAWYERS

My assignment for the Fall Semester at NHGRI is to analyze Federal legislation aimed at preventing genetic discrimination. Genetic discrimination is the misuse of genetic information to discriminate against Americans seeking employment, promotion or insurance.

In February 2000, President Clinton signed an Executive Order guaranteeing protection against genetic discrimination for Federal employees. Much of the current debate is over S. 1322, introduced by Senator Daschle and Congresswoman Slaughter, which extends genetic protection to the private sector. The proposed legislation allows aggrieved private parties to seek remedies in Court and avoid traditional administrative routing through the Equal Employment Opportunity Commission (EEOC).

Although my legal plans after graduation are uncertain at this point, I believe that the NHGRI practicum will help me to better understand the legislative process. In addition, legal

The Law & Health Care Program's Health Law Practicums provide an opportunity for students interested in health law to obtain credit by working for organizations and government agencies dealing with health care issues. Students spend 10 to 20 hours at their placement and additional hours throughout the semester in the classroom participating in the Health Law Practice Workshop. Placements have included the American Nurses Association; Johns Hopkins Health System Corporation; Legal Services to the Elderly; Med-Chi of Maryland; Maryland Board of Physician Quality Assurance; the National Health Law Program; NIH; U.S. Senate Subcommittee on Aging; University of Maryland Medical System, Office of the General Counsel; and the Office of the Attorney General, General Litigation Unit and Medicaid Fraud Unit.

The Program also offers several full semester externships—The National Health Law Program externship in Washington, D.C.; The University of Maryland Medical System externship, located in University Hospital's General Counsel's office; Blue Cross/Blue Shield of Maryland (BCBSM), The Federal Trade Commission, The Maryland Health Care Commission; and the NIH General Counsel's Office.

issues surrounding the exchange of genetic information will increase exponentially in the near future, and the NHGRI practicum would be extremely beneficial for anyone considering a

career in health law. In general, the Practicum Program provides excellent opportunities to gain "real world" experience in various areas of health law."

L&HCP Faculty Notes . .

PROFESSOR DIANE HOFFMANN

Publication:

"Regulation of Research with the Decisionally Impaired: Are We Making Progress?" (with J. Schwartz and E. DeRenzo), 3 *DePaul Journal of Health Care Law* 543 (2000)

Selected Presentations:

"Institutional Barriers to Pain Management," Health Law Teachers Conference, Case Western Reserve University School of Law, Cleveland, OH (2000)

"Health Care Rights at the End of Life: Why All the Confusion?" North Arundel Hospital, Glen Burnie, MD (2000)

"Quality at the End of Life: Two Views," Advances in Aging Lecture, VA Medical Center, Baltimore, MD (2000)

Appointments:

University of Maryland Medical Center, Institutional Review Board (2000)

ASSOCIATE PROFESSOR IRVING BREITOWITZ

Selected Presentations:

Keynote address at the 20th Annual Anne Arundel County Geriatric Symposium for Health Care Providers, Annapolis, MD (2000)

PROFESSOR STANLEY S. HERR

Publication:

Monograph, "Rights, Values and Social Change: Towards Equality for People with Disabilities in Israel and the World," Beit Issie Shapiro, Tel Aviv (2000)

Hoffmann Reports Results of Research on Barriers to Pain Treatment

*Pain has an element of blank
It cannot recollect
When it began, or if there were
A day when it was not.*

from an untitled poem by
Emily Dickinson (1830-86)

As millions of sufferers would agree, Emily Dickinson's classic words capture the essence of chronic pain—no beginning, no foreseeable end, and sadly, no relief.

Associate Dean Diane Hoffmann, Interim Director of the L&HCP, has recently completed a multifaceted study examining the many barriers to effective pain relief. The study was funded by the Catherine Weldon

Donaghue Medical Research Foundation, a Connecticut-based organization. The Donaghue Foundation awarded Hoffmann and co-investigator Ben Moulton, executive director of the American Society of Law, Medicine & Ethics (ASLME), a \$320,000 grant to identify baseline data about pain management and obstacles to effective pain treatment in Connecticut.

During the past 18 months, Hoffmann and Moulton looked at which populations in the state of Connecticut are at greatest risk for undertreatment of pain, resources available in the state to treat pain, how patients and providers view pain and pain treatment, how state and federal laws affect the prescription and

dispensing of pain medications, and the institutional and insurance barriers to adequate pain treatment.

To assess patient and provider views and experience with pain treatment the two investigators arranged five focus groups. The focus groups were comprised of physicians identified as "pain specialists," non-pain specialist physicians, nurses, and two groups of patients (or their caregivers)—those living with chronic non-cancer pain, and those living with pain caused by cancer.

The findings from the two groups of patients were quite different. With regard to care-seeking, the first group (those with non-cancer pain) had visited multiple physicians (sometimes

Faculty Notes

Cont. from page 7

Appointments:

Board of Directors, Special Olympics of Maryland (2000)

PROFESSOR DAVID A. HYMAN

Publications:

"Medicine in the New Millennium: A Self-Help Guide for the Perplexed," 26 *American Journal of Law & Medicine* 143-154 (2000)

Appointments:

Member, American Law Institute (2000)

PROFESSOR SUSAN P. LEVITON

Appointments:

Member, Board of Trustees, University of Maryland Hospital for Children (2000-2001)

ASSISTANT PROFESSOR

JOAN O'SULLIVAN

Publications:

"Therapeutic Alternatives to Adult Guardianship," 6 *Journal of Mental Health and Aging* (2000)

Selected Presentations:

"Consent, Guardianship and Competency Workshop," Texas Association on Mental Retardation 2000 Annual Convention, Galveston, TX (2000)

"Voting and Nursing Home Residents: Practices and Policies," Health Law Teachers Conference, Case Western Reserve University School of Law, Cleveland, OH (2000)

"Informed Consent and People with Mental Retardation II: Applications in Real Life," American Association on Mental Retardation Annual Meeting, Washington, DC (2000)

Appointments:

Chair, Aging and the Law Section of the American Association of Law Schools (2000)

DEAN KAREN ROTHENBERG

Selected Presentations:

"Genetic Research and the Role of the Community: A Case Study of Jewish Attitudes," National Institutes of Health, Department of Health and Human Services, Bethesda, MD (2000)

Appointments:

Advisory Board, Duquesne University Institute of Forensic Science and Law (2000)

PROFESSOR RENA STEINZOR

Publication:

"Devolution and the Public Health," 24 *Harvard Environmental Law Review* 351 (2000)

as many as 60) for the purpose of being diagnosed and finding a practitioner with whom they felt comfortable. Several participants were accused by providers of "doctor shopping" or labeled "attention seeking." The process of searching for a sympathetic provider and identifying the cause of pain was clearly stressful. Three of the patients in this group mentioned having suicidal thoughts.

Many of those in the second group (those with cancer pain) were receiving care from oncologists or radiation therapists, and overall, were quite pleased with the quality of care they were receiving. A few patients in the second group noted that they received less than satisfactory care from community-based general practitioners or from surgeons. One participant mentioned "battles" between hospice nurses who were willing to liberally treat their pain and the primary care physician who ordered their medication.

A comment common to both patient groups was the need for self-advocacy when communicating with providers. The terms "aggressive," and "unrelenting" were used by the group with non-cancer pain when they talked about finding the care they needed. Findings from the focus groups were used in the design of a questionnaire for a subsequent survey mailed to physicians and pain patients.

To understand institutional barriers to pain management, Hoffmann and research associate Anita R. Tarzian, PhD, RN, surveyed hospitals, nursing homes, hospices, home health agencies and pain clinics in the state of Connecticut. The purpose of the surveys was to better understand how these health care institutions address pain management and to identify what they

perceived to be obstacles to better pain treatment.

When representatives of these institutions were asked the open-ended question, "What do you see as the major barriers to effective pain management in your institution?" the

Additional Research

Funding from the ASLME's Mayday Scholars Program and the Marjorie Cook Foundation has allowed Hoffmann to extend her research on the institutional barriers to pain treatment and explore the issue of gender bias in pain treatment.

responses, though varied, were most often focused on the lack of health care provider education and knowledge. Some of the specific comments included, "ignorance on the part of nurses, surgeons," "lack of knowledge and understanding of staff . . .," and "[a] knowledge deficit on [the] part of MDs."

Other reasons given for inadequate pain management within a number of institutions were the fear of overdosing patients or the fear of patient addiction, reimbursement issues, such as covering the costs of tests and equipment, and a lack of institutional commitment to improved pain management. In one survey an anesthesiologist from a Connecticut hospital commented, "[We are having a] turf war with oncologists, [who] think they can control pain." Another respondent brought up the issue of attitude, "[It is] more acceptable [in our institution] to allow [a patient] to have pain than to treat [the pain] adequately."

Another aspect of their research on pain treatment were the legal obstacles to prescribing narcotics. While

Hoffmann explored the federal Drug Enforcement Agency's actions to terminate registration of Connecticut physicians who inappropriately prescribed narcotics, Moulton and collaborator, Zita Lazzarini, JD, MPH, a professor at the University of Connecticut School of Medicine, reviewed actions taken by Connecticut state agencies. They reviewed all disciplinary actions taken by the state Medical Examining Board against physicians through the licensing and discipline process and all actions taken by the Drug Control Division of the Department of Consumer Protection against physicians for inappropriate prescribing for the last 15 - 20 years. The reviews indicated that very few physicians had been disciplined or had their registration for prescribing controlled substances revoked, despite the fact that many physicians remain concerned about such actions.

Hoffmann and colleague, Tarzian, also examined insurance and managed care obstacles to adequate pain treatment of Connecticut patients. Interviews with medical directors of several Connecticut managed care organizations revealed that MCOs often don't know where to refer their chronic pain patients, and that they believe the state lacks adequate multidisciplinary pain treatment clinics and that there is not good outcomes based data on effective treatments for a number of types of chronic pain. On further research, the investigators found that a number of pain clinics in the state have recently closed including Yale's multidisciplinary pain treatment center.

The findings of each of these facets of the study will be presented on December 1st at an all day conference at the Connecticut Hospital Association's facility in Wallingford, Connecticut. The goal of the conference is to obtain feedback on the study results and identify interventions to address the obstacles uncovered in the various components of the research.

The Jewish Perspective on Cloning

Associate Professor Irving Breitowitz, in addition to teaching Contracts and Sales and Secured Transactions, is also a practicing rabbi and an internationally recognized expert on Jewish medical ethics and reproduction technologies. He recently made presentations to faculty and to the student body on cloning—as it is viewed from the perspective of Jewish religious law. Below is a synopsis of Professor Breitowitz' presentation.

Under the first amendment there is, of course, a separation of church and state. Still, many individuals believe that on major issues of life and death, particularly issues that concern the future of humanity, it is necessary to infuse public policy debates with a sense of religious and moral traditions.

Breitowitz does not argue that *any* religious view should control the issue of cloning, only that there should be input. Interestingly, while Judaism, Christianity and Islam sometimes speak with a unified voice, this is an issue where there could be a significant divergence of opinion.

Obviously, if we can clone a sheep, it is only a matter of time before we can clone a human being. Though there is a federal moratorium on funding for cloning, biotechnology is such a lucrative field that there is ample private funding available, and legally, it is only in California that human cloning is banned.

If human cloning is destined to go forward, then it is better not to be reactive, but to think now about the ethical and moral problems associated with this issue.

What is cloning? Some of us envision walking into a "Kinko's Cloning Store" and walking out with another human just like ourselves. This may happen some time in the future, but for now, the process

includes extracting an egg from a female, stripping it of its nucleus and injecting it with DNA from another source, i.e., a differentiated cell (a cell that is destined to become a particular part of the human body—all differentiated cells contain an exact blueprint of the body's DNA). Then the egg is jolted with electricity so that it splits, as if it were fertilized by sperm. It is then transported to the uterus of the carrier, and in nine months (if it is a human gestation) the carrier gives birth to a clone of the source from which the DNA was taken.

Therefore, three unique features of cloning are: 1) asexual reproduction; 2) exact (more or less) genetic duplication; and 3) a reversal of the cell differentiation process.

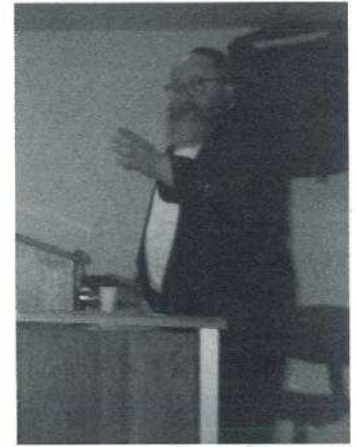
What are some of the uses of cloning? Cloning could be used as an aid in fertility. For example, a holocaust survivor who, because of castration, could not reproduce naturally, could use cloning as a way to perpetuate genetic continuity.

Cloning could also be used to obtain compatible bone marrow or tissue transplants—not to be confused with transplants in which the donor must be killed to obtain a body part, obviously an immoral and illegal use of cloning.

To contrast the Jewish religious tradition view of cloning with the most articulate and forceful Christian view—Catholicism—Catholic religious tradition is against birth control and *in vitro* fertilization, and cloning because all are a deviation from nature, i.e., against God's will.

Jewish religious tradition deviates from this in that it views scientific knowledge as coming from God. It does not condemn cloning per se as "playing God" or as interfering with God.

The normally conservative Jewish religious tradition holds a surprisingly flexible view of technology. It requires careful analysis to identify the cost/



Irving Breitowitz

benefit issues, an effort to try to achieve the good without the bad, and rejection of an idea if it leads to abuses.

According to Breitowitz, there are five dangers to cloning. First, who gets to decide? Cloning will probably become either market driven and available to those who can afford it or subject to government allocation. In view of the holocaust, there is a heightened Jewish sensitivity to the premise, "certain types of people are more deserving of life than others."

Secondly, there is an issue of quality control leading to the commodification of humans. It took 270 attempts to produce one Dolly. What happens to the imperfect clones?

Third, there is the psychological burden of being a clone leading to a loss of individuality, and fourth the separation of creation of life from a loving relationship. Both the Jewish and Catholic religious traditions speak eloquently about how the generation of life should be kept within the context of a loving relationship.

Finally, there is the arrogance of self-perpetuation. The urgency of a finite life would be lost. People would no longer have to make every moment count if they knew they had a clone to carry on after them.

At present, Breitowitz argues, the analysis of the risks and benefits tips the balance in favor of cloning and its many potential benefits.

LAW & HEALTH CARE PROGRAM ADJUNCTS

Ellen A. Callegary

*Bachelor of Arts, 1975, Johns Hopkins University
Juris Doctor, 1978, University of Maryland School of Law*

Perhaps the best way to begin an article about Ellen Callegary is with her own words, (from *The Daily Record*, "TDR Names Top 100 Women for 2000"), "I still wake up every day rejoicing in my family and my work. I have managed to create a home life and work life that allows me to volunteer at my son's school, spend time with him and with my husband and do work that is meaningful by advocating for people with disabilities." In an era where attorneys, particular women attorneys, are questioning whether the demands they face balancing an often stressful career along with a home and family are worth the struggle, Callegary seems to have come out on top.

Callegary's work, in addition to being a founding partner of the firm, Callegary and Steedman, P.A., is as an adjunct professor in the Law & Health Care Program. Her ties to the law school are strong, beginning with her graduation with honors in 1978, and continuing with her position as an Assistant Professor in the AIDS Legal Clinic, then as part of the committee that put together the Program's popular *Critical Issues in Healthcare* course, and now, as an adjunct professor teaching *Law and Medicine*.

After graduation from law school, Callegary clerked in the Baltimore Circuit Court under Judge Elsbeth Levy Bothe. She then went to work for the Maryland Office of the Attorney General, where she was promoted to Special Assistant to Attorney General Steven Sachs and then J. Joseph Curren, Maryland's current Attorney



Ellen Callegary

General. Finally, Callegary became Principal Counsel for the Maryland Department of Juvenile Services.

After teaching full-time in the law school, she went into private practice and in 1997 founded Callegary and Steedman, with partner Wayne D. Steedman. The firm advocates throughout the state of Maryland helping children and adults with disabilities to receive the special education and rehabilitative services that they need. Callegary and Steedman also focuses on issues affecting children in the juvenile justice, child protective services and mental health systems and handles other family law matters such as divorce, guardianships, adoption, and custody.

Callegary has been an adjunct faculty member and lecturer at the law school

since 1987. When asked why she continues to teach (adding another layer to her duties as a law partner, wife and mother—her son Henry just turned nine), she says, "The students in my classes are fascinating, and I continue to learn from them. Many of them are working in the health care field and they all have unique and interesting backgrounds."

Callegary says her students have included physicians, nurses, pharmacists and other health care professionals, people from all over the United States and many from out of the country, people of all ages, races, ethnic groups and backgrounds.

She says, "I think the biggest change I have seen in the students in my classes over the years is that they have become more diverse." Another reason that Callegary continues to teach is that it gives her the opportunity to keep her connections with the UM faculty, many of whom have become her friends.

While changes in the health care arena have created a sense of dissatisfaction among some health law attorneys, Callegary has worked hard to turn those changes into a positive situation for her clients. "As advocates for children and adults with disabilities, it is to our clients' advantage to pull the physicians we deal with in as colleagues . . . to get them to work with us to help our clients get the benefits and services they deserve." For the most

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FALL CONFERENCE

The Crisis in Long Term Care

Americans aged 85 and older are the fastest growing segment of population and the heaviest users of long term health care services. From 1960-1994, the 85 and older age group increased by more than 274 percent. Longevity is expected to rise for all ages. (U.S. Census Bureau, 1996)

Two out of five Americans will need long term care at some point in their lives. (Health Care Financing Administration, 1996)

At the same time one part of the Federal government was tightening its payment policies [medicare reimbursement], another [the GAO] began tracking down on recurrent evidence of abuse and neglect of residents in nursing homes, much of which has occurred in chains. (The New York Times, 1999)

As demographics increase the need for long-term care, the quality of that care seems to be decreasing. The federal government, in a move to cure financial abuses, has imposed stricter Medicare reimbursement standards on long-term care facilities. Concurrently, the General Accounting Office is cracking down on facilities when there is evidence of recurrent abuse and neglect of residents.

Long-term care facilities, along with their residents, are caught in the squeeze. Five of the largest nursing home chains, with almost 20 percent of all the beds in the country, are now operating at a loss. Several chains have declared bankruptcy. Others struggle to maintain services while their stock prices continue to slip to pennies a share.

The Law & Health Care Program will hold a conference on December 5, 2000 to examine the crisis in long term care. Among the topics that will be discussed, are:

- GAO reports that target poor care in several states;
- the low reimbursement rates paid by the federal government which contribute to poor care;
- a rise in tort claims against nursing homes;
- actions by the Justice Department to improve quality of care; and
- efforts Maryland has made to address poor care cited by the GAO.

Conference speakers will consider the repercussions for care of residents brought on when nursing home chains file for bankruptcy and the trauma encountered by residents when nursing homes are forced to close.

Speakers will include: Lynne Battaglia, U.S. Attorney for the District of Maryland; M. T. Connolly, U.S.

Department of Justice; Toby Edelman, Center for Medicare Advocacy; Mal Harkins, Proskauer Rose; Marshall Kapp, Wright State University; John Lessner, Ober, Kaler, Grimes & Shriver; Karl Pillemar, Cornell University; and Caspar R. Taylor, Jr., Speaker of the Maryland House of Delegates.

"We hope that this conference will bring together those working in long-term care, health and elder law attorneys, government regulators, and nursing home administrators and staff," said Joan O'Sullivan, Acting Associate Director of the L&HCP, who is organizing the conference.

Papers written by the conference speakers will be included in a symposium issue of the *Journal of Health Care Law & Policy* to be published in 2001.

Curriculum Highlights

Public Health and the Law

Students who have become accustomed to exploring health law issues at the "doctor-patient" level are learning to broaden their frame of reference in Public Health and the Law. This seminar is different from others in the L&HCP curriculum in that its focus is health law issues as they affect populations. The seminar examines the dichotomy caused when the laws and regulations enacted to protect public health infringe on individual rights; constitutional rights and limitations pertaining to public health; and the three areas of government enforcement: regulation, litigation and legislation.

Offered for the first time during the fall 2000 semester, the seminar is taught by Professor Susan J. Hankin, Director of Legal Writing and Associate Professor of Law. Hankin earned her JD from the University of Virginia Law School and holds a Masters in Public Health from Johns Hopkins University. She was formerly on the faculty of the Georgetown University Law Center. Prior to entering teaching, Hankin was a staff attorney for the Whitman Walker Clinic AIDS Program in Washington, D.C.

Hankin says, "I was eager to teach this seminar and there was a lot of

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IN THE HEALTH LAW CLINIC

The law school offers, as part of its regular curriculum, a clinical law program in which faculty members who are practicing attorneys supervise law students in the representation of actual clients. For those students with a general interest in health law, the clinic represents clients in cases involving health care for children, legal issues of the handicapped, mental illness, AIDS and the elderly.

by Joan O'Sullivan, JD

In the Health Law Clinic at the University of Maryland, we hear many sad stories. We learn that doctors and hospitals are suing our clients for bills they cannot pay, for medical care which they obtained from the emergency room because they had no insurance coverage and needed medical care. We write wills and trusts for young clients who are facing the prospect of brain surgery. We represent a poor mother whose child is severely disabled, yet her SSI benefits have been terminated. We sometimes call the Health Law Clinic the law firm of last resort, because we often take on cases that private attorneys have refused, or volunteer lawyers have rejected.

We often hear from our elderly clients that they cannot pay for the drugs their doctor has prescribed for them. Some of the saddest cases are our elder clients, who come to us because they have been terminated from Supplemental Security Income (SSI). SSI is a federal welfare program for those who are disabled or elderly. One cannot get SSI if one has a sufficient earnings record to collect Social Security retirement benefits or disability benefits. In Maryland, a recipient of SSI (who receives \$520 per month) is automatically eligible for Medicaid, a state/federal program

which pays for all reasonable health costs. This includes prescription drug benefits for 50 cents for each prescription.

Social Security requires that a person accept the highest possible benefit. Sometimes Social Security discovers that a senior citizen who has been receiving SSI is eligible for Social Security benefits. The client has no choice but to accept the Social Security payments, but they are devastated at the loss of Medicaid, because they have lost their prescription drug benefits. The additional income that Social Security benefits brings does not begin to cover the cost of prescribed drugs, which often total more than \$200 per month.

If their Social Security income is not too high, the client may be eligible for the Qualified Medicare Beneficiary (QMB) program, a state/federal program which pays Medicare's premiums, co-payments and deductibles. QMB coverage does not include drugs, however, as Medicare does not include prescription drugs. The client may qualify for Maryland's Prescription Drug Program, if a single client makes less than \$783 a month, or if a couple makes less than \$850 per month. In this program, beneficiaries pay \$5 for each prescription. If the client's income is more than the set levels, they do not qualify, and purchasing life-saving drugs becomes the elder's nightmare.

About one-third of Medicare beneficiaries lack prescription drug coverage. These are mostly people who have

worked in low wage jobs throughout their lifetimes and do not have employer-based health benefits. Some of these senior citizens signed on with Medicare HMOs to access their prescription drug coverage, which was generous when HMOs first got into the Medicare market. Now, however, HMOs are discovering that Medicare recipients are more costly than younger enrollees, and Medicare HMOs are leaving the market at a rapid rate. Many HMOs have pulled out of Maryland, just as they have all over the nation. For those with moderate or middle class incomes, seniors can buy Medigap insurance with drug coverage, or try to obtain prescription drug coverage through their former employer. But this leaves our low-income clients in the lurch, for if they rejoin traditional Medicare, they will have no drug coverage at all.

Presidential candidates George W. Bush and Albert Gore have proposed plans to reform Medicare, including a proposal to add some prescription drug coverage. Their message is that they will make it easier for our elders to access health care. Somehow my students and I doubt that these changes will offer significant changes for our low income elder clients.

Indigent seniors and those on low fixed incomes have few resources when it comes to paying for health care. The plans proposed by each presidential candidate promise a new world in which all elders can receive the best and most advanced forms of health care. My clinic students see a different side of the equation, however. They are often appalled at the inability of our elders to pay for their medical care or to gain access to health care. As one of my student attorneys said,

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L&HCP Alumni Join PMI Program

For the past 23 years, the Presidential Management Intern (PMI) Program has been attracting outstanding master's and doctoral-level students to the Federal service. The Program provides students with an opportunity to apply the knowledge they have acquired from graduate study to "real-world" assignments. Those assignments may involve domestic or international issues, technology, science, criminal justice, health, financial management, and many other fields in support of public service programs.

May 2000 UM health law graduates, Ruben Chavez and Arrah Tabe, have been accepted into the prestigious program.

Chavez is a Public Health Advisor/Project Officer for the Health Resources and Service Administration (HRSA) in San Francisco, California. Through its different Bureaus, such as the Bureau of Primary Health Care (BPHC), HRSA funds health care programs tailored to meet the needs of underserved and minority populations. Some of the grants that HRSA/BPHC fund are the Community Health Centers, the Migrant Health Centers, the Homeless Health Centers, and also HIV/AIDS programs.

Chavez is responsible for the Community and Migrant Health Centers in Tulare County, California (which is where he is from). He is responsible for guiding the non-profit Health Centers through the grant application process, reviewing the application, and submitting recommendations to HRSA headquarters. Lastly he serves as a liaison between the Health Centers and HRSA after the grant has been approved.

Chavez says, "Although this is not a legal position, that should not discourage current L&HCP students from investigating the PMI program. The program allows a person to rotate within an agency and sometimes outside the agency. So, in six months or so I may have the opportunity to rotate into a legal position. Finally, the PMI is a two-year long program, with the intern having the possibility of staying on with the agency."

Arrah Tabe started her first rotation a month ago for the Health Care Financing Administration, which is part of the Department of Health and Human Services. She is in the Contractor Management Branch of the Program Integrity Group and works with the Durable Medical Equipment Carrier (DMERC) Team. The Contractor Management Branch is charged with oversight of the contractors hired to process Medicare claims, including

evaluation of contractors, negotiation of contract terms, development of new policies, Program Integrity Manual updates, and responses to inquiries from industry, providers, and the general public. As a member of the DMERC team, Tabe deals mostly with issues related to durable medical equipment, with occasional assignments in other areas.

Tabé will remain in her current rotation until February, 2001. She can do rotations within HCFA the first year, and in her second year will be able to do rotations almost anywhere, as long as it is related to health care. Tabe says, "I will probably split my time between a rotation that is more policy oriented (like my current one) and one that is legal, such as the U.S. Attorney's Office, Department of Justice, or the Attorney General."

Lisa Ohrin Joins L&HCP

In July 2000, Lisa Ohrin, JD, joined the Law & Health Care Program as Director of Practicums and Externships. In this role, Ohrin oversees the field placements of Program students, establishes new placements, and co-teaches the *Health Law Practice Workshop* with Associate Dean Diane Hoffmann. Ohrin is also available to provide course selection and career counseling for Program students and serves as the teaching assistant for *Law and Medicine*, taught by Dean Karen Rothenberg.

Since joining the law school, Ohrin has helped to establish a relationship between the Program and the American Health Lawyers Association and has created a program entitled "Thinking About a Career in Health Law?" which provides students an opportunity to learn about the various



Lisa Ohrin

practice areas in health law through a series of informal sessions with health law practitioners in the Baltimore-Washington area.

Ohrin also works part-time as an associate in the nationally-recognized health law department at Ober, Kaler, Grimes & Shriver in Baltimore. At Ober|Kaler, Ohrin's practice is broad-based and includes

long-term care, Medicare and Medicaid law, fraud and abuse, reimbursement, and hospital law.

Prior to joining Ober|Kaler, Ohrin held positions as in-house counsel at a national long term care corporation, in-house counsel at a multi-facility hospital system, and with the Department of Legislative Reference of the Maryland General Assembly. She is a 1994 graduate of the University of Maryland School of Law.

Student Health Law Organization News

The Student Health Law Organization (SHLO) held their first meeting on August 24, 2000. Peter Leibold, Executive Vice President and Chief Executive Officer of the American Health Lawyers Association (AHLA) spoke to members about AHLA opportunities including student memberships, and volunteering at and attending AHLA national conferences. Leibold also discussed the possibility of a joint project between SHLO and AHLA involving the development of an AHLA listserv composed of student health law organizations throughout the country. SHLO hopes this project will be the first of many with the nationally-recognized organization.

Over the summer, SHLO members Vanessa Taneyhill (2D) and Jane Hauser (3D) attended the 49th Annual Session of the School on Alcoholism

and Other Drug Dependencies at the University of Utah in Salt Lake City. Both students attended the program on the Criminal Prosecution of Persons with Alcohol and Substance Abuse. The lectures covered subjects such as restorative justice, victim-offender mediation, and the drug court system. As a follow-up to their attendance at the conference, Taneyhill and Hauser are planning a guest lecture series with speakers to include a drug court judge.

SHLO's plans for the Fall include an alumni mixer with the goal of providing students with the opportunity to speak with Maryland graduates who are currently practicing health law. Also, because of last year's success, the annual health law career fair is scheduled to take place during February 2001. Additionally, President Lucy Shum (2D) hopes to repeat last year's

effort by having a variety of speakers lecture to the group on various health care topics. Last years' speakers included Congressman Ben Cardin, and State Senator Paula Hollinger. SHLO will also be actively participating in the guest lecture series sponsored by the Law & Health Care Program. See article on Lisa Ohrin on page 14 for more information.

SHLO's officers for the 2000-2001 academic year include: Lucy Shum, President; Vanessa Taneyhill, Vice-President; Gemma Vestal, Treasurer; Joanna Fong, Secretary; and Lucienne Parsley, Events Chairperson. For a schedule of SHLO events or for more information about the organization, please contact the SHLO Office at 410-706-1479 or Vanessa Taneyhill at vtane001@umaryland.edu.

Lucy Shum Receives Schweitzer Fellowship

SHLO President, Lucy Shum (3D) was awarded a 2000-2001 Albert Schweitzer Fellowship for her work with *On Our Own of Maryland, Inc.*

On Our Own is a statewide mental health consumer education and advocacy network that promotes equality for people who receive mental health services and develops alternative, recovery-based mental health initiatives. As a Schweitzer Fellow, Shum is working with the advocacy organization to develop psychiatric advance directives that are user-friendly to both patients and providers and to educate consumers about their use.

The Albert Schweitzer Fellowship was founded in 1940 to help Dr. Schweitzer's hospital in Africa after the outbreak of World War II. Since

1991 the Fellowship has fostered Schweitzer's ethic of the "reverence for life" in the United States through its Fellows Programs. The Programs encourage health and human services professional students to emulate Schweitzer's ethic by serving needy individuals and communities.

Schweitzer Fellowship Programs exist in Baltimore, Boston, Chicago, New Hampshire/Vermont, New York City, North Carolina, and Pittsburgh.

Shum initially assisted the Maryland Disability Law Center in researching a Maryland-specific psychiatric advance directive. The Schweitzer Fellowship project provided funding to revise that document so that it is understandable to the average family and to research funding sources for a series of workshops that would both disseminate the

psychiatric advance directive and instruct consumers on its use. Shum, who plans to graduate in 2001, was the only law student awarded a Schweitzer Fellowship during the current award year.

Baltimore's Fellowship Program was started in 1999. Schweitzer Fellows are selected from a highly-competitive pool of applicants from all local health and human services professional programs. Fellows receive an annual stipend of \$2,000,



Lucy Shum

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Adjuncts

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part, this strategy has paid off. There is a great deal of satisfaction to be gained from seeing a physician on whose recommendation a benefit has been denied, ultimately work to help that same client qualify for the services they are entitled to.

Nancy L. Sloane, associate publisher of *The Daily Record*, the daily business and legal newspaper that named Ellen Callegary as one of the top 100 women in Maryland for the year 2000, says, "The competition for this award was tough. . . sometimes it is particularly challenging because a woman may have achieved professional success, and it would appear that they should be included on such a list, but that's not enough to win this award." The distinction goes to professionals who not only excel at work, but also give back to the community and provide mentorship to the younger generation—a category into which Ellen Callegary fits quite comfortably.

Public Health and the Law

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support from Dean Karen Rothenberg and from Associate Dean Diane Hoffmann."

Hankin brings "real-life" public health regulation into the classroom by inviting guest speakers such as Stephen Teret, a professor of health and public policy in the Johns Hopkins School of Public Health, to address the class. Teret is also director of Hopkins' Center for Gun Policy and Research. He spoke during the class session Hankin had titled, "Tort Law as a Public Health Tool."

The seminar has attracted a diverse group of students, a number of which are working to earn a Certificate in Health Law.

In The Clinic

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when he came to the clinic in August, he had a rather negative attitude toward the indigent. His attitude has changed, however, as he has gotten to know his

clients. He has realized that people are often poor not because they are lazy or because they do not want a better life, but because of hard luck and the difficulties that life poses for all of us.

The promises of those who gain the presidency in 2000 will affect all of us, especially those baby boomers who in eleven years will begin turning 65 and will be eligible for Medicare. Campaign promises may never come to pass, but surely the sad state of health care for low income senior citizens must be addressed.

Lucy Shum

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in return for which they are expected to deliver a minimum of 200 hours of direct service as well as engage in other activities that build leadership skills and expand the impact of the program throughout the local community. The Fellows attend monthly meetings to promote interdisciplinary discussions and share experiences, and submit a report on their experiences at the end of the Fellowship year.

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