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Research Handbook on Voluntary Assisted Dying Law, Regulation and Practice

Edited by

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RESEARCH HANDBOOKS IN HEALTH AND MEDICAL LAW



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ASSISTED DYING IN THE UNITED STATES

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ABSTRACT

The United States was one of the first jurisdictions in the world to legalize assisted dying. Oregon enacted its Death with Dignity Act in 1994. Over the past thirty years, ten more U.S. jurisdictions have authorized assisted dying. All these U.S. laws are internationally distinctive in two ways. First, the United States is a federal system with 56 jurisdictions. Assisted dying is authorized at only the state/territory level, and 45 jurisdictions have not yet authorized it. Second, all U.S. assisted dying laws are restrictive compared to laws in other nations. They are restrictive in terms of the mode of administration, authorizing only assisted dying that is self-administered by the patient through ingestion. U.S. assisted dying laws are also restrictive in terms of eligibility. Assisted dying is available to only those patients with a terminal illness likely to cause death within six months.

But neither the legal framework nor the practice of assisted dying is static. Assisted dying in the United States is evolving. More states are poised to authorize assisted dying. And both new and existing states are breaking away from the traditional model. They are increasingly amending or designing their laws to make assisted dying more accessible. Already, the scope and nature of assisted dying in the United States is materially different from five years ago. It is likely to look even more different over the next five years.

KEY WORDS

- Assisted Dying
- United States
- Oregon Death with Dignity Act
- ACAMAID
- VSED

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INTRODUCTION

The United States was one of the first jurisdictions in the world to legalize assisted dying. Oregon enacted its Death with Dignity Act in 1994. Over the past thirty years, ten more U.S. jurisdictions have authorized assisted dying. All these U.S. laws are internationally distinctive in two ways. First, the United States is a federal system with 56 jurisdictions. Assisted dying is authorized at only the state/territory level, and 45 jurisdictions have not yet authorized it. Second, all U.S. assisted dying laws are restrictive compared to laws in other nations. They are restrictive in terms of the mode of administration, authorizing only assisted dying that is self-administered by the patient through ingestion. U.S. assisted dying laws are also restrictive in terms of eligibility. Assisted dying is available to only those patients with a terminal illness likely to cause death within six months.

But neither the legal framework nor the practice of assisted dying is static. Assisted dying in the United States is evolving. More states are poised to authorize assisted dying. And both new and existing states are breaking away from the traditional model. They are increasingly amending or designing their laws to make assisted dying more accessible. Already, the scope and nature of assisted dying in the United States is materially different from five years ago. It is likely to look even more different over the next five years.

HOW ASSISTED DYING BECAME LAWFUL

Proponents have taken four approaches to legalizing assisted dying in the United States: (1) federal constitutional litigation, (2) state constitutional litigation, (3) state statutory interpretation litigation, and (4) state statutory enactments.

The first path proponents took to authorizing assisted dying was to seek judgments from the courts that assisted dying is a fundamental and protected right under the U.S. Constitution. While several federal appellate courts were receptive to this position, it was ultimately rejected by the U.S. Supreme Court in 1997.¹ Since then, all efforts to legalize assisted dying have been at the state/territory level.

The second approach to legalizing assisted dying was to seek judgments from the courts that assisted dying is a fundamental and protected right under state constitutions. State constitutions in the United States often provide broader individual liberty rights than the federal constitution. While proponents took this approach in more than a dozen states, it has never succeeded.² It failed most recently in Massachusetts in late 2022.³ Accordingly, just as

¹ *Vacco v. Quill*, 521 U.S. 793 (1997); *Washington v. Glucksberg*, 521 U.S. 702 (1997).

² Thaddeus M. Pope, *Legal History of Medical Aid in Dying: Physician Assisted Death in U.S. Courts and Legislatures*, 48(2) *New Mexico Law Review* 267-301 (2018); Alan Meisel, Kathy Cerminara, Thaddeus Pope, *The Right to Die: Law of End-of-Life Decisionmaking* ch.12 (2024).

³ *Kligler v. Attorney General*, 198 N.E.3d 1229 (Mass. 2022).

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U.S. patients have no right to assisted dying under the U.S. Constitution, neither do they have a right to assisted dying under their state constitution.

The third approach to legalizing assisted dying was to seek judgments from the courts that assisted dying is not prohibited under the state's existing criminal law. While this approach failed in most states, it succeeded in Montana.⁴ The criminal law in Montana is unique in that consent is a defense to criminal charges unless that is contrary to public policy. Based on 'respect for the wishes of a patient facing incurable illness,' the state Supreme Court ruled that assisted dying is not contrary to public policy. Therefore, while assisted dying is neither affirmatively permitted nor regulated with a statutory framework, criminal prohibitions do not apply. Accordingly, assisted dying in Montana has evolved like most healthcare services, through a self-regulating standard of care approach.⁵ Such an approach was also seriously considered in Hawaii, North Carolina, and Vermont.⁶

The fourth (and most common) approach to legalizing assisted dying was to enact a state statute. This is the path that proponents took in ten of eleven U.S. jurisdictions. There are two ways to enact a state statute in most U.S. states: (1) through ballot initiatives and (2) through the ordinary legislative process.

Initiatives and referendums (sometimes known as ballot measures or propositions) bypass elected legislative bodies and allow citizens to vote directly on legislation. Ballot initiatives on assisted dying began in the late 1980s, after public attention was focused on the media coverage of Dr. Jack Kevorkian and the best-selling book, *The Final Exit*. Early initiatives in California and Washington were close but did not pass. Later ballot initiatives (Maine, Massachusetts) also failed. But three states legalized assisted dying through a ballot initiative (Colorado 2016, Oregon 1994, and Washington 2008).⁷

The remaining seven states legalized assisted dying by enacting a bill through the ordinary legislative process (California 2015, Hawaii 2018, Maine 2019, New Jersey 2019, New Mexico 2021, Vermont 2013, and Washington, DC 2016).⁸ This is the path that dozens of additional states have tried to take. Likely, all future legalization of assisted dying will happen through the state legislative process.

⁴ *Baxter v. State*, 224 P.3d 1211 (Mont. 2009).

⁵ Kathryn L. Tucker, *Aid in Dying in Montana: Ten Years After State v. Baxter*, 81 *Montana Law Review* 207 (2020).

⁶ Thaddeus M. Pope, *Medical Aid in Dying: Key Variations among U.S. State Laws*, 14(1) *Journal of Health & Life Sciences Law* 25-59 (2020).

⁷ Colorado End-of-life Options Act, Colo. Rev. Stat. §§ 25-48-101 to -123; Oregon Death with Dignity Act, Ore. Rev. Stat. §§ 127.800–.897; Washington Death with Dignity Act, Wash. Rev. Code §§ 70.245.010-.220–.904.

⁸ End of Life Option Act, Cal. Health & Safety Code §§ 443.1–.22; Death with Dignity Act of 2016, D.C. Code §§ 7-661.01–.16; Our Care, Our Choice Act, Haw. Rev. Stat. §§ 327L-1 to -25; Me. Stat. tit. 22, § 2140; N.J. Stat. §§ 26:16-1 to -20; Elizabeth Whitefield End-of-Life Options Act, N.M. Stat. §§ 24-7C-1 to -8; Vt. Stat. Ann. tit. 18, §§ 5281–93.

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While assisted dying has been moving in a single direction - toward broader and broader authorization – one must acknowledge significant past and ongoing repeal efforts. In 2006, the U.S. Supreme Court rejected the Drug Enforcement Administration’s effort to ban assisted dying (in all states) on the grounds that such use of a controlled substance was not for a ‘legitimate medical purpose.’⁹

Four other notable examples of repeal efforts occurred in Washington, DC, Montana, New Jersey, and California. Because Washington, DC is not a completely autonomous and self-ruling jurisdiction, it is subject to regulation by the federal government in ways that states are not. Congress has twice tried to repeal the DC Death with Dignity Act of 2016.¹⁰ In Montana, the legislature has repeatedly considered legislation to overrule the state supreme court and recriminalize assisted dying. Both California and New Jersey have faced lawsuits challenging the legitimacy of their assisted dying laws.

Today, nearly 75 million Americans live in one of the eleven jurisdictions that authorizes assisted dying. But despite these accomplishments, assisted dying in the United States remains a work in progress. Each year, many of the remaining states consider legislation to authorize assisted dying. Most of this proposed legislation is closely modeled on existing assisted dying statutes, and some of these bills advance far through the legislative process. For example, a 2023 Nevada bill was passed by both the Assembly and Senate, yet ultimately vetoed by the Governor.¹¹ Because public support is high and even medical societies have increasingly dropped opposition, it is likely that additional U.S. states will authorize assisted dying over the next few years.¹²

LEGAL FRAMEWORK

Unlike most other jurisdictions described in this volume, the United States does not have a single assisted dying law. Instead, it has eleven assisted dying laws, and they are not identical. Still, because all eleven laws are modeled after the 1994 Oregon Death with Dignity Act, it is useful to first describe that model and then to describe newer variations.¹³

This legal framework in the Oregon Death with Dignity Act addresses eight core elements: (1) method of assisted dying permitted; (2) statutory eligibility criteria; (3) procedural requirements to determine eligibility; (4) procedural requirements after eligibility; (5)

⁹ *Gonzalez v. Oregon*, 546 U.S. 243 (2006).

¹⁰ Nancy Kusmaul et al., A Policy Mapping Analysis of the U.S. Congressional Approach to Medical Aid-in-Dying, 88(1) *Omega* 139-156 (2023).

¹¹ S.B. 239, 82nd Leg. Sess. (Nev. 2023).

¹² Judy E. Davidson et al., Nurses’ Values and Perspectives on Medical Aid in Dying: A Survey of Nurses in the United States, 24(1) *Journal of Hospice & Palliative Nursing* 5-14 (2022); Eric G. Campbell et al., Physicians’ Attitudes and Experiences with Medical Aid in Dying in Colorado: a “Hidden Population” Survey, 37(13) *Journal of General Internal Medicine* 3310-3317 (2022).

¹³ Pope (2020), *supra*.

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conscience-based objection; (6) cause of death; (7) immunity; and (8) oversight, reporting, and compliance.

Method of Assisted Dying Permitted

All U.S. laws permit only self-administered assisted dying. None allow clinician administration under any circumstances. If the patient qualifies, the attending clinician writes a prescription for lethal medications. For many years, clinicians used Secobarbital (Seconal). But today, clinicians almost always prescribe a less expensive and more effective compounded drug product called DDMA-Ph that consists of Digoxin, Diazepam, Morphine, Amitriptyline, and Phenobarbital.¹⁴ The patient themselves must ingest these medications. After ingestion, the patient typically falls unconscious within 5 minutes and dies within one hour.¹⁵

Self-administration means that the patient takes an “affirmative, conscious, and physical act” to ingest the medications to bring about their death. Most patients mix the powdered medications with 2 ounces of fluid (often apple juice) and drink them. Others administer the medications by pressing a plunger on a feeding tube or by pressing a plunger on a rectal catheter. Intravenous routes of administration are never permitted. While clinicians and others can help prepare the medications (e.g., by mixing them or by setting up a catheter), the patient themselves must administer the medications.

The self-administration requirement is considered important evidence that the patient’s choice is truly voluntary and autonomous. The patient must take the final overt act that causes the medications to enter their body. This requirement is strict and categorical. U.S. assisted dying laws offer no exception for physically disabled patients who cannot self-administer.¹⁶ Clinician administered assisted dying has not been even proposed in the United States for over 30 years.

Statutory Eligibility Criteria

Not only do U.S. assisted dying laws permit only self-administration but they also limit eligibility to a small subset of seriously ill patients. To be eligible, the patient must: (1) be an adult aged 18 years or over, (2) have a terminal illness likely to end their life within six months, (3) have decision-making capacity, and (4) be able to self-administer the medications.

Most states also require that the patient: (5) be a resident of that state. But unlike national citizenship, state residency is relatively easy to establish. For decades, patients have moved from one state to another state to access assisted dying. More recently, states have begun removing their residency requirements (Oregon, Vermont). This has been in response to

¹⁴ Lonny Shavelson, Margaret P. Battin, Thaddeus M. Pope, Medical Aid in Dying: Clinical Considerations, In: *UpToDate*, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on Dec. 31, 2023.)

¹⁵ Margaret P. Battin, Thaddeus M. Pope, Lonny Shavelson, Medical Aid in Dying: Ethical and legal Issues, In: *UpToDate*, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on Dec. 28, 2023.)

¹⁶ *Shavelson v. Bonta*, No. 3:21-CV-06654-VC (N.D. Cal. 2022).

federal lawsuits challenging these requirements as violating the Privileges and Immunities Clause in the U.S. Constitution: 'the citizens of each state shall be entitled to all privileges and immunities of citizens in the several states.' Recognizing the legal vulnerability of a residency requirement, many new bills to authorize assisted dying omit a residency requirement.

Notably, the key diagnostic requirement is that the patient has a terminal disease. U.S. assisted dying laws do not require the patient to demonstrate physical or existential suffering. 'Terminal disease' is defined as 'an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within 6 months.' While not statutorily defined, this is generally understood to be a subjective definition. The patient's disease can become terminal depending on how the patient decides to manage it. For example, the same cancer might be terminal in a patient who forgoes chemotherapy, yet not terminal in a patient who continues therapy.

Procedural Requirements to Determine Eligibility

All U.S. assisted dying laws require that the patient be assessed by at least two clinicians. Both an attending and a consulting clinician must determine that the patient: (1) is an adult over 18 years of age, (2) is terminally ill, (3) is a state resident, (4) can take the medications on their own, and (5) has decision-making capacity.

If either clinician is uncertain about the patient's capacity, then they must refer the patient to a mental health specialist. That third clinician then determines whether the patient is suffering from impaired judgment due to a mental disorder. Because attending and consulting clinicians can confidently determine whether a patient has or lacks capacity, fewer than 4% of assisted dying patients are referred for this further assessment. In contrast, in Hawaii this third capacity assessment is automatically required for every patient.

Requests for assisted dying must come directly and solely from the patient. Requests can never be made by a patient's agent, surrogate, or guardian. Indeed, the patient themselves must make multiple requests for assisted dying. They must make two verbal requests. These two requests must be separated by a period that varies from state to state (0 to 15 days). The patient must also make a written request.

Two independent witnesses must sign this request to confirm that the patient is competent, is acting voluntarily and is not being coerced to sign the request. At least one of these witnesses must be a person who is not: (1) a relative of the patient by blood, marriage or adoption; (2) a person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death, under any will or by operation of any law; or (3) an owner, operator or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident.

The attending clinician must ensure that the patient's consent is informed. The patient must understand: (1) their medical diagnosis, (2) their prognosis, (3) potential risks associated with ingesting the medications, (4) the probable result of ingesting the medications, and (5) the possibility that they may choose to obtain the medications but not take them. The attending clinician must also (6) inform the patient of their right to rescind their request, and (7) discuss feasible alternatives to assisted dying such as comfort care, hospice care, palliative care, and pain control. Finally, to ensure that the patient makes their request independently and voluntarily, the attending clinician must (8) have at least one conversation with the patient outside the presence of any other person.

Procedural Requirements after Determining Eligibility

After the attending and consulting clinicians determine that the patient is eligible for assisted dying, the attending clinician sends the prescription to a pharmacy. While the patient may ingest the medications at any time, most patients leave the prescription at the pharmacy until they are ready to fill it.

The robust informed consent requirements continue at this stage. The attending physician must advise the patient about the importance of: (1) maintaining the medications in a safe and secure location until they ingest them, (2) having another person present when they ingest, (3) not ingesting the medications in a public place, (4) notifying next of kin of their request for assisted dying, and (5) participating in a hospice or palliative care program.

Conscience Based Objections

All U.S. assisted dying laws permit clinicians and entities to opt-out of participating. Neither an individual clinician nor a healthcare entity must participate in assisted dying. They have no duty to provide information, make assessments, document requests, or write prescriptions. Generally, religiously affiliated organizations do not participate in assisted dying.¹⁷ This is significant because such facilities comprise over 40% of available beds in states like Washington.

The only obligation of an objecting clinician is to transfer the patient's medical records to the patient's new attending clinician. The law does not require the objecting clinician to refer the patient to a willing clinician. Two states (California, New Mexico) once tried to facilitate patient access to assisted dying by requiring objecting clinicians to do more than this bare minimum. But religious organizations brought federal lawsuits that successfully challenged those requirements.¹⁸

¹⁷ Cindy L. Cain, Barbara A. Koenig, Helene Starks et al., Hospital Responses to the End of Life Option Act Implementation of Aid in Dying in California, 179 *JAMA Internal Medicine* 985-987 (2019).

¹⁸ Christian Medical & Dental Assoc. v. Bonta, No. 5:22-CV-00355-FLA-GJS (C.D. Cal. 2022); Lacy v. Balderas, Case No. 1:22-CV-00953 (D.N.M. 2022).

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Even if a healthcare facility has opted out of participating, its employed or affiliated clinicians may still: (1) make an initial determination that a patient has a terminal disease, (2) inform the patient of the medical prognosis, (3) provide information about the medical aid in dying upon the patient's request, and (4) provide a referral to another provider. Furthermore, these clinicians at an opted-out facility may even make assessments, document requests, and write prescriptions for assisted dying. But they must do that work outside the course and scope of the clinician's capacity as an employee or independent contractor of the facility.

Cause of Death

All U.S. assisted dying laws require that the patient's underlying illness (e.g., cancer) must be listed as the cause of death. They further provide that the manner of death be recorded as 'natural' and that using assisted dying does not constitute 'suicide' for any purpose. Accordingly, using assisted dying does not affect a patient's life, health or accident insurance or annuity policies. This statutory definition also influences terminology. It means that assisted dying is almost never described as "assisted suicide" or "physician-assisted suicide" except by opponents.¹⁹ Assisted dying in the United States is typically called "medical aid in dying."

Legal Immunity

All assisted dying laws offer participating clinicians with immunity from professional, criminal, and civil liability. During the 1980s and 1990s, similar immunity clauses were included in healthcare decisions acts. Without such protection, clinicians and entities might be reluctant to follow an advance directive and allow a patient to die from withholding or withdrawing life-sustaining treatment. Similarly, conferring legal immunity helps clinicians and entities feel safe to participate in assisted dying.

Oversight, Reporting, and Compliance

While there is no prospective regulatory oversight over assisted dying, there is some retrospective oversight. Every U.S. assisted dying law requires that both the attending and consulting clinician complete several checklist and compliance forms. Clinicians must file these forms with the state department of health. Using those forms, each state department of health publishes an annual or biannual report summarizing the use of assisted dying.²⁰ The

¹⁹ Christa Teston, Interrogating Medical Aid in Dying Rhetorics, *The Polyphon* (Dec. 23, 2023), <https://thepolyphony.org/2023/12/22/interrogating-medical-aid-in-dying-rhetorics/>.

²⁰ Montana does not publish an annual report. Because there is no statute or regulation affirmatively authorizing assisted dying, there is no statute or regulation directing any physician to submit data or directing any state agency to prepare a report.

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details of these reports vary significantly from state to state.²¹ But private research largely confirms their findings.²²

While clinicians are regulated by state healthcare licensing boards, there is little direct state regulation of assisted dying. Arguably, the only rigorous retrospective oversight will be in California. Because the California End of Life Option Act has a sunset clause, it will remain in effect only until January 1, 2031.²³ The legislature will likely review experience with assisted dying when it considers reenactment.

Newer Variations in U.S. Assisted Dying Laws

While all U.S. assisted dying laws have followed the 1994 Oregon model, there has been more variability over the past three years. The basic elements of the laws are the same. But there has been a general trend to expand access.²⁴ Four variations are notable.

First, states have expanded the types of licensed healthcare professionals who can participate in assisted dying. There is a shortage of physicians in many areas of the United States. Therefore, several states (Hawaii, New Mexico, and Washington) also permit physician assistants or advanced practice registered nurses to provide assisted dying.

Many states have also expanded the types of clinicians who can perform the mental health assessment. Originally, this could be done only by a psychiatrist or licensed psychologist. Today, several states also permit this assessment to be conducted by other clinicians such as a licensed clinical social worker, advanced social worker, mental health counselor, or psychiatric advanced registered nurse practitioner.

Second, states have shortened the request waiting period. The Oregon model requires a 15-day waiting period between the patient's first and second oral requests. But significant evidence shows that this constitutes an undue burden. Because patients often do not explore

²¹ Jean T. Abbott et al., Accepting Professional Accountability: A Call for Uniform National Data Collection on Medical Aid-In-Dying, *Health Affairs Blog* (Nov. 20, 2017); Nancy Kusmaul et al., Medical Aid in Dying: How Might U.S. Policy Prevent Suffering at the End of Life? 35 *Journal of Aging & Social Policy* 1-18 (2023).

²² Claud Regnard et al., Oregon Death with Dignity Act Access: 25 Year Analysis, *BMJ Supportive & Palliative Care* Published online first: 03 October 2023. doi: 10.1136/spcare-2023-004292; Elissa Kozlov et al., Aggregating 23 Years of Data on Medical Aid in Dying in the United States. 70(10) *Journal of the American Geriatrics Society* 3040-3044 (2022); HQ Nguyen et al., Characterizing Kaiser Permanente Southern California's Experience with the California End of Life Option Act in the First Year of Implementation. 178(3) *JAMA Internal Medicine* 417-421 (2018); Luai Al Rabadi et al., Trends in Medical Aid in Dying in Oregon and Washington, 2(8) *JAMA Network Open* e198648 (2019); ACAMAID, www.acamaid.org/datareports; Charles Blanke et al., Characterizing 18 Years of the Death With Dignity Act in Oregon 3(10) *JAMA Oncology* 1403-1406 (2017); Jonathan Singer An Examination and Proposed Theoretical Model of Risk and Protective Factors for Bereavement Outcomes for Family Members of Individuals Who Engaged in Medical Aid in Dying: A Systematic Review, 37(7) *Palliative Medicine* 947-958 (2023).

²³ Cal. Health & Safety Code § 443.215.

²⁴ Pope (2021), *supra*; Thaddeus Pope, Top Ten New and Needed Expansions of U.S. Medical Aid in Dying Laws, 23 *American Journal of Bioethics* 89-91 (2023).

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assisted dying until late into their illness trajectory, many cannot wait that long. They die or lose capacity before the end of the 15 days. Accordingly, several states (California, Hawaii, New Mexico, Oregon, and Washington) have either shortened or permitted waiver of waiting periods. Nearly 25% of patients receive an exemption from an otherwise applicable waiting period.

Third, two states (Oregon and Vermont) removed their residency requirements. Originally, all states required that patients be a state resident. Admittedly, this is not an onerous requirement. It is relatively easy for a resident of State A to become a resident of State B, and many patients have traveled from unauthorized states to access assisted dying in one of the eleven authorized jurisdictions. But establishing residency is one extra hassle for a terminally ill patient to navigate. In response to federal litigation challenging the constitutionality of residency requirements, Oregon and Vermont removed their residency requirements. Similar litigation is proceeding in New Jersey.

Fourth, while all states permit objecting clinicians and entities to opt out of participating with assisted dying, some states are requiring more transparency. If patients can better ascertain which entities participate in assisted dying, then they can make more informed choices about where to seek care. California, Colorado, and Washington require objecting entities to post their policies and or send them to the state department of health.²⁵

Relevance of Federal Law

Because U.S. laws authorizing and regulating assisted dying are at the state level, the relevant legal framework is almost entirely established by state law. But federal law remains relevant. Federal law impacts patients' ability to access assisted dying because federal government programs pay for most healthcare in the United States. Medicare covers 63 million Americans. The Federal Employees Health Benefits Program covers 8 million. And other federally funded programs cover millions more.

After passage of the Oregon Death with Dignity Act, Congress enacted the Assisted Suicide Funding Restriction Act of 1997 (ASFRA). This federal statute prohibits spending federal dollars on assisted dying.²⁶ Consequently, Medicare, the primary source of health insurance for most patients seeking assisted dying (those over age 65) cannot pay for assisted dying. Beyond its limitation on health insurance programs, ASFRA prohibits assisted dying in the Veterans Health Administration (VHA), the largest U.S. healthcare system. Assisted dying is not available even in those VHA facilities located in states that have authorized assisted dying.

ASSISTED DYING IN PRACTICE

²⁵ CA CO WA citations [older variations in waiting periods, CBO, telehealth, data, residency factors, add more quotes throughout to illustrate]

²⁶ 42 U.S.C. §§ 14401 to 14408.

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As described in the previous section, U.S. assisted dying laws are comparatively restrictive. Medications must be self-administered, and they are available only to patients with a 6-month or less prognosis. For these reasons, assisted dying is used far less in the United States than in other jurisdictions. In the eleven jurisdictions where it is available, less than 1% of deaths are from assisted dying. This contrasts with Canada and the Netherlands where deaths from assisted dying comprise more than 4% of all deaths.²⁷

Anthropologists and investigative journalists have chronicled the practice of assisted dying in the United States.²⁸ Reducing the available evidence to four essentials, we can describe the U.S. experience by: (1) how many patients use assisted dying, (2) who uses it, (3) where patients use it, and (4) why they use it.

How Many Patients Use Assisted Dying

Because state departments of health publish annual reports on assisted dying each year, we have detailed information on how many patients use it. While usage varies from state to state, it is low in all states. Between 1998 and 2021, clinicians wrote 8500 prescriptions, and patients ingested 5300 of them.²⁹ In 2022, the combined population of the eleven states with assisted dying was 75 million. Yet fewer than 2200 patients died from assisted dying.³⁰ That is less than 0.3% of the patients that died in those jurisdictions that year.

On the other hand, usage has been increasing over time. For example, in 2016, fewer than 200 patients received a prescription in California. In 2022, that number climbed to nearly 1000. In Vermont, the rate of assisted dying tripled over the past two years (42 patients per year), compared to the previous eight years (15 per year). Among other factors, more patients are aware of assisted dying, and it has become less stigmatized.

Notably, there is a significant difference between the number of patients who qualify and obtain a prescription for assisted dying medications and the number of patients who obtain and ingest those medications. More than one-third of patients never ingest their prescriptions. Some die or lose capacity. But most find that hospice and palliative care is sufficient to address their physical and existential suffering. They get comfort and peace of mind from knowing that assisted dying is available should they need it. But they find they do not need it.

²⁷ See Chapters 2 and 11.

²⁸ Mara Buchbinder, *Scripting Death Stories of Assisted Dying in America* (University of California Press 2021); Katie Engelhart, *The Inevitable: Dispatches on the Right to Die* (St. Martin's Press 2021); Anita Hannig, *The Day I Die: The Untold Story of Assisted Dying in America* (Sourcebooks 2022).

²⁹ Kozlov et al (2022), *supra*.

³⁰ Mara Buchbinder, Access to Aid-in-Dying in the United States: Shifting the Debate from Rights to Justice, 108(6) *American Journal of Public Health* 754-759 (2018).

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Who Uses Assisted Dying

Because assisted dying laws mandate data collection and publication of annual statistical reports, we have significant data about who uses assisted dying in the United States. We know: (1) the most common qualifying terminal illnesses; (2) the patients' race, (3) the patients' age and gender; and (4) the patients' education, income, and insurance status.

Terminal Illness. To qualify for assisted dying, patients must have a terminal illness with a 6-month or less prognosis. For roughly 70% of qualifying patients that terminal illness is cancer. Around 10% of qualifying patients have a neurodegenerative disease like ALS/MND. Another 10% have cardiovascular disease. And 10% have a respiratory condition like COPD. These data are remarkable because cancer and ALS are overrepresented. Fewer than 20% of Americans die from cancer and fewer than 2% die from ALS. In contrast, cardiovascular disease is underrepresented as more than 25% of Americans die from that illness.

Notably, patients with dementia such as Alzheimer's cannot qualify for assisted dying solely because of dementia. Given its long progressive nature, these patients are not terminally ill when they still have decision-making capacity. And by the time they are terminally ill, they lack decision-making capacity.³¹ All United States assisted dying laws require the patient to be both terminally ill and decision capacitated at the same time.

Race. One of the most striking statistics is that more than 95% of patients who have received assisted dying were non-Hispanic whites. This is true even in California which has one of the diverse populations in the United States. While Hispanics comprise 40% of the state population, they comprise just 2% of those using assisted dying. Asians and Pacific Islanders comprise 15% of the state population yet just 2% of assisted dying. And Blacks comprise 5% of the state population yet comprise 0% of assisted dying.

Age and Gender. Unlike race, age and gender are distributed in expected patterns. Most patients using assisted dying are older. 75% are 65 years old or older. 15% of patients were between 54 and 64. Fewer than 10% were 54 years old or younger. Gender is evenly split between male and female patients.

Education, Income, and Insurance. Most patients using assisted dying are well-educated. More than 70% completed at least some college. And over 90% have health insurance. But the primary source of health insurance for Americans over age 65 is Medicare. Under the ASFRA, neither Medicare nor any other federal payment program may pay for assisted dying.³² So, even insured patients must often find another way to pay for the medications.

³¹ Kozlov et al. (2022), *supra*.

³² 42 U.S.C. §§ 14401 to 14408.

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Where Patients Use Assisted Dying

Based on both state annual statistical reports and private published research, we know not only who uses assisted dying but also where they use it. More than 90% of patients receiving assisted dying are on hospice. Hospice care treats the person and symptoms of the disease, rather than treating the disease itself. Most patients are eligible for hospice services if they have a terminal illness and death is expected in 6 months or less. So, the standards for hospice eligibility closely mirror standards for assisted dying eligibility.

Hospice can happen anywhere. It is a service that comes to the patient in the place they prefer to be for end-of-life care. Because patients at home feel better surrounded by the faces and things they know and love, more than 90% of patients ingest assisted dying medications in their own home. Fewer than 10% ingest the medications in an assisted living facility or nursing home. Patients almost never self-administer assisted dying medications in a hospital.

Most patients are surrounded by family when they take the medications. But they are also typically accompanied by someone with assisted dying experience. Around 25% of the time this is the prescribing clinician, 35% of the time it is another clinician, and 20% of the time it is a trained volunteer or end-of-life doula.³³

Why Patients Use Assisted Dying

Finally, in addition to knowing who uses assisted dying and where, we also know the patients' motivations. Retrospective data from all states consistently shows the same reasons why patients seek assisted dying. The top three reasons are (1) loss of autonomy, (2) inability to engage in enjoyable activities, and (3) loss of dignity. Far fewer patients are motivated by inadequate pain control, being a burden to family or friends, and financial concerns.

Advocacy and Support Organizations

State and federal governmental agencies do little to support assisted dying. Most of the work has been conducted by private organizations. Notable among those working to enact and defend laws are Compassion and Choices, and the Death with Dignity National Center. Once assisted dying has been authorized, other organizations work to support clinicians. At the national level is the American Clinicians Academy on Medical Aid in Dying. Other organizations at the state level (like End of Life Washington) help patients navigate and coordinate the necessary care.

³³ Matthew DeCamp et al., Ethics and Medical Aid in Dying: Physicians' Perspectives on Disclosure, Presence, and Eligibility, 51 *Journal of Law, Medicine, and Ethics* 641 (2023).

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Absence of Abuse

Assisted dying in the United States has a solid patient safety track record. For decades, opponents have warned that vulnerable patients would be pressured or coerced into assisted dying. But after over 100 years of combined experience in eleven jurisdictions, there is no evidence of abuse. While most patients use assisted dying for disability-related reasons (loss of autonomy, inability to engage in activities, loss of dignity), these are judgments made by patients themselves.

KEY DEBATES AND FUTURE DIRECTIONS

Five key debates set the stage for future directions in the United States. Most notably, more states will authorize assisted dying. But even with expanded authorization, access will remain incomplete and inadequate. So, patients and clinicians are more deliberately exploring other end-of-life options like VSED.

More States Will Authorize Assisted Dying

Assisted dying in the United States will almost certainly spread to at least ten more states. Assisted dying is now authorized in only eleven jurisdictions. But nearly half the remaining 45 jurisdictions regularly consider legislation each year. With more public support and a longer track record in the existing states, almost all commentators expect additional states to consider assisted dying. Indeed, the goal of the largest and most successful advocacy organization is that 'by 2028, 50% of all Americans will live where medical aid in dying is authorized and accessible.'³⁴

U.S. Laws Will Remain Conservative

While assisted dying will likely expand to more U.S. states, it is likely to remain conservative compared to Canadian or European models. There have been some calls to expand access beyond just shortening waiting periods and permitting non-physician providers.³⁵ But these have not resulted in bills, much less bills with reasonable prospects of passage. In short, there has been no serious discussion of extending assisted dying to minors, to advance requests, to clinician administration, or to patients not expected to die within the next six months.³⁶

More Clinician Training and Credentialing

Assisted dying has been available in several U.S. states (Oregon, Washington, Montana, Vermont) for over a decade. Many clinicians and healthcare systems have significant

³⁴ Compassion & Choices, Strategic Plan for FY 2024 through FY 2028, <https://www.compassionandchoices.org/about-us/cc-strategic-plan>

³⁵ A Better Exit, <https://abetterexit.org/>

³⁶ Pope (2023), *supra*.

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experience with providing assisted dying. But even more significant is the growing professionalization of the practice. Since 2020, U.S. clinicians have benefitted from a specialized society that offers continuing education programs, a journal, peer-to-peer clinician guidance, and an ethics consultation service.³⁷ Through these tools, improvements in aspects of assisted dying from pharmacology to counseling, are disseminated to participating clinicians across the country.

Repealing the Assisted Suicide Funding Restriction Act

Over 70% of patients who use assisted dying are over age 65. For these patients, their primary form of health insurance is almost always Medicare, a federal program. But the ASFRA prohibits Medicare (or any other federal program) spending for assisted dying. This often means that patients must pay for assisted dying medications out of pocket. It also makes it more difficult to find hospices that will support assisted dying.³⁸ In response, repealing ASFRA is a top priority of advocacy organizations during the 2020s.

Voluntarily Stopping Eating and Drinking (VSED)

There are substantial gaps in access to assisted dying in the United States. First, it remains illegal in 45 jurisdictions. Second, even where it has been authorized, many patients are ineligible. Dementia patients, for example, cannot qualify because they cannot simultaneously be terminally ill and have decision-making capacity.³⁹ Third, even eligible patients have difficulty accessing assisted dying because of lack of awareness, inability to find a willing clinician, and cost.

For these reasons, there has been an exponentially increased focus on VSED (Voluntarily Stopping Eating and Drinking). First, some patients VSED when they still have capacity to avoid present or future suffering. Second, patients are increasingly completing advance directives for VSED. While patients cannot make advance requests for assisted dying, they can make advance requests for VSED. In short, patients unable to access assisted dying often turn to VSED as a second-choice option for hastening death.⁴⁰

* * * * *

³⁷ American Clinicians Academy on Medical Aid in Dying, www.acamaid.org.

³⁸ Kevin Malone & William Walters, Assisted Suicide Funding Restriction Act: A Pathway to Compliance for Hospices, 1 *Journal of Aid in Dying Medicine* 10-19 (2023); Jean Abbott et al., Hospice Nurse Ethics and Institutional Policies Toward Medical Aid in Dying, 123(6) *American Journal of Nursing* 37-43 (2023).

³⁹ Thaddeus Pope & Lisa Brodoff, Medical Aid in Dying to Avoid Late-Stage Dementia, 72 *Journal of American Geriatrics Society* (2024).

⁴⁰ Timothy E. Quill et al., *Voluntarily Stopping Eating and Drinking: A Compassionate, Widely Available Option for Hastening Death* (Oxford University Press 2021).

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Comparing VSED and MAID

Thaddeus Mason Pope¹

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1. Introduction
2. My Expertise on VSED and MAID
3. What Is VSED?
4. Advantages of VSED
5. Disadvantages of VSED
6. Conclusion

1. Introduction

Dozens of jurisdictions across the United States are debating the legalization of MAID (medical aid in dying). Dozens more jurisdictions around the world are doing the same. Advocates on both sides of these debates often invoke VSED (voluntarily stopping eating and drinking).

Those seeking to authorize MAID argue that while VSED is now available, it is a terrible option. They contend that VSED is cruel, inhumane, and tortuous. So, these advocates argue that we must authorize MAID, because it offers a faster, more peaceful, and more comfortable death. In contrast, advocates opposed to authorizing MAID argue that individuals already have VSED as a legal means for hastening their death. So, there no need to authorize MAID.

Unfortunately, both sides misstate the relative advantages and disadvantages of MAID and VSED. As a recognized expert on both MAID and VSED in the United States, I clarify their relationship. In short, the peer-reviewed evidence shows that VSED can produce a peaceful and comfortable death when supervised by expert palliative care support. But while VSED is not as bad as frequently charged, it is still almost universally recognized as inferior to MAID in terms of duration, cost, and emotional burdens.

2. My Expertise on VSED and MAID

Regarding VSED, I have authored an Oxford University Press book on VSED as well as numerous articles in respected journals such as *JAMA Internal Medicine* and *Journal of the American Geriatrics Society*. I regularly deliver invited presentations on VSED to hospitals and

¹ Law Professor at Mitchell Hamline School of Law in Minnesota, USA. www.thaddeuspope.com. This draft was prepared on September 28, 2024.

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professional medical associations both across the United States and around the world. Relevant citations are in my CV.

Regarding MAID, I have authored a major legal reference book, *The Right to Die: The Law of End-of-Life Decisionmaking*. I coauthored two lengthy entries on MAID in the widely used medical reference guide *UpToDate*. And I have written numerous articles in respected journals such as *JAMA* and *Journal of Palliative Medicine*. I regularly deliver invited presentations on MAID to hospitals and professional medical associations both across the United States and around the world. Relevant citations are in my CV.

3. What Is VSED?

The reader is surely familiar with MAID but is likely less familiar with VSED. So, I offer a definition. And I explain that VSED is widely recognized as a legal, ethical, and clinical end-of-life option.

3.1 Definition of VSED

VSED is an end-of-life option by which a patient hastens their death through passive refusal rather than through the active introduction of lethal medications. A capacitated patient who can eat and drink by mouth makes a voluntary and deliberate decision to stop taking food and fluids orally. Their goal is to cause their death from dehydration. This happens in around 8 to 14 days.

Notably, VSED is distinct from refusing artificial (or clinically assisted) nutrition and hydration. Withholding or withdrawing ANH is already a well-established and commonly invoked patient right. Instead, VSED concerns fluid by mouth, not through PEG or NG tubes. VSED is also distinct from the natural loss of appetite at the very end of life. VSED is purposeful and intentional conduct. While the patient can orally ingest fluids, they stop doing that. Whether through cup, straw, or spoon; the patient ceases intake of all liquids.

3.2 VSED Is Widely Recognized as a Legal, Ethical and Clinical End-of-Life Option

Around the United States and around the world, most academic and policy attention focuses on MAID. Other end-of-life options like VSED receive far less attention. Nevertheless, VSED has now received sufficient attention to conclude that it is widely recognized as a legal, ethical and clinical end-of-life option.

VSED is recognized as a legal option. Courts in Australia, Canada, and the United States have confirmed that a capacitated patient has the right to refuse oral fluids just as they have the right to refuse lifesaving or life-sustaining treatment like mechanical ventilation or dialysis.

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There is no separate explicit authorization in a statute or regulation as with MAID. But none is needed because VSED fits squarely within well-established rules on healthcare decision making.

VSED is recognized as an ethical option. Professional healthcare societies around the world have endorsed VSED as an appropriate end-of-life option. And the peer-reviewed literature is almost universally supportive. Principles of patient autonomy and self-determination require that clinicians respect a capacitated patient's refusal. To force unwanted treatment onto a patient would be an offensive, paternalistic, and harmful assault and battery.

Finally, VSED is a clinically valid option. A growing body of empirical research has enabled the development of clinical practice guidelines. Especially notable is the comprehensive 2024 *Care for People Who Stop Eating and Drinking to Hasten the End of Life* from several Dutch healthcare societies.

4. Advantages of VSED

The key advantage of VSED is that it is more widely available than MAID. So, patients often turn to VSED as a backup option. In addition, many patients would prefer to hasten their death through advance directive. VSED advance directives are more available than MAID advance directives.

4.1 VSED Is a Frequent Backup Option to MAID

When patients are unable to access MAID, they often turn to VSED. Patients are unable to access MAID for three key reasons: (1) legal impermissibility, (2) ineligibility, and (3) inaccessibility.

First, MAID might not be legally authorized in the patient's jurisdiction. For example, many prominent British advocates used VSED to hasten their deaths after losing court challenges to the criminalization of MAID. Similarly, peer-reviewed empirical studies also show significant VSED rates in Germany and Japan, jurisdictions where MAID is not available. And VSED is widely offered in the United States because MAID has been authorized in only 11 U.S. jurisdictions and only under narrow circumstances.

Second, even if MAID has been authorized in the patient's jurisdiction, they may not be eligible. For example, in the United States, the patient must satisfy at least three conditions. They must: (1) have a 6-month prognosis to death, (2) have decision-making capacity, and (3) be able to self-ingest the medications. Patients with dementia cannot satisfy these three requirements. By the time a patient with dementia is within 6 months to death, they lack both decision making capacity and the ability to self-ingest the medications. In short, many MAID jurisdictions have narrow eligibility criteria that many seriously ill and suffering patients cannot satisfy. Notable among these are Australia, New Zealand, and the United States.

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Third, even if MAID has been authorized and even if the patient qualifies, the patient may be unable to access it for practical reasons. They may be unable to survive mandatory waiting periods. Or they may be unable to find an available clinician in their location. The patient might be in a rural area. Or the patient might be in a location like Washington State or Colorado where a large percentage of healthcare systems are religiously affiliated and have opted-out of participating in MAID.

4.2 VSED Advance Directives Are More Available than MAID Advance Directives

For the three reasons described above, VSED is a frequent second-choice backup option to MAID because VSED is more widely available than MAID. Similarly, VSED advance directives are more available than MAID advance directives. Only the Netherlands and Quebec permit MAID through an advance directive. But many more jurisdictions authorize VSED advance directives. These include Australia, Canada, and the United States.

Advance directives are especially important for patients with dementia. If the patient must have decision-making capacity when they get VSED or MAID, then they must get it far earlier than they want. The circumstances under which their lives would become intolerable are still years away. In contrast, with a VSED or MAID advance directive, the individual can specify the future circumstances of late-stage dementia under which they want MAID or VSED even if they lack capacity at that future time. Advance directives permit patients to avoid having to use VSED or MAID preemptively when their lives are still worth living.

5. Disadvantages of VSED

VSED's key advantage is its greater availability. But it almost always fails in a side-to-side comparison with MAID. It is generally considered an inferior option. But some patients do prefer VSED to MAID.

5.1 VSED Is Almost Always an Inferior Option

While patients can and do hasten their death through VSED, most of them would prefer MAID over VSED. They have three main reasons for this preference.

First, VSED is difficult and demanding. It requires substantial willpower to refuse fluid when experiencing thirst and dehydration. While nearly 90% of patients who begin VSED die from VSED, the middle time (roughly days 4 to 6) is especially challenging from a symptoms management perspective.

Second, VSED takes days to weeks from initiation to death. In contrast, MAID typically takes just minutes to unconsciousness and minutes more to death. VSED is a long and drawn-out

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dying process. Moreover, patients who consume even small quantities of water for symptom relief or medication administration have even longer deaths.

Third, VSED's long duration imposes significant burdens on both the patient and their loved ones. The patient's family and friends must step away from their daily lives, gather, and support the patient for one to two weeks. And they cannot plan their own lives because they do not know the duration of the patient's VSED.

Fourth, VSED's long duration entails significant financial costs. While patients who VSED can typically qualify for hospice by day 2, hospice offers only a small portion of the needed support. Medical, nursing, and doula support often costs around \$25,000 to \$30,000. In short, VSED entails significant burdens.

5.2 Some Patients Prefer VSED over MAID

While most patients prefer MAID to VSED, a small minority prefer VSED to MAID. Some view it as more "natural." Some appreciate that the longer duration permits more time to say goodbyes. And some find that VSED is more consistent with their religious or moral beliefs. Unlike MAID, VSED does not introduce any lethal agent. It is a passive rather than an active means of hastening death.

6. Conclusion

VSED is a clinically, ethically, and legally recognized end-of-life option. But it is typically used only when MAID has not been authorized or is unavailable where the patient is located. When both are available, MAID is almost universally considered a superior option. It is faster, cheaper, and less physically and emotionally burdensome.

* * *

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Little Canada, MN 55117
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Highlights Summary of Curriculum Vitae

Honors & Distinctions

- Fellows Council, The Hastings Center (2025)
- Fellow, The Hastings Center (2023)
- Visiting Scholar, Brocher Foundation, Switzerland (2022)
- Fulbright Canada Research Chair in Health Law, Policy, and Ethics at the University of Ottawa (2021)
- Royal College of Physicians and Surgeons of Canada, McLaughlin-Gallie Visiting Professor (2020)
- John and Marsha Ryan Bioethicist in Residence, Southern Illinois University School of Law & School of Medicine (2020) & (2015)

Scholarship

- H-index = 39 (Google Scholar 2025)
- World Top 100 Law & Legal Studies Scientists (*AD Scientific Index* 2025)
- Top 20 most cited health law scholar (*Bill of Health* 2018)
- Quoted and cited not only in academic literature but also in appellate court opinions, casebooks, treatises, and legislative debates
- Over 300 articles in law, medical, and bioethics journals and chapters
- Over 500 academic and public presentations at universities, hospitals, and professional associations in USA, Europe, Asia, Canada, and Australia

Expertise

- | | | |
|-------------------------|-------------------------------|--------------|
| • End of Life Decisions | • Healthcare Liability | • Health Law |
| • Medical Consent | • Torts | • Bioethics |
| • Patient Rights | • Professional Responsibility | |

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Current Academic Positions

- Professor of Law, Mitchell Hamline School of Law
- Adjunct Professor, Australian Centre for Health Law Research, Faculty of Law, Queensland University of Technology
- Adjunct Associate Professor, Albany Medical College
- Visiting Professor of Medical Jurisprudence, Saint George's University
- Affiliate Faculty, University of Minnesota Center for Bioethics

Service

- Chair and consultant for international professional associations
- Regular peer reviewer for grants, journals, and book publishers

Narrative Summary of Curriculum Vitae

Thaddeus Mason Pope, JD, PhD, HEC-C, is a foremost expert on medical law and clinical ethics. He focuses on improving medical decision-making and on protecting patient rights at the end of life.

Professor Pope has been a Fulbright Canada Research Chair in Health Law, Policy and Ethics at the University of Ottawa, and a visiting scholar at the Brocher Foundation in Switzerland. He is now a Professor at Mitchell Hamline School of Law and a Fellow of the Hastings Center. Pope is also Adjunct Professor with the Australian Centre for Health Law Research at Queensland University of Technology, and Adjunct Associate Professor with the Alden March Bioethics Institute at Albany Medical College.

Ranked among the Top 20 most cited health law scholars in the United States, Professor Pope has more than 300 publications. And Pope's engagement with these issues goes beyond academic scholarship. He bridges thought and action by developing amicus briefs, legislative testimony, and professional organization policy statements.

Before joining academia, Professor Pope clerked on the U.S. Court of Appeals for the Seventh Circuit and worked as a corporate litigator for Arnold & Porter LLP. Pope earned a JD and PhD (in philosophy and bioethics) from Georgetown University.



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Present Academic Appointments

Mitchell Hamline School of Law, Saint Paul, MN
Professor of Law, January 2016 –

Australian Center for Health Law Research
Faculty of Law, Queensland University of Technology, Brisbane, QLD
Adjunct Professor, July 2014 –

Albany Medical College (Alden March Bioethics Institute), Albany, NY
Adjunct Associate Professor, July 2010 –

Saint George's University, Grenada, West Indies
Visiting Professor of Medical Jurisprudence, 2015 –

University of Minnesota Center for Bioethics, Minneapolis, Minnesota
Affiliate Faculty, 2015 –

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HONORS & AWARDS

The Hastings Center

Elected Fellows Council, 2025

Elected Fellow, February 2023

Brocher Foundation

Visiting Researcher, March 2022

Fulbright Scholar, March – September 2021

Canada Research Chair in Health Law, Policy, and Ethics at University of Ottawa

Royal College of Physicians and Surgeons of Canada, May 2020

McLaughlin-Gallie Visiting Professor

Southern Illinois University

John & Marsha Ryan Bioethicist in Residence, March 2020

John & Marsha Ryan Bioethicist in Residence, March 2015

National Health Law Moot Court Competition

Coach to 3rd place team overall, 2019

Coach to 2nd place team brief, 2012

Harvard Law School Petrie-Flom Center, *Bill of Health*

Top 20 Most Cited Health Law Scholar, 2018

Harvard University, Edmond J. Safra Center for Ethics

Network Fellowship, 2013-2014

AMERICAN BAR ASSOCIATION JOURNAL

Recognized *Medical Futility Blog* in 7th Annual Blawg 100, Dec. 2013

Hamline University School of Law

Dean's Apple Award for Scholarly Engagement, Dec. 2013

2006 Annual Health Law Scholars Workshop

Competitively selected as an emerging Health Law Scholar by the American Society of Law, Medicine & Ethics (ASLME) and Saint Louis University School of Law

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MBA

Who's Who in Medicine and Healthcare (2006 ed.)

Hon. Benjamin Aranda III Outstanding Public Service Award

Awarded by Los Angeles County Bar Association, June 2005

Champion for Justice

Awarded by Public Counsel for "Run for Justice" fundraising, March 2005

Wiley W. Manuel Award for Pro Bono Legal Services

Awarded by State Bar of California, November 2004

National Merit Scholar, 1987

NROTC – Carnegie Mellon University

Four-year scholarship, 1987

REACH Games (Pennsylvania)

1st Place Othello, 1986

Education

Healthcare Ethics Consultation Certification (HEC-C)

Certified, June 2025 to June 2030

Certified, May 2020 to May 2025

Georgetown University Graduate School, Washington, DC

Ph.D., Philosophy (bioethics concentration), May 2003

M.A., Philosophy (bioethics concentration), December 1997

GPA: 3.6/4.0 (unranked)

Honors: Four-Year Academic Teaching Fellowship
University Writing Center Fellowship

Georgetown University Law Center, Washington, DC

J.D., *cum laude*, December 1997

GPA: 10.6/12.0 (top 20%)

Honors: Dean's List
Appellate Litigation Clinic

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University of Pittsburgh, Pittsburgh, PA
B.A., *summa cum laude*, Philosophy, October 1992
GPA: 3.8/4.0 (top 5%)
Honors: Phi Beta Kappa
Departmental Honors in Philosophy
CAS Alumni Merit Award

George Mason University School of Law, Estes Park, CO
Economics Institute for Law Professors, July 2012

Universidad Complutense, Madrid, Spain
Language & Culture Program, 1985 – 1986

Duquesne University, Pittsburgh, PA
Integrated Honors Program, 1985 & 1986

Judicial Clerkship

United States Court of Appeals for the Seventh Circuit
Judicial Law Clerk to the Honorable John L. Coffey, 1999 - 2000

- Drafted and edited: appellate opinions, unpublished orders, comments on other judges' proposed opinions, and bench memoranda.

Teaching Experience & Interest

Primary:

Torts
Health Law: Quality & Liability
Health Law: Finance & Regulation
End-of-Life Decisions Law
Bioethics
Health Law Seminar
Thesis Supervision (LLM, SJD, MJ)
Healthcare Fraud & Abuse
Health Law Externship
Professional Responsibility

Secondary:

Contracts
Civil Procedure
Jurisprudence
Medical Malpractice
Food & Drug Law
Consumer Protection Law
Elder Law
Business Organizations
Health Law Moot Court
Public Health Law

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Academic Work Experience

I. Tenure Track Positions

Mitchell Hamline School of Law, St. Paul, MN

Professor of Law, January 2016 –

- Courses: Torts; Professional Responsibility; Health Law Quality & Liability; Health Law Externship; Health Law Seminar; Health Law Moot Courts
- Service: *See infra*

Mitchell Hamline School of Law, St. Paul, MN

Director, Health Law Institute, January 2016 – October 2020

- Outcomes
Until 2019, HLI had been ranked the 11th top program in the country by *US News & World Report*. The national rank rose consistently during my tenure, despite the introduction and expansion of many competing programs.
- Academic Programming & Curriculum Administration
HLI offered four certificates, dozens of courses, a clinic, and externship placements. My responsibilities have included: (i) course scheduling; (ii) course sequencing; (iii) developing new courses; (iv) developing academic policies; (v) managing a \$300,000 budget; (vi) supervising staff and student assistants, (vii) recruiting adjunct professors, (viii) maintaining adjunct professor relations, and (ix) publishing and maintaining, across multiple platforms, accurate information about our academic offerings and policies. I also helped develop a new M.S.L. degree focused on healthcare compliance.
- Event Planning
HLI has regularly offered over a dozen academic and practitioner CLE / CE events each year. Event planning consists of: (i) developing a curriculum, (ii) recruiting speakers, (iii) promoting the event, (iv) introducing and moderating presenters, and (v) administering the event onsite. I have also organized three or four health law career panels, each year.
- Student Services
HLI served a variety of student constituencies, including: (i) the student body as a whole, (ii) students interested in health law, (iii) students in the Student Health Law Association, and (iv) students interested in a health law certificate. I advised these students, helped with their event planning, and provide other student services. I conduct substantial one-on-one advising as well as numerous orientation and information sessions.

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- Program Marketing

I promoted the school and HLI to a variety of external constituencies, such as local practitioners, alumni, advisory boards, and prospective students.

I had a central role in drafting, editing, and updating our marketing materials. I significantly expanded both the depth of content and the navigability of the HLI website. I prepared and distributed a weekly newsletter, the *HLI Brief*. I prepared a detailed annual report, *HLI Highlights*.

Hamline University School of Law, St. Paul, MN

Associate Professor of Law, January 2012 – December 2015

- Courses: Health Law Quality & Liability; Bioethics; Medical Law at End of Life
- Service: *See infra*

Hamline University School of Law, St. Paul, MN

Director, Health Law Institute, January 2012 – December 2015

- *See supra* description for the HLI at Mitchell Hamline

Widener University School of Law, Wilmington, DE

Associate Professor of Law, July 2008 – December 2011

Visiting Assistant Professor of Law, July 2007 – June 2008

- Courses: Torts, Health Law I, Health Law II, Bioethics, Health Law Thesis, Health Law Moot Court, Fraud & Abuse
- Service: *See infra*

University of Memphis School of Law, Memphis, TN

Assistant Professor of Law, June 2005 – June 2008

- Courses: Health Law & Policy, Law & Medicine, Business Organizations, Bioethics & Law (seminar)
- Service: *See infra*

II. Other Teaching Positions

Saint George's University, Grenada, West Indies

Visiting Professor, February & July 2015, February & July 2016, February 2017

- Courses: Medical Jurisprudence, a block of eight lectures (with a USMLE focus) in the Department of Behavioral Science for 1400 students annually

DKI WPA

Southern Illinois University, Carbondale, IL

John & Marsha Ryan Bioethicist in Residence, February 2020

John & Marsha Ryan Bioethicist in Residence, April 2015

- Delivered public lectures on law and medicine
- Visited classes at the law school and provided a seminar for law/medical students in Carbondale and Springfield
- Organized interdisciplinary educational activities for students, residents, and faculty from both institutions

Albany Medical College (Alden March Bioethics Institute), Albany, NY

Adjunct Associate Professor of Medical Education, July 2010 –

- Courses: End-of-Life Ethics, Policy & Law (co-taught with Robert Swidler)

Kennedy Institute of Ethics, Washington, DC

Teaching Assistant for Tom L. Beauchamp, 1996 - 1997

- Taught Biomedical Ethics, both by evaluating the students' essays and exams, and by advising students in small-group sessions.

Georgetown University, Washington, DC

Teaching Assistant, 1992 - 1993, 1994 - 1996

- Lectured, counseled, and advised students in the undergraduate courses: Moral Reasoning, Epistemology, and Introduction to Ethics.

III. Other Research Positions

Brocher Foundation, Hermance, Switzerland

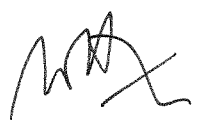
Visiting Researcher, March 2022

- Scholarly residency focused on bioethics.
- Invited to conduct research on informed consent and shared decision making

University of Ottawa, Ottawa, Ontario

Fulbright Canada Research Chair in Health Law, Policy, and Ethics, March – Sept. 2021

- Produced from the following projects: six publications and five national or international presentations.
- Conducted comparative research on end-of-life issues including MAID, brain death, organ donation, and the resolution of treatment conflicts.
- International consultant to the Death Definition and Determination Project, a multidisciplinary project by Canadian Blood Services, the Canadian Critical Care Society, and the Canadian Medical Association.

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- Consultant to the International Donation and Transplantation Legislative and Policy Forum.
- Made conference presentations to the Canadian Bioethics Society and other professional associations.
- Consulted with the provincial regulator (CPSO) on several policies.

Royal College of Physicians and Surgeons of Canada, Toronto, Ontario
McLaughlin-Gallie Visiting Professor, May 2021

- Invited to deliver lectures to CAMAP and university partners

Australian Center for Health Law Research

Faculty of Law, Queensland University of Technology, Brisbane, QLD
Adjunct Professor, July 2014 –

- Participated in ICEL conferences and other public lectures at QUT.
- Collaborated on scholarship relating to end-of-life issues.

University of Minnesota Center for Bioethics, Minneapolis, Minnesota
Affiliate Faculty, 2015 –

- Delivered public lectures on brain death and medical aid in dying
- Active participant on the hospital ethics committee

Southern Illinois University

John & Marsha Ryan Bioethicist in Residence, March 2020

John & Marsha Ryan Bioethicist in Residence, March 2015

Edmond J. Safra Center for Ethics, Harvard University, Cambridge, MA
Network Fellow, September 2013 – June 2014

Thomas Jefferson University, Philadelphia, PA

Senior Scholar in Health Policy, October 2007 – June 2009

Senior Scholar, Jefferson School of Population Health, June 2009 – June 2012

Kennedy Institute of Ethics, Washington, DC

Research Assistant for G. Madison Powers, May 1997

- Researched and drafted legal memoranda analyzing the liability of managed care organizations and the scope of ERISA preemption.



DKZ

Georgetown University Law Center, Washington, DC

Research Assistant for Lawrence O. Gostin, Summer 1997

- Researched and wrote background papers on various public health law issues in international law, tort law, and municipal law.

Research Assistant for Anita L. Allen, 1995 - 1996

- Researched and edited law review articles on various issues in bioethics.
- Co-authored chapter seven in Blackwell's *Companion to African American Philosophy*.

Research Assistant for Karen Summerhill, Summer 1995

- Conducted legal research for the Georgetown law faculty.

Research Assistant for Kevin P. Quinn, 1994 - 1995

- Conducted legal research on topics in biomedical ethics and jurisprudence.
- Recommended materials for the Law, Medicine, and Ethics seminar.

Legal Work Experience

Arnold & Porter LLP, Los Angeles, CA

Associate Attorney, October 2000 - August 2005

- Attained litigation objectives at the trial and appellate level of state and federal courts for corporate clients including: Philip Morris, Wyeth, VeriSign, Microsoft, Comcast, Nikken, and State Farm Insurance.
- Assumed substantial responsibility both for strategic planning and for the day-to-day management of pharmaceutical product liability, commercial contract, securities, intellectual property, and other business litigation.
- Devised techniques for implementing innovative mechanisms pertaining to punitive damages and federal civil procedure in complex mass tort litigation.
- Contributed more than 500 hundred hours to *pro bono* cases involving adoptions, elder planning, and public health benefits.
- Firm activities included service both on the Summer Associates Committee (2004, 2005) and on the Associate Relations Committee (2004).

Arnold & Porter LLP, Washington, DC

Part-time Lawyer, 1997 - 1999

- Researched and drafted: U.S. Supreme Court briefs, appellate briefs, pretrial briefs, legal memoranda, international arbitral memorials, and a book on international human rights law.


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Montedonico, Hamilton & Altman, Washington, DC

Law Clerk, 1996 - 1997

- Researched and drafted trial briefs and legal memoranda on both medical malpractice and construction law tort issues.

Greines, Martin, Stein & Richland, Beverly Hills, CA

Summer Associate, Summer 1996

- Researched and wrote legal memoranda for this acclaimed appellate boutique concerning: state and federal appellate procedure, medical malpractice, civil rights, and constitutional law issues.

Commission on the Future of the Courts, Annapolis, MD

Legal Consultant, Winter 1996

- Drafted criteria for the recruitment and selection of Maryland state judges.
- Made presentations before the Committee on Selection, Tenure, and Evaluation of Judges at the Maryland Court of Appeals.

National Academy of Sciences, Washington, DC

Legal Consultant, Summer 1995

- Co-authored chapter seven of a report analyzing privacy and general liability problems with the FAA's use of invasive airport security screening devices.

Expert Witness Experience

Professor Pope has served as both a consulting and testifying expert witness in court, arbitration, and other tribunal proceedings. Professor Pope has worked with a wide range of parties in the healthcare system. He has been retained by hospital systems, physicians, nurses, and patients. Professor Pope has worked for both plaintiffs and defendants.

Professor Pope has engaged on two main types of cases.

- First, he has worked on both tort and contract cases involving healthcare providers. These cases often intertwine with issues of clinical and/or professional ethics. For example, a key question was whether the manner of terminating a hospital-physician contract resulted in patient abandonment.
- Second, Professor Pope has worked on actions regarding life-sustaining treatment. These cases often concern the scope of consent authority possessed by surrogate decision makers like proxies, agents, parents, and guardians.

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I. Testified at Trial

California State Bar Prosecution of Mary Blair Angus and Natalie Duke, Nos. 16-0-17407 and 16-0-17437 (California State Bar Court 2021).

- Professor Pope testified on the appropriateness of a county adult protective services agency using Probate Code 4766 proceeding to challenge the treatment decisions of a patient's healthcare agent.
- The agent alleged that it was unprofessional for the county's lawyers to have pursued the matter.

In Areen Charabarti, No. 201800563MI (Orphans Court Division, Court of Common Pleas of Philadelphia County, Pennsylvania 2018).

- Professor Pope testified at a May 2018 trial on the legal status of brain death. He testified on behalf of a family contesting the Children's Hospital of Philadelphia diagnosis and treatment plan.
- He also served as consulting expert for the family.

II. Testified at Deposition

California State Bar Prosecution of Mary Blair Angus and Natalie Duke, Nos. 16-0-17407 and 16-0-17437 (California State Bar Court 2021).

- Professor Pope testified on the appropriateness of a county adult protective services agency using Probate Code 4766 proceeding to challenge the treatment decisions of a patient's healthcare agent.
- The agent alleged that it was unprofessional for the county's lawyers to have pursued the matter.

Ramdas Bhandari, MD v. V/H/A Southwest Community Health Corporation d/b/a Community Hospital Corporation and Artesia General Hospital, No. 1:09-CV-00932 JB/LAM (U.S. District Court for the District of New Mexico 2010-2011).

- Professor Pope was retained by Greenberg Traurig LLP for a hospital client defendant. The plaintiff took Professor Pope's deposition in Houston.
- The primary issue concerned hospital and physician duties to the former patients of a departing physician.

Wagner v. Summa Health System, No. CV-2013-09-4227 (Court of Common Pleas, Summit County, Ohio 2016-2017).

- Professor Pope was retained by the family of a deceased patient. The defendant hospital took Professor Pope's deposition in Saint Paul.



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- The primary issue concerned provider duties to obtain appropriate consent for a DNR/CCO order.

Cedar Valley Medical Specialists v. Singh & Kamenova, No. LACV 131470 (Black Hawk County District Court, Iowa 2018).

- Professor Pope was retained by two oncologists. The defendant clinic took his deposition in Saint Paul in December 2018.
- The oncologists' former employer charged that the manner of their contract termination and departure constituted patient abandonment.

III. Other Expert Consulting

O'Connor v. Community Hosp. & Med. Center, No. 18-CECG-01184 (Fresno Sup. Ct., Cal. 2023).

- Professor Pope was retained by the plaintiff who alleged that the hospital and the regional OPO took his daughter's organs knowing that they lacked authorization.
- The matter settled after Professor Pope's deposition was scheduled.

Bhandari v. UCSD, No. 22-CV-1471-CAB-WVG (S.D. Cal. 2022)

- Professor Pope assessed EMTALA and state law claims concerning treatment of a patient who died after allegedly inadequate care.

Anonymous (California 2022)

- Professor Pope consulted with clinicians regarding the appropriateness of complying with and revising a POLST.

Shavelson v. California, No. 3:21-CV-06654 (N.D. Cal. 2021).

- This matter was appealed to the U.S. Court of Appeals for the Ninth Circuit.
- Professor Pope was consulting with California MAID clinicians and terminally ill patients who challenge the End-of-Life Option Act's prohibition on assistance with ingestion as inconsistent with the ADA.
- Some patients otherwise qualified under the EOLOA are unable to ingest the medication because of their physical disability (such as ALS).
- Pope submitted a declaration in support of opposition to the state's motion to dismiss.

Potts v. San Rafael Operating Company, No. SCV-266808 (Sonoma County Superior Court, Cal. 2021).

- Professor Pope was retained in this case concerning resuscitation of a patient contrary to their wishes.

Michael Hickson v. St. David's South Austin Medical Center & Family Eldercare (2020).

- Professor Pope consulted with a law firm hired by the family of a patient whose life-sustaining treatment was withdrawn contrary to his wishes and because of his pre-existing disabilities.

In re B.A.B., No. 68-0904-34484 (Minnesota Office of Admin. Hearings 2018).

- Professor Pope was retained by Fredrikson & Byron on behalf of a nurse client. He prepared a report but did not testify.
- This healthcare licensing board action involved professional boundaries. It questioned whether a licensee should have accepted a significant gift from a patient long after the treatment relationship had ended.

Guardianship of Lisa Spangler, No. BE15PO724GD (Massachusetts Probate & Family Court, Berkshire Division 2018).

- The family of a disabled individual retained Professor Pope in a matter that questioned whether a guardian may direct a healthcare facility to withdraw a patient's artificial nutrition and hydration. The patient died before Professor Pope was required to testify.

Kosta M. Arget, MD et al. v. Renown Health et al., No. CV11-02477 (Second Judicial District for the State of Nevada, Washoe County 2013).

- Professor Pope was retained by Bryan Cave LLP for a hospital client. He attended a hearing in Reno, but the case settled before his testimony was needed.
- The primary issue concerned hospital and physician group duties to former patients of departing physicians.

In re Rodney Knoepfle (Helena, Montana 2016-2017).

- Professor Pope worked as a pre-suit non-testifying expert for a patient planning claims against a hospital.
- Clinicians had resuscitated the patient against his wishes and directions.



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Publications

- 3 books
- 29 book chapters
- 47 law review and bar journal articles
- 227 articles in medical, bioethics, and nursing journals
- H-index = 39
- Quoted in appellate court opinions, casebooks, treatises, and legislative debate
- Numerous essays, websites, blogs, appellate briefs, and other occasional pieces

- I. Books
- II. Book Chapters
- III. Guest Editor of Special Journal Issues
- IV. Law Reviews & Bar Journals
- V. Medical & Bioethics Journals
- VI. Newsletters & Reports
- VII. Newspapers
- VIII. Blogs & Websites
- IX. Amicus Briefs
- X. Legislative & Agency Testimony
- XI. Current Research Projects

I. Books

1. INFORMED CONSENT AND SHARED DECISION MAKING (in progress).
2. THE RIGHT TO DIE: THE LAW OF END-OF-LIFE DECISIONMAKING (Wolters Kluwer Law & Business 2025) (with Alan Meisel & Kathy L. Cerminara).
 - Semi-annual supplement (Sept. 2025).
 - Semi-annual supplement (March 2025).
 - Semi-annual supplements (2015 to 2024).
3. VOLUNTARILY STOPPING EATING AND DRINKING: A COMPASSIONATE, WIDELY AVAILABLE OPTION FOR HASTENING DEATH (Oxford University Press 2021) (with Tim Quill, Paul Menzel, Judith Schwarz).
4. A DEFINITION AND DEFENSE OF HARD PATERNALISM: A CONCEPTUAL AND NORMATIVE ANALYSIS OF THE RESTRICTION OF SUBSTANTIALLY AUTONOMOUS SELF-REGARDING BEHAVIOR (Georgetown University doctoral dissertation 2003).



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II. Book Chapters

5. *Expand Right to Die Options for Older Americans*, in *LAW, HEALTH CARE, AND THE AGING BRAIN AND BODY* (Glenn Cohen et al., eds. forthcoming 2026).
6. *Law and Shared Decision Making: Recent Developments*, in *OXFORD TEXTBOOK OF SHARED DECISION MAKING IN HEALTHCARE* ch.67 (Glyn Elwyn et al. eds, 4th ed. 2025).
7. *Assisted Dying in the United States*, in *LAW AND ASSISTED DYING RESEARCH HANDBOOK* ch.10 (Ben White ed., Edward Elgar 2025).
8. *Medicolegal Issues (Professional Version)*, in *MERCK MANUAL* (2025) (periodically updated).
9. *Medicolegal Issues (Consumer Version)*, in *MERCK MANUAL* (2025) (periodically updated).
10. *Is Consent Required for Clinicians to Make a Determination of Death by Neurologic Criteria?* in *DEATH DETERMINATION BY NEUROLOGICAL CRITERIA: AREAS OF CONTROVERSY AND CONSENSUS* 287-304 (Ariane Lewis and James L. Bernat eds., Springer 2022).
11. *Medical Futility*, in *GUIDANCE FOR HEALTHCARE ETHICS COMMITTEES* (2d ed. Cambridge University Press 2022).
12. *Extrajudicial Resolution of Medical Futility Disputes: Key Factors in Establishing and Dismantling the Texas Advance Directives Act*, in *INTERNATIONAL PERSPECTIVES ON END-OF-LIFE LAW REFORM: POLITICS, PERSUASION AND PERSISTENCE* ch.9 (Ben White & Lindy Wilmott eds., Cambridge University Press 2021).
13. *International Perspectives on Reforming End-of-Life Law*, in *INTERNATIONAL PERSPECTIVES ON END-OF-LIFE LAW REFORM: POLITICS, PERSUASION AND PERSISTENCE* (Cambridge University Press 2021) (Ben White and Lindy Wilmott eds) (with Ben White, Lindy Willmott, Jocelyn Downie, Penney Lewis, Celia Kitinger, Jenny Kitinger, Kenneth Chambaere, Luc Deliens, Mona Gupta, Emily Jackson, Agnes van der Heide, Eliana Close, Katrine Del Villar and Jodhi Rutherford).



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14. *Legal Issues with VSED, in VOLUNTARILY STOPPING EATING AND DRINKING: A COMPASSIONATE, WIDELY AVAILABLE OPTION FOR HASTENING DEATH* ch.4 (Oxford University Press 2021) (with Tim Quill, Paul Menzel, Judith Schwarz).
15. *Legal Issues with SED by AD, in VOLUNTARILY STOPPING EATING AND DRINKING: A COMPASSIONATE, WIDELY AVAILABLE OPTION FOR HASTENING DEATH* ch.10 (Oxford University Press 2021) (with Tim Quill, Paul Menzel, Judith Schwarz).
16. *Resolving Conflicts in Pediatric Palliative Care, in INTERDISCIPLINARY PEDIATRIC PALLIATIVE CARE* ch.16 (Oxford University Press 2021) (with Robert Macauley, Jody Chrastek, Amie Brandtjen, Harvey Cohen).
17. *Jack Kevorkian, in AMERICAN NATIONAL BIOGRAPHY* (2021).
18. *Safeguards, in PHYSICIAN-ASSISTED DEATH: SCANNING THE LANDSCAPE* 5-2 to 5-4 (National Academies of Science Engineering & Medicine 2018).
19. *Case Study - Mrs. Selano: An Interprofessional Perspective, in Ethical Aspects of Care, in PALLIATIVE CARE NURSING: QUALITY CARE TO THE END OF LIFE* 70-71 (M. Matzo & D. Sherman eds., 5th ed. Springer 2018).
20. *Brain Death Rejected: Expanding Legal Duties to Accommodate Religious Objections to the Determination of Death by Neurological Criteria, in LAW, RELIGION, AND AMERICAN HEALTHCARE* ch.20, 293-305 (Cambridge University Press 2017).
21. *Emerging Legal Issues for Providers in the U.S., in SHARED DECISION MAKING IN HEALTHCARE: ACHIEVING EVIDENCE-BASED PATIENT CHOICE* 38-42 (Glyn Elwyn, Rachel Thompson, and Adrian Edwards eds., Oxford University Press 2016) (with Benjamin W. Moulton).
22. *Medical Futility and Potentially Inappropriate Treatment, in OXFORD HANDBOOK ON DEATH AND DYING* 65-86 (Stuart Younger & Robert Arnold eds., Oxford University Press 2016) (with Douglas B. White).
23. *Patient Rights in the ICU, in OXFORD TEXTBOOK OF CRITICAL CARE* (Webb, Angus, Finfer, Gattioni & Singer eds., Oxford University Press 2016) (with Douglas B. White).



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24. *Death Penalty*, in *ENCYCLOPEDIA OF BIOETHICS* 815-817 (4th ed., Bruce Jennings ed., Macmillan Reference 2014).
25. *Quality of Life in Legal Perspective*, in *ENCYCLOPEDIA OF BIOETHICS* 1832-1834 (4th ed., Bruce Jennings ed., Macmillan Reference 2014).
26. *Medical Futility*, in *HEALTHCARE ETHICS COMMITTEES* 88-97 (D. Micah Hester & Toby Schonfeld eds., Cambridge University Press 2012).
27. *The Slow Transition of U.S. Law toward a Greater Emphasis on Prevention*, in *PREVENTION VS. TREATMENT: WHAT'S THE RIGHT BALANCE?* 219-244 (Halley S. Faust & Paul T. Menzel eds., Oxford University Press 2011).
28. *Foreword to* STANLEY A. TERMAN, *PEACEFUL TRANSITIONS: AN IRONCLAD STRATEGY TO DIE HOW AND WHEN YOU WANT* vi-vii (2d ed., Life Transitions Pub. 2011).
29. *Involuntary Passive Euthanasia in U.S. Courts: Reassessing the Judicial Treatment of Medical Futility Cases*, in *MEDICAL TREATMENT AND LAW* 104-145 (Asifa Begum ed., Amicus Books 2010).
30. *Foreword to* STANLEY A. TERMAN, *PEACEFUL TRANSITIONS: AN IRONCLAD STRATEGY TO DIE HOW AND WHEN YOU WANT* vi-vii (Life Transitions Pub. 2009).
31. *Medical Futility Statutes: Can/Ought They Be Resuscitated?* in *THE MANY WAYS WE TALK ABOUT DEATH IN CONTEMPORARY SOCIETY: INTERDISCIPLINARY STUDIES IN PORTRAYAL AND CLASSIFICATION* ch.18 (Margaret Souza & Christina Staudt eds., Edwin Mellen Press 2009).
32. *Social Contract Theory, Slavery, and the Antebellum Courts*, in *A COMPANION TO AFRICAN AMERICAN PHILOSOPHY* 125-133 (Tommy Lott & John Pittman eds., Blackwell 2003) (paperback 2006) (with Anita L. Allen).
33. *Legal Issues (The Right to Privacy and Lawsuits)*, in *AIRLINE PASSENGER SECURITY: NEW TECHNOLOGIES AND IMPLEMENTATION ISSUES* 34-43 (National Academy of Sciences 1996) (with Paul F. Rothstein).



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III. Guest Editor of Special Journal Issues

34. *Brain Death*, 22(12) AMA JOURNAL OF ETHICS (December 2020) (with Ariane Lewis).
35. *Voluntarily Stopping Eating and Drinking*, 6(2) NARRATIVE INQUIRY IN BIOETHICS 75-126 (2016).
36. *Caring for the Seriously Ill: Cost and Public Policy*, 39(2) J. L. MED. & ETHICS 111-234 (2011) (with Robert M. Arnold and Amber E. Barnato).

IV. Law Reviews & Bar Journals

37. *VSED Advance Directives: Legality of Instructions to Stop Eating and Drinking* (in progress).
38. *New VSED Advance Directive: Improved Documentation Avoids Late-Stage Dementia*, 53 JOURNAL OF LAW, MEDICINE & ETHICS (forthcoming 2025) (with Lisa Brodoff, Erin Mae Glass, Robb Miller, Paul Menzel).
39. *Deep and Continuous Palliative Sedation without Artificial Nutrition and Hydration: An International Review*, 35(1) INDIANA INTERNATIONAL & COMPARATIVE LAW REVIEW 67-152 (2025) (with Richard Liu and April Xiaoyi Xu).
40. *Legal Medicare Mandates for Shared Decision Making with Patient Decision Aids: Linking Payment to Preference*, 35(1) ANNALS OF HEALTH LAW & LIFE SCIENCES 143-188 (2025).
41. *Do We Know the Impacts of Living Wills & the POLST Paradigm on the Health & Life Insurance Sectors*, 43 NAEPC JOURNAL OF ESTATE & TAX PLANNING (Dec. 2023) (with Ferdinando Mirarchi & Andrew Eрман).
42. *Your End-of-Life Options: Medical Aid in Dying May Allow You or Your Loved Ones to Take Steps to Avoid Unnecessary End-of-Life Suffering*, 33(4) ABA EXPERIENCE MAGAZINE 12-15 (Summer 2023).
43. *From Informed Consent to Shared Decision Making: Improving Patient Safety and Reducing Medical Liability Risk with Patient Decision Aids*, 74 MAINE LAW REVIEW 73-100 (2022).



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44. *Medical Aid in Dying: Ten Variations among U.S. State Laws*, 14(1) AHLA JOURNAL OF HEALTH & LIFE SCIENCES LAW 25-59 (October 2020).
45. *Video Advance Directives: Growth and Benefits of Audiovisual Recording*, 73 SMU LAW REVIEW 161-175 (2020).
46. *Determination of Death by Neurologic Criteria in the United States: The Case for Revising the Uniform Determination of Death Act*, 47(4) JOURNAL OF LAW, MEDICINE & ETHICS 9-24 (2020) (with Ariane Lewis, Leon G. Epstein, David M. Greer, Matthew P. Kirschen, Michael Rubin, James A. Russell, Richard J. Bonnie).
47. *Legal History of Medical Aid in Dying: Physician Assisted Death in U.S. Courts and Legislatures*, 48(2) NEW MEXICO LAW REVIEW 267-301 (2018).
48. *Unbefriended and Unrepresented: Medical Decision Making for Incapacitated Patients without Healthcare Surrogates*, 33(4) GEORGIA STATE UNIVERSITY LAW REVIEW 923-1019 (2017).
49. *Brain Death Forsaken: Growing Conflict and New Legal Challenges*, 37(3-4) JOURNAL OF LEGAL MEDICINE 265-324 (2017).
50. *Certified Patient Decision Aids: Solving Persistent Problems with Informed Consent Law*, 45(1) JOURNAL OF LAW, MEDICINE, AND ETHICS 12-40 (2017).
51. *Procedural Due Process and Intramural Hospital Dispute Resolution Mechanisms: The Texas Advance Directives Act*, 10 SAINT LOUIS UNIVERSITY JOURNAL OF HEALTH LAW & POLICY 93-158 (2017).
52. *A Definition and Defense of Hard Paternalism: A Conceptual and Normative Analysis of the Restriction of Substantially Autonomous Self-Regarding Conduct: A New Normative Defense of Hard Paternalism*, http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1087383 (under revision for publication, over 250 downloads and citations).
53. *Texas Advance Directives Act: Almost a Model Dispute Resolution Mechanism for Intractable Medical Futility Disputes*, 16(1) QUT L. REV. 22-53 (2016).

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54. *Health Care Reform Implementation in Minnesota: Mission Advanced but Not Accomplished: An Introduction to the Symposium*, 38 HAMLINE LAW REVIEW 161-176 (2015).
55. *Limiting Liberty to Prevent Obesity: Justifiability of Hard Paternalistic Public Health Regulation*, 46 CONN. L. REV. 1859-1876 (2014).
56. *The Growing Power of Healthcare Ethics Committees Heightens Due Process Concerns*, 15 CARDOZO J. CONFLICT RESOLUTION 425-447 (2014).
57. *Dispute Resolution Mechanisms for Intractable Medical Futility Disputes*, 58 N.Y.L. SCH. L. REV. 347-368 (2014).
58. *Legal, Medical, and Ethical Issues in Minnesota End-of-Life Care*, 36(2) HAMLINE L. REV. 139-150 (2013)
59. *Clinicians May Not Administer Life-Sustaining Treatment without Consent: Civil, Criminal, and Disciplinary Sanctions*, 9 J. HEALTH & BIOMEDICAL L. 213-296 (2013).
60. *Lessons from Tragedy - Part Two*, 19 WIDENER L. REV. 239-258 (2013).
61. *Safe Harbor Immunity for Healthcare Providers: Essential Attributes and Persistent Obstacles*, 21(2) ANNALS HEALTH L. 121-135 (2012).
62. *The Government's Duty to Preserve in False Claims Act Litigation*, American Health Lawyers Association (AHLA) HEALTHCARE LIABILITY AND LITIGATION PRACTICE HEALTH BRIEFS E-NEWSLETTER (Oct. 2012).
63. *Career Guide for the Future Healthcare Attorney*, 4(1) WIDENER HEALTH LAW COLLOQUIUM 2-7 (Fall 2012).
64. *Surrogate Decision Makers: Comparing the FHCDL with Other State Laws*, 16(1) NYSBA HEALTH L.J. 109-113 (Spring 2011).
65. *Introduction: Caring for the Seriously Ill: Cost and Public Policy*, 39(2) J. L. MED. & ETHICS 111-113 (2011) (with Robert M. Arnold and Amber E. Barnato).

66. *Voluntarily Stopping Eating and Drinking: A Legal Treatment Option at the End of Life*, 17(2) WIDENER L. REV. 363-428 (2011) (with Lindsey Anderson).
- Cited in *Bentley v. Maplewood Seniors Care Society*, 2014 BCSC 165.
 - Reprinted in part in NINA A. KOHN, *ELDER LAW: PRACTICE, POLICY AND PROBLEMS* 540-543 (Wolters Kluwer 2014).
67. *Foreword: Symposium: Health Law and the Elderly: Managing Risk at the End of Life*, 17(2) WIDENER L. REV. i-vii (2011).
68. *The Topography and Geography of U.S. Health Care Regulation (Review of Robert I. Field, HEALTH CARE REGULATION IN AMERICA: COMPLEXITY, CONFRONTATION AND COMPROMISE)*, 38 J. L. MED. & ETHICS 427-432 (2010).
69. *Surrogate Selection: An Increasingly Viable, but Limited, Solution to Intractable Futility Disputes*, 3 ST. LOUIS J. HEALTH L. & POL'Y 183-252 (2010).
- Reprinted in part in JANET L. DOLGIN & LOIS L. SHEPHERD, *BIOETHICS AND THE LAW* 796-798 (3d ed., Aspen 2013).
70. *2008-2009 National Health Law Moot Court Competition*, 30 J. LEG. MED. 443-466 (2009).
71. *A Conversation About End-of-Life Decisionmaking*, 14(2) NYSBA HEALTH L.J. 91-107 (Fall 2009) (with Nancy Dubler, Alicia Ouellette, Timothy Quill, Robert Swidler).
72. *Multi-Institutional Healthcare Ethics Committees: the Procedurally Fair Internal Dispute Resolution Mechanism*, 31 CAMPBELL L. REV. 257-331 (2009).
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226. *Statement on Futility and Goal Conflict in End-of-Life Care in ICUs*, 191(11) AMERICAN JOURNAL OF RESPIRATORY & CRITICAL CARE 1318-1330 (2015) (with Gabriel Bosslet, ATS Ethics Committee, and other external content experts).
227. *An Official American Thoracic Society Policy Statement: Managing Conscientious Objection in Intensive Care Medicine*, 191(2) AMERICAN JOURNAL OF RESPIRATORY & CRITICAL CARE 219-227 (2015) (with Mithya Lewis-Newby, Mark Wiccalir, ATS Ethics Committee, and other external content experts).
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229. *Legal Briefing: Coerced Treatment and Involuntary Confinement for Contagious Disease*, 26(1) JOURNAL OF CLINICAL ETHICS 73-83 (2015) (with Heather Bughman).
230. *Advance Care Planning for End-Stage Kidney Disease (Protocol)*. COCHRANE DATABASE OF SYSTEMATIC REVIEWS 2013, Issue 7. Art. No.: CD010687. DOI: 10.1002/14651858.CD010687 (with A. Effiong, L. Shinn & J.A. Raho).
231. *Legal Briefing: Brain Death and Complete Brain Failure*, 25(3) J. CLINICAL ETHICS 245-257 (2014).
232. *The Changing Legal Climate for Physician Aid-in-Dying*, 311(11) JAMA 1107-1108 (2014) (with David Orentlicher and Ben A. Rich).
233. *Legal Briefing: Informed Consent in the Clinical Context*, 25(2) J. CLINICAL ETHICS 152-174 (2014) (with Melinda Hexum).
234. *Legal Briefing: Voluntarily Stopping Eating and Drinking*, 25(1) J. CLINICAL ETHICS 68-80 (2014) (with Amanda West).
235. *Making Medical Decisions for Patients without Surrogates*, 369(21) NEW ENGLAND JOURNAL OF MEDICINE 1976-1978 (2013).

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240. *Legal Briefing: POLST: Physician Orders for Life-Sustaining Treatment*, 23(4) J. CLINICAL ETHICS 353-376 (2012) (with Mindy Hexum).
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243. *Legal Fundamentals of Surrogate Decision Making*, 141(4) CHEST 1074-1081 (2012) (in the series: *Intersection of Law and Medicine*).
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246. *Legal Briefing: The Unbefriended: Making Decisions for Patients without Surrogates (Part 1)*, 23(1) J. CLINICAL ETHICS 84-95 (2012).
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250. *The Best Interest Standard: Both Guide and Limit to Medical Decision Making on Behalf of Incapacitated Patients*, 22(2) J. CLINICAL ETHICS 134-138 (2011).
251. *Medical Futility and Maryland Law*, 19 MID-ATLANTIC ETHICS COMMITTEE NEWSLETTER 1-3 (Winter 2011).
252. *Resolving Medical Futility Disputes*, 36(2) DELAWARE NURSES ASSOCIATION REPORTER, May-June-July 2011, at 5-6 (with Donna Casey).
253. *Legal Briefing: Healthcare Ethics Committees*, 22(1) J. CLINICAL ETHICS 74-93 (2011).
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256. *Legal Briefing: Crisis Standards of Care*, 21(4) J. CLINICAL ETHICS 358-367 (2010).
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273. *Futility: The Limits of Mediation*, 132 CHEST 888-889 (2008) (with Ellen Waldman).
274. *Philosopher's Corner: Medical Futility*, 15 MID-ATLANTIC ETHICS COMMITTEE NEWSLETTER, Fall 2007, at 6-7.
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VI. Newsletters & Reports

- 276. *One Giant Leap for MAID*, FINAL EXIT NETWORK NEWSLETTER (Winter 2021), at 4-5.
- 277. American Clinicians Academy on Medical Aid in Dying, *Telemedicine Policy Recommendations* (March 25, 2020) (with Committee to Evaluate Telemedicine for Aid-in-Dying Requests in the Context of the Coronavirus Epidemic).
- 278. *Oregon Shows that Assisted Suicide Can Work Sensibly and Fairly*, 15(2) FINAL EXIT NETWORK NEWSLETTER 7 (May 2016).
- 279. *Letter from the Chair*, AALS SECTION ON LAW, MEDICINE, AND HEALTH CARE NEWSLETTER 1-2 (Dec. 2015).
- 280. *POLST Legislative & Regulatory Guide* (2014) (with Legislative Working Group of the National POLST Paradigm Task Force).
- 281. *Health Law Institute Highlights* (2012 to 2019 annual reports).
- 282. *Choosing the Right Medical Treatment at the End of Life*, USM NEWS [UNITED SENIORS OF MARYLAND] (Jan. 2011).

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- 283. *Oregon Shows That Assisted Suicide Can Work Sensibly and Fairly*, NEW YORK TIMES (Oct. 7, 2014).
- 284. *Pregnant and Dead in Texas: A Bad Law, Badly Interpreted*, LOS ANGELES TIMES (Jan. 16, 2014) (with Arthur L. Caplan).
- 285. *End-of-Life Care: A Lack of Planning Complicates Matters*, MINNEAPOLIS STAR-TRIBUNE, Jan. 25, 2011, at 8A.
- 286. *U.S. Can Learn from China's Reform Efforts*, NEWS-J (Wilmington, DE), Jan. 8, 2010.
- 287. *Law Probably Won't Provide Safe Harbor to Hospitals*, PATRIOT NEWS (Harrisburg, PA), Dec. 24, 2006.

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288. *Bartender Wrong to Refuse Service*, LAS VEGAS SUN, Mar. 15, 2000.
289. *It's Not About Smokers' Choices*, WASH. POST, Apr. 15, 1999, at A30.
290. *Nevada Court Abandoned Its Duty in Death Case: Allowing Execution Runs Counter to an International Treaty We Signed*, LAS VEGAS REV.-J., Aug. 30, 1998, at 3D.

VIII. Blogs & Websites

291. *Medical Futility Blog*, <http://www.medicalfutility.blogspot.com> (July 2007 – present) (tracking judicial, legislative, policy, and academic developments concerning end-of-life healthcare decisions).
- My solo-authored blog has received over **five million page views**, plus syndication on Westlaw, Wellsphere, and Bioethics.net.
 - Over 6000 posts
 - This blog was recognized in the AMERICAN BAR ASSOCIATION JOURNAL 7th Annual Blawg 100 (Dec. 2013).
292. *Medical Aid in Dying*, GOOD DEATH SOCIETY BLOG (Feb. 11, 2024), <https://www.thegooddeathsocietyblog.net/2024/02/11/medical-aid-in-dying/>.
293. *Vermont Amends Patient Choice at End-of-Life Law to Improve Access*, GOOD DEATH SOCIETY BLOG (July 3, 2022), <https://www.thegooddeathsocietyblog.net/2022/07/03/vermont-amends-patient-choice-at-end-of-life-law-to-improve-access/>.
294. *Health Paternalism Blog*, <http://www.healthpaternalism.com> (2013 – 2018) (tracking judicial, legislative, policy, and academic developments that address balancing individual liberty and public health).
295. *Bioethics.net*, <http://www.bioethics.net> (April 2013 – present) (invited regular contributor invited to publish original on this blog of the high impact factor AMERICAN JOURNAL OF BIOETHICS). My posts have been substantial multi-page arguments.
296. *Brain Death Is a Flash Point in End-of-Life Law, Ethics and Policy*, BIOETHICS.NET (August 27, 2014).

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297. *New York Medical Futility Bill Highlights Wide Variation in U.S. End-of-Life Decisions Law*, BIOETHICS.NET (May 5, 2014).
298. *Death Panels: Can We Handle the Truth?* BIOETHICS.NET (March 17, 2014).
299. *Top 10 North American Death Panels*, BIOETHICS.NET (Dec. 16, 2013).
300. *Cuthbertson v. Rasouli: Limited Guidance from the Supreme Court of Canada*, BIOETHICS.NET (Nov. 25, 2013).
301. *Stop Therapeutic Obstinacy: Penalties for Administering Futile ICU Interventions*, BIOETHICS.NET (Sept. 18, 2013).
302. *Dangerous Catholic Attack on POLST*, BIOETHICS.NET (July 19, 2013).
303. *Defending Disability Discrimination*, BIOETHICS.NET (May 31, 2013).
304. *Delaware Healthcare Decisions*, <http://delawaredecisions.org> (Feb. 2009 – present) (offering advance care planning resources for Delawareans).
305. *Health Law Professors Blog*, http://lawprofessors.typepad.com/healthlawprof_blog (guest blogger, May 2012).
306. *ThaddeusPope.com*, a collection of hard-to-find laws and institutional policies, organized to inform the media and policymakers.

IX. Amicus Briefs (Solo-Authored)

307. Amicus Curiae Brief in *Betancourt v. Trinitas Hospital*, No. A-003849-08T2 (N.J. Super. A.D. filed Sept. 10, 2009), *available at* <http://www.thaddeuspope.com>.
308. Amicus Curiae Brief in *Serono, Inc. v. Department of Health Services*, No. B170828, 2005 WL 779616 (Cal. App. Feb. 4, 2005), *available at* <http://www.thaddeuspope.com>.

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X. Legislative Testimony & Agency Comments

309. *Legislative Testimony*, oral and written Testimony to 4 committees of the Minnesota House of Representatives on H.F. 1930 (2024).
310. *Legislative Testimony*, written testimony to various state legislatures on medical aid in dying bills (2024).
311. *Letters and Conferences*, submitted to legislative committees in Hawaii and New York (2023).
312. *Consultation Letter*, COLLEGE OF PHYSICIANS & SURGEONS OF ONTARIO Consultation Policy regarding End of Life, Professional Obligations and Human Rights, and CAM (March 2021).
313. *Consultation Letter*, COLLEGE OF PHYSICIANS & SURGEONS OF ONTARIO Consultation Policy regarding Professional Obligations and Human Rights (March 2021).
314. *Consultation Letter*, COLLEGE OF PHYSICIANS & SURGEONS OF ONTARIO Consultation Policy regarding Complementary & Alternative Medicine (March 2021).
315. *Written Testimony on Hawaii S.B. 839*, HAWAII SENATE COMMITTEE ON HEALTH (February 9, 2021).
316. *Consultation Letter*, UNIFORM LAW COMMISSION, Study Committee on the Uniform Determination of Death Act (February 2021).
317. Presentation, *Proposal to Revise the UDDA to Address Medicolegal Controversies in Determination of Death by Neurologic Criteria*, UNIFORM LAW COMMISSION HEALTHCARE LAW COMMITTEE (April 3, 2020) (with Ariane Lewis, Matthew Kirschen, and Richard Bonnie).
318. Submitted Comments (and quoted extensively), NATIONAL COUNCIL ON DISABILITY, MEDICAL FUTILITY AND DISABILITY BIAS (BIOETHICS AND DISABILITY SERIES) (Nov. 2019), <https://ncd.gov/publications/2019/bioethics-report-series>.

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319. Submitted Comments, Virginia Joint Commission on Health Care, *Development of Life-Sustaining Treatment Guidelines*, (November 2016), reported <http://jchc.virginia.gov/>.
320. Invited Testimony on *The Patient and Family Treatment Choice Rights Act of 2011, H.B. 3520*, Human Services Committee, Texas House of Representatives, Austin, Texas (April 12, 2011), available at <http://www.thaddeuspope.com>.
321. Invited Testimony, *Medical Futility: Institutional and Legislative Initiatives (Session 5)*, U.S. PRESIDENT'S COUNCIL ON BIOETHICS (September 12, 2008), available at <http://www.bioethics.gov/transcripts/sept08/session5.html>.

XI. Current Research

A. Informed Consent

1. Mandates and Incentives to Use Patient Decision Aids
2. Duty to Disclose Cost of Treatment

B. End-of-Life Medicine

3. Pulling the Plug: The Legal History of Medially Managed Death
4. Expanding Options to Hasten Death: VSED and MAID

Conference & Meeting Presentations

- Over 400 academic and public presentations at universities, hospitals, and professional associations in the United States, Europe, Asia, Canada, and Australia
 - Major keynote engagements are in **bold**.
 - Materials (slides and recordings) for most presentations are available at www.thaddeuspope.com
1. **WORLD FEDERATION RIGHT TO DIE CONFERENCE**, Tokyo, Japan (November 25-28, 2026).
 2. **Top 10 Legal Developments in Bioethics and Public Health**, AMERICAN SOCIETY OF BIOETHICS & HUMANITIES (ASBH) 28TH ANNUAL CONFERENCE, Indianapolis, Indiana (October 14-17, 2026).

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3. *Planning Committee*, INTERNATIONAL SHARED DECISION MAKING CONFERENCE (ISDM2026), Dartmouth, New Hampshire (July 7-10, 2026)
4. *Planning Committee*, FIFTH INTERNATIONAL CONFERENCE ON END-OF-LIFE LAW, ETHICS, AND POLICY (ICEL5), Brisbane, Australia (April 8-11, 2026).
5. *7th Annual Ernest and Sarah Krug Lecture in Biomedical Ethics: Voluntarily Stopping Eating and Drinking (VSED)*, OAKLAND UNIVERSITY WILLIAM BEAUMONT SCHOOL OF MEDICINE Rochester, Michigan (November 12, 2025).
6. *Top 10 Legal Developments in Bioethics and Public Health*, AMERICAN SOCIETY OF BIOETHICS & HUMANITIES (ASBH) 27TH ANNUAL CONFERENCE, Portland, Oregon (October 22-25, 2025).
7. *Avoiding Life with Advanced Dementia – Medical, Legal, and Ethical Analysis of Feeding Options*, AMERICAN SOCIETY OF BIOETHICS & HUMANITIES (ASBH) 27TH ANNUAL CONFERENCE, Portland, Oregon (October 22-25, 2025).
8. *Top Ten Legal Developments in Bioethics and Public Health*, CENTRAL VALLEY REGIONAL BIOETHICS CONFERENCE, Clovis, California (October 17, 2025).
9. *Strategies for Resolving Care Conflicts in the ICU & Beyond*, CENTRAL VALLEY REGIONAL BIOETHICS CONFERENCE, Clovis, California (October 17, 2025).
10. *VSED Advance Directives for Dementia: Are They Legal and Implementable? Is There a Middle Ground*, CENTRAL VALLEY REGIONAL BIOETHICS CONFERENCE, Clovis, California (October 17, 2025).
11. *Visiting Professor*, CLEVELAND CLINIC, Cleveland, Ohio (September 28-29, 2024).
12. *VSED and MCF*, Seattle, Washington (September 27, 2025).
13. *VSED for UK Clinical Ethicists*, UK CLINICAL ETHICS NETWORK (UKCEN) ANNUAL MEETING, Oxford, England (June 13, 2025).
14. *Resistance Is Futile? Resolving Radical Disagreements about Medical Treatment between Patients and Doctors*, ST. CROSS COLLEGE, OXFORD UNIVERSITY (June 12, 2025).

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15. *Law, Healthcare, and the Aging Brain and Body*, PETRIE-FLOM CENTER FOR HEALTH LAW POLICY, BIOTECHNOLOGY, AND BIOETHICS AT HARVARD LAW SCHOOL 2025 CONFERENCE, Boston, Massachusetts (June 9, 2025).
16. *Fundamentals of Informed Consent Law in Pennsylvania*, COVERYS MED-IQ (May 30, 2025).
17. *Decision Making for Incapacitated Patients in Pennsylvania*, COVERYS MED-IQ (May 30, 2025).
18. *Strategies for Resolving Conflicts over Futile and Potentially Inappropriate Treatment*, SUTTER HEALTH (May 21, 2025).
19. *Care of Unrepresented Older Adults: Updating the AGS Ethics Committee Position Statement*, AMERICAN GERIATRICS SOCIETY ANNUAL SCIENTIFIC MEETING, Chicago, Illinois (May 8-10, 2025) (with Rachel Brenner, Timothy Farrell, Yael Zweig, Joe Dixon).
20. *Tenth Annual Barbara Swartz Lecture: Medical Aid in Dying in New York*, END OF LIFE CHOICES NEW YORK (May 1, 2025).
21. *VSED Advance Directives for Dementia: Are They Legal and Implementable? Is There a Middle Ground?* SOCIAL WORK HOSPICE & PALLIATIVE CARE NETWORK 2025 SWHPN ANNUAL FORUM (April 28, 2025).
22. *The Intricate Landscape of Medical Aid in Dying: Preparing for Changes in Policy and Practice*, MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE, Bloomington, Minnesota (April 8, 2025).
23. *VSED: Top 10 Things Minnesota Clinicians Must Know When Patients or Surrogates Decide to Stop Eating and Drinking*, MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE, Bloomington, Minnesota (April 7, 2025).
24. *Reducing Liability Risk with Informed Consent*, COVERYS MED-IQ (March 27, 2025).
25. *Future of Clinical Ethics - Healthcare Ethics Consortium 2025 Annual Conference*, EMORY UNIVERSITY CENTER FOR ETHICS, Atlanta, Georgia (March 24-25, 2025).

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26. *Hastening Death by Stopping Eating and Drinking*, GERIPAL PODCAST (March 20, 2025).
27. *Brain Death Conflicts: Current and Persistent Legal and Ethical Controversies Regarding Death by Neurological Criteria*, SOCIETY OF CRITICAL CARE MEDICINE (SCCM) CRITICAL CARE CONGRESS, Orlando, Florida (February 24, 2025).
28. *Futile, Potentially Inappropriate, and Therapeutically Obstinate Interventions: Legal Dispute Resolution Pathways and Strategies when Surrogates Persist in Requesting Non-Beneficial Treatment*, SOCIETY OF CRITICAL CARE MEDICINE (SCCM) CRITICAL CARE CONGRESS, Orlando, Florida (February 23, 2025).
29. *Not So Uniform: A Brief Legal History of the UDDA and Current Controversies in BD/DNC*, SOCIETY OF CRITICAL CARE MEDICINE (SCCM) CRITICAL CARE CONGRESS, Orlando, Florida (February 23, 2025).
30. *How We Live and Die: Stories, Values, and Communities*, ROGER MUDD CENTER FOR ETHICS, WASHINGTON & LEE UNIVERSITY, Lexington, Virginia (February 11, 2025).
31. *Law & Economics*, WASHINGTON & LEE UNIVERSITY SCHOOL OF LAW, Lexington, Virginia (February 12, 2025).
32. *Bridge to Nowhere - Can ECMO Be Withdrawn over Patient/Family Objections?* SOCIETY OF THORACIC SURGEONS ANNUAL MEETING, Los Angeles, California (January 24-26, 2025).
33. *Dementia: MAID and Other End-of-Life Options*, HEMLOCK SOCIETY OF SAN DIEGO (December 8, 2024).
34. *Better Decision Making for Unrepresented Patients*, LEGACY HEALTH, Portland, Oregon (November 12, 2024).
35. *Decline and Fall of Informed Consent: Long Live Shared Decision Making with Certified Patient Decision Aids*, 36th ANNUAL DOROTHY MACLEAN CONFERENCE, Chicago, Illinois (November 8-9, 2024).
36. *Brain Death: Resolving Persistent and Growing Challenges*, 17TH ANNUAL PEDIATRIC BIOETHICS CONFERENCE, Jacksonville, Florida (November 1, 2024).

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37. *Medical Futility in Psychiatry*, BROCHER FOUNDATION, Hermance, Switzerland (October 16-18, 2024).
38. *VSED: Essential End-of-Life Option Despite MAID Progress*, WORLD FEDERATION OF RIGHT TO DIE SOCIETIES, Dublin, Ireland (September 18-22, 2024).
39. *VSED in Focus: Critical Conversations in End-of-Life Policy and Practice*, MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE, Saint Paul, Minnesota (August 8, 2024).
40. *Key Developments in Expanding Access to MAID*, COMPLETED LIFE INITIATIVE (June 20, 2024).
41. *Top 10 Legal Developments in Shared Decision Making: Law and Policy Update on Implementing SDM into Clinical Practice*, AMERICAN SOCIETY OF LAW MEDICINE AND ETHICS HEALTH LAW PROFESSORS CONFERENCE, Philadelphia, Pennsylvania (June 5-7, 2024).
42. *Aid In Dying: Partnering with Patients and Communities*, 18th INTERNATIONAL CONFERENCE ON CLINICAL ETHICS CONSULTATION (ICCEC), Montreal, Quebec (May 29-31, 2024) (with Hahlweg, Jox, Bouthilier, Reiter-Theil).
43. *Facing Dementia in the Community and the Clinic: New Challenges for Aging Societies*, 18th INTERNATIONAL CONFERENCE ON CLINICAL ETHICS CONSULTATION (ICCEC), Montreal, Quebec (May 29-31, 2024) (with Berlinger, De Medeiros, Ritchie).
44. *Futile, Non-Beneficial, and Potentially Inappropriate Treatment: Pivotal Strategies for Avoiding and Resolving Conflict*, BIOETHICS GRAND ROUNDS, WASHINGTON STATE UNIVERSITY MEDICINE (May 15, 2024).
45. *Dead Donor Rule Violations are Rampant: Brain Death, DCD, and NRP*, (J. Richard Williams, Sr. MD 1931 Endowed Lecture), TULANE UNIVERSITY (May 3, 2024).
46. *Considering Medical Aid in Dying*, UNIVERSITY OF MINNESOTA CONSORTIUM ON LAW AND VALUES IN HEALTH, ENVIRONMENT, AND LIFE SCIENCES (May 1, 2024) (with Nancy Berlinger, Sonu Gaind).
47. *Preventing Medical Errors: Best Practices for Advance Directives & Living Wills*, LAWLINE (April 15, 2024) (with Ferdinando Mirarchi).

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48. *Bodily Autonomy: From Reproduction to End-of-Life Options*, WORLD WITHOUT GENOCIDE (March 27, 2023).
49. *Key Strategies for Responding to Patient and Surrogate Requests for Non-Beneficial and Potentially Inappropriate Treatment*, CENTRACARE, Saint Cloud, Minnesota (March 19, 2024).
50. *Testimony on H.F. 1930*, COMMITTEE ON COMMERCE FINANCE AND POLICY, MINNESOTA HOUSE OF REPRESENTATIVE (March 18, 2024).
51. *Testimony on H.F. 1930*, COMMITTEE ON JUDICIARY, FINANCE, AND CIVIL LAW, MINNESOTA HOUSE OF REPRESENTATIVE (March 12, 2024).
52. *Testimony on H.F. 1930*, COMMITTEE ON PUBLIC SAFETY, FINANCE, AND POLICY, MINNESOTA HOUSE OF REPRESENTATIVE (March 7, 2024).
53. *Opening Remarks*, FOURTH INTERNATIONAL CONFERENCE ON END-OF-LIFE LAW, ETHICS, AND POLICY (ICEL4), Salt Lake City, Utah (March 6-9, 2024).
54. *Chair of the Scientific Committee*, FOURTH INTERNATIONAL CONFERENCE ON END-OF-LIFE LAW, ETHICS, AND POLICY (ICEL4), Salt Lake City, Utah (March 6-9, 2024).
55. *Plenary Panel: Hot Topics in Assisted Dying*, FOURTH INTERNATIONAL CONFERENCE ON END-OF-LIFE LAW, ETHICS, AND POLICY (ICEL4), Salt Lake City, Utah (March 6-9, 2024).
56. *VSED by Advance Directive: A Legal, Ethical, and Clinically Supportable Option for Hastening Death?* FOURTH INTERNATIONAL CONFERENCE ON END-OF-LIFE LAW, ETHICS, AND POLICY (ICEL4), Salt Lake City, Utah (March 6-9, 2024) (with Paul Menzel).
57. *Protect Patient Rights, Reduce Medical Errors, and Improve Healthcare Quality - Moving from Informed Consent to Shared Decision Making*, DARTMOUTH UNIVERSITY (February 14, 2024).
58. *Testimony on H.F. 1930*, COMMITTEE ON HEALTH FINANCE AND POLICY, MINNESOTA HOUSE OF REPRESENTATIVE (January 25, 2024).
59. *Medical Aid in Dying*, NEW YORK STATE BAR ASSOCIATION TASK FORCE ON MEDICAL AID IN DYING (December 12, 2023).

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60. *Determination of Brain Death*, PEDIATRIC NEUROCRITICAL CARE EDUCATION SERIES (UNIVERSITY OF PITTSBURGH CRITICAL CARE MEDICINE) (November 17, 2023).
61. *Student Roundtable Discussions*, YALE UNIVERSITY SCHOOLS OF NURSING, LAW, MEDICINE, AND PUBLIC HEALTH, New Haven, Connecticut (November 13-16, 2023).
62. *Connecticut's Bill on Medical Aid-in-Dying for Terminally Ill Patients*, YALE INTERDISCIPLINARY CENTER FOR BIOETHICS, New Haven, Connecticut (November 14, 2023).
63. *Interprofessional Approaches to End-of-Life Care*, YALE UNIVERSITY PHYSICIAN ASSOCIATE PROGRAM, New Haven, Connecticut (November 13, 2023).
64. *Capacity and Consciousness: Ethical Dilemmas Involving Death, Brain Injury, and Neurological Disabilities*, MICHIGAN STATE MEDICAL SOCIETY COMMITTEE ON BIOETHICS, Ann Arbor, Michigan (November 10, 2023).
65. *Lives in a Crossroad: Is a Person Free to Seek Medical Treatment That is Morally Contested in their Home States?* COMPLETED LIFE INITIATIVE FALL CONFERENCE (November 2, 2023).
66. *Dead Donor Rule Transgressions: Brain Death, DCD, and NRP*, LOYOLA UNIVERSITY MEDICAL CENTER (October 24, 2023).
67. *Ethical Controversies in the Clinical Practice of Determination of Death by Neurologic Criteria*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 24th ANNUAL MEETING, Baltimore, Maryland (October 11-14, 2023).
68. *Top 10 Legal Developments in Bioethics and Public Health*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 24th ANNUAL MEETING, Baltimore, Maryland (October 11-14, 2023).
69. *Meet the Expert*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 24th ANNUAL MEETING, Baltimore, Maryland (October 11-14, 2023).
70. *Key Strategies for Responding to Requests for Non-Beneficial and Potentially Inappropriate Treatment (Ethics Grand Rounds)*, UNIVERSITY HOSPITALS OF CLEVELAND, Cleveland, Ohio (October 4, 2023).

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71. *VSED and Dementia Planning for Elder Law Attorneys*, NATIONAL ACADEMY OF ELDER LAW ATTORNEYS - MINNESOTA (NAELA) (September 12, 2023).
72. *Roundtable on Medical Aid in Dying with Media and Elected Officials*, COMPASSION & CHOICES, Minnetonka, Minnesota (July 6, 2023).
73. *Key Strategies for Responding to Requests for Non-Beneficial and Potentially Inappropriate Treatment*, BAPTIST HEALTH SOUTH FLORIDA (July 19, 2023).
74. *Organ Transplantation and Death Determination*, HASTINGS CENTER SUMMER BIOETHICS PROGRAM (Toward a More Inclusive Bioethics Community) (June 15, 2023).
75. *Informed Consent: Methods to Reduce Risk*, COVERYS MED-IQ (June 14, 2023).
76. *Organ Transplantation and Death Determination*, HASTINGS CENTER SUMMER BIOETHICS PROGRAM (Toward a More Inclusive Bioethics Community) (June 15, 2023).
77. *Top Ten Things Clinical Ethicists Need to Know About VSED*, 17th INTERNATIONAL CONFERENCE ON CLINICAL ETHICS AND CONSULTATION (ICCEC 2023), Rome, Italy (June 8-9, 2023).
78. *Medical Aid in Dying: A Specialized National Ethics Consultation Service*, 117th INTERNATIONAL CONFERENCE ON CLINICAL ETHICS AND CONSULTATION (ICCEC 2023), Rome, Italy (June 8-9, 2023).
79. *Brain Death: Controversies, Changes, and Strategies in Canada, USA, and UK*, 17th INTERNATIONAL CONFERENCE ON CLINICAL ETHICS AND CONSULTATION (ICCEC 2023), Rome, Italy (June 8-9, 2023).
80. *Pitfalls of Advance Directives, DNR, and POLST Orders*, CENTER FOR EMERGENCY MEDICAL EDUCATION (CEME), Los Angeles, California (May 19, 2023).
81. *Top Ten Things Clinical Ethicists Need to Know About VSED*, UNIVERSITY OF WASHINGTON, Seattle, Washington (May 10, 2023).

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82. *Protect Patient Rights, Reduce Medical Errors, and Improve Healthcare Quality: Moving from Informed Consent to Shared Decision Making*, SANFORD MEDICAL CENTER 21ST ANNUAL ETHICS IN ACTION CONFERENCE, Sioux Falls, South Dakota (May 3, 2023).
83. *When Surrogates Cross the Line: How to Challenge Substitute Decision Makers*, SANFORD MEDICAL CENTER 21ST ANNUAL ETHICS IN ACTION CONFERENCE, Sioux Falls, South Dakota (May 3, 2023).
84. *The Most Compelling Medical-Legal-Ethical Updates in 2023*, SAN DIEGO BIOETHICS COMMISSION (April 26, 2023).
85. *Legal and Ethical Arguments for Respecting the Donor's Registration Status*, 29th Annual Thomas A. Pitts Memorial Lectureship in Medical Ethics, MEDICAL UNIVERSITY OF SOUTH CAROLINA, Charleston, South Carolina (April 7, 2023).
86. *Advance Directives: Essential Tools for a Win- Win- Win Opportunity*, ST. JOSEPH / CANDLER HEALTH SYSTEM, Savannah, Georgia (March 9, 2023).
87. *Current Concepts and Controversies: Brain Death Determination and Circulatory Death Organ Donor Status*, ST. JOSEPH / CANDLER HEALTH SYSTEM, Savannah, Georgia (March 10, 2023).
88. *Medical Aid in Dying in Pennsylvania*, PENN STATE COLLEGE OF MEDICINE, Hershey, Pennsylvania (March 6, 2023) (Physician Assistant Medical Ethics).
89. *Clinical Impact of Key Variations in U.S. MAID Laws*, SECOND ANNUAL NATIONAL CLINICIANS CONFERENCE ON MEDICAL AID IN DYING (NCCMAID), Portland, Oregon (February 17-18, 2023).
90. *Move from Informed Consent to Shared Decision Making*, DARTMOUTH UNIVERSITY (February 15, 2023).
91. *Unpacking Bedside Bioethics: Informed Consent*, UNIVERSITY OF MINNESOTA, Minneapolis, Minnesota (February 14, 2022).
92. *New Strategies for Avoiding and Resolving Conflicts over Medically Ineffective Treatment*, MOUNT SINAI INSTITUTE FOR CRITICAL CARE MEDICINE GRAND ROUNDS, New York, New York (February 2, 2023).

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93. *Key Strategies for Responding to Requests for Non-Beneficial and Potentially Inappropriate Treatment*, ADVENT HEALTH REDMOND, Rome, Georgia (February 1, 2023) (for residents).
94. *Key Strategies for Responding to Requests for Non-Beneficial and Potentially Inappropriate Treatment*, ADVENT HEALTH REDMOND, Rome, Georgia (January 31, 2023).
95. *Navigating Challenges with VSED Dementia Directives*, VISITING NURSE SERVICE OF NEW YORK (January 12, 2023).
96. *Linking Payment to Patient Preference: Medicare Coverage Mandates for Shared Decision Making*, LOYOLA UNIVERSITY CHICAGO SCHOOL OF LAW 16TH ANNUAL SYMPOSIUM (Evolution and Innovation in the Health Care Payment Landscape), Chicago, Illinois (November 11, 2022).
97. *Navigating Newly Expanded End-of-Life Options: Medical Aid in Dying and VSED*, OHIO HEALTH (November 9, 2022).
98. ***Voluntarily Stopping Eating and Drinking: Lesser Known but Widely Available End-of-Life Option***, WORLD FEDERATION OF RIGHT TO DIE SOCIETIES BIENNIAL CONFERENCE, Toronto, Canada (November 4, 2022).
99. *Can Death Determined by Neurologic Criteria Be Salvaged? Alternatives and Implications*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 23RD ANNUAL MEETING, Portland, Oregon (October 28, 2022).
100. *Top 10 Legal Developments in Bioethics*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 23RD ANNUAL MEETING, Portland, Oregon (October 27, 2022).
101. *Voluntarily Stopping Eating and Drinking (VSED): A Lesser Known but Widely Available End-of-Life Option in Maine*, MAINE HEALTH (October 18, 2022).
102. *Right to Die and Right to Try: Similarities and Differences in How the US and Canada Empower Terminally Ill Patients*, COMPLETED LIFE INITIATIVE (October 18, 2022).
103. *VSED Update*, DEATH WITH DIGNITY - DIGNITY50 (October 12, 2022).

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104. *Reader/Reviewer for Health Law Scholars Workshop*, SAINT LOUIS UNIVERSITY SCHOOL OF LAW, Saint Louis, Missouri (September 29 - October 1, 2022).
105. *Accommodating Objections to Brain Death*, CANADIAN SOCIETY FOR TRANSPLANTATION, Banff, Alberta (September 21, 2022).
106. *Café Scientifique: The Legal & Ethical Status of Pre-Transplant Vaccine Requirements: A Look at the Recent Legal Case of Lewis v. Alberta Health Services*, CANADIAN SOCIETY FOR TRANSPLANTATION, Banff, Alberta (September 21, 2022).
107. *Brain Death Controversies*, PEDIATRIX NATIONAL MEDICAL GROUP MEDICAL DIRECTORS MEETING (September 20, 2022).
108. *Key Strategies for Responding to Requests for Ineffective and Non-Beneficial Treatment*, HUNTINGTON HOSPITAL, Los Angeles, California (September 7, 2022).
109. *Legal Barriers to VSED*, END OF LIFE DOULA TRAINING (August 14, 2022).
110. *Controversies in Brain Death*, BROWARD HEALTH, Fort Lauderdale, Florida (June 22, 2022).
111. *Patient Decision Aids Improve Patient Safety and Reduce Medical Liability Risk*, 11TH INTERNATIONAL SHARED DECISION MAKING (ISDM) CONFERENCE, Kolding, Denmark (June 21, 2022).
112. *Implementing SDM into Clinical Practice: Law and Policy Update*, 11TH INTERNATIONAL SHARED DECISION MAKING (ISDM) CONFERENCE, Kolding, Denmark (June 21, 2022).
113. *Best Interests and Beyond: Standards of Medical Decision-Making in Pediatrics Conference*, SAINT LOUIS UNIVERSITY, St. Louis, Missouri (June 8-10, 2022).
114. *Brain Death: Must Clinicians Obtain Consent to Perform Testing for Determination of Death by Neurological Criteria?* 45TH ANNUAL HEALTH LAW PROFESSORS CONFERENCE, ARIZONA STATE UNIVERSITY, Phoenix, Arizona (June 1-3, 2022).

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115. *Brain Death Controversies*, INSTITUTE FOR CRITICAL CARE MEDICINE, MOUNT SINAI HOSPITAL, New York, New York (May 12, 2022).
116. FOURTH INTERNATIONAL CONFERENCE ON END-OF-LIFE LAW, ETHICS, POLICY, AND PRACTICE (ICEL4) (was organizing for 2021 and 2022 but canceled for COVID).
117. *Shared Decision Making and Patient Decision Aids: Time to Revolutionize Informed Consent, So Patients Can Understand Their Treatment Options*, BROCHER FOUNDATION, Hermance, Switzerland (March 3, 2022).
118. *Consent for Death Determination Testing*, DEFINITION AND DETERMINATION OF DEATH PROJECT - CANADIAN BLOOD SERVICES, CANADIAN MEDICAL ASSOCIATION, CANADIAN CRITICAL CARE SOCIETY (March 1, 2022).
119. *Patient Decision Aids & Shared Decision Making: Growing Legal and Policy Support*, DARTMOUTH UNIVERSITY (February 16, 2022).
120. *Voluntarily Stopping Eating and Drinking: A Lesser Known, Widely Available Palliative Option of Last Resort*, ANNUAL ASSEMBLY OF HOSPICE & PALLIATIVE CARE, Nashville, Tennessee (February 11, 2022).
121. *Who Is Alive and Who Is Dead? Growing Uncertainty and Reasons for Amending the Uniform Determination of Death Act*, MITCHELL HAMLINE FELLOWS SERIES (February 1, 2022).
122. *Medical Aid in Dying in Minnesota*, UNIVERSITY OF MINNESOTA CENTER FOR BIOETHICS (January 28, 2022).
123. *Assisted Dying in the United States*, DYING WITH DIGNITY CANADA (January 27, 2022).
124. *Why and How Your Living Will & Health Care Directive May Fail You*, AMERICAN BAR ASSOCIATION - SENIOR LAWYERS DIVISION (January 13, 2022).
125. *Moving Toward Better Quality and Uniformity in Brain Death Determination: Ethical and Legal Considerations*, ORGAN DONATION ALLIANCE (December 16, 2021).
126. *California S.B. 380: A Clinical Perspective*, AMERICAN CLINICIANS ACADEMY ON MEDICAL AID IN DYING (December 1, 2021) (with four MAID physicians).

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127. *Legal History of Medical Aid in Dying*, COMPLETED LIFE INITIATIVE (November 9, 2021) (with Tim Quill).
128. *Who Is Alive and Who Is Dead? Growing Uncertainty, Growing Variability, and Why Is New Jersey So Different*, KENT PLACE SCHOOL, Summit, New Jersey (November 4, 2021).
129. *Potential and Problems in the Evolving Legal Framework for Brain Death*, NEUROCRITICAL CARE SOCIETY 19TH ANNUAL MEETING, Chicago, Illinois (October 29, 2021).
130. *Voluntarily Stopping Eating and Drinking*, COMPLETED LIFE INITIATIVE (October 21, 2021).
131. *Legal Foundations*, INTERNATIONAL DONATION & TRANSPLANTATION LEGISLATIVE AND POLICY FORUM, Montreal, Quebec (October 14-15, 2021).
132. *Top 10 Legal Developments in Bioethics*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 23RD ANNUAL MEETING (October 13-16, 2021).
133. *Success on Law Review - Panel*, MITCHELL HAMLINE SCHOOL OF LAW (October 4, 2021).
134. *Voluntarily Stopping Eating and Drinking (VSED): A Compassionate, Widely Available Option for Hastening Death*, END OF LIFE CHOICES NEW YORK (September 30, 2021).
135. *What's Good and Evil about Probate Conservatorships and How to Avoid the Bad Parts*, HEMLOCK SOCIETY OF SAN DIEGO (September 26, 2021).
136. *Medical Aid in Dying in the USA*, NATIONAL PARTNERSHIP FOR HEALTHCARE & HOSPICE INNOVATION (NPHI) - CEO THINKTANK (September 9, 2021).
137. *New Legal Standards for Determining Death*, ORGAN DONATION & TRANSPLANTATION ALLIANCE - NATIONAL DONOR MANAGEMENT SUMMIT (September 1-2, 2021).
138. *Non-Therapeutic Pre-Mortem Interventions for Organ Donation*, UNIVERSITY OF OTTAWA CONFERENCE ON ORGAN DONATION & TRANSPLANTATION (June 17-18, 2021).

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139. *Dementia Advance Directives - Stop Eating and Drinking Directives*, ARIZONA BIOETHICS NETWORK (June 16, 2021).
140. *Medical Malpractice Evolution from Informed Consent to Shared Decision Making*, 44TH ASLME HEALTH LAW PROFESSORS CONFERENCE (June 9-11, 2021).
141. *Discussion Leader: Jay Healey Teaching Session*, 44TH ASLME HEALTH LAW PROFESSORS CONFERENCE (June 9-11, 2021).
142. *Seven Obstacles to MAID for Canadian Dementia Patients*, CANADIAN BIOETHICS SOCIETY 32ND ANNUAL CONFERENCE (May 26-28, 2021).
143. *Mentor: Student Mentorship & Networking Event*, CANADIAN BIOETHICS SOCIETY 32ND ANNUAL CONFERENCE (May 26-28, 2021).
144. *Legal and Ethical Considerations at End of Life*, WEINBERG CENTER FOR ELDER JUSTICE SPRING ALLIANCE SYMPOSIUM (May 13, 2021).
145. *Decision-Making for Incapacitated Hospice Patients: The Fundamentals*, VISITING NURSE SERVICE OF NEW YORK - HOSPICE & PALLIATIVE CARE GRAND ROUNDS (April 30, 2021).
146. *Legalizing Euthanasia: Expansion of Medical Aid in Dying in the USA and around the World*, MITCHELL HAMLINE FACULTY FELLOWS (April 21, 2021).
147. *Fulbright Canada 2020-2021 Cohort Panel Discussion Series*, FULBRIGHT CANADA (April 1, 2021).
148. *Brain Death: Legal Constructs and Complications*, UNIVERSITY OF CHICAGO NEUBAUER COLLEGIUM FOR CULTURE AND SOCIETY BRAIN DEATH CONFERENCE (March 24-25, 2021).
149. *Importance of Bioethics for Post-Acute Care: Compliance and Risk Management Benefits*, AMERICAN HEALTH LAW ASSOCIATION (AHLA) - LONG TERM CARE AND THE LAW (March 4, 2021) (with Christine Wilson).
150. *Advance Directives and Assisted Dying: Legal & Ethical Frameworks*, COMPLETED LIFE INITIATIVE (February 4, 2021).

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151. *Time to Promote Uptake of Patient Decision Aids*, DARTMOUTH UNIVERSITY (January 13, 2021).
152. *Patient Rights and Healthcare Decision-Making after COVID-19: Transformations and Future Directions?* QUT GLOBAL LAW, SCIENCE, AND TECHNOLOGY SEMINAR SERIES (November 19, 2020).
153. *Voluntary Assisted Dying in the U.S. and Australia - Australian Center for Health Law Research Coffee with a Colleague*, QUEENSLAND UNIVERSITY OF TECHNOLOGY (November 15, 2020).
154. ***Informed Consent Law and Ethics*, VERMONT ETHICS NETWORK (November 9, 2020) (keynote).**
155. *Making Treatment Decisions for Unrepresented Patients*, VERMONT ETHICS NETWORK (November 9, 2020).
156. *Voluntarily Stopping Eating and Drinking (VSED)*, VERMONT ETHICS NETWORK (November 9, 2020).
157. *Film Screening Discussion*, WORLD FEDERATION OF RIGHT TO DIE SOCIETIES (November 2, 2020).
158. *Top 10 Legal Developments in Bioethics*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 22ND ANNUAL MEETING (October 15-18, 2020).
159. *Current Ethical and Legal Issues in Brain Death in Our Pluralistic World*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 22ND ANNUAL MEETING (October 15-18, 2020).
160. *Brain Death: Fundamental Principles and Growing Ethical Challenges*, OMAHA CHILDREN'S HOSPITAL ETHICS GRAND ROUNDS, Omaha, Nebraska (October 9, 2020).
161. *Completing Life by Voluntarily Stopping Eating and Drinking (VSED): A Little Known Yet Readily Available Option*, COMPLETED LIFE INITIATIVE (October 8, 2020) (with David Gruenewald).

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162. *Hot Topics: Cool Talk - Physician Assisted Suicide*, UNIVERSITY OF ST. THOMAS TERRENCE J. MURPHY INSTITUTE, Minneapolis, Minnesota (September 30, 2020) (debate with John Kelly).
163. *Brain Death and Clinic Ethics Consultation*, UNIVERSITY OF WASHINGTON (August 3, 2020) (canceled for COVID-19).
164. *Advance Care Planning during a Pandemic: POLST is a Vital Tool*, MINNESOTA MEDICAL ASSOCIATION (July 1, 2020) (with Vic Sandler).
165. *David Thomasma Memorial Lecture*, INTERNATIONAL BIOETHICS RETREAT, Paris, France (June 24, 2020) (postponed for COVID-19).
166. *Dementia and the Ethics of Choosing When to Die: What Are the Normative Questions, and How Should Bioethics Respond?* IAB WORLD CONGRESS OF BIOETHICS, Philadelphia, Pennsylvania (June 19-21, 2020) (with Nancy Berlinger, Mara Buchbinder, Jane Lowers) (withdrawn for COVID-19).
167. *Implementing Shared Decision Making into Clinical Practice: Law and Policy Update*, IAB WORLD CONGRESS OF BIOETHICS, Philadelphia, Pennsylvania (June 19-21, 2020) (withdrawn for COVID-19).
168. *Selectively Objecting: Is This (Y)our Future? Complex Decisions for MAiD Clinicians*, CANADIAN ASSOCIATION OF MAID ASSESSORS AND PROVIDERS (CAMAP), Toronto, Canada (postponed for COVID-19) (Royal College of Physicians and Surgeons of Canada McLaughlin-Gallie Visiting Professorship Lecture).
169. *Debate on Advance Requests for Medical Aid in Dying*, CANADIAN ASSOCIATION OF MAID ASSESSORS AND PROVIDERS (CAMAP), Toronto, Canada (postponed for COVID-19) (Royal College of Physicians and Surgeons of Canada McLaughlin-Gallie Visiting Professorship Lecture).
170. *Future of Medical Aid in Dying*, UNIVERSITY OF TORONTO, Toronto, Canada (postponed for COVID-19) (Royal College of Physicians and Surgeons of Canada McLaughlin-Gallie Visiting Professorship Lecture).
171. *Medical Aid in Dying in Minnesota*, LEAGUE OF WOMEN VOTERS - GOLDEN VALLEY (June 10, 2020).

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172. *Prognosticating Terminal Illness*, AMERICAN CLINICIANS ACADEMY ON MEDICAL AID IN DYING (ACAMAID) (June 9, 2020).
173. *Optimizing Advance Healthcare Directives to Ensure Patient Safety During a Pandemic*, LAWLINE CLE WEBINAR (June 9, 2020).
174. *Religion Affiliated Providers*, AMERICAN CLINICIANS ACADEMY ON MEDICAL AID IN DYING (ACAMAID), webinar (April 22, 2020).
175. *Providing MAID During COVID-19: Ethical Issues*, CANADIAN ASSOCIATION OF MAID ASSESSORS AND PROVIDERS (CAMAP), webinar (April 21, 2020).
176. *Proposal to Revise the UDDA to Address Medicolegal Controversies in Determination of Death by Neurologic Criteria*, UNIFORM LAW COMMISSION HEALTHCARE LAW COMMITTEE (April 3, 2020) (with Ariane Lewis, Matthew Kirschen, and Richard Bonnie).
177. *Medical Aid in Dying: Assessing the Illinois Patient Choices at End of Life Act (John and Marsha Ryan Bioethicist in Residence Lecture)*, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE, Springfield, Illinois (February 28, 2020) (as Marsha and John Ryan Bioethicist in Residence).
178. *Medical Aid in Dying: Assessing the Illinois Patient Choices at End of Life Act (John and Marsha Ryan Bioethicist in Residence Lecture)*, MEMORIAL HOSPITAL OF CARBONDALE, Carbondale, Illinois (February 27, 2020) (as Marsha and John Ryan Bioethicist in Residence).
179. *Medical Aid in Dying: Assessing the Illinois Patient Choices at End of Life Act (John and Marsha Ryan Bioethicist in Residence Lecture)*, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF LAW, Carbondale, Illinois (February 26, 2020) (as Marsha and John Ryan Bioethicist in Residence).
180. *Leveraging Video Technology to Enhance Patient Safety and Deliver Concordant Care*, COALITION TO TRANSFORM ADVANCED CARE (C-TAC), webinar (February 19, 2020).
181. *Patient Centered Health Communications*, DARTMOUTH UNIVERSITY, webinar (February 18, 2020).

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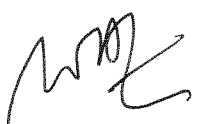
182. *Medical Aid in Dying: Six Variations among U.S. State Laws*, NATIONAL CLINICIANS CONFERENCE ON MEDICAL AID IN DYING (NCCMAID), Berkeley, California (February 14-15, 2020).
183. *Minnesota End of Life Options Act*, MINNEAPOLIS LEAGUE OF WOMEN VOTERS CIVIC BUZZ, Minneapolis, Minnesota (December 3, 2019).
184. *Minnesota is Ready for the End of Life Options Act: Evolving Status of Medical Aid in Dying*, UNIVERSITY OF MINNESOTA CENTER FOR BIOETHICS, Minneapolis, Minnesota (November 22, 2019).
185. *Strategies for Effective Advance Directives*, MINNESOTA STATE BAR ASSOCIATION, Saint Paul, Minnesota (November 22, 2019).
186. *End-of-Life Ethics*, BRIGHAM YOUNG UNIVERSITY, Provo, Utah (November 18, 2019).
187. *Legal Variability on Brain Death*, MITCHELL HAMLINE FELLOWS (November 11, 2019).
188. *VSED Law - Dementia and the Ethics of Choosing When to Die Project Work Group*, THE HASTINGS CENTER (New York City, November 8, 2019).
189. *Law on Decision Making Capacity - Dementia and the Ethics of Choosing When to Die Project Work Group*, THE HASTINGS CENTER (New York City, November 7, 2019).
190. *Top 10 Legal Developments in Bioethics*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 21ST ANNUAL MEETING, Pittsburgh, Pennsylvania (October 24-27, 2019).
191. *Essential Elements of Bioethics Blogging: A Workshop*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 21ST ANNUAL MEETING, Pittsburgh, Pennsylvania (October 24-27, 2019).
192. *Medical Futility & Brain Death*, NEISWANGER INSTITUTE FOR BIOETHICS, LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MEDICINE (October 17, 2019).
193. *Death with Dignity Legislation: The Legal Doctrine of Physician Assisted Death in the United States*, UNIVERSITY OF KENTUCKY BIOETHICS CONFERENCE, Lexington, Kentucky (October 8, 2019) (invited keynote).

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194. *Physician/Advanced Practitioner Support for Voluntary Stopping of Eating and Drinking*, WASHINGTON STATE MEDICAL ASSOCIATION & WASHINGTON END OF LIFE COALITION, Seattle, Washington (Sept. 13-14, 2019).
195. *Physician Participation in Physician-Assisted Death*, WASHINGTON STATE MEDICAL ASSOCIATION & WASHINGTON END OF LIFE COALITION, Seattle, Washington (Sept. 13-14, 2019).
196. *Implementing SDM into Clinical Practice: Law and Policy Update*, 10th INTERNATIONAL SHARED DECISION MAKING CONFERENCE, Quebec City, Canada (July 7-10, 2019).
197. *Brain Death: Legal Status Amid Growing Uncertainty*, 42ND ANNUAL ASLME HEALTH LAW PROFESSORS CONFERENCE, Chicago, Illinois (June 5-7, 2019).
198. *Non-Maleficence: Unwanted Medical Treatment and Informed Consent*, MUNSON MEDICAL CENTER 4TH ANNUAL CLINICAL ETHICS CONFERENCE, Traverse City, Michigan (May 17, 2019) (invited keynote).
199. *Brain Death Bioethics: Fundamental Principles and Emerging Issues*, EIGHTH ANNUAL GREAT LAKES PALLIATIVE CARE CONFERENCE, Lake Geneva, Wisconsin (May 3, 2019) (invited plenary).
200. *Legal Update on MAID, VSED, and PSU in the United States*, HARVARD MEDICAL SCHOOL ANNUAL BIOETHICS CONFERENCE, Boston, Massachusetts (April 11-12, 2019).
201. *Brain Death Is Broken: Status Shift and Implications*, EMORY HEALTHCARE ETHICS CONSORTIUM CONFERENCE, Atlanta, Georgia (March 21, 2019) (invited keynote).
202. *Shared Decision Making: Time to Revolutionize Informed Consent*, EMORY UNIVERSITY, Atlanta, Georgia (March 20, 2019).
203. *VSED Divulged: Legal, Ethical, and Clinical Status of the Voluntarily Stopping Eating and Drinking Exit Option*, THIRD INTERNATIONAL CONFERENCE ON END OF LIFE LAW, ETHICS, POLICY, AND PRACTICE (ICEL3), Ghent, Belgium (March 7-9, 2019) (invited plenary).

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204. *Brain Death and the Law – Hard Cases and Legal Challenges*, THIRD INTERNATIONAL CONFERENCE ON END OF LIFE LAW, ETHICS, POLICY, AND PRACTICE (ICEL3), Ghent, Belgium (March 7-9, 2019).
205. *Medical Futility Dispute Resolution Options in the United States: Law & Ethics Fundamentals*, THIRD INTERNATIONAL CONFERENCE ON END OF LIFE LAW, ETHICS, POLICY, AND PRACTICE (ICEL3), Ghent, Belgium (March 7-9, 2019).
206. *Global Panel: Latest Developments in Assisted Dying around the World*, THIRD INTERNATIONAL CONFERENCE ON END OF LIFE LAW, ETHICS, POLICY, AND PRACTICE (ICEL3), Ghent, Belgium (March 7-9, 2019).
207. *The Ethics of Dying: A Panel Discussion on End-of-Life Care*, UNIVERSITY OF MINNESOTA STUDENT COMMITTEE ON BIOETHICS, Minneapolis, Minnesota (February 21, 2019).
208. *Euthanize Informed Consent: Moving to Shared Decision Making with Certified Patient Decision Aids after Fifty Years of a Failed Doctrine*, MAYO CLINIC, Rochester, Minnesota (December 13, 2018).
209. *Brain Death Bioethics*, MAYO CLINIC, Rochester, Minnesota (December 13, 2018).
210. *Roundtable on Jahi McMath and Other Controversial Brain Death Cases*, VIII INTERNATIONAL SYMPOSIUM ON BRAIN DEATH AND DISORDERS OF CONSCIOUSNESS, Havana, Cuba (December 4-7, 2018) (chairperson, moderator).
211. *Brain Death Uncertainty: Growing Challenges to Its Legal Status*, VIII INTERNATIONAL SYMPOSIUM ON BRAIN DEATH AND DISORDERS OF CONSCIOUSNESS, Havana, Cuba (December 4-7, 2018) (opening plenary).
212. *Brain Death Uncertainty: Growing Challenges to Its Legal Status*, UNIVERSITY OF CALIFORNIA - SAN DIEGO BIOMEDICAL ETHICS SEMINAR SERIES, San Diego, California (November 19, 2018).
213. *Avoid Unwanted Medical Treatment: How to Ensure Your Wishes Are Followed*, HEMLOCK SOCIETY OF SAN DIEGO, San Diego, California (November 18, 2018).

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214. *Avoid Unwanted Medical Treatment: How to Ensure Your Wishes Are Followed*, HEMLOCK SOCIETY OF SAN DIEGO, Solana Beach, California (November 17, 2018).
215. *Medical Futility in Minnesota*, MINNESOTA MEDICAL ASSOCIATION, ETHICS AND MEDICAL-LEGAL AFFAIRS COMMITTEE, Minneapolis, Minnesota (November 6, 2018).
216. *Brain Death: New Challenges*, NEISWANGER INSTITUTE FOR BIOETHICS, LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MEDICINE (October 29, 2018).
217. *Ethics Committees Are Not Just for Hospitals: Advancing Person-Centered Care in Long-Term Care Facilities*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 20TH ANNUAL MEETING, Anaheim, California (October 18-21, 2018).
218. *Top 10 Legal Developments in Bioethics*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 20TH ANNUAL MEETING, Anaheim, California (October 18-21, 2018).
219. *Shared Decision Making and Advance Care Planning: Using Decision Aids to Improve Patient Safety*, MICHIGAN ADVANCE CARE PLANNING CONFERENCE, Lansing, Michigan (October 11-12, 2018).
220. *Dementia, Withholding Food and Water, and Overcoming Barriers to VSED by Advance Directive*, MICHIGAN ADVANCE CARE PLANNING CONFERENCE, Lansing, Michigan (October 11-12, 2018).
221. *Ending Self-Regulation of Medicine: Does Less Physician Control Improve Patient Safety and Protect Patient Rights?* MICHIGAN STATE UNIVERSITY CENTER FOR ETHICS AND HUMANITIES IN THE LIFE SCIENCES, Lansing, Michigan (October 10, 2018).
222. *Medical Aid in Dying: Pro-Con Debate*, UNIVERSITY OF MINNESOTA SCHOOL OF NURSING, Minneapolis, Minnesota (October 8, 2018) (with Sen. Chris Eaton, Dr. Kirk Allison, Prof. Dennis O'Hare).
223. *Brain Death Challenges Facing Children's Hospitals*, CHILDREN'S HOSPITALS CHIEF LEGAL OFFICERS MEETING, Minneapolis, Minnesota (October 4, 2018).

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224. *Medical Aid in Dying*, MINNESOTA STATE BAR ASSOCIATION ELDER LAW SECTION, Minneapolis, Minnesota (September 27, 2018).
225. *Revolutionizing Informed Consent Law and Practice: Empowering Patients with Certified Decision Aids*, 6TH INTERNATIONAL CONFERENCE ON COMMUNICATION IN HEALTHCARE, Faculty of Engineering of the University of Porto (FEUP), Porto, Portugal (September 1-4, 2018).
226. *Medical Futility Dispute Resolution Options in the UK and USA: Law and Ethics Fundamentals, Charlie Gard, and the Transfer Requirement*, 14TH INTERNATIONAL CONFERENCE ON CLINICAL ETHICS CONSULTATION (ICCEC), Oxford, England (June 20-23, 2018).
227. *Rationing Organs in the United States*, UNIVERSITY OF OXFORD, Oxford, England (June 20, 2018).
228. *Revolutionizing Informed Consent Law and Practice: Empowering Patients with Certified Decision Aids*, INSTITUTE OF MEDICAL ETHICS SUMMER RESEARCH CONFERENCE, Oxford, England (June 19, 2018).
229. *When Is the Patient Dead? When May Clinicians Stop Treating Dead Patients? Growing Challenges to the Status of Brain Death and Strategies for Clinical Ethics Consultants*, INSTITUTE OF MEDICAL ETHICS SUMMER RESEARCH CONFERENCE, Oxford, England (June 19, 2018).
230. *Understanding New and Emerging Issues Regarding Medical Decision Making for Incapacitated Patients*, MINNCLE HEALTH LAW INSTITUTE, Minneapolis, Minnesota (June 13, 2018).
231. *Die Better: A Legal Toolkit*, AMERICAN SOCIETY FOR LAW, MEDICINE & ETHICS (ASLME) 41ST HEALTH LAW PROFESSORS CONFERENCE, Cleveland, Ohio (June 7-9, 2018).
232. *Next Steps: Moving from Science and Policy to Practice: The Development and Certification of Decision Aids to Promote Shared Decision Making for Patients with Serious Illness*, HARVARD LAW SCHOOL, Cambridge, Massachusetts (April 18, 2018) (Project on Advanced Care and Health Policy by the Petrie-Flom Center at Harvard Law School and the Coalition to Transform Advanced Care).

233. *Washington State Experience: The Development and Certification of Decision Aids to Promote Shared Decision Making for Patients with Serious Illness*, HARVARD LAW SCHOOL, Cambridge, Massachusetts (April 18, 2018)
234. ***Brain Death and the Law: Hard Cases and Legal Challenges, DEFINING DEATH: ORGAN TRANSPLANTATION AND THE 50-YEAR LEGACY OF THE HARVARD REPORT ON BRAIN DEATH, HARVARD MEDICAL SCHOOL, Boston, Massachusetts (April 11-13, 2018).***
235. *Right to Die? The Bioethical and Legal Issues in End of Life Care*, AMERICAN CONSTITUTION SOCIETY, UNIVERSITY OF MINNESOTA LAW SCHOOL, Minneapolis, Minnesota (April 3, 2018).
236. *Under-examined End-of-Life Option: Hastening Death by Voluntarily Stopping Eating and Drinking (VSED)*, DYING IN THE AMERICAS, Henderson, Nevada (March 21-25, 2018).
237. *Importance of Bioethics for Post-Acute Care: Compliance and Risk Management Benefits*, AMERICAN HEALTH LAWYERS ASSOCIATION - LONG TERM CARE AND THE LAW, New Orleans, Louisiana (March 2, 2018) (with Christine Wilson).
238. ***Current Landscape: Implementation and Practice, Physician-Assisted Death: Scanning the Landscape and Potential Approaches - A Workshop, NATIONAL ACADEMY OF SCIENCES, Washington, DC (February 12-13, 2018).***
239. *Making Better Healthcare Decisions for Unrepresented Patients in California*, UCLA HEALTH, Los Angeles, California (January 17, 2018).
240. *Five New California Bioethics Cases*, SOUTHERN CALIFORNIA BIOETHICS COMMITTEE CONSORTIUM, Los Angeles, California (January 17, 2018).
241. *Better Decision Making for Unrepresented Patients*, CITIZEN'S LEAGUE TASK FORCE - A BACKUP PLAN FOR SOLOS (WILDER CENTER), Saint Paul, Minnesota (December 12, 2017).
242. *Medical Aid in Dying in Minnesota: Legal Landscape and Ethical Justifiability*, HENNEPIN COUNTY MEDICAL CENTER, Minneapolis, Minnesota (December 8, 2017).

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243. *Better Decision Making for Unrepresented Patients*, UNIVERSITY OF MINNESOTA CENTER FOR BIOETHICS, Minneapolis, Minnesota (December 5, 2017).
244. *The Unrepresented Patient*, CATHOLIC HEALTH INITIATIVES ETHICS-LAB WEBINAR (November 28, 2017).
245. *Unwanted Medical Treatment: The Tragic, Utter Failure of U.S. Informed Consent Law*, HARVARD LAW SCHOOL, Cambridge, Massachusetts (November 20, 2017).
246. *Healthcare: Beyond the Insurance Coverage Debate*, THE WHOLE TRUTH WITH DAVID EISENHOWER, Washington, DC (November 10, 2017) (taping at Newseum).
247. *Final Instructions: Dilemmas in Drafting Wishes at the End of Life*, Barbara Jordan Conference Center, KAISER FAMILY FOUNDATION, Washington, DC (November 8, 2017).
248. *Fundamentals of Healthcare Decision Making by Minnesota Surrogates*, FALL AGING CONFERENCE, Minneapolis, Minnesota (October 26, 2017).
249. *One Patient, or Two? Brain Death and the Pregnant Patient*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 19TH ANNUAL MEETING, Kansas City, Missouri (October 19-22, 2017).
250. *Top 10 Legal Developments in Bioethics*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 19TH ANNUAL MEETING, Kansas City, Missouri (October 19-22, 2017).
251. *Meet the Professor*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 19TH ANNUAL MEETING, Kansas City, Missouri (October 20, 2017).
252. *Effecting Change & Impacting Policy - Law & Bioethics Affinity Group*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 19TH ANNUAL MEETING, Kansas City, Missouri (October 21, 2017).
253. *Brain Death: New Challenges*, NEISWANGER INSTITUTE FOR BIOETHICS, LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MEDICINE (October 17, 2017).

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254. *Narrowing the Gap Between Theory and Practice of Informed Consent: Ongoing Evolution to Shared Decision Making and Patient Decision Aids - 2017 Plous Family Lecture, AURORA HEALTH CARE, Milwaukee, Wisconsin (October 9, 2017).*
255. *Other End of Life Options, Ethical Issues and Legal Considerations, MINNESOTA COALITION FOR DEATH EDUCATION & SUPPORT (MCDES) FALL CONFERENCE, Minneapolis, Minnesota (September 29, 2017).*
256. *From Informed Consent to Shared Decision Making: Improving Patient Safety and Reducing Medical Liability Risk with Patient Decision Aids, MINNESOTA SOCIETY FOR HEALTHCARE RISK MANAGEMENT, Minneapolis, Minnesota (September 28, 2017).*
257. *The Role of State Constitutions and State Judiciaries in Establishing Civil Rights: A Look at Aid in Dying, UNIVERSITY OF NEW MEXICO SCHOOL OF LAW, Albuquerque, New Mexico (September 23, 2017).*
258. *The End of Death: Growing Challenges to the Legal Status of Brain Death, SECOND INTERNATIONAL CONFERENCE ON END OF LIFE, LAW, ETHICS, POLICY, AND PRACTICE, Halifax, Nova Scotia (September 15-17, 2017).*
259. *Medical Futility Dispute Resolution Options in the United States: Law & Ethics Fundamentals, SECOND INTERNATIONAL CONFERENCE ON END OF LIFE, LAW, ETHICS, POLICY, AND PRACTICE, Halifax, Nova Scotia (September 15-17, 2017).*
260. *The Under-examined End-of-Life Option: Hastening Death by Voluntarily Stopping Eating and Drinking (VSED), SECOND INTERNATIONAL CONFERENCE ON END OF LIFE, LAW, ETHICS, POLICY, AND PRACTICE, Halifax, Nova Scotia (September 15-17, 2017).*
261. *Better Healthcare Decision Making for Incapacitated Patients without Surrogates, OFFICE OF GUARDIANSHIP AND ELDER SERVICES, WASHINGTON STATE ADMINISTRATIVE OFFICE OF THE COURTS (July 19, 2017) (with David Godfrey, ABA).*
262. *Three Legal Tools for Promoting Shared Decision Making, 9TH INTERNATIONAL SHARED DECISION MAKING (ISDM) CONFERENCE, Lyon, France (July 2-5, 2017).*

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263. *Gaps in Minnesota Surrogate Decision Making Law*, MINNESOTA MEDICAL ASSOCIATION - ETHICS AND MEDICAL-LEGAL AFFAIRS COMMITTEE, Minneapolis, Minnesota (June 21, 2017).
264. *2017 Health Law Institute*, MINNCLE, Minneapolis, Minnesota (June 15-16, 2017) (planning committee).
265. *Where and How to Set Limits*, AMERICAN ASSOCIATION OF CRITICAL CARE NURSES (AACN Minnesota Chapter), Minneapolis, Minnesota (June 13, 2017).
266. *Finally Ending Legal Deference to Physician Judgment*, 40TH AMERICAN SOCIETY FOR LAW, MEDICINE & ETHICS (ASLME) HEALTH LAW PROFESSORS CONFERENCE, Atlanta, Georgia (June 8-10, 2017).
267. *Jay Healey Teaching Session (Externships)*, 40TH AMERICAN SOCIETY FOR LAW, MEDICINE & ETHICS (ASLME) HEALTH LAW PROFESSORS CONFERENCE, Atlanta, Georgia (June 8-10, 2017).
268. *End of Life Options in Minnesota*, MITCHELL HAMLINE SCHOOL OF LAW, Saint Paul, Minnesota (April 27, 2017).
269. *Advance Care Planning in Minnesota*, ROSEVILLE COMMUNITY HEALTH AWARENESS TEAM, Saint Paul, Minnesota (April 22, 2017).
270. *Simon's Law: Unleashing Surrogate Authority to Demand Potentially Inappropriate Treatment*, UNIVERSITY OF KANSAS MEDICAL CENTER (April 14, 2017).
271. *Faculty Colloquium on Feedback*, MITCHELL HAMLINE SCHOOL OF LAW, Saint Paul, Minnesota (April 12, 2017) (with Dena Sonbol).
272. *VSED: The OTHER End of Life Option*, UNIVERSITY OF NORTH CAROLINA CHARLOTTE (UNCC) ETHICS CENTER, Charlotte, North Carolina (April 6, 2017).
273. *Withholding Food and Fluids in Cases of Advanced Dementia: An Ethical and Legal Choice?* DAVIDSON COLLEGE, Charlotte, North Carolina (April 6, 2017).

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274. *Medical Futility*, MINNESOTA NETWORK FOR HOSPICE AND PALLIATIVE CARE (MNHPC), Minneapolis, Minnesota (April 4, 2017).
275. *End of Life Options in Ohio: The Legality of Hastening Death by Voluntarily Stopping Eating and Drinking (VSED)*, UNIVERSITY OF CINCINNATI SCHOOL OF LAW, Cincinnati, Ohio (March 21, 2017).
276. *Pediatric Grand Rounds - Medical Futility: Dispute Resolution Options when Parents Demand Potentially Inappropriate Life-Sustaining Treatment*, CINCINNATI CHILDREN'S HOSPITAL, Cincinnati, Ohio (March 21, 2017).
277. *Round Table on Health Care Decision Making*, AMERICAN BAR ASSOCIATION COMMISSION ON LAW & AGING, Washington, DC (March 17, 2017).
278. *Medical Jurisprudence*, SAINT GEORGES UNIVERSITY, Grenada, West Indies (February 9-14, 2017).
279. *Better Healthcare Decision Making for Incapacitated Patients without Surrogates*, 3RD ANNUAL WINGS MN GUARDIANSHIP SUMMIT, Minneapolis, Minnesota (February 3, 2017).
280. *Works in Progress for New Health Law Teachers* [Commentator] ASSOCIATION OF AMERICAN LAW SCHOOLS, ANNUAL MEETING, San Francisco, California (January 5, 2017).
281. ***Changing Legal Status of Brain Death in California*, CEDARS SINAI MEDICAL CENTER, Los Angeles, California (December 21, 2016).**
282. *Unbefriended and Unrepresented: Medical Decision Making for Incapacitated Patients without Healthcare Surrogates*, MINNESOTA ELDER JUSTICE CENTER, Saint Paul, Minnesota (December 9, 2016).
283. *When May You Stop Life-Sustaining Treatment without Consent? Leading Dispute Resolution Mechanisms for Medical Futility Conflicts*, CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA, Minneapolis, Minnesota (November 18, 2016).
284. *The Right to Die: 40 Years after Quinlan*, GEORGIA STATE UNIVERSITY, Atlanta, Georgia (November 11, 2016).

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285. *When Is Your Patient Dead? When May You Stop Treating Dead Patients?*
KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES, Kansas City, Missouri
(November 8, 2016).

286. *Brain Death*, UNIVERSITY OF MINNESOTA BIOETHICS PROSEMINAR,
Minneapolis, Minnesota (October 18, 2016).

287. *Advance Care Planning: Make Your Choices Known*, ROSEVILLE COMMUNITY
HEALTH AWARENESS TEAM (CHAT) Roseville, Minnesota (October 15, 2016)
(helped organize, train student volunteers).

288. *VSED Is Legal: Defending Voluntarily Stopping Eating and Drinking*,
SEATTLE UNIVERSITY SCHOOL OF LAW, Seattle, Washington (October 14-15, 2016).

289. *Hastening Death by Voluntarily Stopping Eating and Drinking: Clinical,
Legal, Ethical, Religious, and Family Perspectives*, SEATTLE UNIVERSITY SCHOOL
OF LAW, Seattle, Washington (October 14-15, 2016) (planning committee).

290. *Bioethicists Must Engage the Public: Using Social Media to Advance Public
Literacy in Bioethics*, ASBH 18TH ANNUAL MEETING, Washington, DC (October 8,
2016).

291. *Top 10 Legal Developments in Bioethics*, ASBH 18TH ANNUAL MEETING,
Washington, DC (October 8, 2016).

292. *When Is Your Patient Dead? When May You Stop Treating Dead Patients?*
The Changing Legal Status of Brain Death, NEISWANGER INSTITUTE FOR BIOETHICS,
LOYOLA UNIVERSITY CHICAGO (September 29, 2016).

293. *Better Decision Making for Incapacitated Patients without Surrogates*,
NORTH DAKOTA LONG TERM CARE ASSOCIATION, Fargo, North Dakota (September
21, 2016).

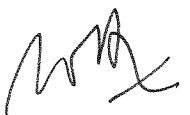
294. *Physician Aid in Dying*, MINNESOTA MEDICAL ASSOCIATION, Minneapolis,
Minnesota (August 24, 2016).

295. *Hot Topics in Bioethics*, SEALS, Amelia Island, Florida (August 5, 2016).

296. *Medical Jurisprudence*, SAINT GEORGES UNIVERSITY, Grenada, West Indies
(July 28- August 3, 2016).

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297. *Revolutionizing Informed Consent Law: Empowering Patients with Certified Decision Aids*, 3rd INSTITUTE OF MEDICAL ETHICS, Edinburgh, Scotland (June 18, 2016).
298. *Revolutionizing Informed Consent Law: Empowering Patients with Certified Decision Aids*, INTERNATIONAL ASSOCIATION OF BIOETHICS (IAB) 13TH WORLD CONGRESS, Edinburgh, Scotland (June 2016).
299. *Revolutionizing Informed Consent Law: Empowering Patients with Certified Decision Aids*, 39th ASSOCIATION OF LAW, MEDICINE & ETHICS (ASLME) HEALTH LAW PROFESSORS CONFERENCE, Boston, Massachusetts (June 4, 2016).
300. *Career Paths in Public Health Law and Health Law*, NETWORK FOR PUBLIC HEALTH LAW (June 1, 2016) (webinar).
301. *Caring for the "Unrepresented Patient": Strategies to Avoid Moral Distress and Substandard Care*, INTERNATIONAL CONFERENCE ON CLINICAL ETHICS CONSULTATION (ICCEC), Washington, DC (May 21, 2016).
302. *Brain Death: Expanding Duties to Accommodate Objections*, INTERNATIONAL CONFERENCE ON CLINICAL ETHICS CONSULTATION (ICCEC), Washington, DC (May 20, 2016).
303. *Making Decisions in the ICU for Incapacitated Patients without Available Surrogates*, AMERICAN THORACIC SOCIETY, San Francisco, California (May 13, 2016).
304. *Policy and Legal Perspectives on End-of-Life Care*, STANFORD UNIVERSITY, Palo Alto, California (May 12, 2016).
305. *National Healthcare Decisions Day [Panel]*, ROSEVILLE COMMUNITY HEALTH ACTION TEAM, Roseville, Minnesota (April 16, 2016).
306. *Dementia and VSED*, MINNESOTA NETWORK OF HOSPICE AND PALLIATIVE CARE ANNUAL CONFERENCE, Minneapolis, Minnesota (April 11, 2016) (with Vic Sandler).

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307. *Futility Redux: When May/Should/Must a Clinician Write a DNAR Order without Patient or Surrogate Consent?* UNIVERSITY OF MIAMI & FLORIDA BIOETHICS NETWORK, Miami, Florida (April 8, 2016).
308. *Dying Fast and Slow: Improving Quality of Dying and Preventing Untimely Deaths*, SAINT LOUIS UNIVERSITY SCHOOL OF LAW, Saint Louis, Missouri (April 1, 2016).
309. *Testimony before the Minnesota Senate Committee on Health, Human Services and Housing on S.F. 1880*, MINNESOTA SENATE, Saint Paul, Minnesota (March 16, 2016).
310. *Jahi McMath and the California End of Life Options Act*, LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE (March 3, 2016) (guest lecture webinar).
311. *Minnesota Compassionate Care Act*, SENATE LISTENING SESSION, Mankato, Minnesota (February 20, 2016) (panelist for Q&A on proposed legislation).
312. *Medical Jurisprudence*, SAINT GEORGES UNIVERSITY, Grenada, West Indies (February 11-18, 2016).
313. *Minnesota Compassionate Care Act*, SENATE LISTENING SESSION, Saint Paul, Minnesota (January 30, 2016) (panelist for Q&A on proposed legislation).
314. *Commentator, New Law Teachers Workshop*, ASSOCIATION OF AMERICAN LAW SCHOOLS (AALS) ANNUAL MEETING, New York, New York (January 7, 2016).
315. *New Legal Constraints on Resolving Bioethics Cases*, HCA HEALTHCARE webinar (December 13, 2015).
316. *Policy Panel*, END OF LIFE OPTION ACT RESPONSE CONFERENCE, San Francisco, California (December 12, 2015).
317. *Addressing Ethical Issues at the End of Life*, MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE, Plymouth, Minnesota (November 12, 2015) (four sessions on POLST, VSED, futility, and aid-in-dying).

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318. ***Resolving Pediatric Medical Futility Conflicts with Efficiency and Fairness, 8th Annual Pediatric Bioethics Conference, FLORIDA BIOETHICS NETWORK & WOLFSON CHILDREN'S HOSPITAL, Jacksonville, Florida (November 6, 2015).***
319. *Legal Update 2015: Top 10 Legal Developments in Bioethics, ASBH 17TH ANNUAL MEETING, Houston, Texas (October 22-25, 2015).*
320. *The Unbefriended Must Not Be Unprotected: Organizational and Clinical Management of Patients without Surrogates, ASBH 17TH ANNUAL MEETING, Houston, Texas (October 22-25, 2015).*
321. *Advance Directives and POLST, MINNCLE MINNESOTA ELDER LAW INSTITUTE, Minneapolis, Minnesota (October 20, 2015).*
322. *Minnesota Compassionate Care Act, SENATOR EATON LISTENING SESSION, Brooklyn Park, Minnesota (October 17, 2015) (panelist for Q&A on proposed legislation).*
323. *Medical Futility, SAINT CATHERINE'S UNIVERSITY, Minneapolis, Minnesota (October 8, 2015) (presentation to health sciences students).*
324. *Physician Aid in Dying: Legal Landscape & Ethical Justifiability, NEISWANGER INSTITUTE FOR BIOETHICS & HEALTH POLICY, Loyola University Chicago (September 24, 2015).*
325. *Medical Jurisprudence, ST. GEORGES UNIVERSITY, Grenada, West Indies (July 30 to August 5, 2015).*
326. *Discussion Group: Hot Issues in Law and Bioethics, SEALS ANNUAL MEETING, Boca Raton, Florida (July 27, 2015).*
327. *Revolutionizing Informed Consent Law, ASLME 38TH ANNUAL HEALTH LAW PROFESSORS CONFERENCE, St. Louis, Missouri (June 4-6, 2015).*
328. ***Brain Death: Expanding Family Objections and Recommended Clinician Responses, MEDICAL COLLEGE OF WISCONSIN, Milwaukee, Wisconsin (June 2, 2015).***
329. *Brain Death Rejected: Expanding Clinicians' Legal Duties to Accommodate Religious Objections and Continue Physiological Support, 2015 ANNUAL*

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CONFERENCE LAW, RELIGION, AND AMERICAN HEALTHCARE, PETRIE-FLOM CENTER FOR HEALTH POLICY, BIOTECHNOLOGY, AND BIOETHICS, HARVARD LAW SCHOOL, Boston, Massachusetts (May 8-9, 2015).

- 330. *ACA Impact on Public Health*, INTRODUCTION TO PUBLIC HEALTH - HAMLINE UNIVERSITY, Saint Paul, Minnesota (April 24, 2015).
- 331. *Medical Futility*, MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE, Minneapolis, Minnesota (April 21, 2015).
- 332. *POLST*, MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE, Minneapolis, Minnesota (April 20, 2015) (with Vic Sandler).
- 333. *Overtreatment at the End of Life: Legal Solutions*, RYAN BIOETHICIST IN RESIDENCE, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE, Springfield, Illinois (April 17, 2015).
- 334. *Adjudicating Bioethics Disputes: Reconciling Saikewicz and Quinlan 40 Years Later*, RYAN BIOETHICIST IN RESIDENCE, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF LAW, Carbondale, Illinois (April 16, 2015).
- 335. *Brain Death Rejected: Expanding Clinicians' Legal Duties to Accommodate Objections and Continue Physiological Support*, RYAN BIOETHICIST IN RESIDENCE, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF LAW, Carbondale, Illinois (April 15, 2015).
- 336. *Tools for Landing a Job in Public Health Law (Panel for Public Health Law Career Workshop)*, NETWORK FOR PUBLIC HEALTH LAW, William Mitchell College of Law, Saint Paul, Minnesota (April 14, 2015).
- 337. *Texas Advance Directives Act: Almost a Model Dispute Resolution Mechanism for Intractable Medical Futility Conflicts*, CHICAGO HEALTH LAW COLLOQUIUM (DePaul University College of Law and Loyola University Chicago School of Law), Chicago, Illinois (March 18, 2014).
- 338. *Deadly Debacle: Informal Dispute Resolution in U.S. Hospitals*, QUINNIPIAC YALE DISPUTE RESOLUTION WORKSHOP, Hamden, Connecticut (February 27, 2015).

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339. *Adjudicating Bioethics Disputes: Reconciling Saikewicz and Quinlan 40 Years Later*, NEW YORK UNIVERSITY LANGONE MEDICAL CENTER, New York, New York (February 26, 2015).
340. *Brain Death: Clinician Duties to Accommodate Objections and "Treat" the Dead*, UNIVERSITY OF MINNESOTA CENTER FOR BIOETHICS, Minneapolis, Minnesota (February 13, 2015).
341. *Medical Jurisprudence*, ST. GEORGES UNIVERSITY, Grenada, West Indies (February 6-13, 2015).
342. *What Is Reasonable Accommodation and Are We Doing It? -- at the "Brain Death": Facilitating Family/Hospital Dialogue about Death by Neurological Criteria*, LOYOLA MARYMOUNT UNIVERSITY BIOETHICS INSTITUTE & SOUTHERN CALIFORNIA BIOETHICS COMMITTEE CONSORTIUM (SCBCC), Los Angeles, California (January 18, 2015).
343. *The Unbefriended Elderly: Making Medical Decisions for Patients without Surrogates*, AMERICAN ASSOCIATION OF LAW SCHOOLS (AALS), Washington, DC (January 3, 2015) (organized and moderated program co-sponsored by Section on Law & Aging; and Section on Law, Medicine and Health Care).
344. *Health Law Works in Progress Workshop*, AMERICAN ASSOCIATION OF LAW SCHOOLS (AALS), Washington, DC (January 3, 2015) (organized program by Section on Law, Medicine and Health Care).
345. *Physician Aid in Dying: Legal Summary USA*, STUDENT AMA CHAPTER, LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE (Dec. 4, 2014).
346. *Conflict of Interest*, PRIME THERAPEUTICS COMPLIANCE TRAINING AT HAMLINE UNIVERSITY (November 20, 2014).
347. *Health Care Reform Implementation in Minnesota: Mission Advanced but Not Accomplished*, HAMLINE UNIVERSITY SCHOOL OF LAW, Saint Paul, Minnesota (October 24, 2014) (organizer, moderator).
348. *[Program Committee, Plenary Moderator]*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 16TH ANNUAL MEETING, San Diego, California (October 16-19, 2014).

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349. *Mandatory Reporting Guidelines for Hospice Workers*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 16TH ANNUAL MEETING, San Diego, California (October 18, 2014).
350. *Legal Update: Brain Death & Medical Futility*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 16TH ANNUAL MEETING, San Diego, California (October 18, 2014).
351. *Informed Consent Roundtable*, AMERICAN BAR ASSOCIATION SPECIAL COMMITTEE ON BIOETHICS, San Diego, California (October 16, 2014).
352. *How Are We Resolving Medical Futility Conflicts*, LOYOLA UNIVERSITY NEISWANGER INSTITUTE FOR BIOETHICS, October 3, 2014 (webinar).
353. *Organizational Efforts*, 20TH WORLD RIGHT TO DIE CONFERENCE, Chicago, Illinois (September 20, 2014) (3-hour session chair).
354. *Population Health: Healthcare's New Frontier*, LEADERSHIP SAINT PAUL HEALTH CARE DAY, SAINT PAUL AREA CHAMBER OF COMMERCE, Saint Paul, Minnesota (September 11, 2014) (moderator).
355. *Hubris to Humility: Medical Power in Medical Futility Conflicts*, SPECTRUM HEALTH ETHICS CONFERENCE, Prince Conference Center, Grand Rapids, Michigan (September 5, 2014).
356. *Comparative Flash Points in End of Life Law, Ethics and Policy*, INTERNATIONAL CONFERENCE ON END OF LIFE: LAW, ETHICS, POLICY & PRACTICE (ICEL 2014), Queensland University of Technology, Brisbane, Australia (August 13-15, 2014).
357. *Resolution of Intractable Medical Futility Conflicts over Life-Sustaining Treatment: United States Law and Practice*, INTERNATIONAL CONFERENCE ON END OF LIFE: LAW, ETHICS, POLICY & PRACTICE (ICEL 2014), Queensland University of Technology, Brisbane, Australia (August 13-15, 2014).
358. *Health Law & Bioethics Workshop*, SOUTHEAST ASSOCIATION OF LAW SCHOOLS (SEALS), Amelia Island, Florida (August 1-7, 2014).



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359. *Mandatory Reporting Duties for Hospice Workers*, NHPCO ETHICS ADVISORY COUNCIL, NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (July 16, 2014).
360. *Revitalizing Informed Consent Law*, DARTMOUTH SUMMER INSTITUTE FOR INFORMED PATIENT CHOICE, Lebanon, New Hampshire (June 25-27, 2014).
361. *Brain Death and Futility*, ARIZONA BIOETHICS NETWORK Webinar (June 19, 2014)
362. *Starting, Building, and Fostering Health Law Programs: Everything You Ever Wanted to Know*, 37TH HEALTH LAW PROFESSORS CONFERENCE, AMERICAN SOCIETY OF LAW MEDICINE & ETHICS, San Francisco, California (June 5-7, 2014).
363. *Death with Dignity*, Hosted #DWDChat, a weekly TwitterChat (May 8, 2014).
364. *Health Care Decisions and the "F" Word: Counseling Clients about Medical Futility*, AMERICAN BAR ASSOCIATION (ABA) Webinar (April 23, 2014).
365. *The Decline and Fall of Physician Power to Self-Regulate the Practice of Medicine*, YALE LAW SCHOOL, New Haven, Connecticut (March 28, 2014).
366. *Medical Futility: Legal Tools and Limits for Resolving Disputes over Inappropriate Life-Sustaining Treatment*, YALE SCHOOL OF MEDICINE, PROGRAM FOR BIOMEDICAL ETHICS, New Haven, Connecticut (March 27, 2014).
367. *Doing Everything Possible: The Best or Worst Thing about American Medicine*, WORLD AFFAIRS COUNCIL OF PHILADELPHIA, Philadelphia, Pennsylvania (March 12, 2014).
368. *Ethics and Professionalism*, REVIEW COURSE: ABIM INTERNAL MEDICINE BOARD EXAM (March 2014).
369. *Treatment Conflicts when the Patient is Determined Dead by Neurological Criteria*, NEISWANGER INSTITUTE FOR BIOETHICS, LOYOLA UNIVERSITY OF CHICAGO (February 27, 2014) (guest lecturer via Adobe Connect)
370. *Growing Power of Healthcare Ethics Committees Heightens Due Process Concerns*, UNIVERSITY OF CALIFORNIA - LOS ANGELES SCHOOL OF MEDICINE & SCHOOL OF LAW, Los Angeles, California (February 25, 2014).

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371. *Jahi Mcmath and Medical Futility: California Law on Therapeutic Obstinacy and Non-Beneficial Treatment*, UNIVERSITY OF CALIFORNIA - LOS ANGELES SCHOOL OF MEDICINE & SCHOOL OF LAW, Los Angeles, California (February 25, 2014).
372. *Mandated Disclosures, Unrepresented Patients, and Brain Death*, HCA HEALTHCARE (February 4, 2014) (webinar).
373. *Medical Futility: Q&A with Patrik Hutzel*, INTENSIVE CARE HOTLINE, Feb. 3, 2014 (podcast).
374. *Medical Futility: Legal Status Nationwide and in Minnesota, What Does the Future Hold?* HEALTHPARTNERS & REGIONS HOSPITAL ETHICS GRAND ROUNDS, Saint Paul, Minnesota (December 10, 2013).
375. *Medical Futility in Minnesota: Legal Status of Consensus Guidelines*, UNIVERSITY OF MINNESOTA BRENNAN CENTER, Minneapolis, Minnesota (November 22, 2013).
376. *Dispute Resolution and Bioethics*, CARDOZO UNIVERSITY SCHOOL OF LAW, New York, New York (November 18, 2013).
377. *The ACA and Public Health, for Introduction to Public Health*, HAMLINE UNIVERSITY HEALTH SCIENCES, Saint Paul, Minnesota (November 15, 2013).
378. *The Progress of POLST Programs Across the Nation, Litigation Arising from Failure to Respect Patients' Rights*, DELAWARE ACADEMY OF MEDICINE, DMOST CONFERENCE, Wilmington, Delaware (November 12, 2013).
379. *Futility in the ICU: Prevention, Procedure, and Policy*, AMERICAN COLLEGE OF CHEST PHYSICIANS ANNUAL MEETING, Chicago, Illinois (October 26-31, 2013).
380. *Top 10 Issues in Law and Bioethics*, AMERICAN SOCIETY OF BIOETHICS & HUMANITIES (ASBH) ANNUAL MEETING, Atlanta, Georgia (October 26, 2013).
381. *Lessons from Cuthbertson v. Rasouli*, AMERICAN SOCIETY OF BIOETHICS & HUMANITIES (ASBH) ANNUAL MEETING, Atlanta, Georgia (October 25, 2013) (organizer, moderator).

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382. *A Tribute to Edmund Pellegrino and His Work*, AMERICAN SOCIETY OF BIOETHICS & HUMANITIES (ASBH) ANNUAL MEETING, Atlanta, Georgia (October 24, 2013) (organizer).
383. *Dispute Resolution and Medical Futility*, MARQUETTE UNIVERSITY, CENTER FOR DISPUTE RESOLUTION, Milwaukee, Wisconsin (October 18, 2013).
384. *Developments in End-of-Life Law and Policy*, NEISWANGER INSTITUTE FOR BIOETHICS, LOYOLA UNIVERSITY OF CHICAGO (October 2, 2013) (guest lecturer via Adobe Connect).
385. *Health Care Reform Reprised: What Has Changed Since Last Year?* SOUTHEASTERN ASSOCIATION OF LAW SCHOOLS (SEALS) ANNUAL MEETING, Palm Beach, Florida (August 4-10, 2013).
386. *Is There Room for Conscientious Objection in Critical Care Medicine?* AMERICAN THORACIC SOCIETY INTERNATIONAL CONFERENCE, Philadelphia, Pennsylvania (May 21, 2013).
387. *Annual Ethics Committee Retreat and Grand Rounds*, UNIVERSITY OF VERMONT COLLEGE OF MEDICINE, Burlington, Vermont (May 10, 2013).
388. *The ACA and Public Health, for Introduction to Public Health*, HAMLINE UNIVERSITY HEALTH SCIENCES, Saint Paul, Minnesota (April 22, 2013).
389. *Improving Surrogate Decision Making*, GEISINGER HEALTH SYSTEM, BIOETHICS REVIEW & ADVISORY COMMITTEE ANNUAL SYMPOSIUM, Danville, Pennsylvania (April 10, 2013).
390. *Facebook Can Help You Die - Better*, AMARILLO COLLEGE CREATIVE MINDS HUMANITIES LECTURE SERIES, Amarillo, Texas (March 28, 2013).
391. *Averting Today's Biggest Public Health Epidemics with Social Media*, AMARILLO COLLEGE CREATIVE MINDS HUMANITIES LECTURE SERIES, Amarillo, Texas (March 28, 2013).
392. *Violence and the Future of Mental Health Law*, HAMLINE UNIVERSITY SCHOOL OF LAW, Saint Paul, Minnesota (March 12, 2013) (moderator).

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393. *Medical Futility*, CHILDREN'S MERCY BIOETHICS CENTER, Kansas City, Missouri (February 5, 2013).
394. *Health Law Cases before the Minnesota Supreme Court and Court of Appeals*, HAMLINE UNIVERSITY SCHOOL OF LAW, Saint Paul, Minnesota (January 29, 2013).
395. *Graceful Journey Project - World Cafe*, MINNESOTA COUNCIL OF CHURCHES & HONORING CHOICES MINNESOTA, Saint Paul, Minnesota (November 29, 2012).
396. *The ACA and Public Health*, for Introduction to Public Health, HAMLINE UNIVERSITY HEALTH SCIENCES, Saint Paul, Minnesota (November 27, 2012).
397. *Freedom of Choice at the End of Life: Protecting the Patient's Rights over Government, Health Care Provider and Pressure Group Resistance*, NEW YORK LAW SCHOOL, New York, New York (November 16, 2012).
398. *Legal, Medical, and Ethical Issues in End-of-Life Care*, HAMLINE UNIVERSITY LAW REVIEW & HAMLINE HEALTH LAW INSTITUTE, Saint Paul, Minnesota (November 8-9, 2012) (organizer, moderator).
399. *Legal Update 2012: Top Ten Legal Developments in Bioethics*, AMERICAN SOCIETY OF BIOETHICS & HUMANITIES, Washington, D.C. (October 18, 2012).
400. ***Plenary Panelist: Healthcare Reform and Health Care Stakeholder Disputes: Can We Identify Common Ground?*** MARQUETTE UNIVERSITY PROGRAM IN DISPUTE RESOLUTION, Milwaukee, Wisconsin (October 12, 2012).
401. *The Patient-Healthcare Provider Relationship: When Is the Relationship Broken? Healthcare Reform and Health Care Stakeholder Disputes: Can We Identify Common Ground?* MARQUETTE UNIVERSITY PROGRAM IN DISPUTE RESOLUTION, Milwaukee, Wisconsin (October 12, 2012).
402. *The Affordable Care Act Decisions: Implications for Healthcare and Beyond*, HAMLINE UNIVERSITY SCHOOL OF LAW, Saint Paul, Minnesota (September 12, 2012) (organizer, moderator).
403. *Introduction to the Health Law Institute*, HAMLINE UNIVERSITY SCHOOL OF LAW, Saint Paul, Minnesota (August 30, 2012).

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404. *ASBH-ABA Collaboration*, ABA SPECIAL COMMITTEE ON BIOETHICS AND THE LAW, ABA ANNUAL MEETING, Chicago, Illinois (August 4, 2012).
405. *The Meaning of Reproductive Rights Today*, SOUTHEAST ASSOCIATION OF LAW SCHOOLS (SEALS) ANNUAL MEETING, Amelia Island, Florida (July 30, 2012).
406. *Implementing Healthcare Reform: What the Headlines Missed*, SOUTHEAST ASSOCIATION OF LAW SCHOOLS (SEALS) ANNUAL MEETING, Amelia Island, Florida (July 29, 2012).
407. *Developing Clinical Practice Guidelines*, COMPASSION & CHOICES CONFERENCE, Chicago, Illinois (July 2, 2012).
408. *Bioethics and End-of-Life Choice*, COMPASSION & CHOICES CONFERENCE, Chicago, Illinois (June 29, 2012).
409. *The New Landscape of End-of-Life Decision-Making: How POLSTs (Physician Orders for Life-Sustaining Treatment) Turn Health Care Decisions into Medical Orders*, 35TH ANNUAL ASLME HEALTH LAW PROFESSORS CONFERENCE (ARIZONA STATE UNIVERSITY, SANDRA DAY O'CONNOR COLLEGE OF LAW), Tempe, Arizona (June 8, 2012).
410. *What Are the Boundaries of Acceptable Medical Practice Near the End of Life in ICUs? Legal Mechanisms to Resolve Futility Disputes*, AMERICAN THORACIC SOCIETY INTERNATIONAL CONFERENCE, San Francisco, California (May 23, 2012).
411. *Statement on Futility and Goal Conflict in End-of-Life Care in ICUs*, AMERICAN THORACIC SOCIETY INTERNATIONAL CONFERENCE, San Francisco, California (May 21, 2012) (drafting workshop).
412. *Statement on Conscientious Objection*, AMERICAN THORACIC SOCIETY INTERNATIONAL CONFERENCE, San Francisco, California (May 20, 2012) (drafting workshop).
413. *New 2012 Legislation Impacting Healthcare Facilities' Non-Beneficial Treatment Policies*, HCA, Nashville, Tennessee (May 14, 2012) (webinar).
414. *White House Policy Briefing on Judicial Vacancies*, THE WHITE HOUSE, Washington, DC (May 7, 2012) (with the Leadership Conference on Civil and Human Rights).

415. *National Healthcare Decisions Day*, HILTON MINNEAPOLIS/ST. PAUL AIRPORT – MALL OF AMERICA, Bloomington, Minnesota (April 16, 2012) (planning committee, facilitator).
416. *National Healthcare Decisions Day TweetChat*, <http://www.nhdd.org/chat/> (February 16, 2012) (host).
417. *Biannual Briefing to the HLI Advisory Committee*, HAMLINE UNIVERSITY SCHOOL OF LAW, Minneapolis, Minnesota (February 13, 2012).
418. *Model Regulations and Guidelines for New York Healthcare Ethics Committees*, ALDEN MARCH BIOETHICS INSTITUTE, ALBANY MEDICAL COLLEGE, Albany, New York (November 18, 2011).
419. *Proper and Improper Use of Institutional Medical Futility Policies*, HCA, Nashville, Tennessee (November 7, 2011) (webinar).
420. *Lessons from Tragedy: Legal, Professional, and Ethical Issues Raised by Bradley and Beyond - Roundtable Discussion on Legislation*, WIDENER UNIVERSITY SCHOOL OF LAW, Wilmington, Delaware (November 4, 2011) (moderator).
421. *Continuing Lessons from Betancourt, Guest Lecture for Biomedical Ethics and the Law*, NEISWANGER INSTITUTE FOR BIOETHICS AND HEALTH POLICY, LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE (October 17, 2011).
422. *Impact of State Legislation on Ethics Committee Case Review*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES [ASBH], Minneapolis, Minnesota (October 13-16, 2011).
423. *Advance Directives*, WILMINGTON VAMC [VETERANS ADMINISTRATION MEDICAL CENTER], Wilmington, Delaware (September 30, 2011).
424. *Divergent Legal Approaches to Medical Futility Disputes: Comparing Australia and the United States*, AUSTRALASIAN ASSOCIATION OF BIOETHICS AND HEALTH LAW 2011 CONFERENCE, Gold Coast, Queensland, Australia (July 7-10, 2011).

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425. *Safe Harbor Immunity: The Right Prescription for Providers' 'Bad Law' Claims and Hyper Risk Averseness?* 34TH ANNUAL ASLME HEALTH LAW PROFESSORS CONFERENCE, Chicago, Illinois (June 10, 2011).
426. *Ethics, End-of-Life Care, and the Law: Overview for APNs*, BAYADA NURSES [at the Adventure Aquarium], Camden, New Jersey (June 7, 2011).
427. *Medical Futility Treatment Disputes: Constraints, Best Practices, and Strategies*, 2011 NATIONAL ACADEMY OF ELDER LAW ATTORNEYS (NAELA) ELDER AND SPECIAL NEEDS LAW ANNUAL NATIONAL CONFERENCE, Las Vegas, Nevada (May 20, 2011).
428. *Statement on Futility and Goal Conflict in End-of-Life Care in ICUs*, AMERICAN THORACIC SOCIETY, Denver, Colorado (May 13, 2011) (workshop).
429. *Lessons from Seville: Identifying and Reducing Inappropriate End-of-Life Treatment in New Jersey*, Z. STANLEY STYS MEMORIAL LECTURE, PRINCETON UNIVERSITY MEDICAL CENTER, Princeton, New Jersey (May 10, 2011).
430. *Medical Futility in New Jersey*, TRI-COUNTY REGIONAL ETHICS COMMITTEE, Brightview Senior Living, Mt. Laurel, New Jersey (April 21, 2011).
431. *The New Delaware Next-of-Kin Registry*, NATIONAL HEALTHCARE DECISIONS DAY AT CHRISTIANA CARE HEALTH SYSTEM, Newark, Delaware (April 16, 2011).
432. *Advance Directives: Legal Liability and the Good Faith Standard*, NATIONAL HEALTHCARE DECISIONS DAY AT CHRISTIANA CARE HEALTH SYSTEM, Newark, Delaware (April 15, 2011).
433. *Testimony on the Patient and Family Treatment Choice Rights Act of 2011, H.B. 3520*, Human Services Committee, TEXAS HOUSE OF REPRESENTATIVES, Austin, Texas (April 12, 2011).
434. *Medical Futility at the End of Life: Legal, Ethical, and Practical Considerations for Nurses*, DELAWARE NURSES' ASSOCIATION 2011 SPRING DNA/APRN CONFERENCE, Newark, Delaware (April 7, 2011).
435. *Constitutionality of the Affordable Care Act*, FEDERALIST SOCIETY OF WIDENER LAW SCHOOL, Wilmington, Delaware (March 28, 2011) (moderator).

436. *The Advantages of MOLST over PACD*, DELAWARE LONG TERM CARE CONTINUUM NURSING COUNCIL ("DON Group"), Smyrna, Delaware (March 8, 2011).
437. *The Advantages of MOLST over PACD*, DELAWARE OFFICE OF THE STATE LONG TERM CARE OMBUDSMAN, MILFORD SERVICE CENTER, Milford, Delaware (March 8, 2011).
438. *Impact of Federal Healthcare Reform on End-of-Life Care*, LEAGUE OF WOMEN VOTERS, Dover, Delaware (February 23, 2011).
439. *Hot Issues in Health Law*, AMERICAN BAR ASSOCIATION LAW STUDENT DIVISION, THIRD CIRCUIT SPRING MEETING, Wilmington, Delaware (February 12, 2011).
440. *Advance Directives*, ETHICS ROUNDS, CHRISTIANA CARE HEALTH SYSTEM, Newark, Delaware (December 5, 2010).
441. *Medical Futility and Maryland Law*, UNIVERSITY OF MARYLAND SCHOOL OF LAW, Baltimore, Maryland (November 30, 2010).
442. *New York's 2010 Family Health Care Decisions Act and Its Impact at the Hospitalized Patient's Bedside*, ALDEN MARCH BIOETHICS INSTITUTE, Albany, New York (November 19, 2010).
443. *Allowing Death Can Be Love's Demand*, 2010 FILM AND HISTORY CONFERENCE, Milwaukee, Wisconsin (November 11-14, 2010).
444. *In Treatment Ever Futile? Who Decides?* UNIVERSITY OF WISCONSIN, Madison, Wisconsin (November 5, 2010).
445. ***Practical and Legal Obstacles to Implementing Non-Beneficial Treatment Policies***, MERITER HOSPITAL, Madison, Wisconsin (November 5, 2010).
446. *Legal Update 2010: The Top Ten Legal Developments in Bioethics*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES 12TH ANNUAL MEETING, San Diego, California (October 22, 2010) (organizer, presenter).
447. *Bioethics from the Bench*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES 12TH ANNUAL MEETING, San Diego, California (October 22, 2010) (organizer).

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448. *Law & Bioethics Pre-Conference Workshop*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES 12TH ANNUAL MEETING, San Diego, California (October 21, 2010) (small group facilitator).
449. *The Impact of Betancourt on the Resolution of Futility Disputes in Delaware*, CHRISTIANA CARE HEALTH SYSTEM, ETHICS RETREAT (September 30, 2010).
450. *Fear of Lawsuits Driving Clinical Treatment*, RADY CHILDREN'S HOSPITAL, San Diego, California (September 14, 2010).
451. *Conscientious Objection and Intensive Care Medicine: Legal Overview*, AMERICAN THORACIC SOCIETY POLICY STATEMENT WORKING GROUP WEB CONFERENCE (July 29, 2010).
452. *The Growing Decision Making Power of Healthcare Committees and Why Regulation Is Needed to Assure Due Process*, 10TH WORLD CONGRESS OF BIOETHICS, Singapore (July 28-31, 2010) [withdrawn].
453. *Bioethics Resources outside the Institutional Setting*, DELAWARE ASSOCIATION OF HOME AND COMMUNITY CARE (DAHC) MEETING, MeadowWood Behavioral Health System, New Castle, Delaware (June 17, 2010).
454. *Voluntarily Stopping Eating and Drinking: A Legal Treatment Option at the End of Life*, 33rd ANNUAL HEALTH LAW PROFESSORS CONFERENCE, Austin, Texas (June 4, 2010).
455. *Pro-Con Debates in Critical Care Medicine*, AMERICAN THORACIC SOCIETY INTERNATIONAL CONFERENCE, New Orleans, Louisiana (May 16, 2010).
456. *The Growing Decision Making Power of Healthcare Committees and Why Regulation Is Needed to Assure Due Process*, INTERNATIONAL CONFERENCE ON CLINICAL ETHICS CONSULTATION SERIES (ICCEC), Portland, Oregon (May 12-14, 2010).
457. *Advance Directives*, ETHICS ROUNDS, CHRISTIANA CARE HEALTH SYSTEM, Newark, Delaware (May 12, 2010).
458. Appellate Oral Argument, *in Betancourt v. Trinitas Hospital*, No. A-003849-08T2 (N.J. Super. A.D. April 27, 2010).

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459. *Health Law and the Elderly: Planning for the End of Life*, WIDENER UNIVERSITY LAW REVIEW, Wilmington, Delaware (March 26, 2010) (organizer, moderator).
460. *The Scope of Patient Autonomy at the End of Life: Unsettled Questions*, UNIVERSITY OF DELAWARE ACADEMY FOR LIFELONG LEARNING, Wilmington, Delaware (March 18, 2010).
461. *U.S.-China Comparative Health Law Initiatives*, BOARD OF OVERSEERS FOR WIDENER UNIVERSITY SCHOOL OF LAW, Wilmington, Delaware (Jan. 25, 2010).
462. *Divergent Approaches to End-of-Life Decision Making: China and the United States*, SOUTHWEST UNIVERSITY OF POLITICAL SCIENCE AND LAW, Chongqing, China (December 14, 2009).
463. *Medical Futility Laws and Policies: Are They Making a Difference?* SUMMIT MEDICAL CENTER (HCA), Nashville, Tennessee (December 4, 2009).
464. *Model Mechanisms for Resolving Medical Futility Disputes*, TRISTAR-HCA FAMILY OF HOSPITALS, Webinar (December 1, 2009).
465. *Health Law and Bioethics for Nurses*, WIDENER UNIVERSITY SCHOOL OF NURSING, Chester, Pennsylvania (November 23, 2009).
466. *Legal Update 2009: The Top Ten Legal Developments in Bioethics*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES 11TH ANNUAL MEETING, Washington, DC (October 16, 2009) (organizer, moderator).
467. *Resolving Conflicts over Non-Beneficial Treatment*, ETHICS ROUNDS, MEDICAL COLLEGE OF WISCONSIN, Milwaukee, Wisconsin (Sept. 25, 2009).
468. *What Can (and Must) Bioethics Learn from Corporate Governance Decisions Like Disney and Van Gorkom?* 32nd ANNUAL HEALTH LAW PROFESSORS CONFERENCE, Cleveland, Ohio (June 5, 2009).
469. *Advance Care Planning in Delaware*, NATIONAL HEALTH CARE DECISIONS DAY, Wilmington, Delaware (April 16, 2009) (organizer).
470. *Crisis Standards of Care*, KEYSTONE CENTER DIALOGUE AT THE UNIVERSITY OF PENNSYLVANIA CENTER FOR BIOETHICS (March 2009).

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471. *Multi-Institutional Health Care Ethics Committees: The Procedurally Fair Internal Dispute Resolution Mechanism*, WIDENER UNIVERSITY SCHOOL OF LAW FACULTY WIP WORKSHOP, Wilmington, Delaware (March 18, 2009).
472. *Long Term Care Regional Ethics Committees: How Does New Jersey Measure Up?* NEW JERSEY DEPARTMENT OF THE PUBLIC ADVOCATE, OFFICE OF THE OMBUDSMAN FOR THE INSTITUTIONALIZED ELDERLY, Trenton, New Jersey (March 12, 2009).
473. *Compliance Standards Concerning End-of-Life Care*, WIDENER HEALTH LAW INSTITUTE: CERTIFICATION FOR HEALTHCARE REGULATORY COMPLIANCE PROFESSIONALS – HOSPITAL AND LONG-TERM PROVIDER PROGRAM, Wilmington, Delaware (March 4, 2009) (with Dr. John Goodill).
474. *Multi-Institutional Health Care Ethics Committees: The Procedurally Fair Internal Dispute Resolution Mechanism*, CAMPBELL LAW REVIEW SYMPOSIUM ON PRACTICAL ISSUES IN HEALTH LAW, Raleigh, North Carolina (January 30, 2009).
475. *Avoiding and Resolving Medical Futility Disputes: U.S. Lessons for Manitoba*, CRITICAL CARE MONTHLY ROUNDS, UNIVERSITY OF MANITOBA HEALTH SCIENCES CENTRE, Winnipeg, Manitoba (December 17, 2008).
476. *Mechanisms and Strategies for Resolving End-of-Life Disputes (Medical Residents)*, UNIVERSITY OF MANITOBA HEALTH SCIENCES CENTRE, Winnipeg, Manitoba (December 16, 2008).
477. *Mechanisms and Strategies for Resolving End-of-Life Disputes (Critical Care Fellows)*, UNIVERSITY OF MANITOBA HEALTH SCIENCES CENTRE, Winnipeg, Manitoba (December 16, 2008).
478. *Limits to Patient Autonomy: Where and on What Basis Can They Be Drawn?* MEDICAL GRAND ROUNDS, UNIVERSITY OF MANITOBA HEALTH SCIENCES CENTRE, Winnipeg, Manitoba (December 16, 2008).
479. *Multi-Institutional Health Care Ethics Committees: the Procedurally Fair Internal Dispute Resolution Mechanism*, HAMLINE UNIVERSITY LAW SCHOOL, St. Paul, Minnesota (December 10, 2008).

480. *The Failure of Advance Health Care Directive Policies: What to Do About Them*, 8TH ANNUAL NATIONAL AARP AGING AND LAW CONFERENCE, Arlington, Virginia (December 6, 2008) (with Stanley Terman).
481. *Pitfalls and Potentials in Planning End-of-Life Treatment: Educational and Strategic Initiatives*, 8TH ANNUAL NATIONAL AARP AGING AND LAW CONFERENCE, Arlington, Virginia (December 5, 2008) (with Stanley Terman).
482. *Multi-Institutional Health Care Ethics Committees: Motivations and Models*, MARYLAND HEALTHCARE ETHICS COMMITTEE NETWORK (MHECN), Baltimore, Maryland (December 3, 2008).
483. Moderator: *Role of Government in Public Health*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES 10TH ANNUAL MEETING, Cleveland, Ohio (October 25, 2008).
484. *Future Tense: How to Better Avoid and Resolve Tomorrow's End-of-Life Treatment Disputes*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES, Cleveland, Ohio (October 24, 2008).
485. *Institutional and Legislative Approaches to Medical Futility Disputes in the United States*, PRESIDENT'S COUNCIL ON BIOETHICS, Arlington, Virginia (September 12, 2008).
486. *Divergent Approaches to Medical Futility Disputes: Comparing Great Britain and Australia with Canada and the United States*, NINTH WORLD CONGRESS OF BIOETHICS, Rijeka, Croatia (September 5, 2008).
487. *Medical Ethics, Medical Decision Making, and Backlash to Autonomy*, ST. THOMAS OF CANTERBURY CHURCH, Albuquerque, New Mexico (August 30, 2008).
488. *Drafting Hospital Policies to Better Address End-of-Life Care*, UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER, Albuquerque, New Mexico (August 29, 2008).
489. *Resolving Medical Futility Disputes*, W. STERLING EDWARDS SURGERY GRAND ROUNDS, UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER, Albuquerque, New Mexico (August 28, 2008).

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490. *Hospital Ethics Committees as a Forum of Last Resort under the Texas Advance Directives Act: A Violation of Procedural Due Process*, FACULTY WORKSHOP, WASHINGTON UNIVERSITY SCHOOL OF LAW, St. Louis, Missouri (June 23, 2008).
491. *Extrajudicial Resolution of Intractable Futility Disputes: Empowering Multi-Institutional Ethics Committees*, 31st ANNUAL HEALTH LAW PROFESSORS CONFERENCE, Philadelphia, Pennsylvania (June 6, 2008).
492. *Advance Care Planning in Delaware: National Health Care Decisions Day*, NEW CASTLE COUNTY BRANDYWINE HUNDRED LIBRARY, Wilmington, Delaware (April 16, 2008).
493. *Medical Futility Statutes: Can/Ought They Be Resuscitated?* AUSTIN M. KUTSCHER MEMORIAL CONFERENCE: THE PULSE OF DEATH NOW, COLUMBIA UNIVERSITY, New York, New York (March 29, 2008).
494. *End-of-Life Conflicts and the Law*, HEALTH LAW SOCIETY BROWN BAG, WIDENER UNIVERSITY, Wilmington, Delaware (February 21, 2008).
495. *The Intersection of International Human Rights and Bioethics*, SECTION OF INTERNATIONAL HUMAN RIGHTS PANEL ON NEW VOICES IN HUMAN RIGHTS, AMERICAN ASSOCIATION OF LAW SCHOOLS (AALS) ANNUAL MEETING, New York, New York (January 6, 2008).
496. *Withdrawing Life Support Despite the Patient's Decision to Continue: The Adjudicatory Authority of Hospital Ethics Committees*, UNIVERSITY OF PENNSYLVANIA CENTER FOR BIOETHICS, Philadelphia, PA (December 4, 2007).
497. *Withdrawing Life Support Despite the Patient's Decision to Continue: Adjudicatory Authority of Hospital Ethics Committees*, WIDENER UNIVERSITY SCHOOL OF LAW, Wilmington, Delaware (November 28, 2007).
498. *Withdrawing Life Support Despite the Patient's Decision to Continue: Adjudicatory Authority of Hospital Ethics Committees*, DRAKE UNIVERSITY SCHOOL OF LAW, Des Moines, Iowa (November 16, 2007).
499. Moderator: *Panel on Beginning and End-of-Life Issues*, PUBLIC HEALTH LAW CONFERENCE, WIDENER UNIVERSITY LAW SCHOOL, Wilmington, Delaware (October 19, 2007).

500. *Decisional Authority of Ethics Committees*, KAISER PERMANENTE BIOETHICS COMMITTEE OFFSITE RETREAT, San Diego, California (September 26, 2007).
501. *Legal Landscape Here and Elsewhere: What Can We Learn from the Texas Advance Directives Act*, KAISER PERMANENTE BIOETHICS COMMITTEE OFFSITE RETREAT, San Diego, California (September 26, 2007) (keynote).
502. *Hospital Ethics Committees as a Forum of Last Resort under the Texas Advance Directives Act: A Violation of Procedural Due Process*, TEXAS JUNIOR LEGAL SCHOLARS CONFERENCE, TEXAS WESLEYAN UNIVERSITY, Fort Worth, Texas (August 11, 2007).
503. *Medical Futility Statutes: Can They Be Resuscitated?* AMERICAN SOCIETY OF LAW, MEDICINE & ETHICS (ASLME), 30TH ANNUAL HEALTH LAW PROFESSORS CONFERENCE, Boston, Massachusetts (June 1, 2007).
504. *Dispute Resolution in Health Care*, SYMPOSIUM ON ALTERNATIVE DISPUTE RESOLUTION STRATEGIES IN END-OF-LIFE DECISIONS, SPONSORED BY THE OHIO STATE JOURNAL ON DISPUTE RESOLUTION AND THE ABA SECTION OF DISPUTE RESOLUTION, Columbus, Ohio (January 18, 2007).
505. *Medical Futility is a Healthcare Rationing Issue*, NATIONAL ASSOCIATION OF ELDER LAW ATTORNEYS (NAELA), 2006 ADVANCED ELDER LAW INSTITUTE, HEALTH CARE SIG PANEL, Salt Lake City, Utah (November 4, 2006).
506. *Pulling the Plug without Consent: The Impact of Laws Authorizing Health Care Providers to Override Patient Requests for Treatment*, WILLIAM MITCHELL COLLEGE OF LAW, St. Paul, Minnesota (October 17, 2006).
507. *Medical Futility Policies: Legal Obstacles*, ANNUAL HEALTH LAW SCHOLARS WORKSHOP, SAINT LOUIS UNIVERSITY SCHOOL OF LAW, St. Louis, Missouri (September 15-17, 2006) (selected as one of four emerging health law and bioethics scholars through nationwide competition).
508. *Pulling the Plug without Consent: The Unilateral Decision Statutes*, ANNUAL MEETING OF THE SOUTHEASTERN ASSOCIATION OF LAW SCHOOLS (SEALS), Palm Beach, Florida (July 18, 2006).

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509. *The Legitimacy and Prevalence of Medical Futility Policies Authorizing Involuntary Passive Euthanasia*, AMERICAN SOCIETY OF LAW, MEDICINE & ETHICS (ASLME), 30TH ANNUAL HEALTH LAW TEACHERS CONFERENCE, Baltimore, Maryland (June 3, 2006).
510. Moderator: *Panel on Concierge Medicine*, AMERICAN SOCIETY OF LAW, MEDICINE & ETHICS (ASLME), 30TH ANNUAL HEALTH LAW TEACHERS CONFERENCE, Baltimore, Maryland (June 2, 2006).
511. *It's Your Right to Live or Die – Or Is It?* PUBLIC FORUM INTERDISCIPLINARY PANEL, UNIVERSITY OF MEMPHIS, Memphis, Tennessee (April 17, 2006).
512. *The Right of Health Care Providers to Unilaterally Make Determinations of Medical Futility*, DEPAUL UNIVERSITY COLLEGE OF LAW, Chicago, Illinois (February 7, 2006).
513. *License to Kill: The Right of Health Care Providers to Unilaterally Make Determinations of Medical Futility*, CENTRAL STATES LAW SCHOOL ASSOCIATION ANNUAL MEETING, Lansing, Michigan (November 5, 2005).
514. *The Right of Tennessee Health Care Providers to Unilaterally Make Determinations of Medical Futility under the New Health Care Decisions Act*, UNIVERSITY OF MEMPHIS LAW SCHOOL, FACULTY COLLOQUIA SERIES, Memphis, Tennessee (October 27, 2005).
515. *Your Right to Unilaterally Write a DNAR Order under the Tennessee Health Care Decisions Act*, BIOETHICS GRAND ROUNDS, LEBONHEUR CHILDREN'S MEDICAL CENTER, Memphis, Tennessee (September 20, 2005).
516. *Volenti Non Fit Injuria: The Decline and Fall of Consent and Consent-Based Doctrines in Tort Law*, UNIVERSITY OF MEMPHIS SCHOOL OF LAW, Memphis, Tennessee (April 20, 2005).
517. *A Plan for Improving the Content and Design of the Practicelaw.org Website*, MINNESOTA STATE BAR ASSOCIATION, Minneapolis, Minnesota (April 18, 2005).
518. *A Critique of Consent-Based Justifications for Hard Paternalism*, CHAPMAN UNIVERSITY SCHOOL OF LAW, FACULTY WORKSHOP, Orange, California (March 3, 2005).

519. *The Evolution of Classical Liberalism and Public Health Ethics*, UNIVERSITY OF MINNESOTA CONSORTIUM ON LAW AND VALUES IN HEALTH, ENVIRONMENT & THE LIFE SCIENCES, Minneapolis, Minnesota (January 24, 2005).
520. *Paternalism and Tort Law: The Obesity Cases*, SUNY - UNIVERSITY AT BUFFALO LAW SCHOOL, Buffalo, New York (January 14, 2005).
521. *Paternalism and Tort Law: The Obesity Cases*, UNIVERSITY OF AKRON LAW SCHOOL, Akron, Ohio (November 29, 2004).
522. *Choosing the Proper Framework for Balancing Autonomy and the Control of Lifestyle Epidemics*, AMERICAN PUBLIC HEALTH ASSOCIATION 132D ANNUAL MEETING, Washington, DC (November 9, 2004).
523. *Public Health Paternalism: Justificatory Criteria*, AMERICAN PUBLIC HEALTH ASSOCIATION 132D ANNUAL MEETING, Washington, DC (November 9, 2004).
524. *Go Sue Yourself: Limitations of Tort as a Public Health Tool*, AMERICAN PUBLIC HEALTH ASSOCIATION 132D ANNUAL MEETING, Washington, DC (November 8, 2004).
525. *Revising Hospital CPR Policies to Provide for Unilateral DNAR Orders - II*, LOS ANGELES COUNTY BAR ASSOCIATION BIOETHICS COMMITTEE, Los Angeles, California (May 12, 2004).
526. *Revising Hospital CPR Policies to Provide for Unilateral DNAR Orders - I*, LOS ANGELES COUNTY BAR ASSOCIATION BIOETHICS COMMITTEE, Los Angeles, California (April 14, 2004).
527. *The Hard Paternalism Dragon Is Out of His Cave; Now to Tame Him and Make Him a Useful Animal*, THE HASTINGS CENTER, LUNCHEON PRESENTATION, Garrison, New York (February 4, 2003).
528. *A Striking Transition in Health Care Values: Recent Attacks on Autonomy and the Expansion of Paternalism*, 30TH ANNUAL CONFERENCE ON VALUE INQUIRY, Milwaukee, Wisconsin (April 6, 2002).
529. *Bioethics Backlash: The Implications of the Retreat from Autonomy for the Communication of Scientific Health Information*, AUSTRALIAN INSTITUTE OF HEALTH LAW AND ETHICS, FIFTH ANNUAL CONFERENCE, Melbourne, Victoria (June 30, 2001).

530. *A Re-Examination of Hard Paternalism*, INTERNATIONAL ASSOCIATION OF BIOETHICS, FIFTH WORLD CONGRESS OF BIOETHICS, London, England (September 22, 2000).

Media Appearances

- Quoted over 200 times in leading international publications.
 - Newspaper mentions include *New York Times*, *The New Yorker*, *Los Angeles Times*, *CNN*, *Wall Street Journal*, *Washington Post*, *Philadelphia Inquirer*, and *USA Today*
 - Broadcast mentions include *BBC*, *National Public Radio (NPR)*, *ABC News*, *Dr. Phil*, and *SirusXM*
1. Jasmine Laws, *Map Shows Assisted Dying Laws Across US*, NEWSWEEK (June 13, 2025).
 2. *Hospital Tells Family Brain-Dead Georgia Woman Must Carry Fetus Due to Abortion Ban*, NPR (May 16, 2025).
 3. Jeff Amy et al., *Brain-Dead Woman's Family Says They Were Told She Must Carry Fetus to Birth Because of Georgia Abortion Ban*, MINNEAPOLIS STAR TRIBUNE (May 16, 2025).
 4. *Tennessee Doctors May Soon Be Able to Deny Certain Treatments Over Personal Beliefs*, FOX13 MEMPHIS (March 11, 2025).
 5. *Hastening Death by Stopping Eating and Drinking*, GERI-PAL PODCAST (March 20, 2025).
 6. Hanna Chang, *Mudd Center Explores the Ethics of Life and Death*, RING TUM PHI (February 17, 2025).
 7. *W&L's Mudd Lecture Series Tuesday to Examine the Ethics of Medical Aid in Dying*, NEWS GAZETTE (February 6, 2025).
 8. Ian Wolfe, *Ethical and Practical Considerations Around Conscience-based Objections*, TALKING PEDIATRICS (January 3, 2025).

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9. Shira Golden, *What It's Like to Live Without the Right to Die*, NEWMARK J-SCHOOL AUDIO JOURNALISM (December 15, 2024).\
10. Gianna Ferrarin, *W.Va. Amendment Marks Obstacle for Aid-In-Dying Movement*, LAW360 (November 19, 2024).
11. Meagan Gillmore, *"Quebec's Legalization of Advance MAID Requests Raises Legal, Medical Concerns,"* CANADIAN AFFAIRS (October 29, 2024).
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Competitive Research Grants

- Faculty Research Grant, Mitchell Hamline (Summers 2016 - 2025)
- Paid Legal Consultant, University of Colorado grant on medical aid in dying (2023)
- Fulbright Award Canada (2021) (\$25,000)
- Association for Nonsmokers Minnesota (2015) (\$10,000)
- Clearway & Association for Nonsmokers Minnesota (2015) (\$20,000)
- Greenwall Foundation, Making a Difference in Real-World Bioethics Dilemmas (2013-2014 co-investigator) (\$50,000).
- Faculty Research Grant, Widener University (Summers 2007 - 2012).
- Faculty Research Grant, University of Memphis (Summers 2006, 2007).

Service – Academic, Professional, Public

- I. Service to the Academy: Grant Peer Review
- II. Service to the Academy: Promotion & Tenure Peer Review
- III. Service to the Academy: Editorial Boards
- IV. Service to the Academy: Publishing Peer Review
- V. Service to the Academy: Other
- VI. Service to the University
- VII. Service to the Bar
- VIII. Service to Professional Societies
- IX. Service to the Community: Clinical Ethics
- X. Service to the Community: Advance Care Planning
- XI. Service to the Community: Other
- XII. Service to Legislatures & Agencies (Public Service)

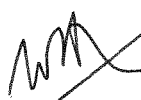
I. Service to the Academy: Grant Peer Review

NATIONAL SCIENCE CENTRE OF POLAND

Independent reviewer for research proposal, 2022

NETHERLANDS ORGANIZATION FOR SCIENTIFIC RESEARCH (NWO, the Dutch Research Council)

Independent reviewer for €750,000 research proposal, Winter 2019

DKI 

NATIONAL INSTITUTE OF AGING (NIH), Bethesda, MD
Primary Reviewer for the Medical and Safety Core of a \$55,000,000 Alzheimer's Disease
Cooperative Study renewal application, June-July 2012

WELLCOME TRUST, London, UK
Evaluated grant proposals concerning public health and ethics, Fall 2008

II. Service to the Academy: Promotion & Tenure Peer Review

LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE
Promotion and Tenure External Reviewer, 2023

PENN STATE SCHOOL OF LAW
Promotion and Tenure External Reviewer, 2021

SANTA CLARA UNIVERSITY
Promotion and Tenure External Reviewer, 2019

FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE
Promotion and Tenure External Reviewer, 2016

SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE
Promotion and Tenure External Reviewer, 2010

SOUTHERN METHODIST UNIVERSITY SCHOOL OF LAW
Promotion and Tenure External Reviewer, 2016

UNIVERSITY OF CALIFORNIA – DAVIS SCHOOL OF LAW
Promotion and Tenure External Reviewer, 2024

UNIVERSITY OF WASHINGTON
Promotion and Tenure External Reviewer, 2017

III. Service to the Academy: Editorial Boards

ASCO POST
Editorial Board, 2018 – 2021

DKI MB

JOURNAL OF AID IN DYING MEDICINE

Editorial Board, 2023 –

JOURNAL OF CLINICAL RESEARCH & BIOETHICS

Editorial Board, 2010 – 2015

JOURNAL OF CLINICAL ETHICS

Associate Editor, 2014 – present

JOURNAL OF HEALTHCARE LEADERSHIP

Editorial Board, 2010 – 2017

JOURNAL OF MEDICAL ETHICS

Editorial Board, 2018 – present

LAWS

Editorial Board, 2016 – 2021

IV. Service to the Academy: Publishing Peer Review

American Heart Association Journals

Evaluated manuscripts, 2025

AMERICAN JOURNAL OF BIOETHICS

Evaluated manuscripts, 2011 – 2021, 2023 – 2025

AMERICAN JOURNAL OF LAW & MEDICINE

Evaluated manuscripts, 2011

AMERICAN MEDICAL ASSOCIATION JOURNAL OF ETHICS

Evaluated manuscripts, 2016, 2022 – 2023

ANNALS OF INTERNAL MEDICINE

Evaluated manuscripts, 2024

ANNALS OF THE AMERICAN THORACIC SOCIETY

Evaluated manuscripts, 2020

DKI 

ANNALS OF THE NEW YORK ACADEMY OF SCIENCES

Evaluated manuscripts, 2015

ASIAN BIOETHICS REVIEW

Evaluated manuscripts, 2020

BIOETHICS

Evaluated manuscripts, 2020, 2024

BMC MEDICAL ETHICS

Evaluated manuscripts, 2011-2012, 2018-2019

BMJ

Evaluated manuscripts, 2025

BMJ OPEN

Evaluated manuscripts, 2019

BMJ SUPPORTIVE & PALLIATIVE CARE

Evaluated manuscripts, 2023-2024

BRIDGEPOINT EDUCATION

Evaluated book manuscripts on health law, 2013

CAMBRIDGE UNIVERSITY PRESS

Evaluated book manuscripts on health law, 2011

CANADIAN JOURNAL OF BIOETHICS

Evaluated manuscripts, 2018

CANADIAN MEDICAL ASSOCIATION JOURNAL

Evaluated manuscripts, 2015

CHEST

Evaluated manuscripts, 2012 – 2014, 2020 – 2021, 2023

CHILDREN & YOUTH SERVICES REVIEW

Evaluated manuscripts, 2016

OKI 

CLINICAL ETHICS

Evaluated manuscripts, 2023

CLINICAL NEUROLOGY & NEUROSURGERY

Evaluated manuscripts, 2022

CRITICAL CARE NURSING

Evaluated manuscripts, 2015

CLINICAL NEUROLOGY

Evaluated manuscripts, 2020

EClinicalMedicine [Lancet]

Evaluated manuscripts, 2023

FRONTIERS IN PSYCHIATRY

Evaluated manuscripts, 2021

FUTURE SCIENCE OA

Evaluated manuscripts, 2025

HASTINGS CENTER REPORT

Evaluated manuscripts, 2022 – 2025

HEALTH CARE ANALYSIS

Evaluated manuscripts, 2023 – 2024

INQUIRY: JOURNAL OF HEALTH CARE ORGANIZATION, PROVISION, AND FINANCING

Evaluated manuscripts, 2021

INNOVATIONS IN AGING

Evaluated manuscripts, 2025

INTERNATIONAL REVIEW OF LAW

Evaluated manuscripts, 2013

JAMA

Evaluated manuscripts, 2025

OKI 

JAMA INTERNAL MEDICINE

Evaluated manuscripts, 2015, 2016

JAMDA

Evaluated manuscripts, 2023

JOURNAL OF AID IN DYING MEDICINE

Evaluated manuscripts, 2023

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY

Evaluated manuscripts, 2014, 2019, 2023

JOURNAL OF APPLIED PHILOSOPHY

Evaluated manuscripts, 2017

JOURNAL OF BIOETHICAL INQUIRY

Evaluated manuscripts, 2015 - 2017

JOURNAL OF CLINICAL ETHICS

Evaluated manuscripts, 2014 - 2021

JOURNAL OF CRITICAL CARE

Evaluated manuscripts, 2012 – 2013, 2021 - 2022

JOURNAL OF HEALTH & LIFE SCIENCES LAW [AHLA]

Evaluated manuscripts for Volume 2, spring 2009

JOURNAL OF HEALTH POLITICS, POLICY, AND LAW

Evaluated manuscripts, 2014

JOURNAL OF AID IN DYING MEDICINE

Evaluated manuscripts, 2023

JOURNAL OF INTERNATIONAL MEDICAL RESEARCH

Evaluated manuscripts, 2020

JOURNAL OF LAW AND THE BIOSCIENCES

Evaluated manuscripts, 2020

OKI 

JOURNAL OF LAW, MEDICINE & ETHICS

Guest Editor for Volume 39(1), spring 2011

Evaluated manuscripts, 2008, 2015 – 2021, 2025

JOURNAL OF LEGAL MEDICINE

Evaluated manuscripts, 2020 – 2021

JOURNAL OF MEDICAL ETHICS

Evaluated manuscripts, 2015, 2017 – 2022

JOURNAL OF MEDICINE

Evaluated manuscripts, 2023

JOURNAL OF MEDICINE & PHILOSOPHY

Evaluated manuscripts, 2015

JOURNAL OF PAIN AND SYMPTOM MANAGEMENT

Evaluated manuscripts, 2020 – 2022

JOURNAL OF PALLIATIVE CARE & MEDICINE

Evaluated manuscripts, 2012

JOURNAL OF PALLIATIVE MEDICINE

Evaluated manuscripts, 2025

JOURNAL OF PHARMACY POLICY & PRACTICE

Evaluated manuscripts, 2025

KENNEDY INSTITUTE OF ETHICS JOURNAL

Evaluated manuscripts, 2025

MAYO CLINIC PROCEEDINGS

Evaluated manuscripts, 2023

MEDICAL DECISION MAKING

Evaluated manuscripts, 2020

MEDICAL LAW REVIEW

Evaluated manuscripts, 2023, 2025

PCI 

MEDICOLEGAL & BIOETHICS

Evaluated manuscripts, 2015

MIT University Press

Evaluated book manuscript, 2025

NEUROCRITICAL CARE

Evaluated manuscripts, 2019, 2021

NEW ENGLAND JOURNAL OF MEDICINE

Evaluated manuscripts, 2017, 2019, 2022, 2023

PALLIATIVE CARE & SOCIAL RESEARCH

Evaluated manuscripts, 2025

PALLIATIVE CARE RESEARCH & TREATMENT

Evaluated manuscripts, 2019

PALLIATIVE MEDICINE

Evaluated manuscripts, 2019

PHYSIOLOGY & BEHAVIOR

Evaluated manuscripts, 2022

THE PRIMARY CARE COMPANION FOR CNS DISORDERS

Evaluated manuscripts, 2021

ROUTLEDGE (TAYLOR & FRANCIS)

Evaluated book manuscripts on health law, 2011

SEMINARS IN PEDIATRIC NEUROLOGY

Evaluated manuscripts, 2022

SOUTH CAROLINA LAW REVIEW

Evaluated manuscripts for Volume 60, Fall 2008

UNSW LAW JOURNAL

Evaluated manuscripts, 2021

DKI 

YALE JOURNAL OF BIOLOGY AND MEDICINE

Evaluated manuscripts, 2019

V. Service to the Academy - Other

The Hastings Center

- Elected to Fellows Council, 2025
- Taught in annual Summer Bioethics Program for Underrepresented Undergraduates, June 2023

Saint Louis University, Saint Louis, Missouri

- Faculty mentor for annual “Health Law Scholars” workshop, September 2022
- Prepared detailed memorandum on draft manuscript
- Participated in 2-day workshop

American Association of Law Schools (AALS), Washington, DC

- Executive Board, Section on Law, Medicine, and Healthcare, 2016 – 2018
- Chair, Section on Law, Medicine, and Healthcare, 2015
 - Implemented section community service award
 - Implemented junior scholars workshop
 - Coordinated programming at annual meeting
 - Coordinated off-site evening reception
- Chair-Elect, Section on Law, Medicine, and Healthcare, 2014
- Secretary, Section on Law, Medicine, and Healthcare, 2013

American Society of Bioethics and Humanities (ASBH), Chicago, IL

- Mentor, Early Career Advisor Program, 2019
- At Large Board Member, 2015 – 2018
- Awards Committee, 2016 – 2017
- Program Committee, 2012 - 2014
- Co-chair, Law Affinity Group, 2009 - 2013
- Chair, Program Planning Subcommittee (Law), 2011 - 2012
- Reviewed and scored Annual Meeting Proposals, 2008 - 2010
- Moderator, ASBH Annual Meeting, 2008, 2011

Emory University, Atlanta, Georgia

- Served on dissertation committee for graduate nursing candidate, 2019

OKI 

International Conference on Clinical Ethics Consultation, Washington, DC

- Scientific Committee, 2015 - 2016

Georgetown University Law Center, Washington, DC

Alumni Admissions Board, August 2012 – 2017

- Interviewed law school candidates in the Minneapolis area

Georgetown University, Washington, DC

Alumni Admissions Board, August 2014 – 2017

- Interviewed undergraduate candidates in the Minneapolis area

American College of Legal Medicine, Carbondale, IL

National Health Law Moot Court Competition

- Drafted Problem and Bench Brief, June - September 2008
- Moot Court Judge, November 2008

VI. Service to the University

Alden March Bioethics Institute, Albany Medical College, 2019 – 2022

- Served as first and second reader for M.S. and D.P.S. theses

Mitchell Hamline School of Law

Professor of Law, January 2016 –

- Formal Committees
 - Appointments Committee, 2021 – 2023, 2024 – 2025
 - Library Director Search Committee, 2025
 - Faculty Development Committee, 2022 – 2024
 - Outcomes & Assessment Committee, 2020 – 2025
 - SOE and Tenure Track Review Committees, 2022 - 2024
- Other Recent Service
 - Advisor for Admitted Students, 2017 – 2025
 - Mentor for Fellows Program, 2023 – 2025
 - Advisor for Health Law Students, 2012 – 2025
 - Health Law Institute (advising, outreach, presentations), 2020 – 2025

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- Prior Service
 - Director, Health Law Institute, 2016 - 2020
 - Faculty Advisor, Health Law Moot Court Competitions, 2012 – 2020
 - Outreach to Prospective & Admitted Students, 2018 – 2022
 - Compensation Committee, 2019 – 2020
 - Representative to AALS House of Representatives, 2016
 - Curriculum Committee Subcommittee on O&A, 2016 – 2019
 - Non-JD Committee, 2016 – 2017

Hamline University

Associate Professor of Law, January 2012 – December 2015

- Benefits Advisory Committee, Benchmarking Work Group, 2013 – 2015
- Benefits Advisory Committee, 2012 – 2015
- Chair, Tobacco Free Hamline, March 2013 – August 2013

Hamline University School of Law

Associate Professor of Law, January 2012 – December 2015

- Student Code of Conduct Investigator, 2015
- Chair, Weekend, Institute, and Special Programs (WISP), 2013 - 2014
- Honor Code Investigator, December 2013
- Dean's Steering Committee, 2012 - 2013
- Advisor to 1L students, 2012 - 2013
- Public Interest Law Committee, 2012 - 2013
- Academic Affairs Committee, 2012 - 2013
- WISP Committee, 2012 – 2013

Hamline University School of Law

Director, Health Law Institute, January 2012 – December 2015

- Supervisor, Health Law Externship, 2013 – 2015
- Coach, National Health Law Moot Court team, 2012 – 2015
- Advisor, Transactional Health Law Moot Court Team, 2013
- Advisor, Healthcare Compliance Competition Team, 2013 & 2015
- Advisor to Health Law Certificate students, 2012 – 2015
- Advisor to Student Health Law Association, 2012 – 2015
- Made presentations to, and met individually with prospective, admitted, and new students, 2012 – 2015
- Made presentations to, and met individually with Advisory Board
- Made invited presentations to other law school and Health Sciences classes



OK I

University of Minnesota Center for Bioethics

Affiliate Faculty, August 2015 –

- Served on UMN hospital ethics committee
- Served on ad hoc committees of the hospital ethics committee
- Organized and presented CME presentations

Widener University School of Law

Associate Professor of Law, July 2008 – December 2011

- Widener University Institutional Review Board (Office of the Provost), IRB Board Member, April 2010 – December 2011
- Advisor, Health Law Society, 2010 - 2011
- Non-J.D. Committee (Chair), 2010 – 2011
- Coach, National Health Law Moot Court Team, 2009
- Chair, Law Review Annual Symposium, 2009 - 2010
- Bar Passage Committee, 2009 - 2010
- Technology Committee, 2008 - 2010
- Student Learning Assessment Committee, 2008- 2009
- Active participant in the student Health Law Society, 2007 – 2011
- Active participant with HLI Board of Advisors and community partners
- Advisor for independent LL.M., S.J.D., D.L., and other theses, 2007 – 2011

Widener University School of Law

Visiting Assistant Professor of Law, July 2007 - June 2008

- Advisor for L.L.M. thesis, 2007 - 2008
- PIRC MLK Fellow, Spring 2008, Spring 2009

University of Pittsburgh

Volunteer, Panther Career Network, 2007 –

University of Memphis School of Law

Assistant Professor of Law, June 2005 - June 2008

- Advisor on formation of Health Law Institute, 2005 - 2008
- Faculty mentor for law review notes on health law topics, 2006 - 2008
- Honors and Awards Committee, 2005 - 2007
- Curriculum Committee, 2006 – 2007
- Library and Technology Committee, 2005 - 2006
- Advisor for the Law Review's 2007 symposium
- Moot court judge for multiple competitions and rehearsals, 2005 – 2007

OKI 

University of Memphis, Memphis, TN

Faculty Evaluator for Undergraduate Works in Progress Symposium, 2006

Loyola Marymount University, Los Angeles, CA

Judge, Business Ethics Competition, April 2002, April 2003, April 2004

VII. Service to the Bar

New York State Bar Association

- Invited presentation to the NYSBA Task Force on Medical Aid in Dying (December 12, 2023).

Minnesota State Bar Association

- Governing Council, Health Law Section, 2012 – 2018
- CLE Presentations, September 2018, November 2019

American Bar Association

- Prepared and delivered CLE presentations, 2021

American Bar Association Commission on Law and Aging

- Consulting expert for *Who Decides if the Patient Cannot and There is No Advance Directive: Research and Recommendations on Clinical Practice, Law and Policy* (2017).

American Bar Association, Special Committee on Bioethics

- Formed an affiliation with ASBH, 2012

American Health Lawyers Association

- Leadership Development Program, Healthcare Liability and Litigation Practice Group, 2011 – 2012
- Authored contributions for AHLA newsletters
- Authored invited feature article for flagship journal, 2020
- Facilitated Academic Alliance with Hamline, 2011 – 2012

Joint Bioethics Committee, of the Los Angeles County Medical Association and LA County Bar Association

Member, May 2004 - July 2005

- Participated, at the invitation of a select group of physicians and lawyers, in the drafting of revised *Guidelines for Foregoing Life-Sustaining Treatment*.

DEFI 

Los Angeles Lawyer

Editorial Board, July 2003 - July 2005

- Solicited, edited, and discussed articles for the bar journal.

Bioethics Committee, Los Angeles County Bar Association

Chairperson, Subcommittee on Death and Dying, May 2003 - July 2005

Member, June 2002 - July 2005

Bet Tzedek, Los Angeles, CA

Volunteer Attorney, May 2004 - July 2005

- Assisted and advised seniors in drafting advance directives for health care.

HALSA, HIV & AIDS Legal Services Alliance, Los Angeles, CA

Volunteer Attorney, August 2003 - July 2005

- Litigated action against the California Department of Health to ensure Medicaid beneficiaries' access to the only FDA-approved drug for AIDS wasting.
- Obtained favorable appellate ruling: *Paleski v. State Dept. of Health Services*, 144 Cal. App. 4th 713 (2006).

Public Counsel, Los Angeles, CA

Volunteer Attorney, Summer 2003

- Represented clients in the adoption of children who had been removed from their natural parents.

Commission on the Future of the Courts, Annapolis, MD

Legal Consultant, Winter 1996

- Drafted criteria for the recruitment and selection of Maryland state judges.
- Made presentations before the Committee on Selection, Tenure, and Evaluation of Judges at the Maryland Court of Appeals.

VIII. Service to Professional Societies**Society for Critical Care Medicine**

Legal Consultant

- Pediatric Taskforce on Contestation of Brain Death Toolkit
- Creating tangible, accessible, broadly applicable resources and plans of action for hospital personnel and families involved in a BD/DNC contestation case.

DKI 

American Clinicians Academy on Medical Aid in Dying

Advisory Board, 2020 –

Ethics Committee, 2021 –

Completed Life Initiative

Advisory Board, 2020 –

Death Definition and Determination Project

International Consultant

- Multidisciplinary project by Canadian Blood Services, the Canadian Critical Care Society, and the Canadian Medical Association, 2020 – 2023

International Donation and Transplantation Legislative Forum

International Consultant

- Multidisciplinary project sponsored by several Canadian professional associations, 2020 – 2023

American Thoracic Society, New York, NY

Consultant, Ethics and Conflict of Interest Committee

- Unrepresented Patient Policy, 2016 – 2020
- Conscientious Objection Policy, 2010 – 2015
- Statement on Futility and Goal Conflict in End-of-Life Care in ICUs, October 2010 – 2015

End of Life Liberty Project

Advisory Board, 2016 – 2020

Minnesota Medical Association, Minneapolis, MN

POLST Task Force, February 2012 –

Co-Chair, 2015 – 2020

- Edited guidance documents
- Fielded questions from nurses, social workers, and others across the state

Compassion & Choices, Denver, CO

Dementia Advisory Panel, 2017 – 2019

Advocacy Advisory Committee, September 2011 – 2015

Clinical Practice Guidelines Committee, June 2012 – 2015

PKI 

IX. Service to the Community: Clinical Ethics

University of Minnesota, Minneapolis, MN
Hospital Ethics Committee, April 2015 –

Christiana Care Health System, Wilmington, DE
Institutional Ethics Committee, January 2009 – December 2011
Futility Task Force, January 2009 – August 2009

Tri-County Regional Ethics Committee, Moorestown, NJ
Medical Ethics Committee, July 2008 – November 2010
NJ OOIE Consortium, December 2008 – November 2010

Regional Medical Center at Memphis, Memphis, TN
Hospital Ethics Committee, February 2006 – February 2008
Subcommittee on Policy Drafting, February 2006 – February 2008

Le Bonheur Children's Medical Center, Memphis, TN
Hospital Ethics Committee, October 2005 – February 2008

X. Service to the Community: Advance Care Planning

Honoring Choices Minnesota
Advance Directive Drafting Committee, 2023 – 2024

Minnesota Medical Association, Minneapolis, MN
Co-chair, POLST Task Force, April 2014 – October 2020
POLST Task Force, February 2012 –
Presentations to MMA Committees on MAID and surrogate decision making

National Healthcare Decisions Day
Helped coordinate community outreach by law students, 2012 - 2015

POLST
Federal Public Policy Group, 2018 – 2020
Legislative Working Group, 2013 – 2014

- Drafted best practices guidance for state legislatures,

**University of Minnesota & AHRQ, Decision Aids for Advanced Care
Planning Technical Brief**
Key Informant, 2013

Delaware MOLST Task Force, Wilmington, DE
Legal Representative, March 2009 – December 2011
Regulations Drafting Subcommittee, May 2010 – August 2011

National Healthcare Decisions Day, Saint Paul, MN

- State Planning Committee, 2012
- Coordinated event planning with Hamline and William Mitchell law students, 2013-2014

National Healthcare Decisions Day, Wilmington, DE

Delaware State Liaison, 2009, 2010, 2011

- Planning committee for two-day event at CCHS (2011)
- Organized a multi-disciplinary consumer education forum (Apr. 16, 2009).
- Developed *DelawareDecisions.org* (with Delaware Academy of Medicine)
- Drafted Del. Sen. Res. 9, 145th Gen. Assembly (Apr. 9, 2009).
- Presented *Advance Care Planning in Delaware*, New Castle County Brandywine Hundred Library (April 16, 2008).
- Presented *Advance Directives: Legal Liability and the Good Faith Standard*, CHRISTIANA CARE HEALTH SYSTEM, Newark, Delaware (April 15, 2011).

Delaware End-of-Life Coalition, Dover, DE

Public Policy Committee, May 2008 – May 2009

Chair, Public Policy Committee, May 2009 – December 2011

Board Member, May 2009 – December 2011

Caring Advocates, San Diego, CA

Advisory Board, March 2009 –

XI. Service to the Community: Other

High School Interview an Expert Program

Spoke to high school students assigned to interview an expert.

Oceana High School (Pacifica, California) (Oct. 2023).

Great Valley High School (Malvern, PA) (Feb. 2024).

DKI [Signature]

Second Harvest Heartland / Target *Meals for Minds*, Minneapolis, MN
Volunteer, elementary school grocery distributions, 2012 –

XII. Service to Legislatures & Agencies (Public Service)

Minnesota Legislature

Legislative Testimony

- Oral and written Testimony to 4 committees of the Minnesota House of Representatives on H.F. 1930 (2024).
- Meetings with Representatives and Senators on H.F. 1930 (2023-2024).

Uniform Law Commission

Invited Observer

- Drafting Committee on the Uniform Health Care Decisions Act, 2021 – 2023
- Drafting Committee on the Uniform Determination of Death Act, 2021 – 2023
- Study Committee on the Uniform Determination of Death Act, 2020 – 2021
- Study Committee on the Uniform Health Care Decisions Act, 2020

Uniform Law Commission

Invited Presentations

- *Opposition to Bopp Proposal: Legal Perspective*, UDDA Drafting Committee (April 21, 2022).
- *Healthcare Law Committee, Proposal to Revise the UDDA to Address Medicolegal Controversies in Determination of Death by Neurologic Criteria* (April 3, 2020) (with Ariane Lewis, Matthew Kirschen, and Richard Bonnie).

National Council on Disability

Submitted testimony quoted extensively in MEDICAL FUTILITY AND DISABILITY BIAS (BIOETHICS AND DISABILITY SERIES) (Nov. 2019),

National Quality Forum, Washington, DC

Expert Panel Member on the Decision Aids Project, 2016 - 2017

MEDCAC, Medicare Evidence Development & Coverage Advisory Committee

Appointed by the U.S. Department of Health & Human Services to Advise the Centers for Medicare & Medicaid Services (CMS), 2013 – 2018

OKI 

Human Services Committee, Texas House of Representatives

Invited testimony: Patient and Family Treatment Choice Rights Act of 2011, H.B. 3520 (April 12, 2011).

New Jersey Appellate Division

Pro Bono Amicus Brief: *Betancourt v. Trinitas Hospital*, No. A-003849-08T2 (N.J. Super. A.D. filed Sept. 10, 2009).

President's Council on Bioethics

Invited testimony: *Medical Futility: Institutional and Legislative Initiatives* (September 12, 2008).

Professional Affiliations

I. Bar Admissions

- State Bar of California (admitted 1999)
- U.S. Court of Appeals for the Seventh Circuit (admitted 1999)
- U.S. District Court for the Central District of California (admitted 2000)
- U.S. District Court for the Northern District of California (admitted 2004)
- U.S. District Court for the Southern District of California (admitted 2005)
- New Jersey (pro hac vice 2009, 2010)

II. Selected Professional Associations - Law

- AALS Section on Law, Medicine & Health Care (2005 - present)
- American Bar Association [ABA] (1993 - present)
- ABA - Health Law Section (2007 – present)
- ABA - Tort Trial & Insurance Practice Section (2004 - present)
- American Health Lawyers Association [AHLA] (2006 - present)
- American Society of Law, Medicine, and Ethics [ASLME] (2005 - present)
- Minnesota State Bar Association [MSBA] (2012 – present)
- MSBA – Health Law Section (2012 – present)
- MSBA – Elder Law Section (2012 – 2013)
- MSBA – Food & Drug Law Section (2012 – 2013)
- Ramsey County Bar Association (2012 – 2013)
- Uniform Law Commission, Observer on Study and Drafting Committees for UDDA and UHCDA (2020 – 2023)

DKI 

III. Selected Professional Associations - Bioethics

- American Society of Bioethics and Humanities [ASBH] (2007 – present)
- ASBH Law and Bioethics Affinity Group (2007 – present)
- The Hastings Center, Fellow (2023 – present)
- International Association of Bioethics (2000 - present)

IV. Selected Professional Associations – Healthcare

- International Shared Decision Making Society (2019 – present)

V. Selected Past Affiliations

- American Philosophical Association (1992 - 2004)
- American Public Health Association (2004 - 2010)
- APHA SPIG on Public Health and Law (2004 - 2010)
- Kennedy Institute of Ethics (1992 - 2006)
- Los Angeles County Bar Association (2000 - 2005)
- LACBA Bioethics Committee (2002 - 2005)
- LACBA Select Joint Committee on Biomedical Ethics (2004 - 2005)
- Memphis Bar Association (2005 - 2006)
- Southern Jersey Ethics Alliance (2008 – 2011)

June 2025

DKI 