

ACLM ANNUAL MEETING 58TH ANNUAL HEALTH LAW & LEGAL MEDICINE THE OLD. THE NEW. THE NOW.



in conjunction with

THE 10TH ANNUAL ETHICAL & LEGAL ASPECTS OF DENTISTRY CONFERENCE

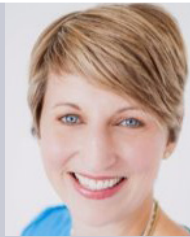
FEBRUARY 23 – 25, 2018

FRANCIS MARION HOTEL | 387 KING ST, CHARLESTON, SC

INVITED PRESENTERS



F. LEE BAILEY, JD
Cyril Wecht Luncheon



CAVAN DOYLE, JD, LLM
Stewart Reuter Lecture



ANABEL PELHAM, PhD
Annual Awards and Networking Banquet



**THE HONORABLE
JOSEPH P. RILEY, JR., JD,**
FORMER MAYOR OF CHARLESTON,
SOUTH CAROLINA
Sandy Sanbar Lecture

PROGRAM CHAIRS: Leon Aussprung, MD, JD, FCLM; John Adam McLaughlin, MD, JD, FCLM; Bruce Seidberg, DDS, JD, FCLM

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ACLM 2018

THE OLD. THE NEW. AND THE NOW.

Thank You

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Program schedule is subject to change.

Inclusion of Speaker Bios, Abstracts and Program Materials as available at publication of this program.



OFFICERS

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EVENTS / ADDITIONAL FUNCTIONS

PRESIDENT'S WELCOME RECEPTION

Date: Friday, February 23, 2018 **Time:** 6:45 – 8:30 pm **Attire:** Business Casual

Cost: One ticket is included in your full conference registration fee. Additional tickets are \$25.00 each.

Take some time to catch up with colleagues and meet new friends in the medical-legal community over cocktails and light hors d'oeuvres at the annual ACLM President's Welcome Reception.

DR. DOROTHY RASINSKI-GREGORY WOMEN'S LEADERSHIP BREAKFAST

Date: Saturday, February 24, 2018 **Time:** 6:45 – 7:45 am **Attire:** Business Casual

Cost: Included in registration fee

Join us for the 12th Annual Dr. Rasinski-Gregory Women's Leadership Breakfast. Share your career transition experiences and become more involved in the ACLM committees and educational programs.

CYRIL WECHT LUNCHEON

Date: Saturday, February 24, 2018 **Time:** Noon – 1:15 pm **Attire:** Business Casual

Cost: \$45 - pre-registration ticket price \$55 - ticket price purchased at conference. Tickets are not included in the registration fee.

ANNUAL AWARDS AND NETWORKING BANQUET

Date: Saturday, February 24, 2018 **Time:** 7:30 – 9:15 pm **Attire:** Business

Cost: \$50 - pre-registration ticket price \$100 - ticket price purchased at conference. Tickets are not included in the registration fee.

FRANCIS MARION HOTEL

387 King Street
Charleston, South Carolina, 29403
843-722-0600
www.francismarioncharleston.com
<https://reservations.travelclick.com/76320?groupID=1783674>

HOTEL RESERVATIONS

ACLM Room Rates: \$229.00/night (excluding fees and taxes - taxes are subject to change)

ACLM must meet certain minimum hotel room pickup requirements or ACLM will face attrition penalties. In order for the College to continue to provide a reasonable registration fee, we need your help. Please take advantage of the room rate we have negotiated.

Reservation Deadline: Wednesday, February 1, 2018

Online Reservations: <https://reservations.travelclick.com/76320?groupID=1783674>

Online Code ACLMA

American College of Legal Medicine encourages you to make your reservation early, as the hotel and discount block may sell out before this date. After this date, reservations will be accepted based on availability, and higher rates may apply.

TRAVEL INFORMATION

Charleston International Airport (CHS)

www.iflychs.com

Travel To and From the Airport

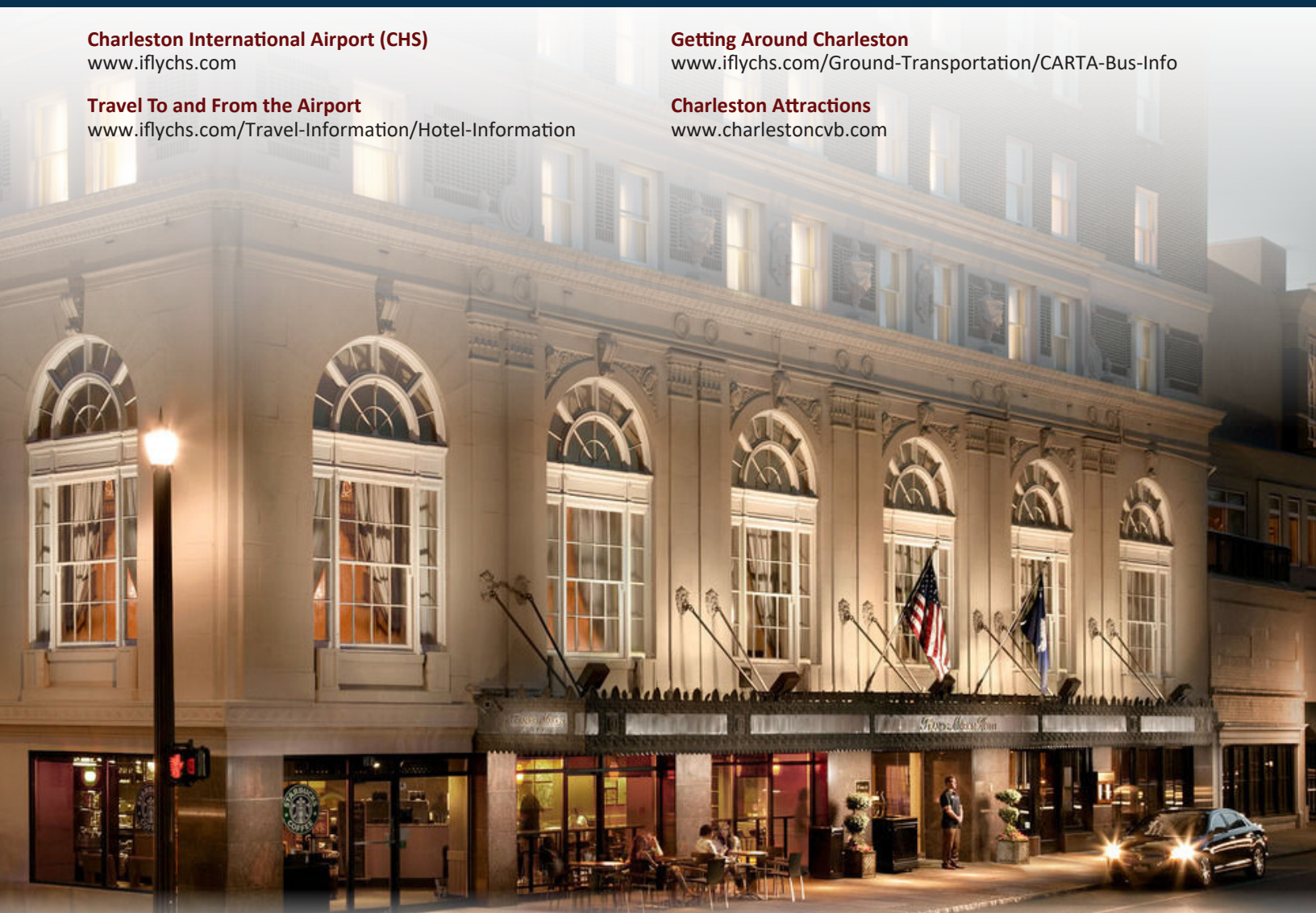
www.iflychs.com/Travel-Information/Hotel-Information

Getting Around Charleston

www.iflychs.com/Ground-Transportation/CARTA-Bus-Info

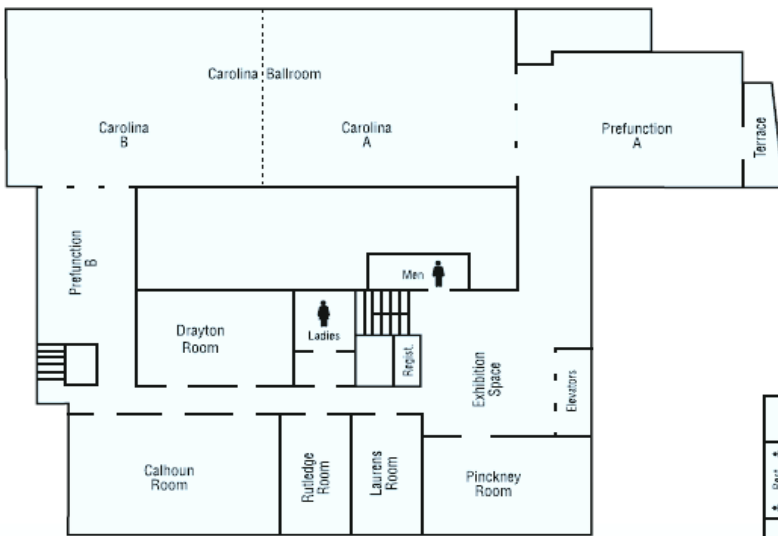
Charleston Attractions

www.charlestoncvb.com

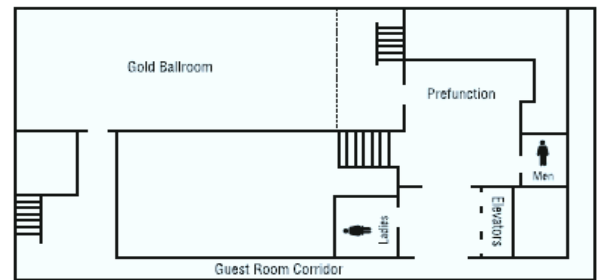




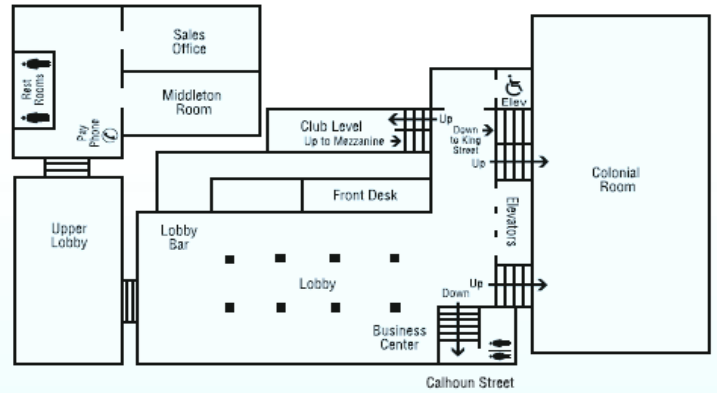
Conference Room Information



Mezzanine/Meeting Level



The Gold Ballroom/Second Floor



The Colonial Room/Lobby Level

THURSDAY, FEBRUARY 22

Presented by: American Board of Legal Medicine, American College of Legal Medicine, and American College of Legal Medicine Foundation.

Cost: \$195 (This session is not included in your ACLM Annual Meeting registration fee.)

Time: 1:00 PM – 6:00 PM The Sims Mock Trial will include 5 Hours of presentations in video and live discussions.

This course qualifies the attendee for up to a maximum 5.0 AMA PRA Category I Credits™ as defined by the American College of Legal Medicine.

SUMMARY OF FACTS:

- A 60-year-old male underwent resection of a benign frontal lobe meningioma.
- On September 13, 1995, at 1300 hours, during his first time out of bed, he fell from the bedside commode. There appeared to be no injury as a result of the fall.
- Three days after the fall, he was brought back to surgery for an emergency craniotomy secondary to an acute pneumocephalus. After surgery, the patient remained in a vegetative state until his death soon after.

PLAINTIFF, PATIENT'S DAUGHTER, ALLEGED THAT:

- Nurse and Hospital were negligent for failing to provide adequate safety, which led to the fall and ultimately the patient's demise.
- Nurse and Hospital failed to recognize a neurological emergency and failed to respond appropriately.
- The defense will argue that the acute pneumocephalus was a known risk of the neurosurgical procedure and that there was no malpractice on the part of the Nurse or Hospital.

TRIAL PROCEDURE:

- Jury Selection
- Opening Statements
- Plaintiff Presents Evidence
- Defense Presents Evidence
- Closing Arguments
- Jury Instructions & Deliberations
- Verdict, Judgment, & Post-Trial Motions

2018 ACLM SESSION PRESENTERS AND MODERATORS

PRESENTERS:

Mert Aksu, DDS, JD, FCLM
 Oren Asman, LL.D., Esq.
 F. Lee Bailey, JD
 David Benjamin, PhD, FCLM
 Ken Berger, MD, JD, FCLM
 Francois Blaudeau, MD, JD, FCLM
 Paul Blaylock, MD, JD, FCLM
 Michael Brooks, MD, JD, FCLM
 John Busowski, MD, JD, FCLM
 Jack Conomy, MD, JD, FCLM
 Dale Cowan, MD, JD, FCLM
 Jonathan Davies, LLM
 Cavan Doyle JD, LLM
 Marjorie Eskay-Auerbach, MD, JD, FCLM
 Randi Ettner, PhD
 Toan Than Foeng, DDS, JD, FCLM
 Bernard Friedland, DDS, JD, FCLM
 Chester Gary, DDS, JD, FCLM
 Joseph Graskemper, DDS, JD, FCLM, DABLM
 Jamison Green, PhD
 Victoria Green, MD, JD, FCLM
 Richard Harold, DMD, JD, FCLM
 Robert Harrison, MHA, JD, LLM
 Margaret Hill, DMD
 Alexander Holden, BDS, MDPH, LLM
 Laurence Jerrold, DDS, JD, FCLM
 Michael Kaner, DMD, JD

Alexandra Karydi, PhD
 Richard Kelly, MD, JD, FCLM
 Robert Liles, JD
 Dean Irving McKennzie, DDS
 Mark Monasky, MD, JD, FCLM
 Roger Moore, DDS
 Lillian Obucina, DDS, JD, FCLM
 Daniel Orr, DDS, MD, JD, FCLM, DABE
 Olivia Palmer, DMD, JD
 Nicholas Panometros, DDS, JD, FCLM
 Annabel Pelham, PhD
 Joe Piorkowski, MD, JD, FCLM
 Eric Ploumis, DMD, JD
 David Preble, DDS, JD, FCLM
 Frank Recker, DDS, JD, FCLM
 Frank Riccio, DDS, JD, FCLM
 Joseph P. Riley, Jr., JD, Former Mayor of Charleston, South Carolina
 Sandy Sanbar, MD, JD, FCLM
 Eric Shore, DO, JD, FCLM
 Jack Snyder, MD, JD, PhD, FCLM
 Jennifer Sullivan, DMD, JD, FCLM
 Veling Tsai, MD, JD, FCLM
 Mary Wall, MD, JD, FCLM
 Richard Wilbur, MD, JD, FCLM
 Michael Williams, JD
 Samuel Wolfman, MD, JD, FCLM
 Pamela Zarkowski, JD, FCLM

MODERATORS:

Monique Anawis, MD, JD, FCLM
 Leon Ausprung, MD, JD, FCLM
 Eli Avila, MD, JD, FCLM
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 ACLM Past President
 Cyril Wecht, MD, JD, FCLM, DABE, Founder
 ACLM Past President
 Karin Zucker, JD, FCLM

EDUCATIONAL NEEDS

Physicians, dentists, attorneys and educators who practice in the health care industry and its related fields recognize that the practice of medicine is complicated by abundant legislative requirements, administrative rules and regulations and Federal/ State court decisions interpreting those laws. It is difficult to maintain a working knowledge of these developments. This meeting will provide details of new legislation, rules and court decisions, societal changes and shifts in the marketplace that will impact the practice of medicine, special and vulnerable populations in particular. Key changes impacting the practice of medicine and law during the past one to two years include: fraud investigations against health professionals, the ethical and legal issues of individuals with traumatic brain injury, the push delivery of care models that emphasize quality and safety within multidisciplinary teams, challenges to the Affordable Care Act, issues with vaccinations and personal exemptions, and individuals with mental health problems in front of civil and criminal courts.

OBJECTIVES

The 58th Annual Conference of the American College of Legal Medicine will focus on topics related to the intersection of health law and vulnerable/special populations. By the conclusion of this meeting, participants should be able to:

1. Describe recent legislative and court opinions affecting medical and dental practice.
2. Integrate medical and legal ethics into their daily practice.
3. Identify techniques for overcoming personal impediments to a fulfilling professional practice.
4. Explain legal and ethical challenges of dealing with vulnerable and special populations.
5. Translate the impact of globalization on public health, epidemics and the use of police power to enforce quarantines and mandate vaccinations.
6. Integrate new regulatory changes into current practice.
7. Identify the advantages and disadvantages of Medicare/ Medicaid fraud enforcement.
8. Explain the legal issues affecting adolescents refusing medical care or accessing certain medical services on their own.
9. Describe dental and legal issues involved in today's health care.

MEETING GUIDELINES

REGISTRATION DESK HOURS/EXHIBIT HOURS

Location: Jubilee Ballroom

Registration/Information Desk hours are as follows:

Thursday, February 22, 2018	12:00 pm – 6:00 pm	Saturday, February 24, 2018	6:30 am – 5:30 pm
Friday, February 23, 2018	6:30 am – 5:30 pm	Sunday, February 25, 2018	7:00 am – 1:00 pm



CME ACCREDITATION STATEMENT

The American College of Legal Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medicine education for physicians.

The American College of Legal Medicine designates this live activity for a maximum of 21.25 AMA PRA Category I Credits™, which includes a maximum of 3.5 of Medical Ethics hours credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CONFLICT RESOLUTION STATEMENT

The American College of Legal Medicine has reviewed this activity's speaker and planner disclosures and resolved all identified conflicts of interest applicable.

CLE ACCREDITATION STATEMENT

The American College of Legal Medicine designates this program for up to 21.25 hours of Continuing Legal Education (CLE) credit, which includes a maximum of 3.5 Legal Ethics credits (1.5 Substance Abuse). The precise amount of the CLE will vary by state.

DENTAL CREDITS

The American College of Legal Medicine designates this program for up to 21.25 hours of Program Approval for Continuing Education (PACE) credits.

This activity has been planned and implemented in accordance with the standards of the Academy of General Dentistry Program Approval for Continuing Education (PACE) through joint efforts between UNLV School of Dental Medicine and American College of Legal Medicine (ACLM). UNLV School of Dental Medicine is approved for awarding FAGD/MAGD credit. (Approved from 06/01/2017-05/31/2021 - Provider #213111.)



Approved PACE Program Provider FAGD/MAGD credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. Nationally Approved From 06/01/2017-05/31/2021. Provider ID #213111

This activity has been planned and implemented in accordance with the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between UNLV School of Dental Medicine and American College of Legal Medicine (ACLM).



UNLV School of Dental Medicine is an ADA CERP approved provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. UNLV SCHOOL OF DENTAL MEDICINE designates this activity for 21.25 continuing education credits.

GENERAL DISCLAIMER

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SPECIAL ASSISTANCE/ACCOMMODATION STATEMENT

We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you. Call (847) 752-5355 or email info@aclm.org if you require special assistance to fully participate in the meeting.

POLICY ON FACULTY AND SPONSOR DISCLOSURE

It is the policy of the American College of Legal Medicine that the faculty and sponsors disclose real or apparent conflicts of interest relating to the topics of this educational activity, and also disclose discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s). Detailed disclosures will be made in the course handout materials.

PHOTOGRAPHY, VIDEOGRAPHY

As part of our mission to provide education, best practices and other information from leaders in their fields, speakers, panelists and audience members should be aware that we may record all or part of the events we organize, including comments from speakers, panelists and audience members. The resulting raw and edited materials, including still photographs, video and audio recordings, and associated verbatim transcripts, may be used by ACLM without restriction, in press releases, white papers, conference collateral, websites and other publications. By attending our events, you acknowledge that you are in a public place, and that attendees (including ACLM volunteers) may capture your image in photos and videos. Nevertheless, we encourage event attendees to exercise common sense and good judgement, and respect the wishes of other attendees who do not wish to be photographed at the events. ACLM uses photos and videos taken at its events for a variety of purposes, including publication on the website. If you see any photos or profiles about yourself on www.aclm.org that you would like removed, please email info@aclm.org.

THURSDAY, FEBRUARY 22

- 12:00 pm - 6:00 pm Registration/Information Desk
- 12:00 pm - 5:00 pm ACLM Board of Governors Meeting
- 7:00 pm - 10:00 pm Committee Meetings

FRIDAY, FEBRUARY 23

- 6:30 am - 5:30 pm Registration/Information Desk
- 6:30 am - 7:40 am ACLM Past Presidents' Breakfast
- 6:45 am - 8:00 am Continental Breakfast
- 7:00 am - 5:00 pm Poster Session
- 7:40 am - 7:50 am **Welcome to ACLM 2018** *Leon Aussprung, MD, JD, FCLM, John Adam McLaughlin, MD, JD, FCLM (Program Chairs)*
- 7:50 am - 8:00 am **Introduction of ACLM Annual Meeting & Dental Chairs/Announcements**
Leon Aussprung, MD, JD, FCLM; John Adam McLaughlin, MD, JD, FCLM; Bruce Seidberg, DDS, JD, FCLM
- 8:00 am - 9:50 am General Session I: Update on Recent Developments in Legal Medicine**
Moderator: Ted LeBlang, JD, FCLM, ACLM Past President
 - Federal and State Legislative Update** *Velina Tsai, MD, JD, FCLM*
 - Federal and State Case Law Update** *Mary Wall, MD, JD, FCLM*
 - Federal and State Regulatory Update** *Robert Harrison, MHA, JD, LLM*
- 9:50 am - 10:00 am Break
- 10:00 am - 11:00 am SANDY SANBAR LECTURE**
The Tragedy, Politics, and Public Policy of the Charleston Church Shooting (Ethics credit)
Invited Presenter: The Honorable Joseph P. Riley, Jr., JD, Former Mayor of Charleston, South Carolina
- 11:00 am - 12:00 pm STEWART REUTER LECTURE**
Alternative Decision Makers for Incapacitated Patients: Ethical Substituted Judgment (Ethics credit)
Invited Presenter: Cavan Doyle JD, LLM Moderator: Robert W. Buckman, PhD, FCLM; President ACLM Foundation
(This lecture made possible through an ACLM Foundation grant.)
- 10:00 am - 12:00 pm Dental Session I** *Moderator: Joseph Graskemper, DDS, JD, FCLM, DABLM*
 - Protecting Your Dental License and Privileges** *Amy Kulb, JD*
 - Ethical & Legal Issues with Real Life Scenarios** (Ethics credit) *Bernard Friedland, DDS, JD, FCLM*
 - Emerging Technologies, Emerging Risks: Legal and Ethical Considerations when Utilizing New Technology in the Dental Office** *Eric Ploumis, DMD, JD*
 - Comparison of Legal & Professional Positions Towards Tooth Whitening** *Alexander Holden, BDS, MDPH, LLM*
- 12:00 pm - 1:00 pm JLM Board Meeting/Lunch
- 12:00 pm - 1:00 pm **LUNCH**
- 1:00 pm - 2:45 pm Breakout Session I: LAWYERS, DOCTORS, HOSPITALS AND PATIENTS** *Moderator: David Donnersberger, MD, JD, FCLM*
 - **Legal & Medical Aspects of "Observation" Admitting Status** *Eric Shore, DO, JD, FCLM*
 - **Patient Safety & Medical Error** *Richard Wilbur, MD, JD, FCLM*
 - **Patient Privilege & Law on Defense Counsel Contact with Treating Physicians** *Joe Piorkowski, MD, JD, FCLM*
 - **Ethical, Legal and Medical Staff Consequences of Physician Employment** (Ethics credit) *Dale Cowan, MD, JD, FCLM*
 - Q&A Breakout Session I
- 1:00 pm - 2:45 pm Dental Session II** *Moderator: Chester Gary, DDS, JD, FCLM*
 - **Ethical & Legal Aspects of Dental Advertising** (Ethics credit) *Lillian Obucina DDS, JD, FCLM*
 - **Advertising, Specialty Status and Board Regulations** *Pamela Zarkowski, JD, FCLM*
 - **Advertising, Specialty Status and Board Regulations** *Mert Aksu DDS, JD, FCLM*
 - Q & A Dental Session II
- 2:45 pm - 3:00 pm Networking Break
- 3:00 pm - 5:00 pm Breakout Session II: Current Issues in Transgender Development, Health, Civil Rights and the Law**

Moderator: Eli Avila, MD, JD, FCLM This presentation made available through support from the World Professional Association for Transgender Health (WPATH)

- **Transgender Issues in Children and Adolescents** *Alexandra Karydi, PhD*
- **Transitioning: Bathrooms are Only the Beginning** *Randi Ettner, PhD*
- **Transgender Civil Rights in the Workplace, in Healthcare and Beyond** *Jamison Green, PhD*
- Q&A Breakout Session II

3:00 pm - 5:00 pm **Dental Session III** *Moderator: Daniel Orr, DDS, MD, JD, FCLM, DABE, ACLM, Past President*

- **Tort Liability and the Mini Dental Implant** *Olivia Palmer, DMD, JD*
- **The First Amendment and Dentistry: The Revolution** *Frank Recker, DDS, JD, FCLM*
- **Dental Ethics in a Small Island Nation** (Ethics credit) *Michael Williams, JD*
- **Update on E-Mailing Patient Records** *Joseph Graskemper, DDS, JD, FCLM, DABLM*

5:00 pm - 5:15 pm **Distribution of Proposed Bylaws Changes and Brief Q & A** *Leon Aussprung, MD, JD, FCLM*

6:45 pm - 8:30 pm **PRESIDENT'S WELCOME RECEPTION**

(One ticket is included in your registration fee. Please specify on your registration if you plan to attend this reception.)

SATURDAY, FEBRUARY 24

6:30 am - 5:30 pm **Registration/Information Desk**

6:45 am - 7:45 am **DR. DOROTHY RASINSKI-GREGORY WOMEN'S LEADERSHIP BREAKFAST**

Moderator: Monique Anawis, MD, JD, FCLM

(Included in your registration fee. Please specify on your registration if you plan to attend.)

7:00 am - 5:00 pm **Poster Session**

7:45 am - 9:30 am **Continental Breakfast**

8:00 am - 9:45 am **Breakout Session III: A Comprehensive Review of the Opioid Epidemic: Its Impact on Law and Medicine**

Moderator: Bill Hinnant, MD, JD, FCLM

- **The Epidemiology and Science of Opioids: Tolerance, Dependence and Addiction** *Richard Kelly, MD, JD, FCLM*
- **Iatrogenic Opioid Addiction** *David Benjamin, PhD, FCLM*
- **Risk Evaluation & Mitigation Strategy (REMS) in Opioid Risk Management** *Jack Snyder, MD, JD, PhD, FCLM*
- **The Impact of the Opioid Epidemic on Policy, Legal Practice and Medicine** *Ken Berger, MD, JD, FCLM*
- Q&A Breakout Session III

8:00 am - 9:45 am **Dental Session IV** *Moderator: Frank Riccio, DDS, JD, FCLM*

- **Opioid Crisis, Really?** *Daniel Orr, DDS, MD, JD, FCLM, DABE*
- **Practice Transactions: Worst Case Scenarios** *Chester Gary, DDS, JD, FCLM*
- **History of the Prescription Epidemic in the US** *Richard Harold, DMD, JD, FCLM*
- **Legal Issues in Dental Education** *Margaret Hill, DMD; Roger Moore, DDS*

9:45 am - 10:00 am **Networking Break**

10:00 am - 11:50 am **Breakout Session IV: Current Medicolegal Issues in Israel and America** *Moderator: Weldon Havins, MD, JD, FCLM*

- **Sham Peer Review in Israeli Hospitals** *Jonathan Davies, LLM*
- **Legal and Ethical Dilemmas of Statutory Tribunals in Determinations of Involuntary Hospitalization in Israel** *Samuel Wolfman, MD, JD, FCLM*
- **Enhancing Durable Power of Attorney in Israel - A Golden Opportunity for Health Law** *Oren Asman, LL.D., Esq.*
- **Trumpcare**, *Jack Conomy, MD, JD, FCLM*
- Q&A Breakout Session IV

10:00 am - 11:50 am **Dental Session V** *Moderator: Bruce Seidberg, DDS, MScD, JD, FCLM, DABE, ACLM Past President*

- **Examining Legislative & Regulatory Framework Aimed at Redesigning Jamaican Oral Health System for Improving Access to Care** *Dean Irving McKennzie, DDS*
- **Appellate Decisions Concerning the Doctor - Patient Relationship** *Laurence Jerrold, DDS, JD, FCLM*
- **Employee or Independent Contractor: Categorizing Associate Dentists in the Dental Office** *Jennifer Sullivan, DMD, JD, FCLM*
- **The Dentist as an Expert Witness** *Frank Riccio, DDS, JD, FCLM*
- Q&A Dental Session V

11:50 am - 1:15 pm **CYRIL WECHT LUNCHEON**

- 1:30 pm - 3:30 pm Breakout Session V: Credentialing, Privileging and Peer Review**
Moderator: Cyril Wecht, MD, JD, FCLM, DABE, Founder, ACLM Past President
- **Process of Credentialing and Privileging Healthcare Providers** *Victoria Green, MD, JD, FCLM*
 - **Negligent Credentialing and Corporate Responsibility/Liability** *John Busowski, MD, JD, FCLM*
 - **Peer Review: Confidentiality; Discoverability; Admissibility; and Privilege** *Marvin H. Firestone MD JD FCLM*
 - **Telemedicine Credentialing of Health Care Providers** *Michael Brooks, MD, JD, FCLM*
 - Q&A Breakout Session V
- 1:30 pm - 3:30 pm Dental Session VI** *Moderator: Kalu Ogbureke, DDS, JD, FCLM, DABE*
- **Forensic Dentistry** *Michael Kaner, DMD, JD*
 - **Use of Patients for Dental Licensure Examinations** *Nicholas Panometros, DDS, JD, FCLM*
 - **Use of Patients for Dental Licensure Examinations** *David Preble, DDS, JD, FCLM*
 - Q&A Dental Session VI
- 3:30 pm - 3:45 pm Networking Break
- 3:45 pm - 5:00 pm General Session II: Physician/Attorney Financial Planning, Business and Asset Protection**
Moderator: Raymund King, MD, JD, FCLM
- **Retirement and Asset Protection Trusts**, *Mark Monasky, MD, JD, FCLM*
 - **Winding Up and Practice Transfers**, *Mark Monasky, MD, JD, FCLM*
 - Q&A General Session II
- 5:00 pm - 6:45 pm **Annual Meeting of the Fellows**
- 7:00 pm - 7:30 pm Networking Reception
- 7:30 pm - 9:15 pm ANNUAL AWARDS BANQUET** (Ethics credit)
Age Friendly Cities: Promoting, Health, Ethics and Justice
Presenter: Anabel Pelham, PhD

SUNDAY, FEBRUARY 25

- 7:00 am - 1:00 pm Registration/Information Desk
- 7:00 am - 10:00 am Poster Session
- 7:00 am - 9:30 am Continental Breakfast
- 7:45 am - 9:30 am General Session III: Hot Topics in Health Law and Legal Medicine** *Moderator: Robert Bitonte, MD, JD, FCLM*
- **America Gone to Pot: The Medical Legal Impact of Recreational Marijuana Legalization**
Paul Blaylock, MD, JD, FCLM
 - **Top Regulatory and Billing Risks Facing Dentists and Dental Practices** *Robert Liles, JD*
 - **The Lumbar Spine: Preexisting Condition, New Injury or Aggravation? What Does Science Tell Us?**
Marjorie Eskay-Auerbach, MD, JD, FCLM
 - Q&A General Session III
- 9:30 am - 10:30 am General Session IV: Student Writing Awards** *Moderator: Robert Buckman, PhD, FCLM, President, ACLM Foundation*
(This Session made possible by an ACLM Foundation Grant.)
- **Student Writing Awards** -- Hirsch Award
 - **Student Writing Awards** -- Orr Award
 - **Student Writing Awards** -- Gene Basanta Poster Award
- 10:30 am - 10:45 am Break
- 10:45 am – 12:30 pm General Session V: Daubert at 25: Where Have We Come?** *Moderator: Leon Aussprung, MD, JD, FCLM*
- **Daubert and Expert Witnesses: A Historical Perspective** *Jack Snyder, MD, JD, FCLM*
 - **Daubert: Plaintiff's Counsel's Perspective** *Francois Blaudeau, MD, JD, FCLM*
 - **Daubert: Defense Counsel's Perspective** *Joe Piorkowski, MD, JD, FCLM*
 - Q&A General Session V
- 12:30 pm **Closing Remarks and Farewell** *Leon Aussprung, MD, JD, FCLM*

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Cultural Considerations: *Saints Preserve Us!*

I thank my colleagues (C. Scott Kruse, PhD; R. Reyn Price, PhD; and Michael Wegner, MHA) who assisted me in formatting and editing these abstracts. Any errors are mine.
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**The U.S. Anti-Vaccination Epidemic: Increasing the Acceptance of
Vaccinations Without Risks to Patients' Personal Autonomy**

Many families fear to have their children immunized. These fears seem to be associated with an alarming decrease in vaccination rates. In spite of sincere efforts, physicians have failed to persuade these vaccination-hesitant (VH) families to accept the recommended immunizations. Thus, the vaccination goals in the United States have not been realized. Without effective enforcement of immunization laws and without some new approach, this situation may not improve. The anti-vaccination surge developed after the public became complacent about infectious diseases that could be prevented by vaccines. This grew as misinformation about vaccinations spread. With a goal of improving vaccination rates, the authors explore a few ethical limits for immunization providers. Meeting population goals for improved vaccination

rates, without abridging some essential human dignity/free-will, requires patients to give their informed consents. In this context the authors reviewed the National Committee for Quality Assurance's (NCQA) vaccination *risk-selection incentive*, which may actually motivate doctors to remove families from their patient rosters if they refuse vaccination. The authors ask that the NCQA modify its current vaccination rate ratio by adopting methods that recognize distinct patient cohorts. Further, there must be an educational program which corrects the public's misinformation about the serious risk of infectious diseases and the minimal risks associated with immunizations.

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The Effectiveness of Organizations in Assisting Disadvantaged Groups to Reach Full Academic Potential

Special interest societies and groups have been used to provide confidence and instill pride in some populations that are less advantaged than others in American society. These support networks are sustained in the belief that they result in the increased likelihood of disadvantaged individuals reaching their full academic potential.

Despite the stereotypical belief that opportunity for higher education for all classes is equal, socioeconomic theory demonstrates that this is not truly the case. Ethically, it would seem just that all should be given equal opportunities, but it becomes apparent that greater social standing within society provides more resources for one to succeed. Socio-economic theorists suggest that being in a higher social class provides a greater opportunity for personal success,^{1, 2} often demonstrated by easy access to institutions of higher education.^{3, 4} However, well-run social organizations in poorer communities can create a positive influence toward success by challenging the social barriers that disadvantaged communities face, such as a lack of access to institutions of higher education.

Earlier socio-ecological studies showed that organizations are effective in representing disadvantaged communities. Foundations have been created to help communities gain individuals access to higher education, thus, allowing them to succeed in obtaining their chosen professions.

In 2002, the California Medical Association (CMA) created the subgroup, Network of Ethnic Physicians Organization (NEPO), whose mission statement tells us that it was—

designed to build the capacity of ethnic physician organizations and physicians serving safety-net populations in order to reduce health disparities, improve access to health care for their communities and address diversity and cultural competency in the healthcare workforce.⁵

The Network provides support by awarding grants and scholarships as well as hosting summits where physicians and students coming from underprivileged communities may meet.⁶ These types of organizations help students to complete their scholastic requirements regardless of socio-economics. They are effective at promoting academic achievement in disadvantaged groups.

In his ethnography, *Tally's Corner: A Study of Negro Streetcorner Men*, Elliot Liebow describes an underprivileged community that did not wait for a government agency or political leader to aid its citizens, but used the limited resources it had to provide its own positive influence within their society. The men on this street corner have "[promoted] their own self interests, just as other ethnic and religious groups and the working class have done before them." NEPO has the same goals –to initiate a better future within its society.

We encourage the formation of special interest groups for disadvantaged students, as such groups promote the students' interests as legitimate and their academic goals as achievable and pride worthy.

¹ Macleod, J. (2009) *Ain't No Making It: Aspirations and Attainment in a Low Income Neighborhood*. Boulder, CO: Westview Press.

² Mitnik, P.A., Grusky, D.B. (2015) *Economic Mobility in the United States*. The Pew Charitable Trusts and the Russell Sage Foundation. Retrieved from: <http://www.pewtrusts.org/~media/assets/2015/07/economicmobilityintheunitedstates.pdf?la=en>

³ Thernstrom, S., Thernstrom, A. (1999). *America in Black And White: One Nation, Indivisible*. New York, New York: Touchstone Rockefeller Center.

⁴ Willis, P. E. (1981). *Learning to Labor: How Working Class Kids Get Working Class Jobs*. New York, New York: Columbia University Press.

⁵ NEPO Building Healthy Communities Summit, *Striving for Health Equity in the Era of Change* (2017). Retrieved from: http://www.thecmafoundation.org/Portals/0/assets/docs/NEPO/Summit/2017%20Summit/NEPO_RegistrationBrochure_8.5x11_2017.pdf?ver=2017-08-22-145201-397

⁶ Network of Ethnic Physician Organization (2017). *California Medical Association Foundation (CMAF)*. Retrieved from: <http://www.thecmafoundation.org/Programs/About-NEPO>

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Full Disclosure of Economic Incentives Coincident with the Establishment of the Physician-Patient Relationship

Economic incentives are a reality and a powerful force in human behavior. The provision of medical care is influenced by these economic incentives just as any other market place.

The realization by the public that economic incentives often have a great impact on the care they are receiving has caused some loss of trust in the medical profession and the American physician, MD or DO.^{1, 2}

These economic incentives can generate behavior to do more medical procedures or provide more services, or withhold medical procedures or services, or do studies that can generate economic gain.

In response to these concerns, the California Legislature has enacted statutes to protect the public from economic incentives that could impact their medical care. In addition, the California courts have rendered judicial findings designed to protect the public from certain economic incentives regarding the provision of medical care. Examples are:

CA Health & Safety Code 1367 (g) indicates "The plan shall have the organizational and administrative capacity to provide services to subscribers and enrollees. The plan shall be able to demonstrate to the department that medical decisions are rendered by qualified medical providers, unhindered by fiscal and administrative management." This statute is aimed primarily at health plans. *Moore v. Regents of the University of CA*, 51 Cal. 3rd 120 (1990), stated "a physician who is seeking a patient's consent for a medical procedure must, in order to satisfy his fiduciary duty and to obtain the patient's informed consent,

disclose personal interests unrelated to the patient's health, whether research or economic, that may affect his medical judgment." ³ This fiduciary duty attached to the physician *after* the physician-patient relationship had been established. Statutes and judicial court findings regarding economic incentives almost always are in effect *after* the physician-patient relationship has been established.

It is imperative to restore confidence in the physician-patient relationship. Therefore, we recommend that the legislature make it the affirmative duty of physicians to disclose any and all financial incentives regarding the provision of healthcare by a physician coincident with the establishment of the physician-patient relationship.

¹ Moore, Michael. (2007) *Sicko*. Movie: Lionsgate. The Weinstein Company, June 22, 2017.

² Girgis, L. MD. (2015) Why Doctors Are Losing the Public's Trust. *Physicians Weekly*. Feb 20, 2015. Retrieved from: <https://www.physiciansweekly.com/doctors-losing-publics-trust/>

³ Mehlman, M.J. (2015). Why Physicians Are Fiduciaries for their Patients. *Indiana Health Law Review* 12(1). 2015.

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Reconciling Opiate Guidelines in the State of California

There has been significant attention brought to the medical community and the public regarding opiate abuse and accidental overdose deaths secondary to opiates. "More than 40 people die every day from overdose involving prescription opioids. Since 1999, there have been over 165,000 deaths from overdose related to prescription opioids. 4.3 million Americans engaged in non-medical use of prescription opioids in the last month."¹

Regardless, there are inconsistent California State statutes and guidelines affecting both the public and medical practitioners regarding the prescribing, and requesting, of opiates.

California Health and Safety Code, Pain Patient's Bill of Rights, enacted in 1997, 124960 (h) states "A patient suffering from severe chronic intractable pain has the option to request or reject the use of any or all modalities to relieve his or her pain."² In addition, 124961 (a) states "A patient who suffers from severe chronic intractable pain has the option to request or reject the use of any or all modalities in order to relieve his or her pain."³ The conflict occurs if the patient rejects the use of any or all other modalities, the physician then has severely reduced options for pain relief, and this increases the risk for the allegation of inadequate care.

Contrarily, the 2017, Centers for Disease Control and Prevention (CDC) Guidelines for Prescribing Opioids for Chronic Pain, on its cover page, under Clinical Reminders, states "Opioids are *not* the first-line or routine therapy for chronic pain."⁴

In addition, CDC Guidelines for Prescribing Opiates for Chronic Pain—United States, 2016 states:

Determining when to initiate or continue opioids for chronic pain. Nonpharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.⁵

This is a conflict with California Health and Safety Code 124960-124961 which allows patients to reject all other modalities for treating pain.

Obviously, these CDC guidelines and the California Health and Safety Code, Pain Patient's Bill of Rights are at odds. If patients can refuse and reject any and all other modalities, the physician options to relieve pain are limited. This may also lead to an allegation of inadequate care. Therefore, we recommend reconciling the laws of California and CDC Guidelines to give clear guidance to patients and physicians about the preferred opiate use and a patient's right to request opiates in the alternative to other treatments.

¹ CDC Guideline For Prescribing Opioids For Chronic Pain-Promoting Patient Care and Safety. (2017). U.S. Department of Health and Human Services/Centers for Disease Control and Prevention. Retrieved from: https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf

² California Health and Safety Code, Pain Patient's Bill of Rights [124960-124961]. (1997). California Legislative Information *Amended by Stats. 2011, Ch. 396, Sec. 3. (AB 507)*. Retrieved https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=106.&title=&part=4.5.&chapter=&article=

³ *ibid*²

⁴ CDC Guidelines for Prescribing Opioids for Chronic Pain-Improving Practice Through Recommendations. (2017). U.S. Department of Health and Human Services/Centers for Disease Control and Prevention. Retrieved from: https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf

⁵ Dowell, D. MD, Haegerich, T.M. PhD, Chou, R. MD. CDC Guidelines for Prescribing Opioids for Chronic Pain—United States, 2016. U.S. Department of Health and Human Services/Centers for Disease Control and Prevention. *MMWR* 65(1) Mar 18, 2016.

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Physicians' Anti-Retaliation Statutes Need to Be Bolstered to Be More Effective

There are at least two current statutes in California that are intended to encourage physicians to advocate for medically appropriate healthcare for his or her patients. The first statute was enacted pursuant to *Wickline v. State of California*, 239 Cal.Rptr. 810 (1986). In this case, the court found that physicians were reluctant to advocate for medically necessary care for fear of retaliation by payors, specifically government payors. In response to this finding, the legislature enacted California Business and Professions Code 2056. This statute specifically states "b) it is the public policy of the State of California that a physician and surgeon be encouraged to advocate for medically appropriate health care for his or her patients." Intended to protect and encourage physician advocacy, it has been used effectively in court cases, specifically in *Nordella v. Blue Cross and Blue Shield of California*, 130 S. Ct. 257 (2009).

California Health and Safety Code 1278.5 "(a) The Legislature finds and declares that it is the public policy of the State of California to encourage patients, nurses, members of the medical staff, and other health care workers to notify government entities of suspected unsafe patient care and conditions...."

This statute has additional benefits, such that –

(g) A member of the medical staff who has been discriminated against pursuant to this section shall be entitled to reinstatement, reimbursement for lost income resulting from any change in the terms or conditions of his or her privileges caused by the acts of the facility or the entity that owns or operates a health facility or any other health facility that is owned or operated by that entity, and the legal costs associated with pursuing the case, or to any remedy deemed warranted by the court pursuant to this chapter or any other applicable provision of statutory or common law.

While these statutes do provide protection and have been utilized effectively in the past, the remedies of the reinstatement and the recovery of lost income will probably not be enough to encourage physicians' advocacy for the provision of medically necessary care for their patients. To return a physician to his previous employment and award him lost income is not likely to encourage advocacy behavior when one is looking at years of litigation, time lost, and the psychological stress of court proceedings.

We recommend legislation that enhances physicians' courage in advocating for medically necessary care. This would incorporate the amendment of California Business and Profession code 2056 to include statutory attorney fees and minimum punitive damages, as well as compensatory damages. We also recommend that California Health and Safety 1278.5 be amended to add minimum punitive damages as well as the remedies that are already stated in the statute.

We feel such changes will encourage physician advocacy and will also make retaliation less likely because of the potential of enhanced remedies.

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Physicians' Duty to Perform Should Be Synchronized with Payors' Duty to Provide and Pay for Medically Necessary Services

Physicians have a duty to perform at a certain expectation. This expectation is articulated in California Jury Instruction CACI 502, 2017, which states—

A [type of medical specialist] is negligent if [he/she] fails to use the level of skill, knowledge, and care in diagnosis and treatment that other reasonably careful [type of specialist] would use in similar circumstances. This level of skill, knowledge, and care is sometimes referred to as *the standard of care*.

Presumably, this requirement mandates services and diagnostics that are medically necessary services.

CA Civil Code 3428 (a) mandates "For services rendered on or after January 1, 2001, a health care service plan or managed care entity. . . shall have a duty of ordinary care to arrange for the provision of medically necessary health care service to its subscribers and enrollees..."

Problematic is the finding that *medical necessity* has different definitions for government and for private payors. For example, California law in the Medicaid program is defined in CA Welfare and Institution Code 14059.5 which states "A service is *medically necessary* or is a *medical necessity* when it is reasonable and necessary to protect life to prevent significant illness or significant disability, or to alleviate severe pain," Another example is from the Settlement with Private Insurance Companies (Aetna, CIGNA, Health Net, Prudential, WellPoint/Anthem, and Humana) which was part of the RICO Cases of the mid-2000s. This states—

Medically Necessary or *Medical Necessity* shall mean health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing,

evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: a) in accordance with generally accepted standards of medical practice; b) clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury or disease; and c) not primarily for the convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

These definitions are certainly more verbose than the physician's duty cited above and could lead to much discussion about what is *medically necessary*. California Supreme Court Case, *Sarchett v. Blue Shield of California*, 729 P.2d 267 (1987), found "there will be few cases in which the physician's judgment is so plainly unreasonable, or contrary to good medical practice, that coverage will be refused."

CA Jury Instruction CACI 502 and *Sarchett v. Blue Shield (1987)*, above, both demand reasonableness on the part of the physician and conformity with good medical practice (community standard).

We recommend that all payors' (government and private) definitions of medical necessity be reconciled to coincide with the physician's duty to perform; which is the provision of recommendations for reasonable services made by a competent physician reflecting community standards under similar circumstances. This definition would also be consistent with *Sarchett v. Blue Shield of California (1987)* which requires payors to provide and pay for reasonably necessary care and treatment consistent with community standards.

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Social Security Disability (SSDI & SSI) and Homelessness: A Proposal for a Mobile Disability Determination Services Division (MDDSD)

Background

In the United States, the federal "social welfare" program is administered through the Social Security Administration (SSA) Disability program. This is specifically known as Social Security Disability (SSD) Insurance (SSDI) if you have worked previously; and Supplemental Security Income (SSI), if you never worked or have always made below the "substantial gainful activity" (SGA) threshold, perhaps due to "medical determinable impairment." Both programs are for individuals, who in their current status, make less than the SGA amount which changes from year to year, depending on the economy. Adverse situational issues such as homelessness, dire need, military injury (physical or mental/emotional) are considered, but oftentimes cases are adjudicated on the basis of the individual's objective "medical evidence of record" (MER).

The image of American homelessness in 2016 is devastating: "On a single night . . . 549,928 people experience homelessness. 39,471 veterans are homeless. Nearly 97% were homeless in households without children. 77,486 individuals and 8,646 people in families with children have chronic patterns of homelessness. There are 35,686 unaccompanied homeless youth, 89% are between the ages of 18-24; the remaining 11% were unaccompanied children under the age of 18."¹ In the City of Los Angeles, CA, in 2017, there were 34,189 homeless people, 33% of those with serious mental illness.² Many of those applying for SSDI or SSI are facing homelessness. This population unfortunately has the least access to resources—food and shelter, and transportation, ability to receive mail, access to a phone, and access to physical and mental health treatment as well as long-term care. Often times, the homeless are subjected to mental health problems that can disrupt their ability to obtain help in the application process.

Current Efforts

The Commission on Disability of the City of Los Angeles recommended that Social Security reach out to the homeless population in an expanded manner.³ Current efforts include a program called SSDI/SSI Outreach Access and Recovery (SOAR) in which SSA trains non-profit organizations to assist the homeless in completing the applications for Social Security benefits. County Health Department non-profits called County-wide Benefits Service Teams (CBESTs) whose personnel receive training from SOAR also assist the homeless in completing applications for Social Security benefits and in submitting these applications to the SSA. Also, Disability Evaluation Analysts (DEAs) and Medical Consultants (MCs) take homelessness into account when making a medical decision about each claim..

Recommendations

The SSA and State Social Services program can do more to combat the homelessness epidemic. Currently, it can take many months to process SSDI/SSI applications. The application process is dependent on physical exams, radiographs, pathology reports, treating notes, and so forth from medical providers. These often take a long time to obtain. Further, the program is adverse for individuals who do not have access to a treating provider, long-term medical care, or any transportation to obtain these services, despite the opportunity for individuals who apply to go to a Consultative Exam (CE).

We propose a "mobile SSD office" complete with a SSA agent, DEA, physical MC, mental health MC, phlebotomist, and radiographic technician along with radiologic equipment. Essentially, the SSA agent and the DEA can work on case processing; while the MCs can perform CEs and interpret radiographs and labs and address other problems presented by the homeless. Even if labs and imaging need to be completed, it should take no longer than 3 days to have a completed application. This mobile SSD office could be situated in cities that have a high proportion of homeless individuals and would decrease processing time immensely; SSDI and/or SSI decisions could be made in a near instant. If such claims were granted, individuals could use their benefit to end their homelessness.

¹ The U.S. Department of Housing and Urban Development Office of Community Planning and Development (2016) The 2016 Annual Homeless Assessment Report (AHAR) to Congress <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>

² Los Angeles Homeless Services Authority. 2017 Greater Los Angeles Homeless Count - Data Summary - City Of Los Angeles (2017). <https://www.lahsa.org/documents?id=1371-2017-homeless-count-results-city-of-los-angeles.pdf>

³ Commission on Disability, Minutes. (2017) http://ens.lacity.org/dod/minutes/dodminutes192112705_05032017.pdf

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Where Are We on Physician - Assisted Death in the United States?

More than 10 years ago, in January of 2006, the United States Supreme Court upheld Oregon's Death with Dignity Act, in the face of a challenge by the federal government, *Gonzales v. Oregon*, 546 U.S. 243. Now, five additional states (Washington, 2009; Montana, 2011; Vermont, 2013; Colorado, and California, 2016) and the District of Columbia, 2016, effective in 2017, have joined Oregon in permitting physician-assisted death. This poster reviews the law --statutes in the States of Oregon, Washington, Vermont, Colorado, and California, as well as in the District of Columbia; and case law in the State of Montana. It notes that while no new states were added to the list of those permitting physician-assisted death in 2017, the issue has not gone away; 27 states considered such legislation. This poster also addresses the Assisted Suicide Funding Restriction Act of 1997, 42 U.S.C. §14401 et seq., which limits physician-assisted death by prohibiting the use of federal funds and/or federal facilities and the participation of federal personnel when acting within the scope of their federal employment; *Gonzales v. Oregon*, 546 U.S. 243 (2006); and the Centers for Medicare and Medicaid Rules, 2015, effective in 2016, which permit payment of physicians for end-of-life counseling.

(Complete references are available upon request.)

The Operations Security Officer and the Public Affairs Officer, US Army Medical Department and School, Ft. Sam Houston, Texas, have approved this abstract (and poster) for general release.

The views expressed are those of the authors only.

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Legal and Ethical Implications of the Concierge Primary Care Practice Model

Background

In an ever-evolving healthcare landscape, primary care providers are being held more accountable than ever before by third-party payers to provide high-quality care while managing costs. At the same time, these providers are being overburdened with administrative tasks required by this system. Primary care physicians all over the United States are becoming more and more frustrated with "paperwork, low reimbursement and restrictions on time spent with patients," (Doherty, 2015, p. 915), and instead are testing the waters of direct payment systems, including concierge care. On the demand side, consumers are becoming more engaged in their own healthcare, and, therefore, providers will need to continue to increase quality to remain competitive in the healthcare marketplace. One growing trend in primary care is the concierge care practice model. Rather than working through a third-party payer, concierge care allows a direct financial relationship between the patient and the provider.

Restructuring traditional primary care practice to a direct payment model has shown positive impact on both patient and provider satisfaction, while also decreasing costs to providers. From under the "direct payment" umbrella, many innovative practice models have emerged. These include 100% direct payment models, hybrid models (a mix of direct care and traditional insurance), online or telehealth models, and direct relationships with employers or labor unions, to name a few. However, the long term legal and ethical implications of the expansion of direct payment, concierge, and hybrid models are yet to be determined.

Legal Implications

While the concierge practice model may seem simple to implement, there are legal considerations that need to be examined. First, physicians who choose to transition from a traditional model to a concierge model should be concerned about possible patient abandonment, if the transition is not accomplished in an open and equitable manner (Dalen, 2017, p. 881). Another concern is the potential for overlap when using a hybrid concierge model. Providers must closely look at the services they are providing and ensure that they are following all guidance put out by the Centers for Medicare and Medicaid Services (Cascardo, 2014).

Finally, it is important for providers to know the specific laws in their state regarding the use of Health Savings Account (HSA) funds for concierge care fees, as laws vary by state (Childs, 2015). However, there is evidence that this may be changing. Proposed national legislation, the Primary Care Enhancement Act, would make monthly fees HSA-approved (Huff, 2015). Until national legislation is passed, It is essential that providers stay up to date on their current state law.

Ethical Implications

Perhaps one the of most commonly cited criticisms of concierge care is the idea that direct payment primary care will create a two-tier system, offering higher quality and access to those who can afford to pay (Huff, 2015). However, concierge medicine is not just for the wealthy. Many concierge plans cost as low as \$100/month (or \$1,200 annually); however, others can cost up to \$80,000/per year (Cascardo, 2014). With monthly premium costs for traditional insurance rising every year, many Americans may not be able to afford the premiums for traditional insurance, but they might well afford primary care and preventative services for a modest monthly amount.

(Complete references furnished upon request.)

The Operations Security Officer and the Public Affairs Officer, US Army Medical Department and School, Ft. Sam Houston, Texas, have approved this abstract (and poster) for general release. The views expressed are those of the authors only.

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100 Years of Blood Banking: How Many More Years Before a Long Lasting Artificial Blood Substitute Is Available?

In November 1917, Captain Oswald Robertson, U.S. Army Medical Officer Reserve Corps, built the world's first "blood depot" – the precursor of the modern blood bank. This collection system, using sodium citrate as an anticoagulant, was put to the test in the Battle of Cambrai, France, on the Western Front during the "Great War." Approximately two cups of whole blood were collected from relatively healthy soldiers with type O blood and stored in glass containers on sawdust and ice. During the battle, Captain Robertson used 22 bottles of donor blood to resuscitate 20 wounded soldiers triaged as too deeply in shock to tolerate surgery; nine of the soldiers survived their wounds. By the end of the war in 1918, approximately 30,000 soldiers had received blood transfusions with historians describing transfusion as the most important medical advance of the Great War.

After the war, in 1930, the Soviets were the first to establish a network of facilities to collect and store blood for use in transfusions in hospitals. The term "blood bank" was first coined by Dr. Bernard Fantus of Chicago's Cook County Hospital in 1937, and he is often credited with establishing the world's first blood bank. Dr. Fantus' blood bank allowed whole blood to be stored for an unprecedented 10 days inside the hospital. Whole blood can now be stored up to 35 days with current technology, and packed red blood cells can be stored up to 42 days if the whole blood is separated into its components, i.e., packed red blood cells, plasma, and platelets.

Issues involving the use of biological blood include risks of disease transmission and immune suppression, chronic blood donor shortages, and religious objections of certain groups to receiving transfused blood. To address some of these concerns, research has been done on creating a blood substitute or "artificial blood." Two broad categories of blood substitutes have been developed: perfluorocarbon-based oxygen carriers (PFOC) and hemoglobin-based oxygen carriers (HBOC). The first oxygen-carrying blood substitute (Fluosol-DA20) was approved by the FDA in 1989, but was withdrawn in 1994 because of side effects and limited benefits. Fluosol remains the only FDA fully approved oxygen therapeutic. By 2001, the first hemoglobin-based blood substitute, Hemopure, was approved for Phase III trial (for elective orthopedic surgery) in the U.S. and more widely approved for human use in South Africa. In December 2003, a new HBOC, PolyHeme, was used in field tests in a Phase III trial on emergency trauma patients. This trial closed in 2006 with results suggesting PolyHeme is more likely to trigger adverse effects than biological blood, and so it was not pursued. In 2011, Luc Douay of the Universite Pierre et Marie Curie in Paris proved the concept of creating artificial blood from hematopoietic stem cells was possible and, in 2013, the Indian Institute of Technology - Madras, India, was approved to mass-produce stem-cell-derived artificial blood. Most recently in 2015, Marc Turner at the University of Edinburgh produced blood from induced pluripotent stem cells (iPS) with the hopes of a limitless supply of type-O, disease free, red blood cells able to be transfused into anyone. However, none of these discoveries can yet fulfill the annual need of five million Americans who require blood transfusions.

Given all of the advances in artificial blood product production, the quest for blood substitutes remains unsuccessful. There are still many scientific barriers, as well as federal regulatory requirements, and, lastly, social apprehension, to overcome in order to provide a safe, efficacious, long-lasting blood substitute. Hopefully, this will not take 100 years to see fruition.

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**State Mandated Waiting Times for Pregnancy Termination
and
the Resulting Burden to Women**

Legislation varies state to state regarding pregnancy termination and the precautions/tests, waiting periods, and counseling associated with the care of each patient. Currently, the majority of states in the US (26 specifically) require a waiting period of a minimum of 18 hours to receive a pregnancy termination after initial counseling, although a requirement of 72 hours is the maximum waiting time after initial counseling. Further, there are 14 states which require a minimum of two clinic visits for in-person counseling prior to an abortion procedure. Many states have a combination of these two restrictions, which could push these procedures past the **minimum** waiting time. Collectively, these restrictions are a roadblock to safe and fair access to pregnancy termination and take little account of women's ability to travel or to the constraints of their employment. Moreover, any delay in treatment causes increased risk to the patient (Castadot, 1986). Any "undue burden" to a woman is unlawful and unacceptable, *Rust v. Sullivan*, 500 U.S. 173 (1991). We propose that these waiting times be reconsidered to ensure fair access and decreased risk to pregnancy termination for those women who have made an informed decision.

Reference

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Understanding the Link Between Rape and Poor Physical Health

Background

Rape is a phenomenon that is prevalent in the United States today and the awareness of this behavior has skyrocketed. "Every 98 seconds, an American is sexually assaulted," specifically, "on average there is [sic] 321,500 victims (age 12 & older) of rape and sexual assault each year in the United States."¹ The majority of these rape victims are under 30.² One out of every 6 women has been victimized due to attempted or completed rape in the U.S.³ According to the FBI Uniform Crime Report (UCR) program definition, *rape* is defined as the "carnal knowledge of a female forcibly and against her will."⁴ This definition was revised in 2013 to describe "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration of a sex organ of another person, without consent of the victim". Attempts or assaults to commit rape are also included; however statutory rape and incest are excluded.⁵ The mental sequelae of this unconsented to physical intrusion is commonly appreciated, discussed, and studied.⁶ This inquiry, however, focuses on the physical manifestations of rape, their recognition, reporting, and follow-up. We then propose some recommendations regarding this aspect of rape.

Current Research

A simple Medline search of "rape victims' health" would showcase a multitude of articles focusing on rape victims' mental health. Poorly documented, and under highlighted, in medical literature and legislation is the recognition of the long-term physical health consequences that are caused by rape. Rape victims, in particular those with mental health disorders, show a high correlation for physical health problems and in general, poor overall health status.⁷ Sexual assault and rape are known to have long-term, broad reaching effects on health;⁸ specifically being linked to heart disease, obesity, hypertension, diabetes, gynecological problems, musculoskeletal problems and much more. Poor self-rated health was reported by 11.4% of a sample of 3001 American women;⁹ though subjective, this can provide insight into their health status. There is limited current literature documenting the long term physical affects of rape, and little literature indicating long term series studying this issue. Moreover,

more literature was found regarding the cost of rape than of its long term physical sequelae of rape. The more severe the mental difficulties encountered by the rape victims, the stronger the correlation with adverse physical consequence. Few long term studies focus on the overall physical well being of rape victims independent of their mental difficulties.

Recommendations

- 1) Funding and public awareness of the physical health issues of rape victims needs to be highlighted and expanded.
- 2) Standardized protocols and treatment plans need to be established at the onset of care of rape victims, to ensure adequate care and follow-up.
- 3) Enhanced education about this issue needs to be provided to medical students early in their medical training, as well as during post-graduate training.
- 4) Long term data need to be collected from standardized protocols and care plans to allow for modification of treatment recommendations for ongoing care. In addition, this long term data collection should encourage and propel legislation regarding the overall physical well being of rape victims.
- 5) Legislation, such as California Health and Safety Codes, needs to be amended to include a mandate consistent with monitoring and treating the physical, as well as mental, conditions of rape victims.

¹ Victims of Sexual Violence: Statistics (2016). Retrieved from:

<https://www.rainn.org/statistics/victims-sexual-violence>; Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National CrimeVictimization Survey, 2010-2014 (2015).

² Victims of Sexual Violence: Statistics (2016). Retrieved from: <https://www.rainn.org/statistics/victims-sexual-violence>; Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Sex Offenses and Offenders (1997); ii. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Crimes Against the Elderly, 2003-2013 (2014).

³ Victims of Sexual Violence: Statistics (2016). Retrieved from:

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⁴ Crime in the United States 2013: Definition. (2013) Retrieved from <https://ucr.fbi.gov/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/violent-crime/rape>

⁵ *Supra* note 4.

⁶ Zinzow, H., Amstadter A.B., McCauley J.L., Ruggiero K.J., Resnick, H.S., Kilpatrick, D.G. Self-rated Health in Relation to Rape and Mental Health Disorders in a National Sample of College Women. *J Am Coll Health*. 2011; 59 (7): 588-594.

⁷*Supra* note 6.

⁸ Koss, M.P (1993). Rape: Scope, impact, interventions, and public policy responses. *American Psychologists*, 48, 1062-1069.

⁹ Amstadter, A.B., McCauley, J.L., Ruggiero, K.J., Resneck, H.S., & Kilpatrick D.G. (2011). Self-Rated Health in Relation to Rape and Mental Health Disorders in a National Sample of Women. *American Journal of Orthopsychiatry*, 81.

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**Medical Effectiveness and Potential Legal Implications of Robotic-
Assisted Devices in Rehabilitation and Gait Training in Patients with
Paraplegia**

As technological advances in medicine continue their rapid evolution, the use of robotic exoskeletons has become an increasingly prominent feature in physical rehabilitation centers across the United States. Patients experiencing impaired movement caused by stroke, traumatic brain and spinal cord injuries, and muscular disorders are turning to robotic-assisted device therapy in hopes of improving their recovery outcomes over conventional therapies. This new wave of alternative therapies include direct transcranial magnetic electrostimulation and robotic-assisted exoskeletons, specific for gait training, that can be self-guided or assisted. Though these technologies are still being tested for reliability and safety, early results show they are potentially superior to traditional therapy.¹

Cases vary based on the type of injury sustained, length of time the patient has been injured and paralyzed, and the location of the paralysis (paraplegia, tetraplegia, etc.). With the recent application of robotic-assisted devices, there has been little discussion of the negative effects on the patient's recovery,

supporting the idea that the use of this therapy may be a more effective method of rehabilitation. Ongoing studies comparing patients using conventional methods and those wearing exoskeletons are important in understanding the benefits that technology has to offer in today's medicine.

To date, studies have found that the recovery rates of patients utilizing electromechanical training devices are just as positive² as those rates found in patients using conventional methods across most types of trauma. Despite this, however, there is much speculation as to the effectiveness of these devices as being superior to those conventional methods.

If studies continue to show promising results, the introduction of exoskeletons into medical practice is predicted to become an innovative - albeit costly - staple in mobility therapy. In such cases, robotic technologies will have significant implications on the results of litigation in cases involving impaired mobility, both in terms of potential injuries sustained during the use of robotic devices,³ and damages received by patients in loss of mobility cases.⁴ Further studies over extended periods of rehabilitation are necessary to determine the long-term benefits of robotics in therapy as well as the legal implications that they may have on the patient and provider.

¹ Merholz, J., Elsner, B., Werner, C., Kugler, J., and Pohl, M. 2013. Electromechanical-assisted training for walking after stroke. *Cochrane Database of Systematic Reviews* **17**(4).

² Dobkin, B. H and Dorsch, A. 2013. New evidence for therapies in stroke rehabilitation. *Current Atherosclerosis Reports* **15**(6): 331.

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**Request for Religious Accommodation in the Inpatient Environment:
What Are an Employee's Rights to Exercise Sincerely Held Religious
Beliefs?**

Consideration of religious accommodation of an employee's religious observance or practice is a requirement placed on the employer by section 701 of Title VII of the Civil Rights Act of 1964. Once a request for accommodation is made, the employer must grant it or provide a reasonable compromise if the request will not cause an undue hardship on the conduct of the employer's business. The literature and legal precedents regarding what actually constitutes an undue burden are vague at best. In *Trans World Airlines, Inc v. Hardison*, 432 U.S. 63 (1977), the US Supreme Court defined an accommodation hardship as anything more than *de minimus* cost or a cost that is too trivial to merit consideration. The Equal Employment Opportunity Commission further attempted to clarify undue burden by considering compromises in workplace safety, decreases in workplace efficiency, infringing on the rights of other employees, or requiring other employees to do more than their share of potential hazardous or burdensome work as undue burdens.

When considering the undue burden of an accommodation request, the decision whether to accommodate or not usually centers around the burden placed on the employer's ability to operate efficiently, ultimately leading back to the impact on profit. The inpatient environment presents a unique challenge as the disruption of a unit's operation directly impacts the safety and quality of care for the admitted patient. When a request for accommodation is for a permanent, weekly (Sabbath) adjustment to a relatively fixed schedule of 24-hour care on an inpatient unit, the patient's rights must be carefully considered. Leonard Weber contends in his *Business Ethics in Healthcare*, 2001, that if one has a right to something, it is to say that "one can make a binding claim upon others" (p. 36). Since it is the patient's right to safe, quality care while admitted to the hospital, whose individual right takes precedence, the employee's or the patient's? What about the employer's rights?

--Complete references are available on request.--

The views expressed here are those of the authors only and do not reflect the official policy of the Army – Baylor Graduate Program in Health and Business Administration, the Department of the Army, the Department of the Navy, the Department of Defense, or the United States Government.

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Military Sexual Assault: Damaging Physical, as Well as Mental Health, and in Need of Continued Research and Awareness

Military sexual assault (MSA) is a term becoming more familiar to clinical investigators and the lay public. It means sexual assault on a member of the U.S. military. Recent statistical information shows a marked increase in reporting since the military began a definitive effort in surveying MSA.¹ Despite this effort, reporting of MSA has been limited, probably due to the fear of "retaliation, professional reprisal, ostracism and maltreatment."²

Sexual assault, whether a single attack or ongoing abuse, can have effects well beyond the documented mental effects. Nonetheless, there is a paucity of medical literature outlining the long-term physical health consequences of sexual assault in the military, as well as the civilian population. The shortage of studies regarding the long-term physical effects of sexual assault on males is particularly disturbing.

A study by Frayne et al. found that the most common physical issues plaguing the survivors of MSA, indicate increased risk of cardiovascular disease, thyroid disease, arthritis, breast cancer, future obstetrical consequences (such as hysterectomy), irritable bowel syndrome, frequent headaches, chronic fatigue, respiratory issues such as asthma, and peptic ulcer disease.³ Overall, however, there is a lack of long-term studies documenting the physical consequences of sexual assault, whether in the military or civilian environment.

Frayne et al. concluded that there is correlation between sexual assault and poor future physical health. Because of the unique military situation of a robust electronic health record, the ability to track and schedule patient follow-up visits, and expanded and considerable resources, the military can take a prominent position in following these long term physical consequences and making recommendations for their treatment and for prevention. This would be beneficial for the military and the civilian population as well. These long-term military medical studies and the recommendations that come forth from the studies will be useful for military medical educators, non-military medical educators, as well as the civilian population.

¹ Namrow, N.A., De Silva S., Barry A., Klahr A., Ely K. (2016) 2016 Military Investigation and Justice Experience Survey (MIJES) Overview Report. OPA Report No. 2017-003 Mar 2017. Retrieved from:

[http://www.sapr.mil/public/docs/reports/FY16 Annual/Annex 2 2016 MIJES Report.pdf](http://www.sapr.mil/public/docs/reports/FY16%20Annual/Annex%202016%20MIJES%20Report.pdf)

² *Ibid.*

³ Frayne, M.S., Skinner, K.M., Sullivan, L.M., Tripp, T.J., Hankin, C.S., Kressin, N.R., Miller D.R. (1999). Medical Profile of Women Veterans Administration Outpatients Who Report a History of Sexual Assault Occuring While in the Military. *Journal of Women's Health & Gender-Based Medicine* 8(6) Nov 6, 1999.

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**Cosmetic Genital Surgery Is Conceptually the Same as Female Genital Mutilation
and
Should Be Criminalized**

Cosmetic surgery is rapidly increasing in popularity and being sought out in rising numbers by youth in Canada, USA, UK, and Australia. The concept of cosmetic surgery was once taboo but has now become commonplace with reality TV shows and celebrities normalizing the practice in North America.

While the practice of body modifications is not unique to Western cultures, it is contentious. There is a great deal of debate in the feminist literature about the concept of cosmetic surgery, often framed in debates juxtaposing issues of consent, self-determination, and bodily integrity against the continued oppression of the patriarchy and its continued domination over the female body. The debate over cosmetic genital surgeries brings these issues to the forefront; further fueling the debate, is the assertion that Western female cosmetic genital surgeries are no different than female genital mutilation in terms of their respective societal roles and exist on the same continuum of domination of the female reproductive track and control of the female sexual capacity.

While female genital mutilation is illegal in Canada under *Criminal Code* § 268 (aggravated assault) there is no specific regulation of cosmetic genital surgeries. These surgeries are tacitly accepted as fulfillment of autonomous self-determination while overtly condemning female genital mutilation as barbaric.

On this poster, I will argue that cosmetic genital surgery is on the same scale conceptually as is female genital mutilation and should be interpreted as criminal under Section 268. Section 268(3), provides that "wounds" or "maims," in the definition of aggravated assault, includes "to excise, infibulate or mutilate, in whole or in part, the labia majora, labia minora or clitoris" and § 268(4),

consent is not valid unless the surgery is performed "for the benefit of the physical health of the person or for the purpose of that person having reproductive functions or normal sexual appearance or function" or "the person is at least 18 years of age and there is no resulting bodily harm." In the case of children undergoing cosmetic genital surgery, both parents and healthcare providers should be prosecuted criminally under these provisions. Additionally, § 268(3)(b), with regard to persons of adult years, should be repealed as arguments for autonomous choice fail under scrutiny from a perspective of feminist-relational-autonomy.

It is a generally accepted principle that in order to interpret a statute, the words of an Act are to be read in their entire context and in their grammatical and ordinary sense harmoniously with the scheme of the Act, the object of the Act, and the intention of Parliament. In order to do so, I will first explore and define the practice of female cosmetic surgery and, then, female genital mutilation. Thereafter, I will then consider the history, object, and intent of the 1997 revisions to § 268 of the *Criminal Code*. I will then apply an understanding of the intent and object of § 268 to the legal and ethical concepts of autonomous consent from a perspective of relational autonomy and I will conclude that the current provision of cosmetic genital surgeries to girls under age 18 is aggravated assault under § 268, and I will support the repeal of § 268(3)(b). Finally, I will conclude with arguments for the social utility of prosecuting those who provide cosmetic genital surgeries to minors under § 268.

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The Development of a Competency Based Medico - Legal Curriculum for Residents

In 2017, Queen's University moved into competency based residency programs for its postgraduate medical education model. Residency training is now tailored to meet specialty-specific core competencies in order to transition to practice, and residents will move through the curriculum at their own pace. The CanMeds 15 guidelines of the Royal College of Surgeons of Canada provide the outline for expectations of the practice of medicine in Canada, and residency training must be focused to achieve these expectations. The CanMeds 15 guidelines include expectations of professionalism training including accountability to professional regulatory authorities; commitment to patient safety, quality improvement, and professional standards; and medico-legal frameworks governing practice.

During clinical rotations there is often not time for discussions on professionalism in the practice of medicine. The focus of trainees and supervising faculty is on the acquisition of clinical skills, whereas the focus of boot camps, seminars, and rounds is on the acquisition of clinical knowledge. The professionalism aspects of training tend to not be overtly addressed, rather they are included as part of a "hidden curriculum." This project focuses on the recognition that training in professionalism is a necessary component of residency to address the CanMed 15 expectations. We address the specific components of medico-legal frameworks, professional standards, quality improvement, patient safety, and accountability. This project allows for inter-

professional teamwork, collaboration, and communication. Several authors have addressed the need for a dedicated medico-legal educational component for medical learners in order to bring the content out of the "hidden curriculum." Attempts at incorporating medico-legal content into residency curriculum have been made previously by physicians without lawyers, and trial simulation has been used by lawyers without physicians. To date, there are no publications on the creation of a medico-legal curriculum through the joint cooperation and expertise of a medical school faculty and a law school faculty.

We have created and tried a CanMeds 15 based medico-legal curriculum that was introduced into competency based residency training through the collaborative efforts of faculty of the Queen's University Department of Surgery and the Faculty of Law. This collaborative curriculum is the first of its kind in Canada. On this poster, we outlined the curriculum, measured competencies, and documented resident-perceived need for this curriculum.

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**Physician Self-Regulation: Conceptualization of the Legal Sphere of
Influence of
Professional Regulatory Bodies**

Traditionally, self-regulation has been afforded to those members of society with complex bodies of knowledge and skills beyond the understanding of the average citizen or layman. This has its roots in medieval times when the first professionals, doctors, lawyers, and clergy (Roman Catholic priests who were theologians and university professors) were allowed to self-regulate. The fundamental principles of self-regulation of a profession include: agreed-upon standards for those entering the profession; the responsibility for teaching other professionals how to exercise the required standards on a day-to-day basis; and enforcement of those standards, including deciding when, and how, those who violate the standards would be disciplined. For physicians an added principle has been recognized --a set of moral values that guides and constrains physicians' behaviour including honesty, altruism, integrity, caring, confidentiality, and community focus. The process of self-regulation has been critiqued as having the possibility for both under-regulation and over-regulation. Under-regulation would lead to self-serving behavior and insulation of its members from the public through a lack of transparency and accountability.

In Ontario, Schedule 2 to the Regulated Health Professions Act sets out the structure, duty, and objectives of each of the self-regulating colleges with the colleges' mandate to serve the public interest, including investigating allegations of professional misconduct. The term "conduct unbecoming a physician" is not defined in the regulation but is a common finding, or judgement, in professional

misconduct hearings. The lack of clarify of definition leaves the term wide open to interpretation and application. This leads to the question of how far into a physician's personal life can a college reach and when does a physician cease to be a physician and become a private citizen with privacy rights?

After reviewing case reports of disciplinary committees, I propose the Sphere of Influence Theory. I argue that the influence of the regulatory colleges over physician's behaviour should be considered to be falling into four zones: The Zone of Core Power, The Zone of Justified Regulation, The Indeterminate Zone, and the Zone of Unjustified Infringement.

This poster develops the Sphere of Influence Theory as related to physician self-regulation and suggests a legal "bright line test" for Unjustified Infringement on a private citizen by regulatory bodies.

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Public Authority - Based Enterprise Liability: A Proposal for Malpractice Reform

Introduction

Our current adversarial system of tort law does not recognize the new reality of the practice of medicine in Ontario. Physicians are functioning in a resource limited environment and are being actively told by their credentialing boards that practicing within the limitations of the system is their responsibility, while the courts hold that resource limitations are not an excuse for limitations on patient care. Bills 41 and 87, recently introduced by the Ontario government would impose further resource limitation and unprecedented intrusion into physician self-regulation.

In this paper, we propose changes to the current medical malpractice structure in Canada to recognize the reality of the fiscal constraints within which physicians are forced to make clinical decisions and the unprecedented levels of Ministry of Health intrusion into self-regulation.

Methods

A focus group of 110 practicing Ontario physicians was recruited to participate in the study.

An e-survey was designed to collect data in the following domains: personal demographics, physician's satisfaction with the Canadian Medical Protective Association (CMPA), physician's perspective on current medical malpractice, physician's perspective on malpractice reform options, and the impact of government funding cuts on physician's medical practice and decision-making. Physicians were asked to answer a series of close-ended questions using a standard, 5-part Likert scale, and an open question was answered with free text answers. The data collected were analyzed using Microsoft Excel. The free text answers were analyzed by content analysis to develop themes within or among answers.

Results

Participants were from all areas of medical specialty and practice settings. Overall, the physicians were very happy with the function of the CMPA. 93% agreed the government should be liable for patient harm that occurs due to lack of resources, but only 65% agreed that hospitals should be held liable for patient harm that occurs due to lack of resources. 96% believed the government should be held liable for harm that occurred while patients are on wait lists. Only 11% of physicians agreed that they always have the resources they need to provide optimal care to their patients; 90% did not think they had the resources to make optimal care choices. 77% agreed government funding cuts have influenced their clinical decision-making due to lack of resources, 83% agreed that government funding cuts have negatively impacted the quality of care they can provide. 72% agreed or strongly agreed that they are often rushed and overbooked due to limited resources.

Discussion

The goal of enterprise liability is to shift the burden of responsibility onto the entity that can most efficiently effect change and respond to errors in the system. Given that a significant proportion of physicians feel their ability to meet standards of care is compromised by the policies of the current government, we propose a shift to a Local Health Integration Network - based enterprise liability model to enhance patient safety.

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Tort Law and Naturopaths: The Need to Litigate for Patient Safety

Complementary and alternative medicine (CAM) is a term used to describe health care practices that are offered outside of the Western, or allopathic, mainstream of the evidence-based medical (EBM) establishment. It includes, but is not limited to chiropractic, massage therapy, naturopathy, homeopathy, acupuncture, and traditional Chinese medicine.

Canadians are seeking the services of CAM practitioners in growing numbers with the percentage of Canadians seeking the services of naturopaths nearly doubling between 1997 and 2016. According to the 2017 Fraser Institute report, as of 2016, 79% of Canadians had accessed some form of complementary or alternative care practitioner in their lifetime, with the highest incidence of usage in British Columbia and the lowest in Quebec. The most popular therapies were massage therapy and chiropractic care. Canadians spent 8.8 billion on CAM in 2016 with 6.5 billion going to providers and the remainder for the products and remedies they sell.

The use of these practitioners is increasing and it is big business, but unlike the situation for MDs, there is no mandatory reporting of injuries caused by products; the practitioners are generally working outside of the accountability mechanism of a hospital environment; and the regulation of the practitioners is inconsistent across the country.

No data exist from Canadian Naturopath Associations; however, the California Naturopathic Doctor Association reports no cases of injury since their association began licensing in 2005, although it is difficult to believe that no injuries have occurred. In fact, several recent high profile news stories in Canada have highlighted cases of injury caused by naturopathic practitioners, and multiple case reports have been published in the medical literature. A 2017 study in the *Journal of the National Cancer Institute*, clearly showed the harm occurring from rejection of evidence-based cancer therapy for CAM, with a statistically significant decrease in survival rates for those patients choosing CAM. Due to the inconsistent regulation and lack of any mechanism of centralized reporting, it is impossible to accurately determine the number of patients injured by these practitioners each year. A 2017 informal survey by the author of *112 Canadian MDs* reported 182 cases of patients who had suffered

significant medical injury at the hands of alternative care practitioners, including chiropractors, naturopaths, and acupuncturists. The 182 patient injuries included 64 deaths, 57 significant permanent injuries (paralysis, brain injury, necessity for an organ transplant) and 44 patients salvaged by aggressive intervention using evidence-based medicine. These injuries appeared to disproportionately impact women and children, with 24 women dying of possibly curable breast cancer, 22 children suffering significant injury, and 3 who died after being denied standard treatment for cancer, asthma, diabetes, and allergies. This informal survey is in no way meant to be an accurate representation of the true number of injuries, and is likely a significant underestimation as the Fraser Institute report indicated that 58% of respondents had not discussed their CAM treatments with their MD. This is not to imply that evidence-based medicine has no errors; certainly we understand that there are systematic errors and practitioner-negligence occurs. However, mandatory reporting, consistent educational standards, in-house accountability systems in hospitals; and a cultural shift within evidence-based medicine are all serving to identify and address areas for improvement.

While the extent of the harm to patients coming from CAM therapies is unknown, it is undeniably happening and, with the growing numbers of Canadians seeking these therapies, it is imperative that patient safety initiatives in CAM are given paramount importance. Along with self-regulation, tort law has played a role in regulating the behavior and care provided by medical doctors through both general and specific deterrence. However, tort law alone offers compensation to patients who are injured by negligence.

On this poster, I will argue for an expanded role of tort law in the regulation of CAM practitioners. Because of the particularly rapid increase in Canadians seeking naturopathic care and the recent media reports focusing on deaths and injury by naturopathic practitioners, I will specifically argue for the need for negligence claims to control naturopaths and improve their patient safety by reviewing the current regulation of CAM practitioners in Canada and explaining why it is ineffective. Further, I will review the case law relating to chiropractic and its application to naturopaths and will explain why applying tort law will improve patient safety. I will also explore why naturopaths currently do not face litigation

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Legal Implications of Cyber Security Failures in Healthcare Institutions

Cyber security has become a top concern for hospitals and other entities of the healthcare continuum. In 2016 alone, the records of 16.6 million Americans were exposed due in large part to hacking. 2017 witnessed two major worldwide hacking events targeting hospital systems and other institutions. These attacks used ransomware, a type of malware that blocks access to a user's computer or data until a ransom is paid.

Patient records are particularly vulnerable to these attacks due to the "holy trinity" of information they contain: name, social security number, and date of birth, making them prime targets for identity theft and blackmail.¹ These records are sold on the dark web for ten times more than stolen credit card numbers, with a single Medicare or Medicaid Electronic Health Record fetching \$500 or more.

Failing to prevent cyber attacks does not necessarily equate to liability under the Health Insurance Portability and Accountability Act (HIPAA), but if a hacked institution is found to have had insufficient protections in place, entities may face legal consequences, both under the Act and common law. In February of 2017, South Florida's Memorial Healthcare System paid a \$5.5 million settlement to the Department of Health and Human Services for potential violations of HIPAA when unauthorized users accessed patient information.

The number of healthcare institutions facing these fines is on the rise as HIPAA violations pertaining to Electronic Protected Health Information (e-PHI) are being more strictly enforced. While HIPAA does not provide the individual the right to sue in federal court, healthcare institutions face liability and damages should individuals choose to sue for invasion of privacy and/or breach of doctor-patient confidentiality in state courts. In such cases, HIPAA standards may be used to establish negligence.²

Healthcare institutions should conduct a risk analysis to ensure that e-PHI is not at risk and that all protocols meet HIPAA regulations.

¹ Dimov, D. *Identity Theft: The Means, Method and Recourse*. Infosec Institute, 2013.

² *What Can I Do After an Improper Disclosure of Medical Records?* FindLaw, 2017.

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Legal Implications of the United States Opioid Epidemic

Background

The opioid crisis has been escalating in the United States (U.S.) over the last two decades (The Opioid Therapy for Chronic Pain Work Group, 2017). More than 165,000 people in the U.S. died from opioid overdose between 1999 and 2014 (Dowell, Haegerich, & Chou, 2016). In 2015 alone, there were 52,404 opioid overdose deaths in the U.S., and preliminary data suggest that this increased by a staggering 19% in 2016, the largest annual increase ever recorded (Katz, 2017). To put this in perspective, "unintentional poisoning" or drug overdose has surpassed motor vehicle accidents as the leading cause of injury-related death in the U.S. (Kochanek, Murphy, Xu, & Tejada-Vera, 2016).

The growing problem with opioid misuse at least partially correlates with the timing of the release of The Joint Commission's 2001 standards for pain management. These standards effectively made a patient's pain level the "fifth vital sign" and many believe created unrealistic expectations that patients should have no pain, thus placing enormous pressure on providers to prescribe increasingly more opioids (Baker, 2017). Some suggest that the pharmaceutical companies seized the opportunity by funding pain management education programs and aggressively marketing to providers which further contributed to the opioid epidemic (Chhabra & Leikin, 2017).

Legal Implications

Pharmaceutical companies that manufacture prescription opioids provide a medication which has legitimate clinical indications for acute and end-of-life pain; however, concern has been raised about their business practices to include marketing their drugs as safe options for chronic pain. In May 2017, the state of Ohio filed a lawsuit against five pharmaceutical companies seeking to recover money the state has spent on the opioid prescriptions themselves through Medicaid as well as on addiction treatment (Perez-Pena, 2017). Multiple other States have followed suit to include Missouri, Florida, and Alaska. Furthermore, four cities in West Virginia filed a class-action lawsuit against the Joint Commission in November 2017, asserting that the healthcare accrediting body participated in a "widespread misinformation campaign" which resulted in over- and inappropriate prescription of opioids by medical providers (Rizzi, 2017).

Conclusion

The U.S. opioid epidemic is a complex issue which will require a multifaceted solution to bring about meaningful change. The pending, large lawsuits are seen as an important step in the fight against the opioid epidemic and have been likened to lawsuits brought against the tobacco industry in the 1990s which resulted in multi-billion dollar settlements. The outcome of the lawsuits has the potential to shed light on the roles the Joint Commission and drug makers played in the growing opioid crises and to hold them financially accountable, if appropriate. The resulting pay-out could provide critical funding for addiction treatment programs and other public health interventions that would finally help turn the tide in the battle against opioid addiction.

(Complete references available upon request.)

The Operations Security Officer and the Public Affairs Officer, US Army Medical Department and School, Ft. Sam Houston, Texas, have approved this abstract (and poster) for general release. The views expressed are those of the authors only.

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Implications and Effects of Nurse Practitioner Clinics

The United States healthcare system is currently in disarray with an impending primary care physician shortage over the next decade. This deficit will result in widespread challenges to access, if not quality. The physician shortage is anticipated to be at a deficit of 66,000 by 2025 (Buerhaus, DesRoches, Dittus, and Donelan, 2015). In contrast to this startling statistic, registered nurses are flocking to graduate schools to become nurse practitioners. According to Auerbach (2012), the nurse practitioner population will increase by 94% from 2008 to 2025, with an anticipated 6,000-7,000 nurse practitioners graduating and joining the healthcare field annually. As research demonstrates that nurse practitioners produce quality health outcomes for a variety of patients, the natural assumption is that they can serve as one of the solutions to improve patient access.

Currently, 22 states and the District of Columbia allow nurse practitioners to function independently without a requirement for oversight by physicians. The other remaining states dictate some collaboration or supervision by a physician

for the nurse practitioner to practice (Poghosyan & Carthon, 2017). This independence, along with the gaps in access to primary care across the country, has spurred a small percentage of nurse practitioners to enter the field and open their own clinics without physician supervision. These clinics may improve access to primary care and result in cost-savings across the United States healthcare system.

However, opening a nurse practitioner run clinic is not a simple feat, and consideration for perceptions, overall practice standards, quality of care, and limitations of practicing without a physician must be required. Controversy surrounds this topic as many physicians question whether these clinics will provide safe, quality care. Additional debate centers around scope of practice legislation as physicians argue that the more restrictive states protect patients, but advocates of nurse practitioners assert that the laws serve as anticompetitive restrictions to prevent competition for patients among physicians and nurse practitioners (McMichael, Safriet, & Buerhaus, 2017).

This poster will address research to determine whether nurse practitioner run clinics can effectively offer quality, legal, cost-effective care without placing patients at risk.

(Complete references are available upon request.)

The Operations Security Officer and the Public Affairs Officer, US Army Medical Department and School, Ft. Sam Houston, Texas, have approved this abstract (and poster) for general release. The views expressed are those of the authors only.

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Application of Motion-Sensing Depth-Cameras for Use in Rehabilitation Following Orthopedic Surgery and Potential Legal Implications

The development of high quality 3D motion-sensing cameras has expanded technological capabilities in numerous fields including healthcare. The Microsoft Kinect, originally introduced as an accessory to the Xbox game console for interactive game-play, is a popular option for 3D cameras. Kinect is placed atop one's TV set, and uses its advanced features to allow users to play games by simply moving their limbs rather than touching anything or using a controller.¹

In 2011, Microsoft released the Kinect Software Developing Kit (SDK), allowing their unique technology to expand beyond the confines of gaming, giving the Kinect new purpose in areas such as healthcare.

Reflexion Health Inc. has employed Kinect technology to develop the Virtual Exercise Rehabilitation Assistant (VERA). This technology is used to deliver prescription rehab exercises, measure patients' movements/form, make functional assessments, and provide a dashboard for clinical review that displays the information and progress from home therapy sessions. It is now available at a reputable New England hospital as an option for patients who are

scheduled to have musculoskeletal surgery, and placed in patients' homes for both pre-and post-op rehabilitation uses.²

The application of depth cameras has a promising future in rehabilitation therapy, though potential legal implications may arise from these technologies. They include: potential HIPAA violations when using a recording device in settings where sensitive information may be compromised and potential non-compliance with a therapy plan can result in lawsuits for negligence. Healthcare providers should carefully identify scenarios where the use of these cameras could put sensitive information or patient welfare at risk and examine ways to reduce such risks, thereby avoiding legal misconduct where possible.

¹ McGrath, J. (2017, May 31). The Kinect finds a second life helping rehab patients heal at home. Retrieved December 10, 2017, from <https://www.digitaltrends.com/home/reflexion-health-vera-solution/>

² Reflexion Health Offers New England's First In-Home Virtual Exercise Rehabilitation Program at Yale New Haven Hospital. (n.d.). Retrieved December 10, 2017, from <http://reflexionhealth.com/news/2017/2/8/reflexion-health-to-offer-new-englands-first-in-home-virtual-exercise-rehabilitation-program-at-yale-new-haven-hospital>

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Cultural Considerations: *Saints Preserve Us!*

In 2014 and, at the request of the College President, again in 2017, we displayed a poster entitled *Cultural Considerations: Heaven Help Us* at the annual meeting. It looked at religion as an aspect of culture and at Roman Catholicism and the veneration of saints in particular. We examined the belief that many of our patients have in the power of intercessory prayer and identified the patron saints of medical and paramedical personnel; for example, St. Luke is the patron saint of healers (and the ill) in general, while Saints Cosmas and Damien are the patron saints of pharmacists and Saints Appollonia and St. Antipas are the patron saints of dentists.

On this poster, we will examine, as we did before, one aspect of cultural awareness, religion –specifically, the belief that many of our patients hold in the intercession of saints or the power of intercessory prayer. We will look at the patron saints of the ill, the disabled, and the deformed. It is not unusual today for a provider to be asked to pray to his patron saint before intervening medically or surgically or to be asked by the patient if he or she may do so on the physician's behalf –last year's poster. It is probably even more common for patients and visitors to pray to the patron saint who is believed to be a special intervener for those suffering from the patient's illness or infirmity and for providers to be asked to pray to these saints (the subject of this year's poster) or to join in the prayers of others who are doing so.

Among those not familiar with the practice, this may seem to be confusing a saint with God, but it is not. We are not suggesting that you adopt this practice, only that you consider that many people do believe in it; and that the beliefs of others, specifically our patients, are due our respect. Many of the saints mentioned here are also recognized by individuals who are not Roman Catholics, but who are members of the Orthodox Churches or of the Churches of the Anglican Communion.

The section on Terminology and Explanation is little changed from the terminology section of *Heaven Help Us*. Specifically, we will examine some of the pertinent terminology (saint, canonization, Communion of Saints, intercession, patron saint), and we will then identify, by name and pictorial representation saints the Roman Catholic Church designates as patron saints of those suffering from particular diseases or conditions. In general, these are less well known that are the patron saints of medical or paramedical providers.

A Partial List of Patrons of Those Suffering from Particular Illnesses, Infirmities, or Health Crises

AIDS	St. Peregrine Laziosi
alcoholism	St. Monica
barrenness/infertility	Our Lady of Lourdes
breast disease	St. Agatha
cancer	St. Peregrine Laziosi
the crippled	St. Leopold Mandic
deafness	St. Frances de Sales
dental problems	St. Apollonia
disabled, all	St. Giles
dog bites	St. Bellinus of Padua
ear problems	St. Polycarp
epilepsy	St. Vitus
Hansen's disease	St. Lazarus
heart problems	St. John of God
insanity	St. Dymphna
kidney disease	St. Benedict
knee problems	St. Roch
miscarriage, prevention	St. Catherine of Sweden
respiratory problems	St. Bernadine of Siena
rheumatism	St. James

The Operations Security Officer and the Public Affairs Officer, US Army Medical Department and School, Ft. Sam Houston, Texas, have approved this abstract (and poster) for general release. The opinions expressed are those of the authors only and do not necessarily represent official policy of the Army-Baylor University Graduate Program in Health and Business Administration, the Army Medical Department Center and School, the Department of the Army, or the Department of Defense.

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The Book Club: A New, Medical Humanities Course in the Army-Baylor Graduate Program in Health and Business Administration

Probably 10 years ago, trying to answer the question, how do we interest students in ethics, we seized upon the idea of watching and discussing films. Several years later, students asked if we could convert the after-hours film group's meetings to a for-credit course. After discussion with the Program Director and the Curriculum Committee, this was approved for the following year.

In the United States, bioethics is typically taught through the case (or scenario) method. This is a modification of the method used in law school where written judicial decisions are explored through the Socratic method. In teaching ethics, real or hypothetical scenarios typically replace the written judicial opinions and principlism is used for analysis. This method then becomes (1) identify the issue(s); (2) break it/them down to its/their smallest parts; (3) consider the primary ethical principles; (4) apply an appropriate decision-making model/method; and (5) decide what the reasonable ethical alternatives are.

The principles referred to are those addressed by Thomas Beauchamp and James Childress in *Principles of Biomedical Ethics*, now in its 7th edition: *respect for persons* or *autonomy* – the duty to permit one (or ones surrogate) self-governance; *beneficence* – the duty to attempt to do good; *nonmaleficence* – the duty to attempt not to harm; and *justice* – the duty to attempt to give to each his due or to treat equals equally. The decision-making methods we suggested were the Army-Baylor 7-Step Method for Clinical Decision-Making and the Army-Baylor 7-Step Method Modified for Organizational Decision-Making. Students are, of course, free to use (and teach) others.

We have had rave reviews on the Ethics in Film course and lots of interest in it from other professors, so when students began to ask, "Don't you have anything for those of us who like to *read*?" I was frankly flabbergasted. These men and women are in a program of at least 60 semester hours in one year; they have reading in every course, and they want more? *Really?* But the inquiry came at a time when

National Public Radio had been reviewing some very interesting books dealing with medical ethics and, of course, I had bookshelves full. We put together a list and pilot-tested the course last year. What about a title? *Great, Modern Books in Ethics, Primarily Medical Ethics? Good, Modern Books in Ethics?* Our other efforts were no better and some were downright funny. We decided on *Readings in Ethics*, also known as (AKA) *The Book Club*.

We read five (5) or more books in a 3 credit-hour course, taught across semesters, and discussed them. Often the discussions were continued to a second class meeting. We designed a short form to fill out about each book: a short review, identification of ethical issues, primary and secondary, and a written analysis of several of those issues. Personal reflection and the discussions are where the learning takes place; the form was designed solely to fulfill the curriculum committee's desire for a gradable *deliverable*.

Available books have included—

The Voice (Thomas Quastoff, 2008) - a memoir by Thomas Quastoff, a Thalidomide baby, who is widely recognized as one of the world's greatest bass-baritones.

Being Mortal (Atul Gawande, 2014) –surely medicine can do better at giving people what matters at the end of life; depressing or inspiring, depending upon the reader.

As Nature Made Him (John Colapinto, 2000) - after a young, married woman in Canada gave birth to twins, one of the boys was severely injured during circumcision, leaving his parents to decide what to do. What *do* ethical people do when they really have no idea what is right? These parents listened to John Money, a Johns Hopkins psychologist, who advocated sexual reassignment. It did not end well.

Five Days at Memorial (Sheri Fink, 2013) – life and death in a hospital in New Orleans during and after Hurricane Katrina; ethical dilemmas of nurses, doctors, and administrators.

And, many more: *Bellevue*, *Chang and Eng*, *Empty Mansions*, *Heart*, *Henrietta Lacks*, *Hitler's American Model*, *Imbecile*, *Lost Horizon*, *Maus*, *Partners of the Heart*, *The Reader*, *Resurrection Science*, and *Triangle*. I could go on.

Approved for general release by the Public Affairs Officer and the Security Operations Officer of the Army Medical Department Center and School, Ft. Sam Houston, TX. The views expressed on this poster are those of the author only and do not necessarily represent official policy of the Army-Baylor University Graduate Program in Health and Business Administration, the Army Medical Department Center and School, the Department of the Army, the Department of the Navy, The Department of Defense, or the U.S. Government.

MERT N. AKSU, DDS, JD, MHSA

Mert N. Aksu was named Dean of the University of Detroit Mercy School of Dentistry in July 2008. Dean Aksu has served as a faculty member and administrator at the School of Dentistry since 1993. Dean Aksu earned a B.S. in Biological Sciences and Psychology from the University of Michigan Dearborn, a Masters in Health Services Administration from the University of Michigan School of Public Health, a D.D.S. from the University of Michigan School of Dentistry, a J.D. from Wayne State University, and a certificate specializing in Public Health from Case Western Reserve University and is currently board eligible. Aksu is a former attending staff of Henry Ford Health Systems, a member of the State Bar of Michigan, and is a Fellow with the American College of Legal Medicine, American College of Dentists, International College of Dentists, Academy of General Dentistry, and Pierre Fauchard Academy. Dean Aksu has held numerous administrative positions at the school, including associate dean for clinic administration and executive associate dean. Through his leadership, he began a number of activities to further the mission of Detroit Mercy and the school. He was the founding chairperson of the Department of Patient Management, enhanced community outreach opportunities, and fostered an environment of patient care, based on a comprehensive care model.

MONIQUE A. ANAWIS, MD, JD, FCLM

Dr. Anawis is the Medical Director and an Assistant Attorney General for the Office of the Illinois Attorney General Lisa Madigan and serves as a Technical Advisor to the Illinois Prescription Monitoring Program. Dr. Anawis is a practicing board-certified ophthalmologist, a fellow of the American Academy of Ophthalmology, a fellow of the Institute of Medicine, and the Secretary, a fellow and a member of the Board of Governors of the American College of Legal Medicine (ACLM). She is an Assistant Professor of Clinical Ophthalmology at Northwestern University Feinberg School of Medicine. As an attending physician, Dr. Anawis has held the positions of vice-president of the medical staff, co-chair of the medical executive board, and member of the hospital peer review and credentials committees. Dr. Anawis graduated magna cum laude from Brown University and earned her medical degree with honors from Brown University School of Medicine. She served as the Secretary and as a member of the Brown University Alumni Medical Board. As past chair and member of the Blindness Prevention Task Force of the NGO and Vision 2020 partner, Health For Humanity, Dr. Anawis continues to teach and collaborate with physicians in the U.S., Europe, Australia, and Mongolia. Dr. Anawis is the current Vice Chair of Membership and past Vice-Chair of Programming for the Physicians' Issues Interest Group of the American Bar Association's Health Law Section. She has served as the Chair of the Health Care Section Council of the Illinois State Bar Association (ISBA), chaired its health care legislation subcommittee and continues to be a section council member. Dr. Anawis was appointed the Secretary for the ISBA's new Privacy and Security Law Section Council. She serves on the ACLM's Ethics, Education and National Health Law Moot Court Committees. Dr. Anawis has worked as an Adjunct Professor of Health Law at John Marshall Law School in Chicago. She earned her law degree with honors and a Certificate of Health Law from DePaul University College of Law. The key goals of Dr. Anawis's dual careers in law and medicine are to communicate and clarify the complexities of healthcare to her fellow physicians, attorneys and the public. She is a trained mediator and lectures nationally and internationally on health policy, regulatory matters, medical malpractice and ethics.

OREN ASMAN, LL.D. ESQ.

Senior Academic staff member at the Tel Aviv University, Nursing Department, School of Health Professions, Sackler Faculty of Medicine. His research and publications focus on bioethics, clinical ethics, nursing law and ethics, mental health ethics and neuro-ethics. <http://orcid.org/0000-0003-2439-6997>. Works as a bioethicist, legal consultant and an attorney. Executive Vice President of the World Association for Medical Law (2016-2018) and Chairperson of the Scientific program of the 24th World Congress on Medical Law and Ethics, to be held in Tel Aviv, September 2-5 2018 (www.wcml2018.com)

LEON AUSSPRUNG MD, JD, LL.M

Leon Aussprung M.D., J.D., LL.M. is an experienced trial attorney and a pediatrician. He practices law in the areas of medical malpractice, catastrophic personal injury, and product liability, as well as representing qui tam Relators (whistleblowers). Dr. Aussprung obtained his bachelors degree from the University of Virginia, his medical degree from Jefferson Medical College, and then completed a residency program in pediatrics at the duPont Hospital for Children. Dr. Aussprung earned his law degree from the University of Pennsylvania Law School and an LL.M. in Trial Advocacy from the Temple University Beasley School of Law. Dr. Aussprung's personal interests include training as a black belt in Tang Soo Do, stamp collecting, and being a private pilot.

ELI N. AVILA, MD, JD, MPH, FCLM, DABLM

Dr. Eli N. Avila is currently the 9th confirmed Commissioner of Health for Orange County, NY, the 26th Secretary of Health for the Commonwealth of Pennsylvania and the former Chief Deputy Commissioner of Health Services of Suffolk County, NY. Dr. Avila is an experienced Public Health Executive, Physician, Surgeon and Attorney. He has trained in Internal Medicine, Ophthalmology, Occupational Medicine and Environmental Medicine. He is a Fellow of the New York Academy of Medicine. Additionally, he holds Fellow status and sits on the Board of Governors of the American College of Legal Medicine. He has co-authored and sponsored over 18 health related laws. During the 2017 legislative session, he advised and collaborated in a bipartisan manner with both the New York Senate and Assembly on two pending bills. The first creates and designates a Tactical Emergency Medical Support Officer as a peace officer class, to increase survival in an active shooter scenario. The second is based on a law he co-authored at the request of the Pennsylvania District Attorney's Association during his tenure in Pennsylvania. It establishes expedited scheduling of designer drug homologues to assist drug prosecutions, which is crucial to combat the current drug epidemic. In 2012, Dr. Avila graduated from the prestigious National Preparedness Leadership Initiative, a joint program between the Harvard Kennedy School of Government and the Harvard School of Public Health to further his Meta-leadership during a national pandemic or terrorist event. In 2011, he completed the highly exclusive Executive Education program for State Health Officials at the Harvard School for Public Health. His academic pedigree includes graduating from Phillips Academy as a full scholarship student under the "A Better Chance" program, an Sc.B in Biology from Brown University, an M.D. from the Brown Medical School, a J.D. with Cum Laude honors from the St. John's University School of Law, and an M.P.H. with highest honors from the Mount Sinai School of Medicine. Dr. Avila is a Distinguished Visiting Professor in the Institute of Public Health of the School of Health Sciences and Practice, New York Medical College, Valhalla, NY.

F. LEE BAILEY, JD

F. Lee Bailey tried his first case in July, 1954, while serving as a Marine jet fighter pilot. Since then he has handled cases in 49 states, given 4,000 lectures, written 20 books, and flown 25,000 hours. He is currently busy working on 2 more books, and is (with Dr. Cyril Wecht) organizing a high-level school for trial lawyers.

DAVID M. BENJAMIN, PHD

David M. Benjamin is a Ph.D. - trained Clinical Pharmacologist & Forensic Toxicologist, a trained arbitrator and a mediator. David is a prolific author with more than 200 presentations and publications focusing on Medication Error Reduction, Risk Management and opioid pharmacology. Dr. Benjamin has been teaching Legal Medicine and Forensic Pharmacology in the Tufts Medical School Sr. Clinical Pharmacology elective for approximately 20 years. Although he is not an attorney, Dr. Benjamin regularly teaches Scientific Evidence in Professor James Starrs' Forensic Science course at George Washington University Law School in Washington, DC and Stetson Law School in Gulfport, FL. Dr. Benjamin is an acknowledged expert in opioid pharmacology and was a member of an ACLM panel at the World Association of Medical Law, LA, CA, Aug. 11, 2016, where he spoke on Heroin, the Opioid Crisis, and Lateralized Addiction. David is in great demand as a forensic expert in opioid-related cases, and regularly reviews both civil and criminal cases involving wrongful deaths, criminal possession, and possession w/intent. David has been a member of the ACLM since the early 1990s, and was the first person to become a Fellow of the College who holds neither the MD nor the JD degree. He now serves as a member of the Editorial Board of the Journal of Legal Medicine, and has been a frequent speaker at many ACLM programs. Clinical Pharmacologist; Fellow, American Academy of Forensic Sciences (Toxicology); Fellow, American Society for Healthcare Risk Management; Fellow, American College of Clinical Pharmacology; Fellow, American College of Legal Medicine.

KEN J. BERGER, MD, JD, FCLM

Ken J. Berger is a physician lawyer who is well respected in both fields locally and internationally. After receiving his Doctor of Medicine at the University of Toronto, he did four years of training at McGill University in Family and Community Medicine, Emergency Medicine and Core Surgical training. He developed his Sport Medicine Expertise at that time and became the team physician for Rugby Canada, Soccer Canada, and was a physician at national and international games. He also covered leading actors and entertainers as their trusted physician while they performed concerts in Toronto and the surrounding area, including U2, Rolling Stones and many others. After ten years of a successful medical career, he decided to combine active medical practice with law. He attended Osgoode Hall Law School where he was student-athlete for Varsity Tennis and was a member of a Gold Metal tennis team in intercollegiate athletics. He is a member of the Ontario, New York and United States Supreme Court Bar. He litigates high profile cases in criminal, civil and constitutional law in all levels of court, including a leave application to the Supreme Court of Canada. He has worked as an attorney in Canada, and in the United States in New York. For almost 20 years he has been a member of the World Association for Medical Law and is currently the Secretary-General and on the Executive Committee, as well as a Vice President and Board of Governors of the World Association for Medical Law and has been designated the Scientific Chair of the 2020 WAML meeting in Toronto, Canada. He has been a long serving member on the editorial board of Medicine and Law. He is also a Fellow of the American College of Legal Medicine. Berger has been a sought-after speaker at International Health Law meetings and has published and presented papers or lectured fairly extensively in the field for at least 15 years. He has

been qualified as an expert witness by the court and has assisted in approximately 20-25 cases in both civil and criminal law as an expert witness. However, primarily he works as a litigator assisting physicians with hospital privileges matters and regulatory matters with physician, medical students and health care providers, as well as assisting physician and health care providers as their criminal defense attorney, and for patients in high stakes medical malpractice claims involving substantial damages. The majority of his legal practice focuses on Health Law and he is principal at Medicallegaladvocacy.com. He is an Assistant Professor in the Faculty of Medicine University of Toronto, He has taught health law to physician, lawyers, medical students and law students and was Co-Chair of the Health Law Advocacy Project teaching law students at 4 Canadian law schools advocacy skills and currently he co-directs or facilitates a course entitled Critical Perspectives in Health Policy and Law at the Institute of Health Policy, Management & Evaluation at the University of Toronto to graduate students, physicians, lawyers and hospital administrators. He is the most responsible physician as a hospitalist at a tertiary care teaching hospital, Sinai Health System in Toronto therefore he is able to bridge Health Law with contemporary medical practice and be on the leading edge of both professions particularly where law and medicine intersect.

ROBERT BITONTE, MD, JD, FCLM

A physiatrist in Los Angeles, California and is affiliated with Kaiser Permanente San Diego Medical Center. He received his medical degree from University of Miami Miller School of Medicine and has been in practice for more than 20 years. He is one of 2 doctors at Kaiser Permanente San Diego Medical Center who specialize in Physical Medicine & Rehabilitation.

FRANÇOIS M. BLAUDEAU, MD, JD, FACHE, FCLM

François Blaudeau is of counsel with Heninger Garrison Davis, LLC., and serves a leadership role in the firm's pharma and medical device mass torts litigation. François has a nationally established plaintiff practice in medical negligence cases. Dr. Blaudeau filed the first cases and led national litigation against Intuitive Surgical and served as lead counsel in a complex two-year mediation that resolved over three thousand cases. François also played a key role in the national morcellator litigation serving in the leadership of the Ethicon Morcellator MDL leading to a successful settlement of the litigation. François has litigated complex cases in Federal and State Courts across the country leading motion practice and oral argument in wrongful death, pharma, and medical device litigation and maintains a busy trial calendar. Dr. Blaudeau served six years on the Governing Board of the American College of Legal Medicine and has been a Brief-scoring Judge in the National Healthcare Moot Court Law School Competition for ten years. He received his medical degree from the University of Alabama and completed his residency in Gynecology at Tulane University and Charity Hospital in New Orleans in 1991. He then decided to attend Law School and received his J.D. in 1998 from the Birmingham School of Law. François then joined the plaintiff trial firm of Riley Jackson PC and spent fifteen years in personal injury litigation. Later evolving into national medical device and pharma litigation François joined Heninger Garrison Davis in 2014 and has worked on multiple mass tort and class action litigation. Francois remains a national leader in minimally invasive Gynecological Surgery and has mentored and taught hundreds of surgeons who have traveled to Alabama to learn advanced minimally invasive surgical techniques.

PAUL BLAYLOCK, MD, JD, FACLM

Graduated Valedictorian and Student Gov. President U.of Tenn., 1968; Graduated UT Medical School (Top 5 Alpha Omega Alpha), 1972; Emergency Medicine / Legal Medical Trial Lawyer Practice : Portland ,Oregon; ACLM HONORS: Served on Board of Governors, Winner “President’s Award” for Community Service/Red Cross Disaster Service and “Jefferson Cup”; Past Adjunct Professor: Northwestern Law School at Lewis & Clark and Clinical Instructor Emergency Medicine Oregon Health Sciences Center; Outstanding Alumnus UT, Served on Alumni Board of Governors both UTennessee and UT Medical School (UTHSC) in Memphis, Tenn.; Oct., 2017: Named one of the “100 Greatest Graduates”U. of Tennessee” (Founded 1796); Sept., 2018: Will be honored by UT Medical School as “Outstanding Medical Alumnus”; Provides “Paul Blaylock MD JD Legacy Scholarships” to UT Medical Students; Outline of Lecture “America Gone to Pot: The Medical Legal Impact of Recreational Marijuana Legalization”; Driving Accident/Fatality Statistics: Colorado, Washington, and Oregon; Collateral Medical/Legal Impact of Legalization on Children, Teenagers; Medical Physiological Neurological Impairment of Chronic Marijuana Users.

MICHAEL L. BROOKS, MD, JD, FCLM

Dr. Brooks is a graduate of Hahnemann Medical College (now Drexel University College of Medicine) who completed a Diagnostic Radiology residency at Mercy Catholic Medical Center, in Darby, PA. Following residency, he completed a Neuroradiology fellowship at the Harvard Medical School/Brigham and Women’s Hospital and worked as an Instructor at Harvard Medical School and Staff Neuroradiologist at Brigham and Women’s Hospital before returning to Philadelphia in 1988. From 1988 to 1998, Dr. Brooks was Associate Director of the Graduate Hospital Imaging Center and Neuroradiologist for The Graduate Hospital in Philadelphia. Since 1998 Dr. Brooks has been the Neuroradiology Section leader for Mercy Medical Imaging, now Mercy Diagnostic Imaging, where he is involved on a daily basis teaching Radiology residents, Medical residents, Nurses and medical students at Mercy Fitzgerald Hospital and Mercy Hospital of Philadelphia. In 2006, Dr. Brooks received his JD from the Temple University, Beasley School of Law and was admitted to the Bar in Pennsylvania in 2007. In addition to teaching Medical and Nursing professionals, Dr. Brooks, teaches Medical Ethics and Medical topics to attorneys. Dr. Brooks is a Member of the Board of Directors of Mercy Health System, Co-Chair of the MFH Ethics committee, Chairman of the MCMC By-Laws Committee and participates in committees at the Hospital and Health System Board level.

ROBERT W. BUCKMAN, PHD, FCLM

Dr Buckman is a practicing Clinical Pharmacologist who has served the State of Illinois as the Chair/Director of the Drug Formulary for the Department of Public Aid for a period of almost 25 years. During that time, he served as a Senior Consultant for the Illinois State Medical Society Drug and Therapeutics Committee. Beyond academic medicine he served, in his career, as Senior Vice President, Director of Medical Affairs Worldwide, for the Interpublic Advertising Group of Companies. He is the Founder and Chief Executive Officer of Medical Scientific Information Resources, Inc. He is a graduate of the Graduate School of Loyola University of Chicago and the Clinical Pharmacology Program of Loyola’s Stritch School of Medicine. He was privileged to be one of the U S Navy’s first Medical Scholars named under the Health Professions Scholarship program whereby he was able to complete his Graduate, Clinical and Fellowship training in Clinical Pharmacology. During active duty, Dr Buckman was on the adjunct faculty of the Naval Academy with an adjunct clinical appointment to the National Naval Medical Center, Bethesda, MD, as he served as the Clinical Pharmacologist for the 3rd and 7th Naval Fleets, Pacific. Dr Buckman is an adjunct

faculty member of the University of Wisconsin and lectures in the area of pharmacological therapeutics and legal medicine. He holds memberships in numerous medical/scientific societies. Currently he is celebrating his company’s 37th anniversary supplying the academic support for continuing medical education programs for the healthcare industry and scientific support for the legal profession. His career in Legal Medicine, with substantial jury trial experience, spans a period of 28+ years specializing in therapeutics and drug safety. He recently has been appointed as an arbitrator judge in a three member panel by the American Arbitration Association to hear complex commercial cases dealing with issues where medicine and law intersect. Dr Buckman is a Fellow of the College, is certified by and a Diplomate of the American Board of Legal Medicine, is President of the ACLM Foundation and an ex officio member of the College’s Board of Governors. He also is the second recipient of the President’s Distinguished Service Award in the 50 year history of the ACLM. Dr Buckman has been awarded the highest life time achievement award of the College, The Gold Medal, for his professional achievements and his service to the College and his colleagues of the American Bar Association and American Medical Association.

JOHN BUSOWSKI, MD, JD

John Busowski, MD, JD is an Associate Professor in the Department of Obstetrics and Gynecology at the University of Central Florida College of Medicine and Florida State University College of Medicine. Dr. Busowski is currently Director of the High Risk Obstetric Clinic at Winnie Palmer Hospital for Women and Babies in Orlando, Florida. He practices high risk obstetrics in Orlando, Florida. He has served as Chairman of the Department of Obstetrics and Gynecology at Winnie Palmer Hospital. He is former Academic Chair and Residency Program Director and Director of Research in the Department of Obstetrics and Gynecology at Winnie Palmer Hospital (Orlando Health). He has served on Patient Safety and Quality committees for over 20 years. He is a member of the American Board of Legal Medicine.

JOHN P. CONOMY, MD, JD

John Paul Conomy is a native of Cleveland, Ohio and educated in that city (Cleveland Public and Parochial Schools, St. Joseph High School) and graduated with honors from John Carroll University. He studied Medicine at St. Louis University where he received his MD degree in 1964. After serving as Medical House Officer at the University, Veteran’s Administration and City Hospitals in St. Louis, he returned to Cleveland and was trained in Neurology (Professor Joseph M. Foley) and Neuropathology (Professor Betty Q. Banker) at University Hospitals of Cleveland, Cleveland Metropolitan General Hospital (MetroHealth Medical Center) and Case Western Reserve University. After decorated service in the United States Air Force during the Viet Nam era, Dr. Conomy served as a Career Research and Teaching Fellow at the Institute of Neurosciences at the University of Pennsylvania (Professor James Sprague, Philadelphia) prior to returning to Cleveland as an Assistant then Associate Professor of Medicine (Neurology) at Case Western Reserve University. In 1975 Dr. Conomy was appointed Chairman, Department of Neurology, at the Cleveland Clinic Foundation, Chairman of Clinical Research and Director of its Neurology Residency Program, positions he held until 1992. Dr. Conomy is a specialist in Neurology and Legal Medicine and serves as an examiner for several medical and surgical specialty boards. Dr. Conomy attended the Schools of Law at Case Western Reserve University and Cambridge University (England) and received his JD in 1992. Dr. Conomy has served as Professor of Clinical Neurology and Adjunct Professor of Law at Case Western Reserve University Schools of Medicine and Law and has held faculty positions at the Universities of Texas (Southwestern, San Antonio) and Pennsylvania State

University. He has held consultancies in the Tower Hamlets District of London (England) and has served as a lecturer and Visiting Professor in Law and Medicine in ninety countries throughout the world. He is the Founder of the Mellen Center for Multiple Sclerosis Treatment and Research at the Cleveland Clinic Foundation and Founder of the International Consortium of Multiple Sclerosis Centers. Dr. Conomy holds deep interests in the history of medicine, medical ethics, health law and human rights and is the past Editor-in-Chief of the Journal of Legal Medicine. Dr. Conomy has held numerous research and clinical investigative grants and awards in the fields of cardiovascular diseases, diabetes, epilepsy, brain injury and multiple sclerosis. He is a Fellow of the American Neurological Association, the American Academy of Neurology, the American College of Legal Medicine and The Royal Society of Medicine (England) as well as an active principal in many organizations related to adult and childhood disorders of the nervous system and to medical law and ethics. He is a member of Alpha Omega Alpha Medical Honor Society, the World Association of Medical Law, Who's Who in America and an Honorary Fellow of Medical Societies in Canada, Mexico and England. He is the author of more than 150 peer-reviewed publications and more than a dozen books. He is cited among America's Top Physicians and lectures widely on matters of health and law. He is engaged in the planning and operational design of comprehensive treatment, educational and research facilities dealing with diseases of the nervous system and systems of health delivery in the USA and internationally. Dr. Conomy directed the Brain Injury Program at University Hospitals of Cleveland's Extended Care Campus from 2003 to 2008. Dr. Conomy practices Neurology in Cleveland. He is the President of Health Systems Design and CompEval Corporations. He is the father of three adult professionals and of Francesca Maria, a college student. Dr. Conomy is married to Dr. Jill Mushkat Conomy, a Psychologist and a specialist in the field of chronic pain management. Dr. Conomy has served upon the Governing Board of the Cleveland Medical Library Association in the 1980's, and again since 2014. He is an avid bibliophile (having haunted the Allen Memorial Library since the age of 16 years), traveler, cyclist, skier, music lover and photographer, and has a notably low threshold for breaking into Irish songs, occasionally in the Irish language.

DALE COWAN, MD, JD, FACP, FCLM, FAHLA

Dale Cowan, MD, JD, FACP, FCLM, FAHLA is a graduate of Harvard College, Harvard Medical School, and Case Western Reserve University School of Law. He is Board-Certified in Internal Medicine, Hematology, and Medical Oncology and is licensed to practice medicine in California, Florida, and Ohio. Additionally, he is a member of the Ohio State Bar. Dr. Cowan has served on the faculty of the Schools of Medicine and Law at Case Western Reserve University and was also a member of the staff of the Cleveland Clinic. He is a past-president of the Ohio/West Virginia Oncology Society, the Academy of Medicine of Cleveland and Northeast Ohio, the Medical Staff of University Hospitals Parma Medical Center, and the American College of Legal Medicine. He is a Fellow of the American College of Physicians, the American College of Legal Medicine, and the American Health Lawyers Association. Dr. Cowan's interests are in the organization of medical practice, medical staff management, alternative health care delivery systems, utilization and peer review, quality assurance, ethical-legal issues of medical research, palliative and end of life care, and alternative dispute resolution. Dr. Cowan is a recipient of the David J. Greenburg Service Award from the American Health Lawyers Association, the Outstanding Community Service Award from the Cleveland Clinic Division of Regional Medical Practice, and the Special Honors Award from the Academy of Medicine of Cleveland and Northeast Ohio. In 2010 he was named Clinician of the Year by the Academy of Medicine of Cleveland and Northeast Ohio.

JONATHAN DAVIES, JD, LL.M

Jonathan Davies, JD, LL.M is an experienced trial attorney practicing mainly in the field of medical malpractice, holding law offices in both Jerusalem & Tel Aviv. His main focus is on representing plaintiffs in personal injury cases. He was chairperson of Council of Presidents for World Association of Medical Law (WAML) for 6 years (2008-2014) and Editor-in-Chief, of the periodical "Medicine and Law" (Hebrew) for 15 years (2000- 2015) He is a member of the board of directors, of the Society for Medicine and Law in Israel. He is a member of the Unesco forum for Medicine, Law and Ethics in Haifa University. He is a member of the Helsinki Committee in HMO medical services (GCP). He is also a fellow of the ACLM - American College of Legal Medicine and the RSM - The British Royal Society of Medicine. Jonathan has published many articles and books in the field of Medicine & Law. He is a graduate of law from Tel Aviv University law school (LLB) and also of commercial law (LL.M magna cum laude) from TAU in collaboration with Berkeley University of California. He has been a member of the Israel Bar Association since 1984.

DAVID DONNERSBERGER, MD, JD, MA, FACP

David Donnersberger MD JD MA FACP is the current President-Elect of the ACLM. He is an assistant clinical professor of medicine at the University of Chicago Pritzker School of Medicine and a senior attending at Evanston Hospital in Evanston, IL where he serves as chief ethics officer for the four-hospital system. He practices internal medicine in Winnetka, IL with his wife and two other internists.

CAVAN DOYLE, JD, LL.M

Cavan Doyle, JD, LL.M is an Assistant Professor at the Neiswanger Institute for Bioethics at Loyola University Chicago's Stritch School of Medicine. Ms. Doyle received her JD and Certificate in Health Law from Loyola University Chicago School of Law. Ms. Doyle also has an LL.M in Medical Law and Ethics from the University of Kent at Canterbury, England. Prior to joining the Neiswanger Institute, Ms. Doyle practiced health care law in Chicago for several years, representing a broad spectrum of clinical Dr. Friedland providers and health facility clients in regulatory and compliance matters. Ms. Doyle currently serves as outside regulatory counsel for a health care technology company, advising on matters pertaining to employee assistance and behavioral health services. In 2014, Ms. Doyle left the full time practice of law to pursue a Fellowship in Clinical Medical Ethics at the MacLean Center at the University of Chicago, where she received formal training in principles of clinical ethics and clinical ethics consultation. Ms. Doyle is a current member of the Institutional Ethics Committee of NorthShore University Health System, where she performs ethics consultations and is involved in hospital ethics policy development. Her current research examines issues at the intersection of clinical ethics and law with a particular emphasis on state legal mechanisms governing surrogate decision making for incapacitated patients.

MARJORIE ESKAY-AUERBACH, MD, JD, FCLM

Marjorie Eskay-Auerbach, MD, JD, FCLM [SpineCare and Forensic Medicine, PLLC; Board of Directors, International Academy of Independent Medical Evaluators] is an orthopedic surgeon with Fellowship training in Spine Surgery. She is an attorney, medical-legal consultant with a special interest in spine care, author and frequent lecturer nationally. Dr. Eskay-Auerbach earned both her undergraduate and medical degrees at the University of Michigan, where she was a student in the combined Six Year Integrated Premedical-Medical Program (Inteflex). She completed her residency training in Orthopaedic Surgery at the University of Pittsburgh Health Sciences Center and her fellowship under Dr. Leon Wiltse and Long Beach Memorial Hospital in Long Beach, CA. Attorney Eskay-Auerbach received her JD from

University of Arizona. Dr. Eskay-Auerbach is board-certified by the American Board of Orthopedic Surgeons and the American College of Spine Surgery. She is an active member of the North American Spine Society and served as a member of the Board of Directors. She is an active educator for the AMA on the most recent edition of the AMA Guides to the Evaluation of Permanent Impairment and was a contributing editor for the AMA Guides to Evaluation of Permanent Impairment, Sixth Edition musculoskeletal chapters, and co-author of Transition to the AMA Guides Sixth and a number of workbooks related to use of the Guides. She has contributed chapters to a number of AMA publications including Guides the Evaluation of Disease and Injury Causation, 2nd Edition and AMA Guides to the Evaluation Work Ability and Return to Work. She has taught multiple Continuing Legal Education courses, including a course entitled, "Orthopedics for Lawyers," and currently trains physicians in performing Independent Medical Examination and providing expert testimony. Dr. Eskay-Auerbach has over 30 years of clinical experience. Her current clinical practice in Tucson, AZ is in occupational orthopedics, and she practiced spine surgery and non-operative care of back and neck injuries in Phoenix previously. She performs medical-legal consultations, independent medical evaluations, review of impairment ratings and record reviews, and provides expert opinions and testimony. She holds medical licenses in AZ, CA, NM and OK.

RANDI ETTNER, PHD

Randi Ettner PhD is a clinical and forensic psychologist. She is the Secretary of WPATH and executive board member, an author of the Standards of Care, and Chair of the Committee for Institutionalized Persons. Dr. Ettner has written four books on transgender issues, including a medical and surgical text, numerous peer-reviewed articles and research, and was an internationally syndicated columnist. She was the lead expert in the lawsuit that overturned Medicare's exclusion of surgery, has been instrumental in the passage of anti-discrimination laws, provided testimony that helped establish legal precedent for the rights of transgendered individuals in the workplace and appropriate treatment for prisoners, including the first case to provide surgery to an incarcerated transwoman. She is a member of the Screen Actors Guild, and has appeared on hundreds of television and radio shows, including Oprah, regarding transgender issues. She was chief psychologist at the Chicago Gender Center, and is the president of New Health Foundation Worldwide. She is the honoree of Randi and Fred Ettner Transgender Health Fellowship, at The University of Minnesota Program in Human Sexuality and a member of the University of Minnesota's Leadership Program. Dr. Ettner serves as a consultant to corporations, including, Walgreen's and Tawani Enterprises, to facilitate gender affirmation in the workplace.

MARVIN FIRESTONE, MD, JD, DLFAPA

MARVIN FIRESTONE, MD, JD holds a medical degree from Temple University (1964) and a law degree from the University of Colorado (1980). He is Board Certified in Legal Medicine (1982), Psychiatry (1971) and Forensic Psychiatry (1985). He is PastPresident of the American College of Legal Medicine and the Northern California Psychiatric Society, and serves as Chair of its Ethics Committee. He is on the Board of Trustees of the Board of Legal Medicine, the Psychiatric Foundation of Northern California, and Vice Chair of California Public Protection and Physician Health, Inc. He formerly held the Hirsh Chair at the George Washington University in Washington, D.C., where he was Professor at its Medical and Law Schools and School of Health Services Administration. A frequent lecturer at national law and medicine conferences, Dr. Firestone has authored journal articles in his fields of expertise and chapters in The Medical Malpractice Survival Handbook (Mosby); Legal Medicine (Mosby); Textbook of Forensic Psychiatry

(APPI), and Head and Neck Injury Handbook (Shepard's McGraw Hill). He is Editor-in-Chief Emeritus of Legal Medicine Questions and Answers; on the Editorial Board of the Journal of Legal Medicine and a Reviewer for Psychiatric Services, a journal of the American Psychiatric Association. He is the Deputy Editor of Legal Medicine, The Medical Malpractice Survival Handbook, and Medical Ethics and Legal Medicine. His primary offices are in the San Francisco Bay area. Dr. Firestone provides medicallegal consultation and his legal practice primarily involves representation of physicians in cases involving hospital staff privilege disputes, licensure, medical practice contractual issues, and medical malpractice. He is a certified mediator and a member of the Bar in several state and federal jurisdictions, including California, Colorado, the District of Columbia, the U.S. Claims Court and the U.S. Supreme Court.

BERNARD FRIEDLAND, DDS, JD, FCLM

Dr. Friedland graduated from the Univ. of Stellenbosch and from the Univ. of Toronto where he trained in oral and maxillofacial radiology. He has been on the faculty at Harvard School of Dental Medicine for 28 years. His area of expertise is oral & maxillofacial radiology. In addition to teaching radiology, Dr. Friedland is responsible for teaching ethics and jurisprudence. He publishes in the medicolegal, ethics and scientific literature. Dr. Friedland maintains an active oral & maxillofacial radiology practice in the Harvard School of Dental Medicine Faculty Group Practice.

CHESTER J. GARY, DDS, JD

Chester J. Gary, DDS, JD is an attorney at law, admitted in New York and Florida, with a practice concentrated on issues related to health care providers. He represents dentists and physicians in practice acquisitions and mergers, partnership formation, employment agreements, and dentists, personally, in malpractice litigation. He serves as a member of the New York State Dental Association (NYSDA) Attorney Referral Panel and District Chair of the NYSDA Professional Liability Claims Committee, which reviews dental malpractice claims. He is Clinical Assistant Professor and Course Director of Practice and Risk Management, University at Buffalo School of Dental Medicine, author and certified presenter of the New York State mandated Dental Ethics and Jurisprudence Course, and is in the part-time private practice of general dentistry. Dr. Gary is also Editor of the New York State Dental Journal, Reviewing Editor of the Journal of the American Dental Association, fellow of the American College of Legal Medicine and American College of Dentists, and member of the Lambda Lambda Chapter of Omicron Kappa Upsilon, and the Erie County, New York and Florida Bar Associations.

JOSEPH GRASKEMPER DDS, JD, FCLM, DABLM

Dr. Graskemper currently practices full-time in Bellport, New York. He graduated from Xavier University, attended Case Western Reserve Graduate School, obtained his dental degree from Ohio State University in 1977 and his law degree from Thomas Jefferson School of Law in San Diego, California in 1987. After dental school, where he was awarded a Navy Dental Scholarship, he was stationed at Camp Pendleton with the 1st Fleet Marine Division as a Lieutenant, U.S. Navy Dental Officer. He has been awarded Fellowships from the Academy of General Dentistry, American Endodontic Society, International Congress of Oral Implantologists, American Society of Osseointegration, American College of Legal Medicine, and American College of Dentists. Recently, Dr Graskemper became a Diplomat in the American Board of Legal Medicine. Besides practicing dentistry full-time, he also is an Associate Clinical Professor in the 4th year General Practice Program at Stony Brook School of Dental Medicine, and teaches the Professionalism and Ethics in Dentistry course for residents and Dental Law at the 2nd, 3rd,

and 4th year dental students. He was the past Director of Professional Responsibility courses and past Editor-in-Chief of the Stony Brook School of Dental Medicine GPR Literature Review Journal. Currently, he is the faculty advisor to the Student Professionalism and Ethics Association Club and the Business in Dentistry Club at Stony Brook. He belongs to many professional organizations and has served as a consultant to several state dental boards. He is a Board member of the International Dental Ethics and Law Society, The American College of Legal Medicine, and the Suffolk County Dental Society. Dr. Graskemper has authored many peer-reviewed articles, has lectured and published nationally and internationally. He recently published a book, "Professional Responsibility in Dentistry: A Guide to Law and Ethics" Prior to moving to Long Island to be closer to family, Dr. Graskemper was the previous sole owner of a fee-for-service multi-specialty group practice in La Jolla, California, having an Endodontist, Periodontist, Oral Surgeon, Prosthodontist, Orthodontist, Implantologist, and a General Dentist. He also was the President of Dentcom Advertising. While in California, he was also the owner of Sorrento Valley Ceramic Arts, a full service dental lab, and Chief of the Scripps Memorial Hospital Dental Staff. He is very active in his community by being a Past President of the Patchogue Kiwanis Club, Past Chairman of the Board of Trustees of Maryhaven Center of Hope, a large Long Island wide agency serving the severely mentally and physically handicapped individuals of all ages. He currently is active in the Patchogue and the Bellport Chambers of Commerce; and, a past Chamber Member of the Year in Bellport.

JAMISON GREEN, PHD

Dr. Jamison Green (Ph.D., Equalities Law) is an author, educator, public speaker, independent legal scholar, consulting expert in transgender health, employment discrimination litigation, diversity trainer and policy consultant for business, educational, and governmental institutions, former corporate publications director, and immediate past-president of the World Professional Association for Transgender Health (WPATH).

VICTORIA L. GREEN, MD, MHSA, MBA, JD

Dr. Green earned her Bachelor of Science and Medical Doctorate Degrees from Northwestern University in the Honors Program in Medical Education. She completed her residency in obstetrics and gynecology at Henry Ford Hospital in Detroit, Michigan. She was awarded a Master's Degree from the School of Public Health at the University of Michigan in Health Management and Policy and later completed her Masters in Business Administration. She graduated from the Georgia State University College of Law with a Juris Doctorate (JD). She is a Professor in the Department of Gynecology and Obstetrics at Emory University School of Medicine and the Medical Director of the Women's Health Ambulatory Care/Satellite Clinics. She has direct responsibility for residency and medical student training as the director of the Gynecology Comprehensive Breast Clinic, which is a division of the Avon Breast Clinic in the Georgia Cancer Center of Excellence, Winship Cancer Institute. Additionally, she conducts trainings on the business, legal and quality improvement aspects of medicine and was also the previous Director of the Medical Student Clerkship. Dr. Green is board certified in obstetrics and gynecology and a Fellow of both the American College of Obstetricians and Gynecologists and the American College of Legal Medicine. She currently serves as the Chair of the Georgia section of ACOG, and is a Past President of the American College of Legal Medicine and a Past Chair of the OB/GYN section of the National Medical Association. She has been appointed to numerous hospital committees including the Executive Risk Management Committee, Conflict of Interest Committee, the Committee on the Status of Women, the Ethics Committee and the Community Health Coalition. She has also served on several

regional and national committees including the Professional Liability Committee and Committee for Underserved Women of the American College of Obstetrics and Gynecology, the Dekalb County Task Force on Domestic Violence and the Georgia Breast Cancer Coalition. In addition, Dr. Green serves on the Executive Committee/Board of Directors of the Georgia Obstetrical and Gynecological Society and the National Medical Association. She has previously served on the Board of Governors of the American College of Legal Medicine. Additionally, she is a member of the State Bar of Georgia, American Bar Association and American Health Lawyers Association. Dr. Green has served on the editorial board of several major publications including Contemporary OB/GYN, Medical/Legal Studies and as the deputy editor of Legal Medicine Perspectives. Dr. Green has received specialized credentialing as an International Board Certified Lactation Consultant (IBCLC) and a North American Menopause Society (NAMS) Certified Menopause Practitioner (NCMP). Dr. Green has been published several times and is both previously and currently very active in a number of research projects focusing on the Alliance for Innovation in Maternal Health (AIM) patient safety bundles, breastfeeding rates in underserved populations, risk assessment and BRCA testing in the breast clinic population, applicability and clinical relevance of current risk assessment models and educational tools for patients at high risk for breast cancer, domestic violence issues in the minority population, barriers to HPV vaccination among minority women and the impact of the Medicaid revisions on pregnancy outcomes. She has won the Emory teaching award, APGO Solvay Scholar Award, the CALI Excellence Award, the NMA service and teaching Award, the ACLM Gold Medal and the APGO Excellence in Teaching Award. She lectures extensively, both regionally and nationally, on general gynecology, menopause, breastfeeding acculturation, breast disease and risk assessment, domestic violence, patient safety, quality assessment/improvement and a comprehensive list of medicolegal issues including federal regulations, practitioner credentialing, malpractice, ethics and contract law. Dr. Green has lectured for both physicians and attorneys at leading conferences sponsored by the Institute for Continuing Legal Education, the American College of Obstetrics and Gynecology, the Association of Professors of Obstetrics and Gynecology (APGO), the Managed Care Institute at Morehouse School of Medicine and Contraceptive Technology. In addition, Dr. Green has functioned as a consultant for the Emory Regional Training Center, the LIFE Residency Wellness Curriculum Board and the State of Georgia, Department of Human Resources/ Women's Health Division.

RICHARD S. HAROLD, DMD, JD, FCLM

Dr. Richard S. Harold is an Associate Clinical Professor and Practice Coordinator in the Department of Comprehensive Care, Tufts University, School of Dental Medicine. Dr. Harold received his B.S. degree from Massachusetts College of Pharmacy and his D.M.D. degree from Tufts University School of Dental Medicine. Dr. Harold owned and operated a dental practice in the Boston area for many years prior to joining the faculty at Tufts. Dr. Harold is an attorney and received his J.D. degree from New England School of Law. He is a member of the Massachusetts Bar and has a specific interest in dental-legal issues including the management of acute dental pain and the prescription opioid epidemic. He is a consultant in the areas of dental record keeping, documentation, treatment planning, prescription writing, regulatory issues, dental negligence and standards of care. He has lectured both locally and nationally and has published several dental-legal journal articles.

ROBERT R. HARRISON, M.H.A., J.D. LL.M.

Robert R. Harrison, M.H.A., J.D. LL.M., is a partner at Kimball, Stilling & Harrison in Salt Lake City, Utah, where his practice focuses on health care regulatory compliance and ethics. Prior to entering the practice of law, Mr. Harrison served in a variety of academic and administrative capacities in university medical centers and community hospitals, including seven years as an Assistant Professor at the Medical College of Virginia School of Medicine. Following undergraduate education at the University of Richmond, he earned a Master of Health Administration degree from Virginia Commonwealth University, and graduated from the Saint Louis University School of Law with an Honors Certificate in Health Law from the Center for Health Law Studies. He was also a Fellow at the Beazley Institute for Health Law and Policy at Loyola University Chicago, where he earned a Master of Laws in Health Law with a concentration in regulatory compliance. He is the author of more than two dozen publications on issues in health care and health law, including book chapters, journal articles and professional association publications. An active ACLM member, he serves on the Editorial Board of *Legal Medicine Perspectives* and was recently appointed to the Ethics Committee.

WELDON (DON) HAVINS, M.D., J.D., L.L.M. (HEALTH LAW)

Weldon (Don) Havins attended the Coronado, California primary school system, then San Diego State University where he received a B.A. with high honors. Graduating from Wake Forest University School of Medicine with an M.D. in 1970, he interned in surgery at the Washington Hospital Center in Washington, D.C. Following two years with the U.S. Navy (one year as a medical officer on the USS Daniel Webster SSBN-626 nuclear submarine, one year at the Long Beach Regional Naval Medical Center), he completed an ophthalmology residency at the Jules Stein Eye Institute at UCLA in 1976, and later, a fellowship in Ophthalmic Plastic and Reconstructive Surgery at the University of Texas, Houston, in 1981. He earned a Master's degree in Management from the Claremont Graduate University while practicing Ophthalmology in Upland, California. From 1982 to 1995, Don practiced Ophthalmology and Oculoplastic Surgery in Las Vegas, Nevada. Returning to San Diego in 1995, he attended law school at the University of San Diego where he graduated cum laude, was an editor of the law review, and selected to Order of the Coif. Remaining at the University of San Diego School of Law for an additional year, Don earned a Master of Laws degree, cum laude, in Health Law. Returning to Las Vegas in 1999, Don served as a lawclerk for a District Court Judge while practicing medicine part-time. From 2001 to 2008, he worked as the executive director and legal counsel for the Clark County Medical Society. Following a stint as Executive Director of the Nevada Board of Osteopathic Medicine, Don received a full-time appointment to the faculty of Touro University College of Osteopathic Medicine, where he currently serves as an Associate Dean, Professor and Director Medical Jurisprudence, Professor of Ophthalmology, In-House Counsel, and Title IX Coordinator while practicing General Ophthalmology part-time. Don is a member of the Nevada Bar. He is certified by the American Board of Ophthalmology and the American Board of Legal Medicine. He serves as a member of the Board of Governors of the American College of Legal Medicine and the American Board of Legal Medicine. Don is currently a Board Member of the Nevada State Board of Medical Examiners, and a Board Member of the Governor's Office of Economic Development. He is a fellow of the American College of Surgeons, the American Society of Ophthalmic Plastic and Reconstructive Surgeons, and the American College of Legal Medicine. He is immediate past-president of the Nevada State Medical Association. Don has numerous publications in medical journals and law reviews. He enjoys aviation and has earned Airline Transport Pilot ratings in both single and multi-engine aircraft. Don has earned ratings as a certified flight instructor in

single and multi-engine aircraft, and as an instrument flight instructor. Don and his wife Kelly enjoy time with son Bradley, a U.S. Army Major in the Army Medical Corps (Family Medicine), daughter Laura who is an R.N. working in a surgical intensive care unit while completing her Masters Degree as a Nurse Practitioner (UNLV), and daughter Anna who teaches English in Kochi, Japan.

MARGARET HILL, DMD

Educated at the University of Eastern Kentucky University (undergraduate) with a B.S. in Biology with a minor in Chemistry. Dr. Hill subsequently attended the University of Louisville School of Dentistry, earning DMD in 1987. She then earned a certificate in General Practice Residency at the University of Louisville School of Dentistry in 1988. At the University of Kentucky, Dr. Hill completed her residency program in Periodontics in 1990.

BILL HINNANT, MD, JD, FCLM

Bill Hinnant, Principal in the firm Hinnant Medical and Law Offices, LLC, is a Urologist and Health Care Attorney admitted to the trial and appellate courts in the State of South Carolina, the Fourth Circuit Court of Appeals and the U.S. Supreme Court. His legal practice focuses on medical malpractice, qui tam litigation, administrative health law, white collar crime, drug matters, insurance law, healthcare business and transactions, workers compensation and social security disability. His medical interests include infertility, reproductive endocrinology, oncology, voiding dysfunction, renovascular disease and general urology. He is a long-term member of his state's Federal Criminal Justice Act Attorney Panel and completes annual CLE addressing the Federal Sentencing Guidelines. Bill serves as President and General Counsel of the American College of Legal Medicine. He has authored amicus briefs for national medical organizations, including for the College, as well as regulatory comments for medical associations and national medical organizations. He has advised or represented over 200 physicians in peer review and credentialing matters. He is active in assisting physicians and attorneys with substance abuse and addiction. He is also Membership Chair for the World Association for Medical Law. Bill and his wife, Virginia, have four grown children and enjoy travel, sports, food and wine, theater and are self-professed politics and news junkies. They participate annually in Renaissance Weekend, one of the oldest idea festivals in the country, originally organized by Bill and Hillary Clinton.

DR. ALEXANDER HOLDEN, BDS, MDPH, LLM

Dr Alexander Holden qualified as a dentist from the University of Sheffield in the UK. Alongside working in public and private practice, Alexander gained postgraduate qualifications in law and dental public health. He now holds an academic appointment at the University of Sydney in Australia where he teaches ethics, law and professionalism at the Faculty of Dentistry. Alexander's research interests include examining society's relationship with the dental profession and digital professionalism.

LAURANCE JERROLD, DDS, JD, ABO

Laurance Jerrold is the Chair and Orthodontic Residency Program Director at NYU Langone Hospital – Brooklyn. His background includes 25 years in the private practice of both orthodontics and law, and over 15 years in full time academia teaching orthodontics, clinical bioethics, and engaging in post-doctoral educational administration. He has also served the profession at all levels of organized dentistry. Dr. Jerrold has presented or written well over 400 lectures, articles, textbook chapters, and multi-media presentations dealing with orthodontic practice, risk management, and clinical ethics. In addition, he is the Legal Editor for the *American Journal of Orthodontics and Dentofacial Orthopedics*

and is an Associate Editor and reviewer for several other orthodontic journals. Lastly, Dr. Jerrold is the President of Orthodontic Consulting Group, a dental think tank that has written several White Papers for various DSO's and also specializes in providing comprehensive risk, practice, and clinical management ideas and services for interested parties within the orthodontic community.

MICHAEL KANER, DMD, JD

Michael Kaner, DMD, JD, graduated from the University of Rochester and Tufts University School of Dentistry in 1985. After completing a GPR in Allentown, PA., he assumed the practice of a retiring dentist in Feasterville/Treose, PA., where he has practiced since 1986. In 2003 he earned a JD degree from Concord Law School and is a member of both the State Bar of California and the District of Columbia. A Fellow of the Academy of General Dentistry and past President of the Pennsylvania AGD, he has authored several articles on Forensic Dentistry, Bite Marks, Oral Cancer, Emergency Preparedness, Sexual Harassment, HIPAA Compliance, and Going Green in Dentistry. He is a past member of the Pennsylvania Dental Association's (PDA) Environmental Impact Committee helping to set standards and policies that will protect the environment. Dr. Kaner is a trained forensic dentist and is on staff at the Bucks County Coroner's Office and DMORT, the federal disaster response team. He was part of the team that helped identify those killed on 9/11 in both Somerset County, PA., where Flight 93 crashed and at the Medical Examiner's Office in New York City. In addition, he spent two weeks in Mississippi after Hurricane Katrina to help identify the victims. Dr. Kaner lives in Bucks County with his wife Barbara and has two adult sons and a golden retriever.

ALEX KARYDI, LMFT, CSAC, CAC

Dr. Alex Karydi, LMFT, CSAC, CAC, is a certified drug and alcohol counselor that has researched the impact of minority stress. She has a Masters in Clinical Psychology, Ph.D. in Clinical Sexology, and a Ph.D. in Marriage and Family Therapy (ABD). She has served for Richland 2 School District as a therapist and with the Department of Juvenile Justice (DJJ) as an evaluating psychologist with the designation of the Lesbian, Gay, Bisexual, Transgender (LGBT) youth coordinator. She is currently the Program Director for the SC Youth Suicide Prevention Initiative a community movement to end suicide in children and young adults. She has been working with kids and their families throughout her travels since 2000.

RICHARD KELLY, MD, JD, MPH, FCLM

Dr Richard Kelly is a member of the medical faculty at the University of California in Irvine. As an undergraduate at Harvard University, Dr. Kelly studied theology and biochemistry. After graduation, he was awarded a full scholarship to study public health at the University of California in Berkeley. He then moved to Stanford University where he pursued dual professional degrees in Law and Medicine. He completed his anesthesiology medical training (internship, residency, fellowship) at the University of California in San Francisco (UCSF) and after several years in private practice Dr. Kelly returned to academics. He teaches cardiothoracic anesthesiology at the university medical center and teaches a course in public policy for graduate students at the Health Policy Research Institute. His clinical interests focus on the anesthetic management of surgical patients with complex cardiothoracic diseases and his public policy research interests include the societal consequences of the Patient Protection and Affordable Care Act ("Obamacare"); the ethical and legal implications of physician fatigue; medical professionalism; opioid tolerance and addiction; and national trends in medical malpractice awards. He actively participates in the American College of Legal Medicine and the World Association for Medical Law.

RAYMUND KING, MD, JD, FCLM

Raymund King, MD, JD, FCLM, is the principal and founder of the Law Offices of Raymund C. King, MD, JD, PLLC, in Plano, Texas. Dr. King worked his way through college as a professional magician, receiving his undergraduate degree from the University of Dallas. He then obtained his medical degree from the University of Texas Medical School in Houston, Texas, and received his residency training in Otolaryngology/Head & Neck Surgery at the University of Oklahoma Health Sciences Center prior to going into private practice. Dr. King was one of the physicians that treated victims of the Oklahoma City Bombing in 1995, and he actually applied to law school the week after the bombing. After ten years of medical practice as an otolaryngologist/head & neck surgeon, Dr. King obtained his law degree from the Oklahoma City University School of Law in 1999. Dr. King's law firm focuses on healthcare corporate transactional and corporate entertainment law. He represents physicians, dentists, ambulatory surgery centers, and other healthcare entities and corporations. He also represents producers, directors, actors, and entertainment companies. In either sector, Dr. King's forte is designing successful corporate exit strategies for his clients. Interestingly, Dr. King has produced seven films in the past four years, and he has also acted in eight films.

AMY T. KULB, ESQ.

Ms. Kulb received her B.A. cum laude from Barnard College in 1976 and her J.D. from St. John's University School of Law in 1979. She was admitted to the practice of law in New York in January, 1980.

Ms. Kulb served as a prosecutor for the Office of Professional Discipline until she joined the firm of Jacobson Goldberg & Kulb, LLP in 1986. She concentrates her practice on the representation of dentists and other health professionals in the defense of professional discipline matters, Medicaid matters and audits, as well as other law enforcement and regulatory matters. The firm represents dentists in the purchase, sale and credentialing of dental practices.

Ms. Kulb is a Risk Management instructor and Ethics and Jurisprudence instructor for the NYS Dental Association and frequently lectures to a variety of dental groups and other health professional groups on current legal topics affecting the professions.

THEODORE R. LEBLANG, JD, FCLM

Mr. LeBlang is Emeritus Professor of Law and Medicine at Southern Illinois University Schools of Medicine and Law. Previously, he served as professor and chair of the Department of Medical Humanities. A graduate of Pennsylvania State University and the University of Illinois College of Law, Mr. LeBlang is Past President of the American College of Legal Medicine (ACLM). He is also a recipient of the ACLM Gold Medal Award, in recognition of his important contributions to the field of legal medicine. Mr. LeBlang is Editor Emeritus of the Journal of Legal Medicine and a former Editor-in-Chief of the Illinois Bar Journal. He has served on numerous journal editorial boards and is a former co-annotator of the Code of Medical Ethics: Current Opinions with Annotations, published by the American Medical Association. Mr. LeBlang has written and spoken extensively on various issues in legal medicine and is co-author of The Law of Medical Practice in Illinois (2d ed.), published by Thomson/West.

ROBERT W. LILES, JD, MBA, MS

Mr. Liles' background is somewhat unique. In addition to a law degree, he holds both an M.B.A. and an M.S. in Health Care Administration. Robert has worked on the provider side, as a federal prosecutor and now represents physician practices and other health care providers around the country in connection with Medicare / Medicaid / Private Payor audits, state board of licensure actions, and False Claims

Act cases. He also currently serves as an IRO on Corporate Integrity Agreements for the Office of Inspector General. While working as a federal prosecutor, Robert was asked to serve as the country's first National Health Care Fraud Coordinator for the Executive Office for U.S. Attorneys. In this capacity, he advised federal prosecutors around the country regarding health care fraud statutes, schemes, investigative tools, privacy concerns, and compliance issues. Since entering private practice, Robert has continued to build on his health care background and experience. Robert has been rated "AV" by Martindale-Hubbell.

IRVING MCKENZIE, DDS

Dr. Irving McKenzie received his medical degree, with a specialty in Stomatology, from the I. P. Pavlov Medical University, St. Petersburg, Russia, and his MSc degree in Orthodontics and Dentofacial orthopedics from St. Petersburg Academy for postdoctoral studies. He is Chief Dental Surgeon for Jamaica and an advisor to Minister of Health and to other Ministers of Government on 'Dental and Oral Health' matter. Dr. McKenzie is an Adjunct Professor of Dental Surgery and founding Dean of the College of Oral Health Sciences, University of Technology, Jamaica, a Master of the American Academy of Implant Prosthodontics and a Diplomate in the International Congress of Oral Implantologists. He has published and lectured nationally and internationally on 'infection control procedures', dental public health, orthodontics & dentofacial orthopedics, and forensic stomatology. Dr. McKenzie is Secretary of the Caribbean Council of Chief Dental Officers. Dr. McKenzie is Fellow in the International College of Dentist, the Academy of Dentistry International and the Pierre Fauchard Academy. Dr. McKenzie is also a member of the Board of Directors of the American Board of Dental Examiners and a member of Commission on Dental Competency Assessment (ADEX-CDCA). Dr. McKenzie

MARK S MONASKY, MD, JD, CFP®, AEP®, EPLS, FACS, FAANS, FCLM

Dr. Monasky is a graduate of the Columbia University College of Physicians and Surgeons in New York City and underwent neurosurgery training at Mayo Clinic and the University of Maryland followed by a pediatric neurosurgery fellowship at Southwestern Medical School in Dallas, Texas. He is board certified by the American Board of Neurological Surgery and is the only physician in the country board certified in estate planning by the Estate Planning Law Specialist Board (EPLS), which is accredited by the American Bar Association. Dr. Monasky passed a comprehensive national examination designed for actively practicing estate planning attorneys to acquire this designation. He maintains active practices in both law and neurosurgery, and recently earned the Certified Financial Planner (CFP®) designation. Dr. Monasky has practiced neurosurgery for 26 years and law for 10 years. He spends half his time practicing neurosurgery at Sanford Medical Center in Sioux Falls, SD and Rapid City Regional Hospital in Rapid City, SD, and the other half practicing law with a special concentration on asset protection, estate, tax, and business planning. His virtual practice focuses on drafting trusts and creating business entities utilizing highly favorable South Dakota asset protection, trust, and business laws. He has many physicians, particularly surgeons, and other high net worth individuals as clients. Dr. Monasky has drafted hundreds of complex trusts and formed numerous business entities to achieve his clients' desires. He lectures frequently to physician groups. He was a partner in a local law firm in North Dakota when the oil boom took off practicing estate and asset protection and business planning. He recently founded MD Wealth Protector, LLC, a niche, virtual law firm catering to business owners, physicians, surgeons, and other high net worth individuals. Mark is passionate about helping his fellow physicians and attorneys navigate the complex estate, tax, and business planning world. He is licensed to practice both medicine and law in North and South Dakota. He is a fellow of the American College of Surgeons (FACS), the American

Association of Neurological Surgeons (FAANS), and the American College of Legal Medicine (FCLM). He is an active member of the Congress of Neurological Surgeons, Christian Medical and Dental Association, North and South Dakota State Medical Associations, American Bar Association, State Bar Association of North Dakota and State Bar of South Dakota. He is a member of the Asset Protection Council of the Real Property, Trust, and Estate Law section of the American Bar Association. Additionally, he is the only physician member of Wealth Counsel, a National Association of 4,000 estate planning attorneys. He has earned the accredited estate planner (AEP) designation by the National Association of Estate Planning Councils. He belongs to the Financial Planning Association and is an affiliate member of the Chartered Financial Analyst Institute. Dr. Monasky has been married to Judy for 36 years. They are the proud parents of Mark Jr., a commercial pilot based in New York City, and Heather, an attorney in Los Angeles. Dr. Monasky can be reached at mmonasky@mdwealthprotector.com.

ROGER (REGAN) L. MOORE, DDS, MSD

Roger (Regan) L. Moore, DDS, MSD, President, Institute for the Advancement of Sports Dentistry, LLC; Academic Institution: Retired Faculty in Periodontology, University of Louisville School of Dentistry, Louisville, KY E-mail: teamdentist@aol.com Phone: (502)418-1833; Session Title: Legal Issues/Sports Dentistry. Dr. Roger (Regan) Moore Biosketch: Cincinnati Ohio native. Princeton H.S. (1961); Manchester College, N. Manchester Indiana (BS 1964); Ohio State Univ, DDS (1968); US Army Dental, Bamberg Germany (1968-1972); Private General Practice dentistry, Wilmington Ohio (1972-83); Certificate in Periodontics (85) and Masters of Science in Dentistry (86), University of Kentucky; Full time Periodontics faculty, University of Louisville School of Dentistry (1985-2015), Retired ULSD in 2015. Published in periodontal surgery, patient IV sedation, sports dentistry. Member: ADA, AAP, ASD and affiliates. President, KY Society of Periodontists 1988 and 2010. Inducted in Fellowship of America College of Dentists 2006. Editorial Board, Journal of Dental Traumatology until retirement in 2015. Served as President, Academy for Sports Dentistry 2007-08. Have worked with athletes of all ages including high school college, professional, adult amateur club and Olympic elite. Teach periodontic, pediatric, endodontic and general practice residents in knowledge, skills and practice of sports dentistry.

LILLIAN OBUCINA, DDS, JD, FCLM

Dr. Lillian Obucina is an Assistant Professor at Midwestern University College of Dental Medicine, Downers Grove, Illinois, where she teaches removable prosthodontics and practice management. She also owns and operates a dental, and a law practice, in the Chicago Loop. Dr. Obucina is a 1988 graduate of Northwestern University Dental School, and she completed post-graduate dental training at Northwestern by obtaining a Certificate in Prosthodontics in 1990. In 2002, Dr. Obucina graduated from The John Marshall Law School. Her legal practice is dedicated to healthcare law. She has lectured independently, and on behalf of the ADA, on risk management, ethics, oral health literacy and practice management. In her spare time, Dr. Obucina enjoys travel, photography and walking.

KALU UGWA EMMANUEL OGBUREKE

BDS, MSC, DMSC, JD, FDSRCS, FDSRCPs, FDSRCS, FRCPATH

Kalu U. E. Ogbureke is a tenured full Professor of Oral and Maxillofacial/ Head and Neck Pathology, and Chair of the Department of Diagnostic and Biomedical Sciences at The University of Texas School of Dentistry at Houston (UT-SOD Houston). He also is an Adjunct Professor at Augusta University (AU) Dental College of Georgia and the College of Graduate Studies in Augusta Georgia. Professor Ogbureke holds several visiting professorship at institutions in the United States and abroad. Professor Ogbureke earned his dental degree from the University of Ibadan in

Nigeria, a master's degree in medical science from the University of Glasgow in Scotland, a Doctor of Medical Sciences (DMSc, Molecular/Oral Biology) from Harvard University, and a juris doctorate (JD, Law) from Suffolk University Law School in Boston. He earned the fellowship in dental surgery of the Royal College of Surgeons of England (FDSRCS), the Royal College of Physicians and Surgeons of Glasgow (FDSRCPS), and the Royal College of Surgeons of Edinburgh (FDSRCSE). Professor Ogbureke also earned a graduate certificate in the Business of Medicine from Johns Hopkins University. He completed a 2½-year clinical research fellowship at the National Institutes of Health (NIH), Bethesda, Maryland. Professor Ogbureke is a board-certified diplomate of the American Board of Oral and Maxillofacial Pathology (ABOMP), a fellow of the Royal College of Pathologists of the United Kingdom (FRCPath), a board-certified diplomate of the American Board of Medical Malpractice (ABMM) and the American Board of Legal Medicine (ABLM), and a fellow of the American College of Legal Medicine (ACLM). He completed the Certificate of Training in Forensic Dentistry program of McGill University, Montreal, Canada. Professor Ogbureke has been inducted into the fellowship of the American College of Dentists (FACD). Professor Ogbureke is the principal investigator studying the role of the SIBLLING family of proteins in oral cancer and precancers and has been funded in this effort through major grant from NIDCR, and through foundation grants from the Wendy Will Case Cancer Foundation (WWCCF). His clinical practice is in the specialty of diagnostic Oral and Maxillofacial Histopathology, Head and Neck Pathology, and Clinical Oral Medicine. In 2007, Professor Ogbureke was awarded the first Neal W. Chilton Fellowship in Clinical Research by the American Association for Dental Research (AADR) and the Emerging Scientist award by GRU Research Institute. In 2010, he was named a Fulbright Scholar and served in that capacity for 10 months at the University of Lagos, Lagos, Nigeria (2010-2011). Professor Ogbureke is an attorney and admitted to practice law in three United States Jurisdictions (Georgia, Massachusetts, District of Columbia) and the United States Supreme Court. His interest is in Health Law and Policy, and Forensic odontology, and is a frequent invited speaker on aspects of the interface between law and medicine at the annual meetings of the American College of Legal Medicine. Between 2010 and 2011 Professor Ogbureke received three (3) separate Commendation Letters from AU Presidents. He also received a Commendation Letter from Senator Johnny Isakson, a United States Senator from Georgia, following his selection as a Fulbright Scholar by the U.S. Department of States in 2010. In 2012, Professor Ogbureke received the Outstanding Faculty Award of GRU. His other notable achievements include being the only dental team member of the Nebraska Institute of Forensic Sciences (NIFS) that investigated the high-profile "Angel-Togba" homicide case in Monrovia, Liberia in 2008. Professor Ogbureke also led a team of forensic investigators for the identification of victim of a plane crash in Kaduna, Nigeria in June 2011. He is a Consultant/Site Visitor to the American Dental Association (ADA) Commission on Dental Accreditation (CODA) and served on the Constitution Committee of both the AADR and the International Association for Dental Research (IADR). Professor Ogbureke is a recipient of The University of Texas School of Dentistry at Houston, Dean's Excellence (Scholarship of Discovery) Award (2015). He is a 2016 King James IV Professor, Royal College of Surgeons of Edinburgh (RCSEd; 2016), and the first African to receive this prestigious award. Professor Ogbureke was recently named the 2017 Harry W. Bruce Jr. Legislative Fellow by the American Dental Education Association (ADEA) and will be assisting with advocacy and legislative activities relevant to Oral Health during the summer of 2017. In June 2002, Dr. Ogbureke was invited as a Discussant on the subject of "NOMA in Nigeria" by the National Public Radio/ BBC, "The World Today" program (AUDIO available) hosted by Lisa Mullin. In 2010, he was profiled by the Augusta Chronicle in a full-length article titled: "Professor Stays Too Busy to Count his Degrees" (Available online at: <http://chronicle.augusta.com/news/metro/2010-02-21/professor-stays-too-busy-count-his-degrees>), and quoted in an Augusta Chronicle article discussing research report on "Coffee and tea intake and risk of

head and neck cancer: pooled analysis in the international head and neck cancer epidemiology consortium." The article by Galeone et al. (2010) discussed the effects of coffee consumption on the risk of developing head and neck cancers, including oral cancers. (Available online at: <http://chronicle.augusta.com/news/health/2010-06-21/coffee-could-greatly-cut-cancer-risk-research-says?v=1277170906>). The same year (2010) Professor Ogbureke's research was highlighted in the Augusta Chronicles in a full-length article titled: "GHSU wants to increase research, federal funding" (Available also online at: <http://chronicle.augusta.com/news/education/2011-11-09/ghsu-wants-increase-research-federal-funding>). Professor Ogbureke has authored and co-authored several peer reviewed scientific articles in high impact journals and book chapters and is the Editor and co-author of recently published book titled Oral Cancer.

DANIEL L. ORR II, BS, DDS, MS, PHD, JD, MD

Dr. Orr is an Oral & Maxillofacial Surgeon (OMS) practicing in Las Vegas, NV, and is father of nine children. He was named 1968 Eagle Scout of the Year by the Los Angeles Area Council and as an adult was awarded the Silver Beaver by the Boulder Dam Area Council. After graduating cum laude from BYU and with honors from USC School of Dentistry, he completed residencies in Anesthesiology at the University of Utah MC, where he also earned an M.S. in Anesthesiology, and in OMS at LA County/USC/MC. Dr. Orr then obtained a PhD in Biophysics from Columbia Pacific University. Dr. Orr subsequently graduated from William Howard Taft University School of Law and the University of Health Sciences Antigua School of Medicine. Dr. Orr is a Diplomate of the American Dental Board of Anesthesiology, the American Board of OMS, and the American Board of Legal Medicine. He has treated over 2,000 facial fractures and administered over 50,000 anesthetics. Dr. Orr has been on the founding boards of an off-shore professional liability insurance company, a 501(c)(3) approved public charity, and an FDIC approved bank. Dr. Orr is Professor and Director of OMS and Anesthesiology at the UNLV School of Dental Medicine and was selected the National Outstanding OMS Educator by AAOMS for 2011-2012. He is a Clinical Professor of Anesthesiology and Surgery at the University of Nevada School of Medicine and teaches high school and college level religious courses for The Church of Jesus Christ of Latter Day Saints. He is the Editor of the NV Dental Association Journal, Past President of the American Association of Dental Editors and Journalists and the American College of Legal Medicine, a member of several professional editorial boards and regularly reviews articles for JOMS, JADA, OOOOE, JACD, and others. Dr. Orr is the Post-Mortem Coordinator for Nevada's USPHS National Disaster Medical System, Chairman of the NSSOMS Anesthesia Committee, Past President of the NSSOMS, and is an accreditation Surveyor for CODA. He is admitted to the CA Bar and the U.S. Ninth Circuit Court of Appeals. Dr. Orr is a member of the Sports Medicine Teams for UNLV Athletics, the AAA Pacific Coast League Las Vegas 51's, the PRCA National Finals Rodeo, Past President of the D.A.R.E. Community Board, and the Medical Advisor and a Senior Ski Patroller for the Las Vegas Area National Ski Patrol.

OLIVIA CALHOUN PALMER, DMD, JD

Dr. Palmer is a native of Charleston, SC. She graduated from the Medical University of South Carolina's College of Dental Medicine in 1982 and entered private practice. In 1999 she completed the Medical College of Georgia's dental implant residency program. Dr. Palmer is an Honored Fellow of the American Academy of Implant Dentistry and a Diplomate of the American Board of Oral Implantology. Dr. Palmer served 32 years in the care and treatment of infants born with cleft lip and palate, and was a co-producer of a video about that care that won an international health sciences award. It was presented at the American College of Surgeons meeting in 1985. Dr. Palmer has

presented to dental groups all over the US and South Africa. In 2010 she entered the Charleston School of Law's evening program and completed the four year curriculum in three years, while practicing dentistry full time. After passing the SC Bar examination, she sold her private practice and formed Palmer Law Firm, LLC. She is a plaintiff's attorney and focuses on dental malpractice. She also has a consulting company, Palmer Consulting, LLC that offers expert witness services and risk management to attorneys and dentists around the country. Always the educator, she maintains a faculty appointment at the Medical University of South Carolina's Department of Stomatology where she teaches dental practice and risk management.

NICHOLAS E. PANOMITROS, DDS, JD, FCLM

Nicholas E. Panomitros is a practicing dentist and licensed attorney. He received his Doctor of Dental Surgery from the University of Illinois College of Dentistry and also holds a Juris Doctor as well as an LLM. Dr. Panomitros currently has faculty appointments at Loyola University's, Medical School, General Practice Dental Residency Program and University of Illinois, Schools of Public Health and College of Dentistry. Panomitros has been a dental board examiner for CDCA, CRDTS, WREB, SRTA and CITA. On his legal side, Dr. Panomitros has also taught at Loyola School of Law and was previously an Administrative Law Judge for the State of Illinois.

ANABEL PELHAM, PH.D.

Dr. Pelham is president of the National Association for Professional Gerontologists, emerita professor of Gerontology, and executive director of the Center for Age-Friendly Excellence. She is a member of the board of directors of the Los Altos Community Foundation and international expert and thought leader in aging. She recently guided the successful and first time 15-city Age-Friendly Silicon Valley initiative and is now working with other cities in the West.

JOSEPH D. PIORKOWSKI JR., MD, JD, FCLM

Joe Piorkowski has served as the leader of national expert witness teams for the defense of Norplant, Sulzer hip and knee implant, Baycol, and YAZ/Yasmin litigations. He has experience representing scientists, physicians, other health care providers, hospitals, and other product manufacturers in a wide range of litigation, including toxic tort/products liability cases, medical malpractice actions, peer review proceedings, and FDA matters. Joe was selected as one of Washington, DC's 2017 "Superlawyers" for Personal Injury Products (Defense) and he has been repeatedly listed by Washingtonian magazine as one the "Best Lawyers in Washington." Joe is a physician as well as an attorney and is board certified in three areas, including family practice. He served as a flight surgeon in the U.S. Naval Reserve Medical Corps for over 25 years until his retirement with the rank of Captain in 2005. He continues to teach other doctors and health care providers as an Instructor in Advanced Trauma Life Support and Advanced Cardiac Life Support. Joe has served as an Adjunct Professor of Law at Georgetown University Law Center since 1992, where he has taught courses including "Trial Practice: Working with Medical Experts" and "Causality in Science and Law Seminar." He also served as Clinical Assistant Professor in the Department of Surgery (General) at the Georgetown University of Medical Center from 1995 to 2004. Joe is the author of "Medical Testimony and the Expert Witness" Legal Medicine: Medical Dynamics of Legal Encounters (3d. ed. 1995, 4th ed. 1998, 5th ed. 2001, 6th ed. 2004, 7th ed. 2007, 8th ed. 2010, 9th ed. 2015); Note, Between a Rock and a Hard Place: AIDS and the Conflicting Physician's Duties of Preventing Disease Transmission and Safeguarding Confidentiality 76 Georgetown Law Journal 169 (1987); and Note, Professional Conduct and the Preparation of Witnesses for Trial: Defining the Acceptable Limitations of "Coaching" 1 Georgetown

Journal of Law Ethics 389 (1987). He is also a frequent lecturer and presenter on various legal and medical topics. Joe is a Fellow of the American College of Preventive Medicine and the American College of Legal Medicine. He is a member of the International Association of Defense Counsel (IADC), Regulatory Affairs Professional Society, International Society for Pharmacoepidemiology, and the American Bar Association's Litigation section. Joe is admitted to practice before the state courts of Maryland, Texas and the District of Columbia; and numerous United States District Courts and Courts of Appeals as well as the United States Supreme Court. Joe is licensed to practice medicine in the District of Columbia and Maryland.

ERIC PLOUMIS, DMD, JD

Dr. Eric Ploumis is an attorney, an orthodontist, and an associate clinical professor of orthodontics at New York University. He maintains a practice in orthodontics and in law in New York City.

DAVE PREBLE, DDS, JD, CAE

Dave Preble Vice President, Practice Institute, American Dental Association leads an operating agency responsible to grow the value of ADA membership through the delivery of programs, products and services related to the business of operating a dental practice of any size and to promoting the interests of the dental profession in issues related to health care finance, health outcomes and quality, informatics and standards, and public health. Dr. Preble has a nicely diverse background and experience base as he has practiced dentistry for over 20 years in both private and public health settings, holds a law degree, is a Certified Association Executive, is a Kellogg Executive Scholar in Non-Profit Management and is a Fellow of both the American College of Dentists and the American College of Legal Medicine.

FRANK RECKER, DDS, JD, FCLM

Dr. Frank Recker obtained his D.D.S. from the Ohio State University College of Dentistry, and his J.D. from Northern Kentucky University Chase College of Law. Before entering the full time practice of law, he practiced as a general dentist in Cincinnati and served on the Ohio State Dental Board. As a Life member of the American Association of Dental Boards, he monitors dental board activities and trends throughout the U.S. In addition to having represented dentists in disciplinary and malpractice proceedings in over 25 states, he has successfully litigated First Amendment/advertising cases against dental boards in several states. Dr. Recker has lectured to dental groups throughout the country on a multitude of risk management issues, including high-risk patients, clinical issues, staffing and employment protocols, and dental board matters. He is licensed to practice dentistry in Ohio and Florida, and admitted to the practice of law in Ohio, Kentucky, Florida, and multiple federal appellate courts and the US Supreme Court.

FRANK J. RICCIO, DMD, JD, FCLM

Attorney Riccio has maintained a private law practice in Braintree, Massachusetts since 1987. He has substantial jury trial experience in civil litigation. His areas of concentration include medical and dental negligence; trucking liability; liquor liability; general negligence; and crime victim representation. Mr. Riccio has been a clinical instructor in Oral Medicine at Harvard Dental School, since 1995. Mr. Riccio is a member of the Massachusetts Academy of Trial Attorneys, where he is a Regional Governor and Chairman of the Medical Negligence Committee. He is also a member of the Massachusetts Bar Association, where he is a former Co-Chair of the Health Law Council; the National Crime Victim Bar Association; the AAJ; and the Million Dollar Advocates Forum. He has been named a Boston Magazine Super Lawyer since 2005. He is on the Board of Directors of Massachusetts Citizens for Children. Mr. Riccio became Board Certified as a Civil Trial Specialist

by the National Board of Trial Advocacy in October 2000, and was re-certified in October 2005. He is a Fellow in the American College of Legal Medicine. He is also a certified mediator and FINRA Arbitrator. Mr. Riccio has lectured extensively in Massachusetts and throughout the country on many medical, legal and trial practice topics and was a co-host on the WCRN Worcester radio program, Talking About the Law.

**JOSEPH P. RILEY JR., JD
FORMER MAYOR OF CHARLESTON, SOUTH CAROLINA**

Joe Riley is widely considered one of the most visionary and highly effective governmental leaders in America. He served ten terms as Mayor of the City of Charleston from 1975 to 2016. He graduated from The Citadel in 1964 and the University of South Carolina Law School in 1967, and served in the S.C. House of Representatives from 1968 to 1974. In his time as Mayor, Charleston transformed from a decaying urban center to a top cultural destination. He is known for his innovative redevelopment projects, carefully crafted to add to the overall quality of life in the city. He diffused racial tensions by working closely with the African American community. The crisis leadership that he demonstrated after Hurricane Hugo in 1989 gained national praise for getting the city quickly cleaned up and running. Today, Riley is professor of American Government and Public Policy at The Citadel and Executive in Residence at the Joseph P. Riley, Jr. Center for Livable Communities at the College of Charleston. He is a Distinguished Fellow of the Pew Charitable Trusts, working on smart solutions for flood-prone communities and the national government, and the first Distinguished Visiting Fellow at the Urban Land Institute. Riley is also currently working to build the International African-American Museum, a \$75 million project scheduled to break ground in 2018. Under his leadership, Charleston increased its commitment to racial harmony and progress, achieved a substantial decrease in crime, experienced a remarkable revitalization of its historic downtown business district, supported the creation and growth of Spoleto Festival USA, added significantly to the City's park system including the highly celebrated Waterfront Park, developed nationally acclaimed affordable housing, and experienced unprecedented growth in Charleston's size and population. Mayor Riley led a city government with an impressive record of innovation in public safety, housing, arts and culture, children's issues, and economic revitalization and development. The City of Charleston is recognized as one of the most livable and progressive cities in the United States. Riley has held numerous national leadership positions and received many awards and distinctions. President Barack Obama presented him with the 2009 National Medal of the Arts for cultivating Charleston's historic and cultural resources to enhance public spaces, and for revitalizing urban centers throughout the U.S. as the founder of the Mayors' Institute on City Design. The American Architectural Foundation and the U.S. Conference of Mayors in 2010 created the Joseph P. Riley, Jr. Award for Leadership in City Design in his honor. He received the American Society of Landscape Architects' 2004 Olmsted Medal; Governing Magazine named him their Public Official of the Year in 2003 for "leveraging the power of urban design and civic space." The American Architectural Foundation honored him in 2002 with the Keystone Award for exemplary leadership to those who use architecture to transform their communities. He was named one of the 2004 Giants of Design by House Beautiful Magazine and received the first U.S. Conference of Mayors President's Award in 2000 for outstanding leadership. In 2000, he was honored as the first recipient of the Urban Land Institute's J. C. Nichols Prize for Visionary Urban Development, and also in 2000, was honored with the Arthur J. Clement Award in Race Relations for his battle to remove the confederate flag from the S.C. Statehouse. Riley received the 1994 Thomas Jefferson Award for "his exceptional leadership and 'Jeffersonian' vision in redefining the promise and, ultimate the future, of our nation and its

cities." He has received the Seaside Prize from the Seaside Institute for exemplary leadership and contributions to high-quality urban design throughout America. He received the Outstanding Mayors Award from the National Urban Coalition, the Distinguished Citizen Award by the National Association of Realtors. He served as President of the U.S. Conference of Mayors in 1986-87 and has received honorary degrees from ten colleges and universities.

S. SANDY SANBAR, MD, PHD, JD

BACHELOR OF SCIENCE (With Distinction) in Biology; DOCTOR OF MEDICINE (With Distinction), American University of Beirut, Lebanon; DOCTOR OF PHILOSOPHY (in Biochemistry), University of Oklahoma; JURIS DOCTOR, Oklahoma City University. Military Service in the U.S. Army Medical Corps: 1969 - CAPTAIN, promoted to MAJOR, at Fitzsimmons General Hospital, Denver, Colorado; 1970 - LT. COLONEL U.S. Army Medical Corps, U.S. Army Hospital, Danang, Vietnam; 1970 - Bronze Star Medal Award in Vietnam prior; Honorably Discharged July 4, 1970. Since 1970's, he has practiced in Oklahoma City both as an Attorney at Law and Internal Medicine and Cardiology. Sanbar is a Past President of the American College of Legal Medicine (1989-1990) and he has received numerous Awards, including Gold Medal Award (2000), Distinguished Service Award (2007) of the American College of Legal Medicine. From 2007-2012, he served as the Chairman of the American Board of Legal Medicine (ABLM). He is a Diplomat of the ABLM. He is an Adjunct Professor of Medical Education, Univ. Of Oklahoma Health Sciences Center, Oklahoma City, OK; and Adjunct Professor of Medical Jurisprudence, Touro University Nevada College of Osteopathic Medicine. Sanbar is a prolific author of over 200 articles, and author or editor of eleven Books. His books include Hyperlipidemia & Hyperlipoproteinemia; Medical and Hospital Law; Editor, LEGAL MEDICINE, seven Editions from 1987- 2007; Editor, MEDICAL MALPRACTICE SURVIVAL HANDBOOK, 2007; and Editor, ABLM BOARD REVIEW EXAM & STUDY GUIDE, 2007 & 2012, and LEGAL MEDICINE & MEDICAL ETHICS, 2010 and 2015.

**BRUCE H. SEIDBERG
DDS, MSCD, JD, DABE, DABLM, FACD, FCLM, FAAHD, FPPA**

Dr. Bruce Seidberg received his DDS from SUNY Buffalo, Masters (MScD) degree in Endodontics from the Boston University School of Graduate and his JD from Kensington University. He is a Diplomat of the American Board of Endodontics and the American Board of Legal Medicine, a Fellow of the American College of Dentists, the American Association of Hospital Dentistry, the Pierre Fauchard Academy and the American College of Legal Medicine He is a member of the American Dental Association, American Association of Endodontists, American Association of Dental Editors, New York State Endodontic Association and other local dental societies. A former Associate Professor of Endodontics at SUNY at Buffalo and Director of a General Dentistry Residency Program at the St. Joseph's Hospital Health Center in Syracuse, he is currently Chief of Dentistry at Crouse Hospital in Syracuse, NY, serves on the American Board of Legal Medicine and is Secretary of the American College of Legal Medicine Foundation. Dr. Seidberg has contributed many articles to the dental literature, a chapter in the dental text Dentistry for the Special Patient, legal text Legal Medicine and the 6th Edition of Ingle's Endodontics. Dr. Seidberg served as Associate Editor of the Fifth District Dental Society Bulletin (NYS), Editor of the Boston University School of Graduate Dentistry Endodontic publications (Quarterly, Newsletter and Journal) for twenty five years, on the Scientific Advisory Panel for the Journal of Endodontics, Managing Editor of the ACLM Communiqué and Editor-in-Chief of the AAE District II Endodontic Forum; and he served a four year term on the American Dental Association Council on Communications. He has lectured at national and international meetings about the

fields of dentistry and law. He is a past chair of the Pierre Fauchard Academy and has served two terms on the AAE Foundation Board including a term as secretary-treasurer, vice-chair of the American Dental Association Council on Communications, two terms each on the Board of Governors of the American College of Legal Medicine and the Board of Directors of the American Association of Endodontics. He was awarded the President's Award from the AAE in 2001, being the second individual to receive the honor in the 54 year history of the organization. He was also presented with a President's Award for Service from ACLM in 1992, 1993 and 1994 and the Gold Medal in 2013 for excellence and participation on behalf of dentistry and law. He has completed two terms as President of the New York State Association of Endodontists, and represented the State Endodontists on the New York State Dental Association Board of Governors. Dr. Seidberg is a Past President of the Cayuga County and the Onondaga County Dental Societies. He was the 48th President of the American College of Legal Medicine, the first dentist to serve in that capacity. He is currently in his second term as Chairman of the New York State Board for Dentistry. Dr. Seidberg is a Board Certified Endodontist with a private practice in Liverpool (Syracuse), New York and consultant for dental malpractice cases and can be reached at: Advanced Endodontics, PC; Dental-Legal Consultant, Plaza at North Medical Center 5112 West Taft Road; Suite "R", Liverpool (Syracuse), New York 13088 Tel.: 315-453-3636 Fax: 315-466-3636 - E-mail: bseidberg@me.com

ERIC E. SHORE, DO, JD, MBA, FCLM

Dr. Shore practiced Internal Medicine in the Philadelphia area for more than 28 years and Health Care Law for 14 years. He received his DO degree from the Philadelphia College of Osteopathic Medicine and pursued a residency in Internal Medicine at Philadelphia General Hospital. He received his JD degree from Rutgers University School of Law, and his MBA in Medical and Healthcare Management from Saint Joseph's University. He is a Fellow of that American College of Utilization Review Physicians (FACURP) and certified in Quality Assurance and Utilization Review, a Fellow of the American Academy of Family Physicians (FAAFP) and the American College of Legal Medicine (FCLM). He is currently Chair of the Pennsylvania Bar Association Medical Marijuana and Hemp Subcommittee on Workers Compensation and his law practice includes most healthcare related issues as well as appeals to reverse payment denials to hospitals.

JACK SNYDER, BS, MD, JD, PHD, MFS, MPH-MBA-MSIS

Dr. Jack Snyder, BS, MD (Northwestern), JD (Georgetown), PhD (MCV), MFS (GeoWash), MPH-MBA-MSIS (Johns Hopkins) currently serves as managing director for the Washington office of CATO Research Ltd, a global clinical research organization, and also as a member of the Board of Directors of the American Board of Toxicology. Dr. Snyder is Board-Certified in Medical Toxicology, General Toxicology, Clinical Informatics, Occupational Medicine, General Preventive Medicine, Pathology (Anatomic, Clinical & Chemical), Chemistry (Toxicological & Clinical), Quality Assurance & Utilization Review, Legal Medicine, Public Health, and Regulatory Affairs (US, Europe, Canada, Global). Jack is also certified as a Project Management Professional, Physician Investigator, Physician Executive, and Medical Review Officer, and maintains a New York Certificate of Qualification to direct clinical laboratories. He has directed & inspected clinical & research projects & laboratories; served as managing director, chief medical officer, and medical examiner; taught law, medicine, forensics, and regulatory science at Thomas Jefferson, George Washington, and Johns Hopkins Universities; served on non-profit boards; authored/edited textbooks, regulatory documents, study reports, and clinical trial protocols; authored >120 manuscripts in medical, legal, and scientific publications; and presented hundreds of papers at national and international meetings. Finally, Dr.

Snyder is past president of ACLM, past Secretary of ABLM, and fellow of the American College of Medical Toxicology, American Academy of Clinical Toxicology, Association of Clinical Scientists, American Society of Clinical Pathologists, College of American Pathologists, Academy of Physicians in Clinical Research, National Academy of Clinical Biochemistry, American Board of Quality Assurance & Utilization Review, and the American College of Legal Medicine.

JENNIFER UNIS SULLIVAN, DMD, JD, FCLM

Jennifer Unis Sullivan was born and raised in the Pittsburgh area. She attended the University of Pittsburgh for undergraduate studies earning a B.S. degree prior to attending Temple University School of Dentistry (Kornberg School of Dentistry) in Philadelphia, Pennsylvania where she earned a D.M.D. degree. Upon graduation from dental school in 1986, Dr. Jennifer was hired by the Director of Clinics at Temple University School of Dentistry to evaluate patients for treatment in the dental school. She also maintained a limited general dental practice in the School of Dentistry, treating patients referred from Temple Dental School and Temple University Hospital. Dr. Jennifer left her position at Temple Dental School to practice as an associate dentist in a private general dental practice in Havertown, PA. In 1990, she moved back to the Pittsburgh area and founded Unis Dental Associates along with her brother, Nicholas J. Unis, D.M.D. who graduated from Temple University School of Dentistry in 1989. She continues to practice general and cosmetic dentistry, bringing over 30 years of experience to her patients. Dr. Jennifer also attended Duquesne University Law School in the evening while maintaining a very busy General Dental practice during the day, graduating in 1994 with a J.D. degree. She is the first female dentist in the Commonwealth of Pennsylvania to earn a law degree, and to pass the Pennsylvania Bar. She has maintained a Law license for over 20 years, has experience with a myriad of legal topics including dental/legal issues and employment law. Dr. Jennifer has been involved in organized dentistry and law with memberships in the American Dental Association, the American Bar Association, the Pennsylvania Dental Association, and has served as President of the Beaver Valley Dental Society. She is a Fellow of the American College of Legal Medicine. She has been named several times as one of Pittsburgh's "Top Dentists" in Pittsburgh Magazine. Dr. Jennifer lives outside of Pittsburgh with her husband William, and her sons William Jr., and Bradley.

VELING W. TSAI, MD, JD, FCLM

Veling W. Tsai, MD, JD, FCLM, is a clinical assistant professor in the Department of Head and Neck Surgery at the University of California at Los Angeles – David Geffen School of Medicine. Dr. Tsai is also an attending physician in the Department of Surgery, Division of Head and Neck Surgery at Olive View – UCLA Medical Center in Sylmar, California. Additionally, Dr. Tsai is in private practice, and Chief of Staff at Alhambra Hospital in Alhambra, California. He attended UCLA and received a Bachelor of Arts degree in Geography/Environmental Science, graduating with latin honors. Dr. Tsai then received his dual law and medical degrees from Southern Illinois University - School of Medicine and School of Law. Dr. Tsai completed his Head and Neck Surgery residency training at UCLA. He is licensed to practice both law and medicine in the State of California. Dr. Tsai continues to be actively involved in scholarly research by serving on the editorial board for the Journal of Legal Medicine. Dr. Tsai is the current Treasurer of ACLM.

MARY WALL, MD, JD, FCLM

Dr. Mary Wall is a board-certified radiologist by the American Board of Radiology. She earned her Bachelor of Arts in Chemistry at Washington and Jefferson College in Washington, PA. After attending medical school at Drexel University, she completed her residency in Diagnostic radiology at Monmouth Medical Center in Long Branch, NJ where she served as Chief Resident. She went on to complete a Magnetic Resonance Imaging fellowship, also at Monmouth Medical Center. In 1999, Dr. Wall graduated from Case Western Reserve University School of Law where she received the degree Juris Doctor. She is a member of the American Bar Association and the Ohio Bar Association. Dr. Wall is the Immediate Past President of the Ohio State Medical Association and a member of Governor Kasich Ohio Committee on Medical Pay Reform. In addition, she is a member of the Ohio Veteran's Court Information Group, Past Chairperson of the Executive Compensation Committee for the Ohio State Medical Association, Past President of the OSMA, and a fellow of the American College of Legal Medicine. Dr. Wall was born in Pittsburgh, PA and currently resides in Bellevue, Ohio. She joined Mercy Radiology Group in June, 2016, which transitioned to Columbus Radiology Corporation division of Radiology Partners, Incorporated in March, 2017. She serves as lead Nuclear Physician for the Northwest Ohio division of Mercy Health.

CYRIL H. WECHT, MD, JD

Cyril R Wecht received his M.D. degree from the University of Pittsburgh and his J.D. Degree from the University of Maryland. He is certified by the American Board of Pathology, the American Board of Disaster Medicine, and the American Board of Legal Medicine. Dr. Wecht is actively involved as a medical-legal and forensic science consultant, author, and lecturer, and was the elected Coroner of Allegheny County for 20 years. He has performed approximately 20,000 autopsies, and reviewed or been consulted on approximately 40,000 additional post-mortem examinations, including cases in several foreign countries. Dr. Wecht holds several professorial faculty positions at the University of Pittsburgh, Duquesne and Carlow Universities. He is the author or co-author of more than 600 professional publications, and editor or coeditor of 46 books. Dr. Wecht has appeared as a frequent guest on numerous national TV and radio shows, discussing famous cases, many of which are discussed in his books, Cause of Death, Grave Secrets, Who Killed JonBenet Ramsey? Mortal Evidence, Tales from the Morgue, From Crime Scene to Courtroom, A Question of Murder, and Final Exam.

RICHARD S. WILBUR, MD, JD, FCLM, FACP, FACPE, FRSM

Richard S. Wilbur MD JD FCLM FACP FACPE FRSM is a Stanford trained Board Certified Internist and Gastroenterologist physician-executive. Currently, Board Chairman of the American Medical Foundation for Peer Review and Education working on patient safety. Member of the National Academy of Medicine. Former ACLM President.

MICHAEL WILLIAMS, JD

Michael Williams was born and raised in the capital city of Jamaica and was educated both in Jamaica and in the Union of Soviet Socialist Republics (USSR) as it then was. Michael was called to the Russian (Moscow) Bar in 1992 and briefly practiced there. He was called to the Jamaican Bar in 2014 and has practiced there since. Michael has distinguished himself by representing the people of West Kingston in the recently concluded public enquiry (West Kingston Commission of Enquiry) into the death of 74 persons in an internal security operation in the said West Kingston in May 2010. Largely due to Michael's trenchant and fearless advocacy, the Commissioners of the Enquiry recommended that the estates of those killed in suspected cases of extra judicial killings, those who lost properties and those whose

properties were damaged to be compensated. The Government of Jamaica is slated to pay out some Two Hundred Million Dollars in compensation. In addition to running a very busy general law practice, Michael lectures and tutors Law & Ethics at the College of Oral Health, University of Technology, Jamaica (UTech). Michael was Jamaica's Consumer Representative to the American Board of Dental Examiners (ADEX) for three years ending August of 2017 when ADEX retired the Consumer Representative posts in its House of Representatives.

SAMUEL WOLFMAN, LLB, PHD

Dr. Samuel Wolfman teaches Psychiatry and Law at the Law Faculty of Haifa University Israel and at the medical school and has lectured, as a visiting professor, on psychiatry and law, medical law and bioethics, in universities in Europe and the US. Dr. Wolfman is a member of UNESCO teaching professors in bioethics, he participates in many international forums and congresses on forensic psychiatry, medical law and bioethics. He has attended and lectured in ACLM meetings since 2002. Dr. Wolfman serves as chairman of statutory tribunals in Israel for involuntary detainments of mental patients so that his presentation is based on academic as well as on practical experience.

PAMELA ZARKOWSKI, MPH

Professor Pamela Zarkowski is currently Provost and Vice President for Academic Affairs at the University of Detroit Mercy. She earned a Bachelor of Science, a Masters of Public Health in Dental Public Health and a Teaching Certificate in Community Dentistry from the University of Michigan and a Juris Doctor from Wayne State University. An educator for 38 years, she has served in various administrative roles and continues to teach predoctoral, graduate and dental hygiene students. She has held various leadership roles in national organizations, provided workshops and published in the area of legal and ethical issues for dental and health professionals.

KARIN WAUGH ZUCKER, MA, JD, LL.M., FCLM

Karin Waugh Zucker, MA, JD, LL.M., FCLM, is a Professor of Health Care Administration, Baylor University, and a Consultant in Bioethics to Brooke Army Medical Center. She teaches, or has taught, health care law, managed care law, health care contracting, health politics and policy, negotiations, international health, human resources management, and ethics --introduction to medical ethics, clinical ethics, organizational ethics, and the law and ethics of war and terrorism. Professor Zucker received her BA. in political science from Quincy College in Quincy, Illinois; her MA in philosophy from Boston College in Chestnut Hill, Massachusetts; her JD from the University of Missouri at Kansas City, Missouri; and her MFS and LL.M. from George Washington University, Washington, DC. Among her assignments while on active duty with the Judge Advocate General's Corps, US Army, were tours as the Command Judge Advocate for the U.S. Army Medical Command Europe (7th Medical Command) and as the Legal Counsel for the Armed Forces Institute of Pathology and the Collaborative Center for the Investigation of AIDS. While in the Army, she also held academic appointments at the University of Maryland, the University of Texas Health Science Center - Houston, Texas Wesleyan University, and Tulane University. She is now a Department of the Army civilian employee with the Army - Baylor University Graduate Program in Health and Business Administration at the Army Medical Department Center and School. Professor Zucker is a Fellow of the American College of Legal Medicine and a member of the Association of Professional and Practical Ethics. She has lectured widely on legal medicine and bioethics and, since 2007, has been a member of the faculty of the European Summer University on Medical Ethics and Law in Toulouse, France.