

Chapter 1

Introduction: Legal Medicine

S. Sandy Sanbar, MD, PhD, JD, FCLM

History of Legal Medicine
Legal Medicine in America
Health Law in Law Schools
Dual MD/JD Degrees

Medical Ethics and Legal Medicine in Medical schools
Postgraduate Legal Medical Education
Conclusion

QUERY: Please provide we have to give indent for 'run on' for these 1 heads or leave as it is.

Law and medicine are two prominent professions, which have often been viewed in conflict. There are, however, more similarities than differences between these two noble professions, as evidenced in this textbook. This chapter introduces readers to the field of law and medicine, which has attempted to unite the two professions and has been known by several different names, including *legal medicine* or *health law*. It reviews some historical highlights in the development of legal medicine and explains how it is approached in legal, medical, and continuing professional education. Legal medicine has emerged from being a field that was almost exclusively concerned with forensic pathology and psychiatry in country-specific settings to now encompass the bioethics, organization, liability, and management of health care delivery and the growing global movement toward human rights in health.

HISTORY OF LEGAL MEDICINE

The roots of legal medicine can be traced back to the sixteenth century in Italy and the late eighteenth century in Britain. Published treatises generated from Italy and Britain guided the development of legal medicine in Germany, France, and the United States. *Médecine légale*, or legal medicine, is a French term that first appeared during the late eighteenth and early nineteenth centuries.¹ The French legal medicine subject was broad and included medical evidentiary matters and medical areas of legal significance, for example, the criminally insane and the rehabilitation of criminals.

In 1877, Harvard University established a separate professorship in legal medicine. In 1942, Dr. Alan R. Moritz, then the occupant of that professorship, defined legal medicine as “the application of medical knowledge to the needs of justice. Although by definition this would appear to be a broad and scientifically heterogeneous field, the practice of legal medicine is concerned chiefly with what might be most adequately described as forensic pathology.”²

In 1975, another prominent Harvard professor of legal medicine, Dr. William J. Curran, who founded the Law-Medicine Institute at Boston University Law School in 1955 (now the Health Law Department of Boston University School of Public Health), defined the term *legal medicine* as “the specialty areas of medicine concerned with relations

with substantive law and with legal institutions. Clinical medical areas, such as the treatment of offenders and trauma medicine related to law, would be included herein.”³

The introduction of the term *medical jurisprudence* in America was the result of developments in Britain. In 1788, Dr. Samuel Farr of Britain published the *Elements of Medical Jurisprudence*. Until that time, the British did not systematically study or teach legal or forensic medicine, and no comprehensive British work on the subject was available.⁴

In 1789, Dr. Andrew Duncan was appointed professor of the Institutes of Medicine at the University of Edinburgh, and he began to give lectures in medical jurisprudence and public hygiene.⁵ Duncan was the first in Britain to provide systemic instruction in legal medicine. He used the term *medical jurisprudence* to encompass both “medical police and juridical medicine.” Dr. James S. Stringham of New York, who was at Edinburgh earning his medical degree in 1799, brought the term with him to America.

In 1804, Stringham defined medical jurisprudence as “that science which applies the principles and practice of the different branches of medicine to the elucidation of doubtful questions in courts of justice.”⁶ In 1975, Curran argued that the unfortunate title of “medical jurisprudence should at long last be relegated to the lexicographer’s scrap heap. It was incorrectly applied to the medical side of the field in the first place. It is now either inappropriate or too pretentious a term for the legal aspects of the subject.”⁷ More recently the term *health law* has gained wide acceptance and is used in textbook and course titles in most law schools and law firms to denote the field, as well as in some medical schools and almost all schools of public health.

LEGAL MEDICINE IN AMERICA

Numerous excellent articles on the history of legal medicine have been published in the medical and legal professional journals, some of which are referred to in this chapter. Five extensive and authoritative references of articles on the general history of legal medicine are those by Gilbert H. Stewart (1910),⁸ Sir Sydney Smith (1954),⁹ Chester R. Burns (1977),¹⁰ William J. Curran (1980),¹¹ and James C. Mohr (1993).¹² Some of these publications also include discussions of the history of medical ethics.

2 Introduction: Legal Medicine

Legal Medicine in the Nineteenth Century in the United States

In the United States, legal medicine started to develop at the beginning of the nineteenth century. Stringham studied medicine first in his native city of New York and subsequently at Edinburgh, Scotland, where he graduated with the doctor of medicine degree in 1799. In 1804, Stringham instituted a course of lectures in legal medicine at Columbia College of Physicians and Surgeons in New York. He was the first systematic teacher of legal medicine in America. In 1813 he was appointed professor of medical jurisprudence at the College of Physicians and Surgeons, a post he held until his death in 1817.

Dr. Benjamin Rush is credited with emphasizing the significance of the relationship between law and medicine in the early 1800s. As the nation's first surgeon general and a signatory of the Declaration of Independence, Rush established American legal medicine with his published lecture "On the Study of Medical Jurisprudence," which he delivered to medical students at the University of Pennsylvania, Philadelphia, in 1811.¹³ The lecture by Rush dealt with homicide, mental disease, and capital punishment.

The work of Stringham and Rush inspired the teaching of medical jurisprudence in other American medical schools. Among the early teachers were Dr. Charles Caldwell in Philadelphia and Dr. Walter Channing at Harvard. In 1819, Dr. Thomas Cooper, a legal officer of distinction and president of the College of South Carolina, published *Tracts on Medical Jurisprudence*. This volume contained almost all available literature written in English on legal medicine.

In 1815, Dr. T. Romeyn Beck was appointed lecturer on medical jurisprudence at Western Medical College, New York State. In 1823, Beck published the *Elements of Medical Jurisprudence*, which defined the field of legal medicine for about half a century of American medical practice. Beck's two volumes included impressive topics, such as rape, impotence and sterility, pregnancy and delivery, infanticide and abortion, legitimacy, presumption of survivorship, identity, mental alienation, wounds, poisons, persons found dead, and feigned and disqualifying diseases.

In 1838, Isaac Ray published *A Treatise on Medical Jurisprudence of Insanity*. In 1855, the year that Beck died, Francis Wharton, an attorney, and Dr. Moreton Stille, a physician, collaborated to publish *A Treatise on Medical Jurisprudence*. In 1860, Dr. John J. Elwell, a physician and an attorney, published a book entitled *A Medico-Legal Treatise on Malpractice, Medical Evidence, and Insanity Comprising the Elements of Medical Jurisprudence*, which highlighted the issue of malpractice in the medical jurisprudence literature. Elwell's book presented excerpts from contemporary cases for the purpose of teaching physicians what to expect from malpractice litigation. Dr. John Odronaux, also a physician and an attorney, published *Jurisprudence of Medicine* in 1867 and *Judicial Aspects of Insanity* in 1878. In 1894, Randolph A. Witthaus and Tracy C. Becker published *Medical Jurisprudence, Forensic Medicine and Toxicology*.

For medical students and physicians, medical jurisprudence assumed the position of central importance in U.S.

schools of medicine throughout most of the 1800s. During the course of the nineteenth century, the institutions, laws, and judicial decisions in America reflected the increasing influence of sound medicolegal principles, especially those pertaining to mental disease and criminal lunacy.

Legal Medicine after the American Civil War

After the American Civil War, however, things changed drastically; legal medicine became temporarily dormant. American Professor and Dean Stanford Emerson Chaille expressed his view of the deplorable condition of medical jurisprudence in the United States. Chaille demonstrated how the teaching of medical jurisprudence had deteriorated by noting that in some medical colleges the course had been dropped altogether, in others it had been attached to some other subject, and in many colleges the teaching of medical students was entrusted to an attorney with no formal training in the medical field.¹⁴

In 1867, the Medico-Legal Society was organized in New York. It was the first society in the world to be organized for the purpose of promoting the principles that an attorney could not be fully equipped for the prosecution or the defense of an individual indicted for homicide without some knowledge of anatomy and pathology and that no physician or surgeon could be a satisfactory expert witness without some knowledge of the law.¹⁵

Legal Medicine Renaissance in the Twentieth Century

In the early twentieth century the teaching of medical jurisprudence was still relegated to a position as an occasional subject taught outside the mainstream. However, by the middle of the twentieth century, legal medicine underwent a renaissance, as evidenced by the establishment of the American College of Legal Medicine (ACLM), the founding of the Law-Medicine Institute at Boston University, and the rekindling of contemporary interest in a vast array of legal medicine issues, medical ethics, physician and patient rights, and business and professional aspects of medical practice.

The American College of Legal Medicine

In 1955, recognizing the growing impact of legislation, regulations, and court decisions on patient care and the general effect of litigation and legal medicine on modern society, a group of physicians and surgeons, some of whom were educated in the law, organized what would later become the American College of Legal Medicine (ACLM). The college was incorporated on September 23, 1960, by nine doctors of medicine, three of whom were attorneys. Of the 36 physicians who were designated "founding fellows," 10 had earned law degrees.

The ACLM is the oldest and most prestigious U.S. organization devoted to problems at the interface of medicine and law. Its membership is made up of professionals in medicine, osteopathy, and allied sciences, including dentistry, nursing, pharmacy, podiatry, psychology, and law.

The ACLM has published a scholarly journal, the *Journal of Legal Medicine*, since 1973. In 1988, the ACLM also published the first edition of this textbook, *Legal Medicine*; subsequent editions were published in 1991, 1995, 1998, 2001, 2004, and the current one in 2007. In addition, the ACLM published in 2007 the first edition of the *Medical Malpractice Survival Handbook*, which is a practical handbook that deals with liability issues confronting physicians and other health care providers.

The American Society of Law, Medicine, and Ethics

In 1972, a physician and two attorneys founded the American Society of Law and Medicine (Ethics was added in 1992; ASLME) as a successor organization to the Massachusetts Society of Examining Physicians. Its founding president was cardiologist Dr. Elliot Sagall, who also cotaught the law and medicine course at Boston College Law School with George J. Annas, an attorney. The organization quickly became the largest medicolegal organization in the world dedicated to continuing education, as well as the publisher of the two leading medicolegal journals, the *Journal of Law, Medicine, and Ethics* and the *American Journal of Law and Medicine*; the latter is published as a law review at Boston University Law School. The ASLME also has sponsored international meetings in locations around the world in an effort to bring physicians, attorneys, ethicists, and others interested in health law together.

HEALTH LAW IN LAW SCHOOLS

In law schools, the field of legal medicine is generally referred to as *health law*. From World War II until the late 1960s, the field of legal medicine was defined by law school courses that were almost exclusively concerned with issues of forensic psychiatry and pathology and were properly considered advanced courses in criminal law. In the late 1960s, some law and medicine courses began concentrating on broader medicolegal issues faced in the courtroom, including disability evaluation and medical malpractice. These courses were properly considered either advanced tort or trial practice courses.

In the 1970s, the concerns of at least some law and medicine courses expanded to include public policy, including issues of access to health care and the quality of that care. At the same time, advances in medical technology created new legal issues to explore—from brain death and organ donation to abortion and in vitro fertilization. These issues were increasingly incorporated into law and medicine courses, which were themselves becoming known by the broader term of *health law*.

Teachers of health law in law schools and medical schools, together with health law teachers in schools of public health and schools of management, began meeting on a regular basis in 1976 when the first national health law teachers' meeting took place at Boston University under the auspices of the law school's Center for Law and Health Sciences (the successor organization to the Law-Medicine Institute).¹⁶ The purpose was to help define the expanding field and

develop necessary teaching materials. In 1987, the American Association of Law Schools sponsored its first teaching workshop on health law.¹⁷ Although this narrower group only recently convened, its program and proceedings offer useful insight into the current state of health law in law schools. As the organizers of the workshop saw it, law and medicine (fields primarily concerned with medical malpractice, forensic medicine, and psychiatric commitment) had become subdivisions of the new field of health law.¹⁸ Health law itself has three additional subdivisions: economics of health care delivery, public policy and health care regulation, and bioethics. These three subdivisions are actually three different approaches to the same subject matter—the health care industry.¹⁹ Health law is applied law, much the way medical ethics is applied ethics.

There are at least five reasons why health law should be studied by all law students:

1. No other applied legal field can match the “magnitude, complexity, and universality of health care.”²⁰
2. Health law introduces attorneys to the problems confronted by members of another great profession in the United States, medicine.
3. Changes in medicine directly affect what humans can do and how humans think about humanity itself (and therefore what rights and obligations humans should have).
4. As issues of public health and safety capture center stage in American culture, the prudent use of law to protect health and safety assumes a role of central importance.
5. Issues of social justice and resource allocation are presented more compellingly in the medical care context than in any other.²¹

Law and economics have provided many law school teachers with an overarching approach to all legal problems. The law and economics movement “provides the most coherent and intelligible realization of the liberal social theoretical agenda.”²² A different approach to health law is taken by the critical legal studies approach.²³ Such an approach to the health law industry does not ignore how society got where it is and does not assume that traditional race, class, and gender power relationships are proper or deserve to be privileged and given presumptive validity. The public health approach is currently used primarily in schools of public health.²⁴ Issues of public health, such as teen pregnancy, drug abuse, drunk driving, smoking, acquired immunodeficiency syndrome (AIDS), nuclear energy, the quality of the environment, and worker health and safety, continue to dominate the news and public policy development, and such courses will naturally find a home in the law school. When this happens, the pioneering work that has been done in the school of public health context will find a ready home in the development of courses that take a public health approach, including the issues of social justice and resource allocation.²⁵

The cases of Terri Schindler Schiavo, Karen Ann Quinlan, Nancy Cruzan, and Mary Beth Whitehead are only a few examples of health law dramas played out in the courts. *Roe v. Wade*, the premier health law case, continues to be contested and contracted; and the right of privacy, so central to medicine and the physician–patient relationship,

4 Introduction: Legal Medicine

continues to play the key role in the politics of judicial appointments. Issues of organ transplants and implants, including the case of Barney Clark, also present particularly compelling case studies that naturally lead to broader policy discussions. Public health issues, including the use of drugs, alcohol, and tobacco; food consumption; the quality of the environment; the need for exercise; and the use of seat belts and motorcycle helmets, are of direct importance to all human beings.

Formal education is essential if the attorney is to be effective in evaluating medical evidence, both friendly and adversarial. An attorney who specializes in health law must possess a specific knowledge of pertinent medical services and specialties required in any particular case situation. Undertaking a medical issues case in spite of a lack of such knowledge could constitute legal malpractice.

DUAL MD/JD DEGREES

In an effort to bridge the gap between law and medicine, some physicians enroll in law schools, some attorneys enroll in medical school, and some individuals enroll in dual-degree MD/JD programs.

In 1993, Harry Jonas, Sylvia Etzel, and Barbara Barzansky noted that students can earn combined doctor of medicine and doctor of jurisprudence (MD/JD) degrees in only 9 out of 125 degree-granting U.S. medical schools fully accredited by the Liaison Committee on Medical Education (LCME).²⁶ Presently, there are 15 such programs. In contrast, students can earn combined doctor of medicine and doctor of philosophy (MD/PhD) degrees in 113 of the 125 U.S. medical schools. The majority of individuals who currently have MD/JD degrees, however, earned their doctorate degrees separately, with most of them earning the M.D. first.

In 1985, Eugene Schneller and Terry Weiner published their findings regarding individuals who earned MD/JD dual degrees and noted that cross-professional education in law and medicine remains a relatively rare phenomenon in the United States.²⁷ They concluded that “without the development of institutionalized career lines and the acceptance of cross-disciplinary approaches to problem solving, MD/JDs must negotiate their jobs and job descriptions within an occupational structure that rewards disciplinary efforts. The marginal status of the interprofessional specialist persists in the decade of the 1980s.”²⁸ A combined MD/JD program is probably not the most effective way to teach medical concepts to law students, and it is doubtful that many students are willing to pursue such a long period of training. Moreover, there is more than enough to learn in either field.

These reasons probably explain the increasingly popular movement toward providing a health law concentration in many law schools and offering joint JD/MPH degree programs for students interested in health law. Practicing attorneys need a working knowledge of the health care industry but do not need to know most of the material taught in medical schools. A well-developed health law program designed to fit into the law school curriculum can

prepare an attorney to handle medical issues competently, e.g., programs at Boston University, Georgetown, Case-Western, St. Louis University, and Loyola of Chicago.

MEDICAL ETHICS AND LEGAL MEDICINE IN MEDICAL SCHOOLS

Medical ethics and legal medicine education are intimately entwined and are critical to the practice of medicine. These disciplines must be taught together in medical schools so that the student can learn about the cross-fertilization of the two.²⁹ Ethical principles, such as autonomy, beneficence, and justice, are intimately intertwined in legal analysis. Medical students should understand the similarities and differences in the ways medicine and law frame questions, address problems, and approach moral quandaries, as well as the various resources available to analyze these problems.

Medical ethics education dates back to the time of Hippocrates. The Hippocratic schools and Hippocratic ethics attempted to establish moral guidelines for the practicing physician. Throughout most of history, medical ethics was taught through apprenticeship in an attempt to inculcate values. The idea was to model the knowledge, skill, and behavior of seasoned physicians as part of a professionalization process. Before the 1970s, such role modeling or mentorship was the primary method of teaching medical ethics. In the early 1970s, however, specific courses began to be taught in medical schools. These courses focused on the content, theory, and philosophy of medicine. In 1972, only 4% of medical schools had formal, separate, required courses for teaching medical ethics. By 1989 that number had risen to 34%, and close to three-quarters of medical schools covered medical ethics within other required courses.³⁰ It wasn't until the late 1980s, however, that residency programs began providing separate education in medical ethics as well.

The goals of legal medicine and medical ethics education should be to increase legal knowledge and provide skills in ethical analysis, as well as to educate students about tolerance and diversity of ethical opinions. Case-based analysis should draw on the student's experience. Courses must teach the history of law and medical ethics and its use and abuse in areas such as human experimentation, consent to treatment, euthanasia, and rationing. Students should also be familiar with important legal cases that deal with informed consent, abortion, and refusal of treatment. Ethical behavior still must be learned through role modeling that continues through the clinical years, fostering collaboration between nurses, administrators, and attorneys and ultimately adding a broader humanistic approach to improve interactive skills.

Basic curriculum goals have been identified. Seven skills that medical students should master by the end of legal medicine and medical ethics education are as follows:

1. The ability to identify the legal and moral aspects of medical practice.

QUERY: Please check and confirm we have followed "End notes" in the running heads. But, it is a second head. Is it ok.

2. The ability to obtain a valid informed consent or a valid refusal of treatment.
3. Knowledge of how to proceed if a patient is only partially competent or incompetent to consent to or refuse treatment.
4. Knowledge of how to proceed if a patient refuses treatment.
5. The ability to decide when it is legally and morally justified to withhold information from a patient.
6. The ability to decide when it is morally justified to breach confidentiality.
7. Knowledge of the legal and moral aspects of care of patients with a poor prognosis, including patients who are terminally ill.³¹

POSTGRADUATE LEGAL MEDICINE EDUCATION

Postgraduate education in legal medicine should be an integral part of every specialty training program throughout each year of residency and fellowship. This can usually be accomplished with relative academic ease because the physicians (for the most part) are physically present in the hospital complex and can be convened at appropriate times. Moreover, because most residency training programs are located in large medical centers, there are often full- or part-time attorneys available at the center itself or within the close surrounding community who could be called on to give lectures and spearhead discussions on a variety of legal medicine subjects. In addition, staff physicians (hospital-employed and private practitioners), hospital administrative personnel, and other health care professionals can participate in these educational sessions.

Regularly scheduled discussions of an informal nature should be augmented by more formal presentations given by experts on specific subjects. From time to time, visiting academicians and outstanding medical and legal practitioners are available in the community. They should be contacted in advance and invited to meet with staff and resident physicians to share their knowledge and experiences.

More formally structured programs should be implemented for appropriate specialties (forensic pathology instruction at the coroner's or medical examiner's office; forensic psychiatry at prisons, detention centers, and community mental health facilities; forensic aspects of orthopedic surgery and physical medicine at large trauma and rehabilitation centers, etc.).

Continuing legal medicine education for fully trained practicing physicians should be encouraged and facilitated by local medical and bar associations, specialty societies, and medical and law schools. Luncheons and dinner meetings with special speakers can be appropriate and pleasant forums in which to provide mandatory continuing medical education credits. Pharmaceutical companies, private foundations, insurance companies, large law firms, and some governmental agencies can be ethically solicited to sponsor such events.

In 1982, the American Board of Legal Medicine was established to administer examinations to individuals with

both legal and medical degrees. Since then, this Board has certified approximately 300 MD/JDs in legal medicine. Other specialty groups that may have some relevance to MD/JDs are the American College of Physician Executives and the American College of Quality Assurance.

Although a law degree is not a prerequisite, formal legal training can be of great value to forensic pathologists seeking certification in that subspecialty by the American Board of Pathology and quite similarly to forensic psychiatrists seeking certification in their subspecialty by the American Board of Psychiatry.

CONCLUSION

Legal medicine, or *health law*, is evolving as a field of opportunities for professional cooperation between health care providers and lawyers. Legal medicine has expanded dramatically after the twentieth century. In the twenty-first century, physicians and attorneys must work together to both shape and respond to the new American, and indeed global, realities, in which country- and culture-based practices and laws are increasingly shaped by American and international events. These exciting and challenging times demand intensive medical ethics and legal medicine education in medical and law schools, as well as constructive cooperation between the legal and medical professions in addressing health-related problems that touch and concern all human beings worldwide.

Acknowledgments

The author gratefully acknowledges the prior contributions of George J. Annas, JD, MPH, Michael A. Grodin, MD, Cyril Wecht, MD, JD, Theodore R. LeBlang, JD, and W. Eugene Basanta, JD, LL.M., to the extensive chapter and Appendices, published last in the 6th edition of *Legal Medicine*. For details regarding the educational programs of law and medicine at Boston University School of Medicine and at Southern Illinois University School of Medicine, please refer to Chapter 1 of *Legal Medicine*, 6th edition.

Endnotes

1. William J. Curran, *Titles in the Medicolegal Field: A Proposal for Reform*, 1 Am. J. Law. Med. 1-11 (1975).
2. Alan R. Moritz, *The Need of Forensic Pathology for Academic Sponsorship*, 33 Arch. Pathology 382-386 (1942).
3. *Supra* note 1.
4. Sir Sydney Smith, *The History and Development of Legal Medicine*, in *Legal Medicine*, 1-19 (R.B.H. Gradwohl ed., C.V. Mosby Co., St. Louis 1954).
5. *Id.*
6. Gilbert H. Stewart, *Legal Medicine*, 1-6 (Bobbs-Merrill Co., Indianapolis 1910).
7. *Supra* note 1.
8. *Supra* note 6.
9. *Supra* note 4.
10. Chester R. Burns, *Legacies in Law and Medicine* (Science History Publications, Canton 1977).

6 Introduction: Legal Medicine

11. William J. Curran, *History and Development*, in *Modern Legal Medicine, Psychiatry, and Forensic Science*, 1–26 (William J. Curran et al. eds., F.A. Davis Co., Philadelphia 1980).
12. James C. Mohr, *Doctors and the Law: Medical Jurisprudence in Nineteenth Century America* (Oxford University Press, New York 1993).
13. Benjamin Rush, *Introductory Lectures upon the Institutes and Practices of Medicine*, 363 (Bradford and Innskeep, Philadelphia 1811). See Curran, *supra* note 1.
14. *Id.*
15. *Id.*
16. George Annas chaired the first National Health Law Teachers' conference, which was sponsored by Boston University's Center for Law and Health Sciences. Since 1976 the Health Law Teachers' Meeting has been held a dozen times, biannually until 1985 and annually since.
17. *Teaching Health Law: A Symposium*, 38 J. Legal Educ. 485–576 (1988).
18. *Teaching Health Law: A Symposium: Introduction*, 38 J. Legal Educ. 485–486 (1988). The basic text for the standard law and medicine course is William J. Curran et al., *Law, Medicine and Forensic Science* (4th ed., Little, Brown and Company, Boston 1991).
19. R. Rosenblatt, *Conceptualizing Health Law for Teaching Purposes: The Social Justice Perspective*, 38 J. Legal Educ. 489 (1988).
20. C. Havighurst, *Health Care as a Laboratory for the Study of Law and Policy*, 38 J. Legal Educ. 499 (1988).
21. George J. Annas, *Health Law at the Turn of the Century: From White Dwarf to Red Giant*, 2 Comm. L. Rev. 551 (1989).
22. M. Kelman, *A Guide to Critical Legal Studies*, 186 (Harvard University Press, Cambridge, Mass. 1987).
23. *Id.*
24. K. Wing, *The Law and the Public's Health* (6th ed., Health Administration Press, Ann Arbor, Mich. 2003).
25. See, e.g., D. Bok, *A Flawed System of Law Practice and Teaching*, 33 J. Legal Educ. 570 (1983). See also H. Wellington, *Challenges to Legal Education: The "Two Cultures" Phenomenon*, 37 J. Legal Educ. 327 (1987) and J. White, *Doctrine in a Vacuum: Reflections on What a Law School Ought (and Ought Not) To Be*, 36 J. Legal Educ. 155 (1986).
26. Harry S. Jonas et al., *Educational Programs in U.S. Medical Schools*, 270 J.A.M.A. 1061–1068 (1993).
27. Eugene S. Schneller & Terry S. Weiner, *The MD/JD Revisited: A Sociological Analysis of Cross-Educated Professionals in the Decade of the 1980s*, 6 J. Legal Med. 337–359 (1985).
28. *Id.*
29. B. Blechner et al., *The Jay Healey Technique: Teaching Law and Ethics to Medical and Dental Students*, 20 Am. J. Law Med. 439 (1994).
30. S. Miles et al., *Medical Ethics Education: Coming of Age*, 64 Academic Medicine 705–714 (1989).
31. C.M. Culver et al., *Special Report: Basic Curricular Goals in Medical Ethics*, 312(4) New Engl. J. Med. 253–255 (1985).