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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

LONNY SHAVELSON, M.D.; SANDRA)	Case No. 3:21-CV-06654-VC
MORRIS; RHIANNON CERRETO;)	
ROBERT USLANDER, M.D.; GARY)	<u>Civil Rights</u>
PASTERNAK, M.D.; and RICHARD)	PLAINTIFFS' CONSOLIDATED
MENDIUS, M.D.; on behalf of themselves)	OPPOSITION TO MOTIONS TO
and all others similarly situated,)	DISMISS
)	
Plaintiffs,)	
)	
v.)	
)	
STATE OF CALIFORNIA; ROBERT)	
BONTA, Attorney General of the State of)	
California, in his official capacity; NANCY)	
O'MALLEY, Alameda County District)	
Attorney, in her official capacity,)	
)	
Defendants.)	
)	
)	

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Plaintiffs respectfully submit this Memorandum of Points and Authorities in opposition to the motions to dismiss filed by Defendants State of California and Robert Bonta (“State Motion”) and by Defendant Nancy O’Malley (“O’Malley Motion”).

INTRODUCTION AND SUMMARY OF ARGUMENT

Plaintiffs Sandra Morris and Rhiannon Cerreto suffer from serious, terminal illnesses. In order to live fulfilling lives as long as they are able, and then to avoid the most painful final stages of their conditions, they wish to avail themselves of California’s End of Life Option Act (“EOLOA”). But Patient-Plaintiffs will not be able to do so at that point because their illnesses will render them unable to ingest their prescribed aid-in-dying (“AID”) medication without assistance—and the EOLOA explicitly prohibits such assistance.

The Americans with Disabilities Act of 1990 (“ADA”) and Section 504 of the Rehabilitation Act of 1973 (“Rehabilitation Act”) generally proscribe shutting disabled people out of state programs on account of their disabilities. In response to these claims, Defendants raise a host of procedural and substantive arguments. Each of their contentions, however, is foreclosed by binding precedent.

The gist of Defendants’ procedural arguments is that federal courts have no power to ensure that state actors comply with the mandates of federal law. That proposition contravenes more than a century of civil-rights jurisprudence. If Defendants’ argument were correct, the federal courts would have needed to stand down when confronted with state laws that mandated racial segregation, voting-rights restrictions that violated federal law, and bans on abortion. In those cases, and here, too, the federal court has the responsibility to decide whether the challenged state schemes violate federal-law mandates. And if so, the federal court traditionally (1) declares unlawful the provision of state law, and (2) enjoins enforcement of that provision. Plaintiffs seek nothing more in this case.

Defendants’ central response on the merits of the legal claims is that Plaintiffs seek an allowance for euthanasia, which would fundamentally alter the EOLOA. But their assertion is incorrect factually and legally. First, Plaintiffs do not seek to engage in euthanasia. Instead, they wish to self-administer their medication, with assistance. As described in the accompanying

declaration from one of the world’s leading bioethicists, that is meaningfully different from euthanasia, insofar as the patient is actively participating in the ingestion of the medication.

Second, it is far too early in the case to decide whether allowing ingestion assistance would fundamentally alter the state statute. Fundamental-alteration analysis is a highly fact-specific inquiry that is particularly ill-suited for a motion to dismiss.

Even if this fact-dependent defense were properly raised at this stage of the case, Defendants have not satisfied their burden to show that any relief for the Plaintiffs must necessarily fundamentally alter the EOLOA. As discussed below, discovery will reveal myriad ways that the Patient-Plaintiffs could self-administer their medication with assistance. Allowing such minimal assistance, Plaintiffs will demonstrate in this case, would support and be consistent with the goals and purpose of the EOLOA program.

FACTS

I. THE EOLOA PROGRAM, AND ITS EFFECT ON PLAINTIFFS.

The EOLOA was enacted to empower terminally ill Californians with the option of achieving a more peaceful death through AID. Assem., third reading analysis, Assem. Bill No. ABX2 15 (2015-2016 Reg. Sess.), as amended Sept. 3, 2015, at 1. More specifically, it “allow[s] an adult in California with a terminal disease that has the capacity to make medical decisions and who has been given a prognosis of less than six months to live, to make end of life decisions. . . . by giving these patients the legal right to ask for and receive an aid-in-dying prescription from his/her physician” *Id.* at 10.

The process of qualifying for AID under the EOLOA is lengthy, requires detailed planning, and includes multiple checkpoints to confirm consent. Cal. Health & Safety Code. §§ 443 *et seq.* Patients must meet numerous criteria, including but not limited to: confirmation of a diagnosis of a terminal illness expected to result in death within six months; residency in California; the request for a prescription for AID medication made “solely and directly” by the patient; two oral requests by the patient for AID medication that are no less than two days apart, as well as a written request signed in front of two witnesses; and clearance by a mental-health specialist, if required by the patient’s attending or consulting physician. *Id.* §§ 443.1, 443.2,

443.3, 443.5.

Ingestion of the AID medication has two further limitations. *First*, the individual must have “the physical and mental ability to self-administer” the AID medication. *Id.* § 443.2(a)(5). This is known as the “self-administration requirement.” The act defines self-administration as an “affirmative, conscious, and physical act of administering and ingesting” the AID medication. *Id.* § 443.1(q). *Second*, no one can assist the patient with ingesting the medication. *Id.* § 443.14(a) (allowing people to be present for the self-administration, “so long as the person does not assist the qualified person in ingesting” the medication). This is known as the “assistance prohibition.”

Plaintiffs do not challenge the self-administration provision. At the time they want to ingest AID medication, Patient-Plaintiffs will be able to take an “affirmative, conscious, and physical act of administering and ingesting” the medication.

Because of their physical disabilities, however, Patient-Plaintiffs will not be able to ingest the medication without assistance. That is, they can take an “affirmative, conscious, and physical act of administering and ingesting” the medication, but they will not have the dexterity and/or strength to ingest fully without assistance. Accordingly, the assistance prohibition will prevent them from accessing the benefits of the EOLOA program. *See, e.g.*, First Amended Complaint (“FAC”) ¶ 39.

More specifically, because the assistance prohibition results in no one, including their physicians, being willing and able to assist Patient-Plaintiffs in the administration of the AID medication, Patient-Plaintiffs will be unable to ingest fully the AID medication at the time of their choosing. *Id.* ¶ 40. Thus, without judicial relief, Patient-Plaintiffs are forced to either end their lives before they want, depriving themselves and their loved ones of precious time together, or else suffer through the final ravages of their illnesses because they cannot receive assistance with ingesting their medication. This is a horrific choice that non-disabled patients do not have to make under the EOLOA.

II. RELIEF SOUGHT

Plaintiffs seek a reasonable modification to the EOLOA’s assistance prohibition. They want assistance with ingesting their AID medication, when they still can take an “affirmative,

conscious, and physical act of administering and ingesting the aid-in-dying drug,” Cal. Health & Safety Code § 443.1(q), but need assistance with the ingestion.

The above-referenced “affirmative, conscious, and physical act” can take various forms. It may include starting to press a plunger on a medicine-filled catheter with one’s hand or finger; or pressing one’s forehead or jaw into the hand of a treating physician to help depress a plunger, releasing the medication into the patient through a feeding or rectal tube. Other forms will be developed in discovery. Ultimately, Plaintiffs seek a reasonable modification for patients who can engage in self-administration (*i.e.*, they can make an “affirmative, conscious and physical act” initiating and contributing to the mechanics of delivering AID medication into their bodies). Plaintiffs do not seek such modification for patients who cannot meet this standard (*i.e.*, patients who are unable to take an affirmative, conscious and physical act in any way).¹

Nor do Plaintiffs seek a re-writing of the EOLOA itself. Instead, Plaintiffs seek a declaration that the assistance prohibition violates the ADA for the above-referenced group of Plaintiffs, as well as an injunction prohibiting enforcement of criminal penalties for someone who provides them ingestion assistance within the limited circumstances and actions described above.

III. RELEVANT TERMINOLOGY AND PRACTICAL CONSIDERATIONS

Defendants use the phrase “active euthanasia” throughout their motions. However, that phrase has a specific meaning, and is not what Plaintiffs seek in this case.

Professor Thaddeus Mason Pope is one of the county’s leading medical ethicists and a certified healthcare ethics consultant. Declaration of Thaddeus Mason Pope (“Pope Decl.”) at ¶ 4

¹ This is a more narrow request for relief than Plaintiffs advanced at the time of their motion for a preliminary injunction. At the time, Plaintiffs anticipated including patients who can communicate consent to receive assistance ingesting AID medication through physical acts, such as blinking one’s eyes, but could not participate in the self-administration required by the EOLOA. Plaintiffs clarify in this Opposition that they seek relief only for patients who can take an affirmative, conscious, and physical act to initiate ingestion of AID medication.

While Plaintiffs still believe that the broader relief that was originally requested is consistent with the mandates of the ADA, they are mindful of the concerns expressed by the Court about the “Bay Bridge jumper.” Order (Dkt. No. 28) at 4. By limiting relief to those who can take a physical act to initiate administration of the drug, Patient-Plaintiffs are not just climbing the ledge of the bridge, but actually jumping themselves.

& Exh. A. Professor Pope will provide more detailed expert testimony later in this case, but for present purposes, his simultaneously filed declaration makes clear that Plaintiffs are not seeking relief that amounts to “active euthanasia.” *Id.* at ¶¶ 16-19.

It is commonly accepted, in both aid-in-dying statutes and otherwise, for disabled patients to take a physical act in support of ingestion, but to need assistance with completing the ingestion. *Id.* at ¶¶ 14-20. In such situations, despite the assistance, this ingestion is still considered, both medically and legally, to be “self-administration.” *Id.* at ¶¶ 10-15.

Moreover, for those taking AID medication, this is not considered “active euthanasia.” *Id.* at ¶¶ 18-19. Professor Pope provides some examples:

[T]ake a patient who can both independently grasp a straw in her lips and swallow down the medication. She might only need help from the clinician to lift and hold the glass, so that she can grasp the straw in her lips. This is ingestion with assistance, not active euthanasia.

Or take a patient with a feeding tube or rectal tube (used for patients who have lost swallowing ability or have other reasons where swallowing medication by mouth is not possible or efficacious). The patient might independently ingest 90% of the aid in dying medication by depressing a plunger. But, due to fatigue, exhaustion and/or weakness from her disability, she requires assistance to complete depressing the plunger the final 10% of the way. This is aid in dying, not active euthanasia.

Id. Assistance is vital for a patient who is able to take steps to ingest AID medication, but whose disability robs them of the dexterity or strength to finish ingesting the full dose of the medication. *Id.* Indeed, for such people, the assistance prohibition is particularly dangerous, as administration of only a partial dose of the medication could lead to paralysis or other very dangerous medical conditions. *Id.* at ¶ 19.

In response to concerns that a patient may change her mind in the process of receiving assistance with ingestion, Professor Pope explains that this is, practically, a non-issue. He reports that while there are thousands of individuals who have ingested AID medication in California and other states with aid-in-dying laws, there has not been a single known instance of a patient changing her mind after commencing ingestion of AID medication. *Id.* at ¶ 21-23.

ARGUMENT

I. PLAINTIFFS HAVE STANDING FOR THEIR CLAIMS.

Plaintiffs have standing if they have suffered “injury in fact,” their alleged injury is “fairly traceable” to the conduct being challenged, and their injury likely would be “redressed” by a favorable decision. *Wittman v. Personhuballah*, 578 U.S. 539, 543 (2016); *Lujan v. Defenders of Wildlife*, 504 U.S. 555, 560-61 (1992). Plaintiffs satisfy standing. In short, they have alleged that (1) they imminently will be denied the ability to participate in the State’s statutory regime that allows a dignified death via AID, solely on account of their disabilities; and (2) their requested relief, if granted, would permit them to ingest the medication that is allowed to others under state law. Nothing more is required to establish standing.

A. The Complaint Sufficiently Alleges “Injury in Fact.”

Defendant O’Malley wrongly contends that Plaintiffs fail to allege “injury in fact” because there is no alleged threat of imminent prosecution for violating the EOLOA’s assistance prohibition. (O’Malley Motion at 5-7.) This argument relies on a doctrine that is not applicable to this case. Unlike in a “pre-enforcement challenge,” the Patient-Plaintiffs do not have a choice to violate the statute, and then await prosecution. The entire point of the case is that they cannot participate in the EOLOA because they cannot receive ingestion assistance from others. The Patient-Plaintiffs plainly have alleged an injury in fact.

Plaintiffs have standing to sue when they have alleged an “injury in fact”—a harm suffered by the plaintiff that is “concrete” and “actual or imminent, not ‘conjectural’ or ‘hypothetical.’” *Steel Co v. Citizens for a Better Env’t*, 523 U.S. 83, 103 (1998); *Whitmore v. Arkansas*, 495 U.S. 149, 155 (1990). To that end, when plaintiffs want to challenge the legality of a statute that attaches criminal penalties, but opt to file legal claims before transgressing the law—a so-called “pre-enforcement challenge”—a question arises about “whether the plaintiffs face a realistic danger of sustaining a direct injury as a result of the statute’s operation or enforcement, . . . or whether the alleged injury is too ‘imaginary’ or ‘speculative’ to support jurisdiction.” *Thomas v. Anchorage Equal Rights Comm’n*, 220 F.3d 1134, 1139 (9th Cir. 2000).

Defendant O’Malley assumes that this case is such a pre-enforcement challenge.

(O'Malley Motion at 5-6.) She then cites the test set forth in *Thomas* to determine whether a pre-enforcement challenge is permissible in this case, arguing that the test is not satisfied. (O'Malley Motion at 6-7.)

However, this is not a case concerning a pre-enforcement challenge, where the harm is hypothetical unless and until there is an imminent and credible threat of a prosecution. Rather, Patient-Plaintiffs allege that, due to the EOLOA's assistance prohibition, they will be unable to use the EOLOA at the point that they need assistance with ingestion. *See, e.g.*, Complaint ¶¶ 35, 36, 39, 44. No one is willing to assist as a result of the enforcement provision. *See id.*; *see also id.* ¶ 40. No enforcement, or threat of enforcement, will change this reality.²

As pled in the Complaint, absent judicial relief, the Patient-Plaintiffs will suffer an imminent injury. Their injury is neither imaginary or speculative. They have pled sufficient allegations to demonstrate their injury in fact.

B. Plaintiffs' Requested Relief Against the Named Defendants Would Redress Their Injury.

Defendants wrongly claim that Plaintiffs' injuries cannot be redressed. According to Defendants, separation-of-powers principles prohibit this Court from compelling Defendants to ensure that the EOLOA complies with the mandate of federal civil-rights laws. This argument contravenes clear Supreme Court and Ninth Circuit precedent. Quite simply: state law must

² This section responds to O'Malley's injury-in-fact argument with a discussion of the Patient-Plaintiffs. Because the Patient-Plaintiffs have standing, as discussed above, the Court need not consider the standing of the Physician-Plaintiffs. *See, e.g., Watt v. Energy Action Educ. Found.*, 454 U.S. 151, 160 (1981) ("There are three groups of plaintiffs in this litigation Because we find [that one of the groups] has standing, we do not consider the standing of the other plaintiffs."); *Chief Probation Officers v. Shalala*, 118 F.3d 1327, 1331(9th Cir. 1997) (White, Justice, by designation) (evaluation of the standing of a second plaintiff is "unnecessary to resolution of the case").

While binding case law counsels against assessing the standing of the Physician-Plaintiffs, they, too, have standing. These doctors need not risk spending years in prison in order to obtain a ruling about the legality of the assistance prohibition. Proving that point, all of the previous cases—filed by physicians and patients—to establish a federal constitutional right to the option of aid in dying were able to proceed to decision on the merits, despite the fact that they were affirmative challenges in federal court, not defenses in criminal prosecutions. *See, e.g., Vacco v. Quill*, 521 U.S. 793 (1997); *Washington v. Glucksberg*, 521 U.S. 702 (1997).

comply with federal law; and when state law conflicts with federal law, it is the unique province of this Court to require compliance.

A basic premise of dual sovereignty is that federal law is supreme. *See, e.g., Gonzales v. Raich*, 545 U.S. 1, 29 (2005). Federal laws preempt conflicting state laws under the Supremacy Clause. U.S. Const. Art. VI, cl. 2; *see also Gonzales*, 545 U.S. at 29 (“The Supremacy Clause provides that if there is any conflict between federal and state law, federal law shall prevail.”).

The federal judiciary has both the power and obligation to ensure that a state’s law complies with federal law. Indeed, case law is replete with federal courts ordering that state actors adhere to federal law when state law is to the contrary. *See, e.g., Kolender v. Lawson*, 461 U.S. 352 (1982) (affirming holding that California criminal statute that required people to provide identification to police officers was unconstitutional, and enjoining law-enforcement officers from enforcing the statute); *Wisconsin v. Constantineau*, 400 U.S. 433 (1971) (striking down state statute as violation of federal constitution, and enjoining enforcement by law-enforcement officials); *Lassiter v. United States*, 371 U.S. 10 (1962), *aff’g* 203 F. Supp. 20 (W.D. La. 1962) (enjoining district attorney from enforcing violation of state statute that required racially segregated waiting areas in train stations, which violated the federal constitution). This is often accomplished without ordering the State to rewrite the challenged statute, and indeed, Plaintiffs do not seek a re-writing of the EOLOA. Rather, a court typically declares that a particular provision of a statute contravenes the dictates of federal law, and it enjoins enforcement of the unlawful provision. *Id.*³

³ The State Defendants note there are separate limits regarding orders of “intrusive affirmative relief” against state officials. (State Motion at 8:12 - 9:8.) However, as noted in the main case upon which the State Defendants rely for this point, an injunction that prohibits action illegal under federal law is not such “affirmative relief.” *M.S. v. Brown*, 902 F.3d 1076, 1089 (9th Cir. 2018). “[R]equir[ing] state officials to repeal an existing law and enact a new law proposed by plaintiffs” would be an example of disfavored “intrusive affirmative relief.” *Id.* On the other hand, an injunction that bars enforcement of a state statute declared unlawful pursuant to a federal act, as discussed above, is well-accepted relief from the federal courts.

Defendant O’Malley further claims that injunctive relief would be inappropriate because Plaintiffs have not alleged “irreparable injury.” (O’Malley Motion at 14-15.) However, as this Court previously noted, “[t]here is no question that the plaintiffs will suffer irreparable harm

Moving even closer to this case, the same is true when a state statute violates the federal ADA and Rehabilitation Act. If a public entity’s statutes, practices, or procedures deny people with disabilities meaningful access to its programs or services—causing a disparate impact—then federal courts require the entity to align its conduct to the federal mandate. *See, e.g., Payan v. Los Angeles Cmty. College Dist.*, 11 F.4th 729, 738 (9th Cir. 2021); *Crowder v. Kitagawa*, 81 F.3d 1480, 1485 (9th Cir. 1996); *Green v. House Authority of Clackamas City*, 994 F. Supp. 1253, 1257 (D. Or. 1998) (noting that “the ADA must prevail over any conflicting state statute”). The Ninth Circuit has been clear: “[I]t is incumbent upon the courts to [e]nsure that the mandate of [the ADA] is achieved.” *Crowder*, 81 F.3d at 1485.

In *Crowder*, the Hawaii legislature enacted a statute to protect against the importation of rabies, empowering the Hawaii Department of Agriculture to adopt rules for the quarantine of animals upon arrival in Hawaii. *Id.* at 1481-82. The quarantine rule, which resulted in a brief separation of blind people from their service dogs, was alleged to violate the ADA. *Id.* at 1481.

The Ninth Circuit held that the state’s quarantine rule was subject to the ADA. *Id.* at 1483-86. Despite the fact that the state’s quarantine framework was a considered decision of the state legislature on a public-health concern, the ADA required the federal court to consider whether the state’s regime violates the federal civil-rights law. *Id.* at 1485. The Ninth Circuit noted: “[T]he district court concluded it could not assess the reasonableness of the plaintiffs’ proposed modifications in light of the legislature’s own consideration of the issue. Yet in virtually all controversies involving the ADA and state policies that discriminate against disabled persons, courts will be faced with legislative (or executive agency) deliberation over relevant statutes, rules and regulations.” *Id.* Accordingly, the appellate court concluded, the federal judiciary’s “obligation under the ADA and accompanying regulations is to ensure that the decision reached by the state authority is appropriate under the law and in light of proposed alternatives. Otherwise, any state could adopt requirements imposing unreasonable obstacles to the disabled, and when haled into court could evade the antidiscrimination mandate of the ADA

absent an injunction—if they wish to avail themselves of the [EOLOA], they must end their lives earlier within the six-month window than they otherwise could.” Order (Dkt. No. 28) at 4 n.3.

merely by explaining that the state authority considered possible modifications and rejected them.” *Id.*

Contrary to Defendants’ arguments, this Court is duty bound to assess whether the EOLOA’s assistance prohibition violates the ADA. In fact, ensuring compliance with federal civil-rights laws is one of the primary functions of the federal courts. Accordingly, Plaintiffs seek relief that is well within the boundaries of this Court’s power, and the alleged injury is redressable in this action.

II. PROSECUTORS DO NOT HAVE ABSOLUTE IMMUNITY FROM BEING ENJOINED FOR VIOLATING FEDERAL LAW.

Defendant O’Malley, the District Attorney for the County in which Dr. Shavelson resides, and Defendant Bonta, the State’s Attorney General, claim that they—as prosecutors—have unfettered discretion and absolute immunity for alleged violations of federal law. (O’Malley Motion at 13-14; State Motion at 9-10.) Their argument is foreclosed by clear, binding precedent.

Prosecutors have absolute immunity for claims for monetary damages. *See, e.g., Buckley v. Fitzsimmons*, 509 U.S. 259 (1993); *Imbler v. Pachtman*, 424 U.S. 409, 431 (1976). But they have no such immunity against claims for declaratory and/or injunctive relief. *See, e.g., Fry v. Melaragno*, 939 F.2d 832, 839 (9th Cir. 1991) (citing cases); *see generally* Erwin Chemerinsky, 15 *TOURO L. REV.* 1643, 1645-46 (1999) (“Prosecutors have absolute immunity as to claims for money damages, but prosecutors have no immunity as to claims for injunctive relief. Indeed, *Ex Parte Young* long ago held that prosecutors can be sued for injunctive relief.”).

Here, Plaintiffs seek solely declaratory and injunctive relief. They do not seek damages. Accordingly, Defendants Bonta and O’Malley are not entitled to absolute immunity.⁴

⁴ While Defendant O’Malley wrongly claims she is entitled to absolute immunity for her enforcement of violations of the EOLOA, she then makes the opposite argument: she has no liability here because she has no connection to the EOLOA claims. This ignores the fact that she, like Defendant Bonta, is charged with prosecuting physicians for the felony of unlawfully assisting someone with ingesting AID medication. Unless there is an injunction in this matter, Defendants Bonta and O’Malley would be able to prosecute Plaintiff Shavelson, for instance,

III. ABSTENTION DOES NOT APPLY TO THESE FEDERAL-LAW CLAIMS.

The State’s abstention argument fares no better. Whereas *Burford* abstention compels deferral on some intricate state-law issues that are subject to prompt state-court review, they have no place in this federal-question case. The matter presented to this Court—whether a state statute conflicts with a federal civil-rights law—is a classic use of the federal courts.

Burford abstention allows the federal judiciary to “decline to rule on an essentially local issue arising out of a complicated state regulatory scheme.” *United States v. Morros*, 268 F.3d 695, 705 (9th Cir. 2001). Invoked most frequently in federal lawsuits founded on diversity jurisdiction, it permits the federal judiciary to abstain from wading into complex questions of state law administered by state administrative agencies. In such cases, a federal court’s ruling would potentially undermine the state’s administrative process and disrupt the state’s efforts to establish a coherent, uniform policy with respect to the matter at issue. *Burford v. Sun Oil Co.*, 319 U.S. 31 (1943).

Defendants do not cite the test the Ninth Circuit applies to determine whether *Burford* abstention is triggered. Abstention might be appropriate only when: (1) “the state has chosen to concentrate suits challenging the actions of the agency involved in a particular court”; (2) “federal issues could not be separated easily from complex state law issues with respect to which state courts might have special competence”; and (3) “federal review might disrupt state efforts to establish a coherent policy.” *Morros*, 268 F.3d at 705 (quoting *Knudsen Corp. v. Nevada State Dairy Comm’n*, 676 F.2d 374, 377 (9th Cir. 1982)).

None of these criteria is satisfied in this case. Unlike in *Burford*, where Texas provided that orders of the Texas Railroad Commission would be venued in a particular state court, 319 U.S. at 326, here, no similar legal challenges are concentrated in a particular court. Moreover, the Ninth Circuit has been clear that a state law’s alleged conflict with federal law—as alleged here—does not satisfy the latter two elements. *Morros*, 268 F.3d at 705. “[W]hether state law conflicts with federal law,” which is the central issue in this case, “is plainly not an issue ‘with

who is the physician for Plaintiff Morris and others in her position, and who resides in Defendant O’Malley’s county.

respect to which state courts might have special competence.” *Id.* In such a situation, the Ninth Circuit concluded, “*Burford* abstention is particularly inappropriate.” *Id.*

The Supreme Court, too, has suggested strongly that federal courts should not abstain when presented with a claim that federal law proscribes a particular state action or statute. *New Orleans Pub. Service, Inc. v. Council of City of New Orleans*, 491 U.S. 350, 362 (1989). While *Burford* is concerned with protecting complex state administrative processes from undue federal interference, it does not counsel abstention when it is alleged that the demand of a federal law conflicts with state regulatory law or policy. *Id.* Although the lawsuit might “result in an injunction against enforcement of the [state] order, . . . there is . . . no doctrine requiring abstention merely because resolution of a federal question may result in the overturning of a state policy.” *Id.* at 363 (quoting *Zablocki v. Redhail*, 434 U.S. 374, 380 n.5 (1978)).

Here, Plaintiffs ask this Court to do what countless federal courts have done: determine whether a state law violates a federal civil-rights law. That respectful request is well within the purview—and great tradition—of the federal courts. This Court need not, and cannot, punt on that traditional function of the federal judiciary.

IV. PLAINTIFFS PLED COGNIZABLE CLAIMS FOR VIOLATIONS OF FEDERAL DISABILITY LAWS.

Turning to the merits, Plaintiffs sufficiently alleged claims for violations of the ADA and Rehabilitation Act. First, the EOLOA is a “program, service, or activity” under Title II of the ADA. The Ninth Circuit has been clear that a “program, service, or activity” encompasses virtually “anything a public entity does.” *Barden v. City of Sacramento*, 292 F.3d 1073, 1076 (9th Cir. 2002). As it applies to this case, enacting a statutory scheme, choosing who can benefit from that scheme, and deciding who can be prosecuted for a felony of operating outside of that scheme is a classic example of “what a public entity does.”

Second, Defendants have not established that the relief Plaintiffs seek will cause a “fundamental alteration” of the EOLOA. Such arguments are particularly inappropriate for resolution on a motion to dismiss, as the inquiry is inherently factual. Regardless, on the record before the Court, Defendants have not carried their burden of proving the affirmative defense of

“fundamental alteration” by showing that relief for Plaintiffs would be so at odds with the purposes of the EOLOA. In fact, Plaintiffs reasonably believe that discovery will demonstrate that the requested relief would be entirely consistent with the goals of the statutory scheme.

A. Plaintiffs Sufficiently Alleged They Imminently Will Be Excluded From a “Program, Service, or Activity.”

Defendants contend that the EOLOA is not a benefit, program, or service under the ADA because it simply creates a safe harbor from criminal liability. (State’s Motion at 14-15.) Their argument is contrary to both Ninth Circuit precedent and the ADA’s purpose. Indeed, a benefit, program, or service includes virtually everything a public entity does. That plainly includes enacting laws; choosing who benefits from enacted laws; creating a regulatory program for collecting, reporting and publishing data of those participating in the program; and deciding who can be prosecuted for violations of its laws.

To state a *prima facie* case for a violation of Title II, a plaintiff must show: “(1) he is a qualified individual with a disability; (2) he was either excluded from participation in or denied the benefits of a public entity’s services, programs, or activities, or was otherwise discriminated against by the public entity; and (3) such exclusion, denial of benefits, or discrimination was by reason of his disability.” *Duvall v. County of Kitsap*, 260 F.3d 1124, 1135 (9th Cir. 2001) (internal quotation marks omitted). The elements of a Section 504 claim are similar. *Id.*

The stated purpose of the ADA is “to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities.” *Karczewski v. DCH Mission Valley LLC*, 862 F.3d 1006, 1011-12 (9th Cir. 2017) (citing 42 U.S.C. § 12101(b)(1)). To effectuate that broad purpose, Ninth Circuit law explicitly rejects restrictive interpretations of the ADA. *See, e.g., Cohen v. City of Culver City*, 754 F.3d 690, 695 (9th Cir. 2014) (“We construe the language of the ADA broadly to advance its remedial purpose.”).

More particularly, the Ninth Circuit has construed the ADA’s language of “program, service, or activity” under Title II to encompass virtually “anything a public entity does.” *Barden*, 292 F.3d at 1076; *Lee v. City of Los Angeles*, 250 F.3d 668, 691 (9th Cir. 2001)). The

Rehabilitation Act has a similarly broad reach. 29 U.S.C. § 794(b)(1)(A) (defining “program or activity” as “all of the operations of . . . a State or of a local government”).

The following are classic activities of a public entity: creating a statutory scheme, deciding who can benefit from that scheme; creating a regulatory program to collect, report and publish data about use of the program; deciding who is subject to criminal penalties; and permitting its enforcement (by the Attorney General and district attorneys). *Cf. Barden*, 292 F.3d at 1076 (cautioning against “needless hair-splitting arguments” in determining what is a program, service, or activity, and concluding that “the inquiry, therefore, is *not so much on whether a particular public function can technically be characterized as a service, program, or activity, but whether it is a normal function of a governmental entity*”) (internal quotation marks omitted) (emphasis added). Thus, the EOLOA is a “program, service, or activity” under Title II of the ADA and the Rehabilitation Act.

The State Defendants argue that because the EOLOA is not an affirmative act or “output” of a public entity, it is not covered by Title II. (State Motion at 14:27-15:1 (citing *Zimmerman v. Oregon Dept. of Justice*, 170 F.3d 1169 (9th Cir. 1999))). That is both factually incorrect (legislation, regulation, and enforcement by criminal prosecution are plainly affirmative conduct and “outputs”), and legally wrong.

In *Zimmerman*, the Ninth Circuit held that employment by a public entity, which is covered by a different Title of the ADA (Title I), is not subject to Title II because the phrase “services, programs, and activities,” refers “only to the ‘outputs’ of a public agency, not to ‘inputs’ such as employment.” 170 F.3d at 1174. However, this case is easily distinguishable from an employment matter. Here, the benefits provided by the EOLOA are “outputs” that the State created and makes generally available to patients who choose to participate in or receive the benefit of such outputs. The primary benefit of the EOLOA is the empowerment of dying patients to choose a more peaceful death via AID, avoiding the final brutal ravages imposed by their terminal illness. A concomitant benefit is the provision of safe harbor from criminal prosecution for those involved in AID.

The State created a process in the EOLOA that confers significant benefits to suffering patients, and extends protection to those who help them exercise the option for AID. As such, the EOLOA is a service, program, or activity under the ADA and Section 504.

B. Plaintiffs Are Not Seeking Relief That Would Fundamentally Alter the EOLOA As a Matter of Law.

Defendants maintain that Plaintiffs cannot allege a viable ADA claim because the requested relief—as a matter of law—necessarily fundamentally alters the EOLOA. However, the issue of fundamental alteration is highly fact-specific and cannot be decided on a motion to dismiss. Moreover, even if the Court were inclined to consider the issue at this very early stage of the case, Defendants have not met their burden because they have not shown that providing a reasonable modification to the assistance prohibition for otherwise qualified, physically disabled patients who are able to communicate consent at the time of ingestion and take an affirmative, conscious, and physical act to ingest would necessarily fundamentally alter the EOLOA.

1. The Issue of Fundamental Alteration Cannot Be Decided on A Motion to Dismiss.

The fundamental-alteration defense is not susceptible to a decision on a motion to dismiss. When considering a Rule 12(b)(6) motion, a court “must accept as true all factual allegations . . . and draw all reasonable inferences in favor of the [plaintiffs].” *Retail Prop. Trust v. United Bhd. Of Carpenters & Joiners of Am.*, 768 F.3d 938, 945 (9th Cir. 2014). “Defendants cannot disprove . . . allegations merely by asserting fundamental alteration or undue burden in conflict with the pled facts, as such a claim is an affirmative defense for which the asserting public entity bears the burden of proof.” *Martinez v. County of Alameda*, 512 F. Supp. 3d 978, 984-85 (N.D. Cal. 2021).

Determining whether a modification is reasonable or would result in fundamental alteration “is an intensively fact-based inquiry.” *Martin v. PGA Tour, Inc.*, 204 F.3d 994, 1001 (9th Cir. 2000) *aff’d*, 532 U.S. 661 (2001) (emphasis added); *Lentini v. Cal. Ctr. for the Arts, Escondido*, 370 F.3d 837, 845 (9th Cir. 2004); *Crowder*, 81 F.3d at 1486. “Case law and ADA regulations underscore that whether a requested policy modification or auxiliary aid or service would result in a fundamental alteration or undue burden is a fundamentally factual question,

inappropriate for disposition prior to discovery.” *Martinez*, 512 F. Supp. 3d at 985 (emphasis added).

To determine whether Plaintiffs’ request for relief would fundamentally alter the nature of the statute, the Court must consider facts regarding the goals and nature of the benefits of the EOLOA, if and how a modification of the assistance prohibition for physically disabled patients would actually subvert the goals and benefits of the statute, the ways in which Plaintiffs could ingest AID medication with assistance, and whether the challenged prohibition actually produces the benefits that the law intends to confer. None, let alone all, of these considerations have been fully developed yet. Accordingly, it would not be proper to dismiss Plaintiffs’ claims, without the benefit of discovery, based on this highly fact-dependent issue.

2. The State Has Failed To Meet Its Burden To Prove Plaintiffs’ Requested Relief Would Fundamentally Alter The EOLOA.

Even if this fact-based inquiry were properly raised in a motion to dismiss, Defendants have failed to meet their burden. It is Defendants’ burden to demonstrate that Plaintiffs’ requested relief would fundamentally alter the state statute, *Martinez*, 512 F. Supp. 3d at 984-85, and Defendants have failed to meet their burden to prove any possible relief for Plaintiffs would fundamentally alter the state statute.

Under Title II, “[a] public entity shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity. 28 C.F.R. § 35.130(b)(7). A “fundamental alteration” is one that would “compromise[] the essential nature of the [overall] program” *Alexander v. Choate*, 469 U.S. 287, 300 (1985) (quoting *Se. Cmty. Coll. v. Davis*, 442 U.S. 397, 413-14 (1979)). “[T]he determination of what constitutes reasonable modification is highly fact-specific, requiring case-by-case inquiry.” *Crowder*, 81 F.3d at 1486.

Cases interpreting assessing a fundamental-alteration defense reveal the fact-specific nature of the inquiry. In *PGA Tour, Inc. v. Martin*, 532 U.S. 661 (2001), the Supreme Court considered the question of whether, under the ADA, the PGA was required to accommodate

disabled golfer Casey Martin by allowing him to use a golf cart instead of walking the course. The PGA argued that walking the course—specifically the fatigue caused by walking the course—was an essential part of the tournament. *Id.* at 686. The *Martin* Court ultimately held that shot-making was the essence of the tournament and the game of golf generally, and that the fatigue brought on by walking without the assistance of a golf cart was a peripheral, not an essential, aspect of the tournament and the game. *Id.* at 683-84, 689. In so ruling, *Martin* cautioned that courts must “carefully weigh the purpose, as well as the letter, of [a given] rule before determining that no accommodation would be tolerable.” *Id.* at 691.

In *Crowder*, the Ninth Circuit reversed summary judgment granted to the state, and remanded for factual findings regarding the reasonableness of the plaintiffs’ proposed modifications to the state’s challenged law. 81 F.3d at 1486. *Crowder* noted:

The court’s obligation under the ADA and accompanying regulations is to ensure that the decision reached by the state authority is appropriate under the law and in light of proposed alternatives. Otherwise, any state could adopt requirements imposing unreasonable obstacles to the disabled, and when haled into court could evade the antidiscrimination mandate of the ADA merely by explaining that the state authority considered possible modifications and rejected them.

Id. at 1485.

Hindel v. Husted, 875 F.3d 344 (6th Cir. 2017), is also instructive. In *Hindel*, blind voters in Ohio brought ADA claims to challenge the state statute that permitted only paper ballots for absentee voting. *Id.* at 345. The plaintiffs requested a modification of the statute’s mandate, in the form of online ballots and online ballot marking tools in lieu of paper absentee ballots. *Id.* The state asserted a defense of fundamental alteration—claiming that the modification would have fundamentally altered Ohio’s voting program—and the district court agreed, granting judgment on the pleadings. *Id.* at 346. Reversing that order, the Sixth Circuit observed that fundamental-alteration analysis is almost never “capable of resolution on the basis of the pleadings alone.” *Id.* at 347 (citations omitted). Rather, “facts and evidence” are required in cases where an ADA defendant asserts the affirmative defense of fundamental alteration. *Id.* at 347-48. That determination should be made “only after discovery, expert testimony, an evidentiary hearing, or trial.” *Id.* at 347.

It is far too early to conclude that Plaintiffs’ requested relief would fundamentally alter the EOLOA. Indeed, to the contrary—and consistent with their allegations (FAC ¶ 44 (disclaiming fundamental alteration)—Plaintiffs contend their requested relief is consonant with the language, goals, and essential nature of the statute.

For example, partially depressing a feeding or rectal tube plunger, or pushing one’s head against the plunger to initiate the administration (or against the physician’s hand that is resting on the plunger), are ways to both exhibit consent and take an “affirmative, conscious, and physical act” in furtherance of ingesting the AID medication. Surely there are others that will be identified during discovery.

Moreover, Plaintiffs plan to prove through discovery that the assistance prohibition has no real-world grounding when combined with the self-administration requirement. Plaintiffs anticipate presenting facts to prove that, by the time a patient has gone through the extensive process to establish eligibility, obtain AID medication, and initiate ingestion, nobody has *ever* decided against completing it. *See also* Pope Decl. ¶ 23. While Plaintiffs take seriously the concerns of third-party coercion to end one’s life, for the Patient-Plaintiffs in this case, the prohibition of assistance might well be an answer in search of a problem. For these patients, a reasonable modification would not fundamentally alter the EOLOA. *Cf. Crowder*, 81 F.3d at 1486 (stating that a fundamental-alteration decision must rest on “findings of fact” regarding the extent of the problem that grounds the rule, as well as the extent to which the proposed modification would actually undermine the objective).

In short, Plaintiffs have well-grounded reasons for engaging in discovery in order to refute Defendants’ assertion that a reasonable modification of the assistance prohibition for patients with physical disabilities would fundamentally alter the EOLOA. The relief requested by Plaintiffs is fully consistent with the purpose of the EOLOA itself, including its foundational goals of honoring patient choice and autonomy. *See* California Health & Safety Code § 443.1(q) (defining self-administration as an “affirmative, conscious, and physical act”); *see also* S. Floor Analysis, ABX2 15, 2015-2016 Reg. Sess., at 8, 15 (2015) (“[H]ow each of us spends the end of our lives is a deeply personal decision. That decision should remain with the individual, as a

matter of personal freedom and liberty, without criminalizing those who help to honor our wishes and ease our suffering”; “this bill includes numerous safeguards to ensure that the medication is provided only to terminally ill individuals according to their own choice and knowing, well-considered decision after consideration of feasible alternatives and additional treatment opportunities.”).

Discovery will establish that a reasonable modification will allow the physically disabled Patient-Plaintiffs (and putative class members, if a class is certified) the ability to access the EOLOA at the time of their choosing, in a manner consistent with the purpose and goals of the EOLOA. Until then, Defendants have not proven, in this fact-specific inquiry, that ordering relief for the Plaintiffs would fundamentally alter the EOLOA.

V. THE PROHIBITION ON ASSISTANCE WITH INGESTING AID MEDICATION DENIES PHYSICALLY DISABLED PATIENTS MEANINGFUL ACCESS TO THE BENEFITS OF THE EOLOA.

The State argues that the ADA is not violated when a program, service, or activity is not available to a disabled individual for a relatively short period of time. (State Motion at 15:2-13.) That argument does not set forth the proper analysis for an alleged ADA violation, and besides, the Ninth Circuit already has rejected the State’s temporal argument.

Governmental entities cannot not meet their Title II obligations by merely providing *some* access to their services, programs, or activities—they must provide *meaningful access*. See *Choate*, 469 U.S. at 301. However, the State never sets forth this test, let alone applies it in support of its argument. Because the EOLOA’s prohibition on assistance denies Patient-Plaintiffs a crucial benefit of the statute—the ability to take AID medication when they feel the time is appropriate—Patient-Plaintiffs have been denied “meaningful access” to the EOLOA.

The crux of the State’s temporal argument is that the Patient-Plaintiffs have not been excluded at all times from the benefits of the EOLOA, but rather that the EOLOA’s assistance prohibition effectively “plac[es] an outer limit on the time period during which Plaintiffs may avail themselves of the law’s protections.” (State Motion at 15:6-8). In short, the State Defendants argue that Sandra Morris, Rhiannon Cerreto, and the proposed Patient Class can take

advantage of the EOLOA, but they have less time to act and must take AID medication sooner than any nondisabled patient in the same situation—and sooner than they would prefer, depriving them and their loved ones of precious time together.

Not only does the State’s argument fail the meaningful-access test, but it runs afoul of Ninth Circuit law. In *Crowder*, referenced above, the fact that the quarantine rule applied only for 120 days did not nullify the cognizable nature of the ADA claim. Even if someone were to move to Hawaii, and then live there for decades, being denied access to the state’s programs, services, and activities for that short period of time was actionable.

Likewise, a governmental entity cannot add a ramp to the courthouse steps, but take it down during the hours of 10 AM – noon. Or a city cannot block all sidewalk curb cuts for one year every decade. These actions prohibit meaningful access to the entity’s programs, services, and activities, even though the denial of access was limited temporally.

Here, too, allowing access to the EOLOA program for some period of time, but not toward the end of a disabled person’s life—when he or she most wants it—does not permit meaningful access. (At the very least, this is a factual matter that cannot be adjudicated on a motion to dismiss.) Empowering patients to decide *when* they take AID medication is an integral part of the liberty and autonomy intended to be conferred by the EOLOA. Forcing patients to take AID medication prematurely, before they are ready, denies these patients one of the core benefits of the EOLOA, and thus fails to provide these patients with meaningful access to the benefits of the statute.

VI. PHYSICIAN-PLAINTIFFS HAVE ALLEGED A COGNIZABLE RETALIATION CLAIM.

Defendants contend that the Physician-Plaintiffs have not alleged a cognizable ADA claim. Not so. Under the ADA, people associated with disabled individuals are entitled to be free from retaliation as a result of the person’s disability. Here, the FAC sufficiently alleges precisely that injury.

The ADA’s anti-retaliation provision provides: “It shall be unlawful to coerce, intimidate, threaten, or interfere with any individual in the exercise or enjoyment of, or on account of his or

her having exercised or enjoyed, or on account of his or her having aided or encouraged any other individual in the exercise or enjoyment of, any right granted or protected by this Act.” 42 U.S.C. § 12203(a). Here, criminalizing the Physician-Plaintiffs’ assisting Patient-Plaintiffs with ingesting AID medication is “coercion,” “threatening,” or “interfering with” the aiding of Patient-Plaintiffs’ rights under the ADA.

Defendants contend that the Physician-Plaintiffs do not allege to be “involved in a protected activity,” which is a required element of a claim for retaliation under the ADA. (State Motion at 15:26-16:1 (quoting *Brown v. Tucson*, 336 F.3d 1181, 1187 (9th Cir. 2003); *Brooks v. San Mateo*, 229 F.3d 917, 928 (9th Cir. 2000)). However, the FAC plainly alleges this: Physician-Plaintiffs seek to engage in conduct that will preserve the Patient-Plaintiffs’ rights under the ADA—namely, participating in the EOLOA, at the time of the patients’ choosing, by assisting with them with ingesting the AID medication. FAC ¶ 40. Although Defendants deny this is protected activity because they disagree that the exclusion of disabled individuals violates the ADA, the central component of Plaintiffs’ claims is that this exclusion violates the federal law. If Plaintiffs are correct on this central point, then the Physician-Plaintiffs are indeed involved in a “protected activity.”⁵

The Physician-Plaintiffs allege that they are being threatened by or interfered with their assisting the Patient-Plaintiffs ingest AID medication. That is a cognizable retaliation claim under the ADA.

⁵ See also State Motion at 16 n.14 (recognizing that “the exception for criminal liability under EOLOA could be deemed a “benefit,” which would disprove this particular argument of the Defendants).

CONCLUSION

For the reasons set forth above, the motions to dismiss should be denied.⁶

Dated: February 24, 2022

Respectfully Submitted,

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⁶ Should the Court find any material allegation lacking, Plaintiffs respectfully request the opportunity to amend their complaint. *Eminence Capital, LLC v. Aspeon, Inc.*, 316 F.3d 1048, 1051, 1052 (9th Cir. 2003) (noting that “[t]he policy of granting leave to amend is to be applied with extreme liberality” and “should, as the rules require, be freely given”) (internal quotation marks omitted).

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated in this declaration, and if called to testify, could and would testify as stated herein.
2. I received my Ph.D. in philosophy/bioethics from Georgetown University in 2003. I received my J.D. from Georgetown in 1997. I am currently a Professor of Law at Mitchell Hamline School of Law in Saint Paul, Minnesota. I am also an Associate Adjunct Professor at Albany Medical College in New York and Affiliate Faculty at the University of Minnesota Center for Bioethics. My professional background, experience, and publications are detailed in my curriculum vitae, a true and accurate copy which is attached as Exhibit A to this declaration.
3. I have been licensed to practice law in California since 1999. I am certified as a healthcare ethics consultant.
4. I am ranked among the Top 20 most-cited health law scholars in the United States, with 250 publications in leading medical journals, bioethics journals, and law reviews. Most of these publications address aid in dying and other end-of-life medical treatment issues.
5. I have delivered invited presentations on aid in dying for UC Berkeley, UCSF, Stanford, Harvard, University of New Mexico, University of Minnesota, and the National Academy of Medicine, among other universities, hospitals, and professional associations.
6. I have delivered invited presentations and grand rounds on end-of-life healthcare issues for hospitals and universities across California, including UCLA, Kaiser Permanente, UC San Diego, Cedars Sinai, Loyola Marymount, and Rady Children's.

7. Since February 2020, I have been a regular speaker for, and consultant to, the American Clinicians Academy on Medical Aid in Dying. ACAMAID is the leading professional society in the United States engaged in researching, establishing, and informing about best practices for aid in dying. Among these roles, I serve as member of ACAMAID's Ethics Consultation Service. All these services are *pro bono*, without compensation.

8. In preparing this declaration, I relied on my years of experience in this field, as set out in my curriculum vitae (Exhibit A), and on the materials listed therein.

9. I am not being compensated for my time. My testimony does not depend on the outcome of this litigation. I am not otherwise receiving any remuneration for the opinions that I express or the testimony that I provide in this matter.

II. Assisted Ingestion Is Still Self-Administration

10. Plaintiffs seek to allow assistance with ingestion of aid in dying medications. But in its Motion to Dismiss, the State Defendants assert that Plaintiffs seek wholly "to eliminate" the self-administration requirement (at 2:5, 12:4-5). This erroneously assumes that assistance with ingestion is incompatible with self-administration.

11. Many physically disabled patients regularly receive assistance with ingestion of their medications. Despite the assistance, this ingestion is generally still considered, both medically and legally, to be "self-administration."

12. Defendants erroneously assume and imply that there are only two modes of medication administration: (a) independent ingestion and (b) clinician administration. In fact, there is a third generally accepted mode of medication administration: (c) assisted ingestion.

13. Allowing minimal assistance with ingestion is not “elimination” of the self-administration requirement. The patient is still taking an “affirmative, conscious, and physical act of administering and ingesting the aid-in-dying drug.” Cal. Health & Safety Code § 443.1(q). She is simply unable, due to her disability, totally and entirely to finish ingesting the medication without assistance.

14. Assistance with medication ingestion is widely and explicitly permitted, and even sometimes required, by law. *See, e.g.*, 22 Cal. Code Regs. § 87465(5)-(6). For example, Florida permits another individual to assist the patient by “lifting the container to his or her mouth.” Fla. Stat. §§ 429.256, 400.488. Illinois permits direct care staff to “assist physically impaired individuals, such as those who have arthritis, cerebral palsy or Parkinson's disease” in “consuming or applying the medication.” 59 Ill. Admin. Code § 116.60(d).

15. This assisted ingestion is still “self-administration.” This categorization has long been deliberately clarified in law and practice because sometimes the assisting individual lacks the requisite healthcare licensure to administer medications. In other words, policy and practice permit assisted ingestion for two reasons: both (a) because the individual cannot physically independently complete ingestion of the medications and (b) because the assisting individual may not themselves legally administer medications.

II. Assistance with Ingestion Is Not Active Euthanasia

16. The California End of Life Option Act permits “aid in dying” for competent, terminally ill adults. Cal. Health & Safety Code § 443.1(b). It does not permit “active euthanasia” Cal. Health & Safety Code § 443.18.

17. A small subset of competent, terminally ill adults eligible for aid in dying under the EOLOA cannot entirely complete ingestion of the aid in dying medication because of their

physical disabilities, such as limited hand strength and coordination. So long as the patient can take some action to advance ingestion, providing these patients assistance with ingestion of their aid in dying medication does not convert aid in dying into active euthanasia.

18. In active euthanasia the clinician alone wholly performs the administration. The patient is a physically passive recipient. While the patient provides voluntary and informed consent, the patient does not take an “affirmative, conscious, and physical act of administering and ingesting the aid-in-dying drug.” Cal. Health & Safety Code § 443.1(q). In contrast, with assisted ingestion, the patient does take an “affirmative, conscious, and physical act of administering and ingesting the aid-in-dying drug.” The patient’s “physical act” is simply insufficient to entirely complete ingestion.

18. For example, take a patient who can both independently grasp a straw in her lips and swallow down the medication. She might only need help from the clinician to lift and hold the glass, so that she can grasp the straw in her lips. This is ingestion with assistance, not active euthanasia.

19. Or take a patient with a feeding tube or rectal tube (used for patients who have lost swallowing ability or have other reasons where swallowing medication by mouth is not possible or efficacious). The patient might independently ingest 90% of the aid in dying medication by depressing a plunger. But, due to fatigue, exhaustion and/or weakness from her disability, she requires assistance to complete depressing the plunger the final 10% of the way. This is aid in dying, not active euthanasia. In fact, it can be very dangerous for such a patient to attempt ingestion without assistance, as she might induce paralysis or other dangerous medical conditions if she ingests some percentage of the medication, but—without assistance—ends up being unable to ingest the rest of the medication.

20. This type of minimal assistance with ingestion is permitted under the New Mexico Elizabeth Whitefield End-of-Life Options Act, which like the California End of Life Option Act, is modeled on the Oregon Death with Dignity Act. N.M. Stat. Ann. § 24-7C-2(I). Even with assisted ingestion, the medical practice is still defined as “medical aid in dying.” N.M. Stat. Ann. § 24-7C-2(E). It is specifically defined as not constituting “euthanasia.” N.M. Stat. Ann. § 24-7C-8. Indeed, the key bill sponsor, Rep. Deborah A. Armstrong, has further confirmed this by publicly stating that the law “does not exclude assistance being given.” Ella Creamer, *Why Democrats Should Become the Party of Medically Assisted Dying*, *Washington Monthly* (Feb. 12, 2022).

IV. The Self-Ingestion Requirement Is Unnecessary to Assure Voluntariness

21. There is no evidence that the assistance prohibition operates as a “safeguard,” enhances patient safety, or helps assure voluntariness of ingestion.

22. The patient has the right, and is repeatedly advised of her right, to stop the aid in dying process at any time. Decades of experience with aid in dying in Oregon, Washington, California, and other states with aid in dying shows that the competent patient’s informed volitional consent is what assures voluntariness, not her physical participation in ingestion.

23. Over 4,000 individuals have ingested aid in dying drugs in California and in other states with AID laws. There is not a single reported, or known, instance of a patient changing her mind after commencing ingestion.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on February 23, 2022, in Little Canada, Minnesota.

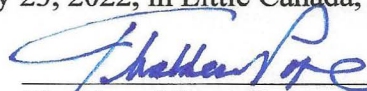

Thaddeus Mason Pope

EXHIBIT A

Thaddeus Mason Pope

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Narrative Summary of Curriculum Vitae

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

Pope is a Professor at Mitchell Hamline School of Law in Saint Paul, Minnesota. He is also Adjunct Professor with the Australian Centre for Health Law Research at Queensland University of Technology, and Adjunct Associate Professor with the Alden March Bioethics Institute at Albany Medical College. In 2021, Pope is both the Fulbright Canada Research Chair in Health Law, Policy and Ethics at the University of Ottawa and a Visiting Researcher at the Brocher Foundation in Switzerland.

Ranked among the Top 20 most cited health law scholars in the United States, Professor Pope has more than 220 publications in leading: medical journals, law reviews, bar journals, nursing journals, bioethics journals, and book chapters. He coauthors the definitive treatise *The Right to Die: The Law of End-of-Life Decisionmaking*. He also runs the *Medical Futility Blog* (with over four million page-views).

Professor Pope works to calibrate the balance between individual liberty and public health in the end-of-life medical treatment context. Specific research topics include: (1) medical futility, (2) unwanted medical treatment, (3) ethics committees, (4) brain death, (5) advance directives, (6) surrogate decision-making, (7) unrepresented patients, (8) medical aid in dying, and (9) VSED. Most recently, Pope has been innovating new legal tools to better assure (10) fair internal dispute resolution mechanisms, and (11) adequate informed consent with patient decision aids.

Pope's engagement with these issues goes beyond academic scholarship. He bridges thought and action by developing amicus briefs, legislative testimony, and professional organization policy statements.

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

Highlights Summary of Curriculum Vitae

Current Academic Positions

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

Recent Honors & Distinctions

- Fulbright Canada Research Chair in Health Law, Policy, and Ethics at the University of Ottawa (2021)
- Royal College of Physicians and Surgeons of Canada, McLaughlin-Gallie Visiting Professor (2021)
- Visiting Researcher, Brocher Foundation, Switzerland (2021)
- John and Marsha Ryan Bioethicist in Residence, Southern Illinois University Schools of Law and Medicine (2020)

Expertise

- End of Life Decisions
- Clinical Bioethics
- Health Law
- Medical Liability
- Patient Rights
- Public Health

Scholarship

- Top 20 most cited health law scholar (*Bill of Health* 2018)
- h-index = 29 (Google Scholar)
- Quoted and cited not only in academic literature but also in appellate court opinions, casebooks, treatises, and legislative debate
- Over 220 articles in law, medical, and bioethics journals and chapters
- Nearly 400 academic and public presentations at universities, hospitals, and professional associations in USA, Europe, Asia, Canada, and Australia

Teaching

- Torts
- Bioethics
- Health Law Quality & Liability
- Health Law Seminar

Service

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

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Present Academic Appointments

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

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

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

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

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

HONORS & AWARDS

Fulbright Scholar, March – September 2021

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

Brocher Foundation

Visiting Researcher, Summer 2021

Royal College of Physicians and Surgeons of Canada, May 2020

McLaughlin-Gallie Visiting Professor

Southern Illinois University

John & Marsha Ryan Bioethicist in Residence, March 2020

John & Marsha Ryan Bioethicist in Residence, March 2015

National Health Law Moot Court Competition

Coach to 3rd place team overall, 2019

Coach to 2nd place team brief, 2012

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

Top 20 Most Cited Health Law Scholar, 2018

Harvard University, Edmond J. Safra Center for Ethics

Network Fellowship, 2013-2014

AMERICAN BAR ASSOCIATION JOURNAL

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

Hamline University School of Law

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

2006 Annual Health Law Scholars Workshop

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

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

Hon. Benjamin Aranda III Outstanding Public Service Award

Awarded by Los Angeles County Bar Association, June 2005

Champion for Justice

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

Wiley W. Manuel Award for Pro Bono Legal Services

Awarded by State Bar of California, November 2004

National Merit Scholar, 1987

NROTC – Carnegie Mellon University

Four-year scholarship, 1987

REACH Games (Pennsylvania)

1st Place Othello, 1986

Education

Healthcare Ethics Consultation Certification (HEC-C)

Certified, May 2020 to May 2025

Georgetown University Graduate School, Washington, DC

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

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

GPA: 3.6/4.0 (unranked)

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

Georgetown University Law Center, Washington, DC

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

GPA: 10.6/12.0 (top 20%)

Honors: Dean's List
Appellate Litigation Clinic

University of Pittsburgh, Pittsburgh, PA

B.A., *summa cum laude*, Philosophy, October 1992

GPA: 3.8/4.0 (top 5%)

Honors: Phi Beta Kappa
Departmental Honors in Philosophy
CAS Alumni Merit Award

George Mason University School of Law, Estes Park, CO

Economics Institute for Law Professors, July 2012

Universidad Complutense, Madrid, Spain

Language & Culture Program, 1985 – 1986

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

Judicial Clerkship

United States Court of Appeals for the Seventh Circuit

Judicial Law Clerk to the Honorable John L. Coffey, 1999 - 2000

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

Teaching Experience & Interest

Primary:

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

Secondary:

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

Academic Work Experience

I. Tenure Track Positions

Mitchell Hamline School of Law, St. Paul, MN

Professor of Law, January 2016 –

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

Mitchell Hamline School of Law, St. Paul, MN

Director, Health Law Institute, January 2016 – October 2020

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

Hamline University School of Law, St. Paul, MN

Associate Professor of Law, January 2012 – December 2015

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

Hamline University School of Law, St. Paul, MN

Director, Health Law Institute, January 2012 – December 2015

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

Widener University School of Law, Wilmington, DE

Associate Professor of Law, July 2008 – December 2011

Visiting Assistant Professor of Law, July 2007 – June 2008

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

University of Memphis School of Law, Memphis, TN

Assistant Professor of Law, June 2005 – June 2008

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

II. Other Teaching Positions

Saint George's University, Grenada, West Indies

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

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

Southern Illinois University, Carbondale, IL

John & Marsha Ryan Bioethicist in Residence, February 2020

John & Marsha Ryan Bioethicist in Residence, April 2015

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

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

Adjunct Associate Professor of Medical Education, July 2010 –

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

Kennedy Institute of Ethics, Washington, DC

Teaching Assistant for Tom L. Beauchamp, 1996 - 1997

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

Georgetown University, Washington, DC

Teaching Assistant, 1992 - 1993, 1994 - 1996

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

III. Other Research Positions

University of Ottawa, Ottawa, Ontario

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

- Conducted comparative research on end-of-life issues including MAID, brain death, organ donation, and the resolution of treatment conflicts.
- International consultant to the Death Definition and Determination Project, a multidisciplinary project by Canadian Blood Services, the Canadian Critical Care Society, and the Canadian Medical Association.
- Consultant to the International Donation and Transplantation Legislative Forum.
- Made conference presentations to the Canadian Bioethics Society and other associations.
- Consulted with the provincial regulator (CPSO) on several policies.

Royal College of Physicians and Surgeons of Canada, Toronto, Ontario

McLaughlin-Gallie Visiting Professor, May 2021

- Invited to deliver lectures to CAMAP and university partners

Brocher Foundation, Hermance, Switzerland

Visiting Researcher, July 2021

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

Australian Center for Health Law Research

Faculty of Law, Queensland University of Technology, Brisbane, QLD

Adjunct Professor, July 2014 –

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

University of Minnesota Center for Bioethics, Minneapolis, Minnesota

Affiliate Faculty, 2015 –

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

Southern Illinois University

John & Marsha Ryan Bioethicist in Residence, March 2020

John & Marsha Ryan Bioethicist in Residence, March 2015

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

Thomas Jefferson University, Philadelphia, PA
Senior Scholar in Health Policy, October 2007 – June 2009
Senior Scholar, Jefferson School of Population Health, June 2009 – June 2012

Kennedy Institute of Ethics, Washington, DC
Research Assistant for G. Madison Powers, May 1997

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

Georgetown University Law Center, Washington, DC
Research Assistant for Lawrence O. Gostin, Summer 1997

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

Research Assistant for Anita L. Allen, 1995 - 1996

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

Research Assistant for Karen Summerhill, Summer 1995

- Conducted legal research for the Georgetown law faculty.

Research Assistant for Kevin P. Quinn, 1994 - 1995

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

Legal Work Experience

Arnold & Porter LLP, Los Angeles, CA
Associate Attorney, October 2000 - August 2005

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

- elder planning, and public health benefits.
- Firm activities included service both on the Summer Associates Committee (2004, 2005) and on the Associate Relations Committee (2004).

Arnold & Porter LLP, Washington, DC

Part-time Lawyer, 1997 - 1999

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

Montedonico, Hamilton & Altman, Washington, DC

Law Clerk, 1996 - 1997

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

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

Summer Associate, Summer 1996

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

Commission on the Future of the Courts, Annapolis, MD

Legal Consultant, Winter 1996

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

National Academy of Sciences, Washington, DC

Legal Consultant, Summer 1995

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

Expert Witness Testimony

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

Professor Pope has engaged on two main types of cases. First, he has worked on both tort and contract cases involving healthcare providers. These cases often intertwine

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

I. Testified at Trial

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

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

II. Testified at Deposition

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

- Professor Pope testified on the appropriateness of APS questioning the treatment decisions of a patient's healthcare agent.

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

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

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

- Professor Pope was retained by the family of a deceased patient. The defendant hospital took Professor Pope's deposition in Saint Paul.
- The primary issue concerned provider duties to obtain appropriate consent for a DNR/CCO order.

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

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

III. Other Expert Consulting

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

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

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

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

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

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

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

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

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

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

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

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

Publications

- Over 40 law review and bar journal articles
- Over 180 book chapters and articles in medical and bioethics journals
- Quoted in appellate court opinions, casebooks, treatises, and legislative debate
- Numerous essays, websites, blogs, appellate briefs, and other occasional pieces

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

I. Books

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

II. Book Chapters

5. *Extrajudicial Resolution of Medical Futility Disputes: Key Factors in Establishing and Dismantling the Texas Advance Directives Act*, in INTERNATIONAL PERSPECTIVES ON END-OF-LIFE LAW REFORM: POLITICS, PERSUASION AND PERSISTENCE ch.9 (Ben White & Lindy Wilmott eds., Cambridge University Press 2021).

6. *International Perspectives on Reforming End-of-Life Law*, in INTERNATIONAL PERSPECTIVES ON END-OF-LIFE LAW REFORM: POLITICS, PERSUASION AND PERSISTENCE (Cambridge University Press 2021) (Ben White and Lindy Willmott eds) (with Ben White, Lindy Willmott, Jocelyn Downie, Penney Lewis, Celia Kitzinger, Jenny Kitzinger, Kenneth Chambaere, Luc Deliens, Mona Gupta, Emily Jackson, Agnes van der Heide, Eliana Close, Katrine Del Villar and Jodhi Rutherford).
7. *Legal Issues with VSED*, in VOLUNTARILY STOPPING EATING AND DRINKING: A COMPASSIONATE, WIDELY AVAILABLE OPTION FOR HASTENING DEATH ch.4 (Oxford University Press 2021) (with Tim Quill, Paul Menzel, Judith Schwarz).
8. *Legal Issues with SED by AD*, in VOLUNTARILY STOPPING EATING AND DRINKING: A COMPASSIONATE, WIDELY AVAILABLE OPTION FOR HASTENING DEATH ch.10 (Oxford University Press 2021) (with Tim Quill, Paul Menzel, Judith Schwarz).
9. *Medical Futility*, in GUIDANCE FOR HEALTHCARE ETHICS COMMITTEES (2d ed. Cambridge University Press 2021).
10. *Resolving Conflicts in Pediatric Palliative Care*, in INTERDISCIPLINARY PEDIATRIC PALLIATIVE CARE ch.16 (Oxford University Press 2021) (with Robert Macauley, Jody Chrastek, Amie Brandtjen, Harvey Cohen).
11. *Jack Kevorkian*, in AMERICAN NATIONAL BIOGRAPHY (2021).
12. *Safeguards*, in PHYSICIAN-ASSISTED DEATH: SCANNING THE LANDSCAPE 5-2 to 5-4 (National Academies of Science Engineering & Medicine 2018).
13. *Case Study - Mrs. Selano: An Interprofessional Perspective*, in *Ethical Aspects of Care*, in PALLIATIVE CARE NURSING: QUALITY CARE TO THE END OF LIFE 70-71 (M. Matzo & D. Sherman eds., 5th ed. Springer 2018).
14. *Brain Death Rejected: Expanding Legal Duties to Accommodate Religious Objections to the Determination of Death by Neurological Criteria*, in LAW, RELIGION, AND AMERICAN HEALTHCARE ch.20, 293-305 (Cambridge University Press 2017).
15. *Emerging Legal Issues for Providers in the U.S.*, in SHARED DECISION MAKING IN HEALTHCARE: ACHIEVING EVIDENCE-BASED PATIENT CHOICE 38-42 (Glyn Elwyn, Rachel Thompson, and Adrian Edwards eds., Oxford University Press 2016) (with Benjamin W. Moulton).

16. *Medical Futility and Potentially Inappropriate Treatment*, in OXFORD HANDBOOK ON DEATH AND DYING 65-86 (Stuart Younger & Robert Arnold eds., Oxford University Press 2016) (with Douglas B. White).
17. *Patient Rights in the ICU*, in OXFORD TEXTBOOK OF CRITICAL CARE (Webb, Angus, Finfer, Gattioni & Singer eds., Oxford University Press 2016) (with Douglas B. White).
18. *Death Penalty*, in ENCYCLOPEDIA OF BIOETHICS 815-817 (4th ed., Bruce Jennings ed., Macmillan Reference 2014).
19. *Quality of Life in Legal Perspective*, in ENCYCLOPEDIA OF BIOETHICS 1832-1834 (4th ed., Bruce Jennings ed., Macmillan Reference 2014).
20. *Medical Futility*, in HEALTHCARE ETHICS COMMITTEES 88-97 (D. Micah Hester & Toby Schonfeld eds., Cambridge University Press 2012).
21. *The Slow Transition of U.S. Law toward a Greater Emphasis on Prevention*, in PREVENTION VS. TREATMENT: WHAT'S THE RIGHT BALANCE? 219-244 (Halley S. Faust & Paul T. Menzel eds., Oxford University Press 2011).
22. *Foreword to* STANLEY A. TERMAN, PEACEFUL TRANSITIONS: AN IRONCLAD STRATEGY TO DIE HOW AND WHEN YOU WANT vi-vii (2d ed., Life Transitions Pub. 2011).
23. *Involuntary Passive Euthanasia in U.S. Courts: Reassessing the Judicial Treatment of Medical Futility Cases*, in MEDICAL TREATMENT AND LAW 104-145 (Asifa Begum ed., Amicus Books 2010).
24. *Foreword to* STANLEY A. TERMAN, PEACEFUL TRANSITIONS: AN IRONCLAD STRATEGY TO DIE HOW AND WHEN YOU WANT vi-vii (Life Transitions Pub. 2009).
25. *Medical Futility Statutes: Can/Ought They Be Resuscitated?* in THE MANY WAYS WE TALK ABOUT DEATH IN CONTEMPORARY SOCIETY: INTERDISCIPLINARY STUDIES IN PORTRAYAL AND CLASSIFICATION ch.18 (Margaret Souza & Christina Staudt eds., Edwin Mellen Press 2009).
26. *Social Contract Theory, Slavery, and the Antebellum Courts*, in A COMPANION TO AFRICAN AMERICAN PHILOSOPHY 125-133 (Tommy Lott & John Pittman eds., Blackwell 2003) (paperback 2006) (with Anita L. Allen).

27. *Legal Issues (The Right to Privacy and Lawsuits)*, in AIRLINE PASSENGER SECURITY: NEW TECHNOLOGIES AND IMPLEMENTATION ISSUES 34-43 (National Academy of Sciences 1996) (with Paul F. Rothstein).

III. Guest Editor of Special Journal Issues

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

IV. Law Reviews & Bar Journals

31. *Seven Obstacles Thwart Dementia Patients Seeking Access to MAID* (in progress).
32. *Time for the National Determination of Death Act: Why Federal Law Is Better than Uniform Law* (in progress).
33. *From Informed Consent to Shared Decision Making: Improving Patient Safety and Reducing Medical Liability Risk with Patient Decision Aids*, 74 MAINE LAW REVIEW (forthcoming 2021).
34. *Medical Aid in Dying: Ten Variations among U.S. State Laws*, 14(1) AHLA JOURNAL OF HEALTH & LIFE SCIENCES LAW 25-59 (October 2020).
35. *Video Advance Directives: Growth and Benefits of Audiovisual Recording*, 73 SMU LAW REVIEW 161-175 (2020).
36. *Determination of Death by Neurologic Criteria in the United States: The Case for Revising the Uniform Determination of Death Act*, 47(4) JOURNAL OF LAW, MEDICINE & ETHICS 9-24 (2020) (with Ariane Lewis, Leon G. Epstein, David M. Greer, Matthew P. Kirschen, Michael Rubin, James A. Russell, Richard J. Bonnie).
37. *Legal History of Medical Aid in Dying: Physician Assisted Death in U.S. Courts and Legislatures*, 48(2) NEW MEXICO LAW REVIEW 267-301 (2018).

38. *Unbefriended and Unrepresented: Medical Decision Making for Incapacitated Patients without Healthcare Surrogates*, 33(4) GEORGIA STATE UNIVERSITY LAW REVIEW 923-1019 (2017).
39. *Brain Death Forsaken: Growing Conflict and New Legal Challenges*, 37(3-4) JOURNAL OF LEGAL MEDICINE 265-324 (2017).
40. *Certified Patient Decision Aids: Solving Persistent Problems with Informed Consent Law*, 45(1) JOURNAL OF LAW, MEDICINE, AND ETHICS 12-40 (2017).
41. *Procedural Due Process and Intramural Hospital Dispute Resolution Mechanisms: The Texas Advance Directives Act*, 10 SAINT LOUIS UNIVERSITY JOURNAL OF HEALTH LAW & POLICY 93-158 (2017).
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VI. Newsletters & Reports

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VII. Newspapers

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VIII. Blogs & Websites

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 - My solo-author blog has received over **four million page views**, plus syndication on Westlaw, Wellsphere, and Bioethics.net.
 - This blog was recognized in the AMERICAN BAR ASSOCIATION JOURNAL 7th Annual Blawg 100 (Dec. 2013).

215. *Health Paternalism Blog*, <http://www.healthpaternalism.com> (2013 – 2018) (tracking judicial, legislative, policy, and academic developments that address balancing individual liberty and public health).
216. *Bioethics.net*, <http://www.bioethics.net> (April 2013 – present) (invited regular contributor invited to publish original on this blog of the high impact factor AMERICAN JOURNAL OF BIOETHICS)
- My posts have been substantial multi-page arguments, including:
- *Brain Death Is a Flash Point in End-of-Life Law, Ethics and Policy* (August 27, 2014).
 - *New York Medical Futility Bill Highlights Wide Variation in U.S. End-of-Life Decisions Law* (May 5, 2014).
 - *Death Panels: Can We Handle the Truth?* (March 17, 2014).
 - *Top 10 North American Death Panels* (Dec. 16, 2013).
 - *Cuthbertson v. Rasouli: Limited Guidance from the Supreme Court of Canada* (Nov. 25, 2013).
 - *Stop Therapeutic Obstinacy: Penalties for Administering Futile ICU Interventions* (Sept. 18, 2013).
 - *Dangerous Catholic Attack on POLST* (July 19, 2013).
 - *Defending Disability Discrimination* (May 31, 2013).
217. *Delaware Healthcare Decisions*, <http://delawaredecisions.org> (Feb. 2009 – present) (offering advance care planning resources for Delawareans).
218. *Health Law Professors Blog*, http://lawprofessors.typepad.com/healthlawprof_blog (guest blogger, May 2012).
219. *ThaddeusPope.com*, a collection of hard-to-find laws and institutional policies, organized to inform the media and policymakers

IX. Amicus Briefs

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

X. Legislative Testimony & Agency Comments

222. *Consultation Letter*, COLLEGE OF PHYSICIANS & SURGEONS OF ONTARIO Consultation Policy regarding End of Life, Professional Obligations and Human Rights, and CAM (March 2021).
223. *Consultation Letter*, COLLEGE OF PHYSICIANS & SURGEONS OF ONTARIO Consultation Policy regarding Professional Obligations and Human Rights (March 2021).
224. *Consultation Letter*, COLLEGE OF PHYSICIANS & SURGEONS OF ONTARIO Consultation Policy regarding Complementary & Alternative Medicine (March 2021).
225. *Written Testimony on Hawaii S.B. 839*, HAWAII SENATE COMMITTEE ON HEALTH (February 9, 2021).
226. *Consultation Letter*, UNIFORM LAW COMMISSION, Study Committee on the Uniform Determination of Death Act (February 2021).
227. Presentation, *Proposal to Revise the UDDA to Address Medicolegal Controversies in Determination of Death by Neurologic Criteria*, UNIFORM LAW COMMISSION HEALTHCARE LAW COMMITTEE (April 3, 2020) (with Ariane Lewis, Matthew Kirschen, and Richard Bonnie).
228. Submitted Comments (and quoted extensively), NATIONAL COUNCIL ON DISABILITY, MEDICAL FUTILITY AND DISABILITY BIAS (BIOETHICS AND DISABILITY SERIES) (Nov. 2019), <https://ncd.gov/publications/2019/bioethics-report-series>.
229. Submitted Comments, Virginia Joint Commission on Health Care, *Development of Life-Sustaining Treatment Guidelines*, (November 2016), reported <http://jchc.virginia.gov/>.
230. Invited Testimony on *The Patient and Family Treatment Choice Rights Act of 2011, H.B. 3520*, Human Services Committee, Texas House of Representatives, Austin, Texas (April 12, 2011), available at <http://www.thaddeuspope.com>.
231. Invited Testimony, *Medical Futility: Institutional and Legislative Initiatives (Session 5)*, U.S. PRESIDENT'S COUNCIL ON BIOETHICS (September 12, 2008), available at <http://www.bioethics.gov/transcripts/sept08/session5.html>.

XI. Current Research

A. Informed Consent

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

B. End-of-Life Medicine

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

Conference & Meeting Presentations

- Nearly 400 academic and public presentations at universities, hospitals, and professional associations in the United States, Europe, Asia, Canada, and Australia
 - Major keynote engagements are in **bold**.
 - Materials (slides and recordings) for most presentations are available at www.thaddeuspope.com
1. **FOURTH INTERNATIONAL CONFERENCE ON END OF LIFE LAW, ETHICS, POLICY, AND PRACTICE (ICEL4)** (organizing for 2022).
 2. *Pediatric Ethics*, OMAHA CHILDREN'S HOSPITAL, Omaha, Nebraska (postponed to 2021 for COVID-19).
 3. *Best Interests and Beyond: Standards of Medical Decision-Making in Pediatrics Conference*, SAINT LOUIS UNIVERSITY, St. Louis, Missouri (November 17-20, 2021).
 4. *Potential and Problems in the Evolving Legal Framework for Brain Death*, NEUROCRITICAL CARE SOCIETY 19TH ANNUAL MEETING, Chicago, Illinois (October 29, 2021).
 5. *Top 10 Legal Developments in Bioethics*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 23RD ANNUAL MEETING (October 13-16, 2021).
 6. *Voluntarily Stopping Eating and Drinking (VSED): A Compassionate, Widely Available Option for Hastening Death*, END OF LIFE CHOICES NEW YORK (September 30, 2021).

7. *Shared Decision Making and Patient Decision Aids: It Is Time to Revolutionize Informed Consent, So Patients Can Understand Their Treatment Options*, BROCHER FOUNDATION, Hermance, Switzerland (July 2021).
8. *Non-Therapeutic Pre-Mortem Interventions for Organ Donation*, UNIVERSITY OF OTTAWA CONFERENCE ON ORGAN DONATION & TRANSPLANTATION (June 17-18, 2021).
9. *Dementia Advance Directives - Stop Eating and Drinking Directives*, ARIZONA BIOETHICS NETWORK (June 16, 2021).
10. *Medical Malpractice Evolution from Informed Consent to Shared Decision Making*, 44TH ASLME HEALTH LAW PROFESSORS CONFERENCE (June 9-11, 2021).
11. *Discussion Leader: Jay Healey Teaching Session*, 44TH ASLME HEALTH LAW PROFESSORS CONFERENCE (June 9-11, 2021).
12. *Seven Obstacles to MAID for Canadian Dementia Patients*, CANADIAN BIOETHICS SOCIETY 32ND ANNUAL CONFERENCE (May 26-28, 2021).
13. *Mentor: Student Mentorship & Networking Event*, CANADIAN BIOETHICS SOCIETY 32ND ANNUAL CONFERENCE (May 26-28, 2021).
14. *Legal and Ethical Considerations at End of Life*, WEINBERG CENTER FOR ELDER JUSTICE SPRING ALLIANCE SYMPOSIUM (May 13, 2021).
15. *Decision-Making for Incapacitated Hospice Patients: The Fundamentals*, VISITING NURSE SERVICE OF NEW YORK - HOSPICE & PALLIATIVE CARE GRAND ROUNDS (April 30, 2021).
16. *Legalizing Euthanasia: Expansion of Medical Aid in Dying in the USA and around the World*, MITCHELL HAMLINE FACULTY FELLOWS (April 21, 2021).
17. *Fulbright Canada 2020-2021 Cohort Panel Discussion Series*, FULBRIGHT CANADA (April 1, 2021).
18. *Brain Death: Legal Constructs and Complications*, UNIVERSITY OF CHICAGO NEUBAUER COLLEGIUM FOR CULTURE AND SOCIETY BRAIN DEATH CONFERENCE (March 24-25, 2021).
19. *Importance of Bioethics for Post-Acute Care: Compliance and Risk Management Benefits*, AMERICAN HEALTH LAW ASSOCIATION (AHLA) - LONG TERM CARE AND THE LAW (March 4, 2021) (with Christine Wilson).

20. *Advance Directives and Assisted Dying: Legal & Ethical Frameworks*, COMPLETED LIFE INITIATIVE (February 4, 2021).
21. *Time to Promote Uptake of Patient Decision Aids*, DARTMOUTH UNIVERSITY (January 13, 2021).
22. *Patient Rights and Healthcare Decision-Making after COVID-19: Transformations and Future Directions?* QUT GLOBAL LAW, SCIENCE, AND TECHNOLOGY SEMINAR SERIES (November 19, 2020).
23. *Voluntary Assisted Dying in the U.S. and Australia - Australian Center for Health Law Research Coffee with a Colleague*, QUEENSLAND UNIVERSITY OF TECHNOLOGY (November 15, 2020).
24. ***Informed Consent Law and Ethics*, VERMONT ETHICS NETWORK (November 9, 2020) (keynote).**
25. *Making Treatment Decisions for Unrepresented Patients*, VERMONT ETHICS NETWORK (November 9, 2020).
26. *Voluntarily Stopping Eating and Drinking (VSED)*, VERMONT ETHICS NETWORK (November 9, 2020).
27. *Film Screening Discussion*, WORLD FEDERATION OF RIGHT TO DIE SOCIETIES (November 2, 2020).
28. *Top 10 Legal Developments in Bioethics*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 22ND ANNUAL MEETING (October 15-18, 2020).
29. *Current Ethical and Legal Issues in Brain Death in Our Pluralistic World*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 22ND ANNUAL MEETING (October 15-18, 2020).
30. *Brain Death: Fundamental Principles and Growing Ethical Challenges*, OMAHA CHILDREN'S HOSPITAL ETHICS GRAND ROUNDS, Omaha, Nebraska (October 9, 2020).
31. *Completing Life by Voluntarily Stopping Eating and Drinking (VSED): A Little Known Yet Readily Available Option*, COMPLETED LIFE INITIATIVE (October 8, 2020) (with David Gruenewald).
32. *Hot Topics: Cool Talk - Physician Assisted Suicide*, UNIVERSITY OF ST. THOMAS TERRENCE J. MURPHY INSTITUTE, Minneapolis, Minnesota (September 30, 2020) (debate with John Kelly).

33. *Brain Death and Clinic Ethics Consultation*, UNIVERSITY OF WASHINGTON (August 3, 2020) (canceled for COVID-19).
34. *Advance Care Planning during a Pandemic: POLST is a Vital Tool*, MINNESOTA MEDICAL ASSOCIATION (July 1, 2020) (with Vic Sandler).
35. ***David Thomasma Memorial Lecture*, INTERNATIONAL BIOETHICS RETREAT, Paris, France (June 24, 2020) (postponed for COVID-19).**
36. *Dementia and the Ethics of Choosing When to Die: What Are the Normative Questions, and How Should Bioethics Respond?* IAB WORLD CONGRESS OF BIOETHICS, Philadelphia, Pennsylvania (June 19-21, 2020) (with Nancy Berlinger, Mara Buchbinder, Jane Lowers) (withdrawn for COVID-19).
37. *Implementing Shared Decision Making into Clinical Practice: Law and Policy Update*, IAB WORLD CONGRESS OF BIOETHICS, Philadelphia, Pennsylvania (June 19-21, 2020) (withdrawn for COVID-19).
38. ***Selectively Objecting: Is This (Y)our Future? Complex Decisions for MAiD Clinicians*, CANADIAN ASSOCIATION OF MAID ASSESSORS AND PROVIDERS (CAMAP), Toronto, Canada (postponed for COVID-19) (Royal College of Physicians and Surgeons of Canada McLaughlin-Gallie Visiting Professorship Lecture).**
39. *Debate on Advance Requests for Medical Aid in Dying*, CANADIAN ASSOCIATION OF MAID ASSESSORS AND PROVIDERS (CAMAP), Toronto, Canada (postponed for COVID-19) (Royal College of Physicians and Surgeons of Canada McLaughlin-Gallie Visiting Professorship Lecture).
40. *Future of Medical Aid in Dying*, UNIVERSITY OF TORONTO, Toronto, Canada (postponed for COVID-19) (Royal College of Physicians and Surgeons of Canada McLaughlin-Gallie Visiting Professorship Lecture).
41. *Medical Aid in Dying in Minnesota*, LEAGUE OF WOMEN VOTERS - GOLDEN VALLEY (June 10, 2020).
42. *Prognosticating Terminal Illness*, AMERICAN CLINICIANS ACADEMY ON MEDICAL AID IN DYING (ACAMAID) (June 9, 2020).
43. *Optimizing Advance Healthcare Directives to Ensure Patient Safety During a Pandemic*, LAWLINE CLE WEBINAR (June 9, 2020).
44. *Religion Affiliated Providers*, AMERICAN CLINICIANS ACADEMY ON MEDICAL AID IN DYING (ACAMAID), webinar (April 22, 2020).

45. *Providing MAID During COVID-19: Ethical Issues*, CANADIAN ASSOCIATION OF MAID ASSESSORS AND PROVIDERS (CAMAP), webinar (April 21, 2020).
46. *Proposal to Revise the UDDA to Address Medicolegal Controversies in Determination of Death by Neurologic Criteria*, UNIFORM LAW COMMISSION HEALTHCARE LAW COMMITTEE (April 3, 2020) (with Ariane Lewis, Matthew Kirschen, and Richard Bonnie).
47. *Medical Aid in Dying: Assessing the Illinois Patient Choices at End of Life Act (John and Marsha Ryan Bioethicist in Residence Lecture)*, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE, Springfield, Illinois (February 28, 2020) (as Marsha and John Ryan Bioethicist in Residence).
48. *Medical Aid in Dying: Assessing the Illinois Patient Choices at End of Life Act (John and Marsha Ryan Bioethicist in Residence Lecture)*, MEMORIAL HOSPITAL OF CARBONDALE, Carbondale, Illinois (February 27, 2020) (as Marsha and John Ryan Bioethicist in Residence).
- 49. *Medical Aid in Dying: Assessing the Illinois Patient Choices at End of Life Act (John and Marsha Ryan Bioethicist in Residence Lecture)*, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF LAW, Carbondale, Illinois (February 26, 2020) (as Marsha and John Ryan Bioethicist in Residence).**
50. *Leveraging Video Technology to Enhance Patient Safety and Deliver Concordant Care*, COALITION TO TRANSFORM ADVANCED CARE (C-TAC), webinar (February 19, 2020).
51. *Patient Centered Health Communications*, DARTMOUTH UNIVERSITY, webinar (February 18, 2020).
52. *Medical Aid in Dying: Six Variations among U.S. State Laws*, NATIONAL CLINICIANS CONFERENCE ON MEDICAL AID IN DYING (NCCMAID), Berkeley, California (February 14-15, 2020).
53. *Minnesota End of Life Options Act*, MINNEAPOLIS LEAGUE OF WOMEN VOTERS CIVIC BUZZ, Minneapolis, Minnesota (December 3, 2019).
54. *Minnesota is Ready for the End of Life Options Act: Evolving Status of Medical Aid in Dying*, UNIVERSITY OF MINNESOTA CENTER FOR BIOETHICS, Minneapolis, Minnesota (November 22, 2019).
55. *Strategies for Effective Advance Directives*, MINNESOTA STATE BAR ASSOCIATION, Saint Paul, Minnesota (November 22, 2019).

56. *End-of-Life Ethics*, BRIGHAM YOUNG UNIVERSITY, Provo, Utah (November 18, 2019).
57. *Legal Variability on Brain Death*, MITCHELL HAMLINE FELLOWS (November 11, 2019).
58. *VSED Law - Dementia and the Ethics of Choosing When to Die Project Work Group*, THE HASTINGS CENTER (New York City, November 8, 2019).
59. *Law on Decision Making Capacity - Dementia and the Ethics of Choosing When to Die Project Work Group*, THE HASTINGS CENTER (New York City, November 7, 2019).
60. *Top 10 Legal Developments in Bioethics*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 21ST ANNUAL MEETING, Pittsburgh, Pennsylvania (October 24-27, 2019).
61. *Essential Elements of Bioethics Blogging: A Workshop*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 21ST ANNUAL MEETING, Pittsburgh, Pennsylvania (October 24-27, 2019).
62. *Medical Futility & Brain Death*, NEISWANGER INSTITUTE FOR BIOETHICS, LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MEDICINE (October 17, 2019).
63. *Death with Dignity Legislation: The Legal Doctrine of Physician Assisted Death in the United States*, UNIVERSITY OF KENTUCKY BIOETHICS CONFERENCE, Lexington, Kentucky (October 8, 2019) (invited keynote).
64. *Physician/Advanced Practitioner Support for Voluntary Stopping of Eating and Drinking*, WASHINGTON STATE MEDICAL ASSOCIATION & WASHINGTON END OF LIFE COALITION, Seattle, Washington (Sept. 13-14, 2019).
65. *Physician Participation in Physician-Assisted Death*, WASHINGTON STATE MEDICAL ASSOCIATION & WASHINGTON END OF LIFE COALITION, Seattle, Washington (Sept. 13-14, 2019).
66. *Implementing SDM into Clinical Practice: Law and Policy Update*, 10th INTERNATIONAL SHARED DECISION MAKING CONFERENCE, Quebec City, Canada (July 7-10, 2019).
67. *Brain Death: Legal Status Amid Growing Uncertainty*, 42ND ANNUAL ASLME HEALTH LAW PROFESSORS CONFERENCE, Chicago, Illinois (June 5-7, 2019).

- 68. *Non-Maleficence: Unwanted Medical Treatment and Informed Consent*, MUNSON MEDICAL CENTER 4TH ANNUAL CLINICAL ETHICS CONFERENCE, Traverse City, Michigan (May 17, 2019) (invited keynote).**
- 69. *Brain Death Bioethics: Fundamental Principles and Emerging Issues*, EIGHTH ANNUAL GREAT LAKES PALLIATIVE CARE CONFERENCE, Lake Geneva, Wisconsin (May 3, 2019) (invited plenary).**
70. *Legal Update on MAID, VSED, and PSU in the United States*, HARVARD MEDICAL SCHOOL ANNUAL BIOETHICS CONFERENCE, Boston, Massachusetts (April 11-12, 2019).
- 71. *Brain Death Is Broken: Status Shift and Implications*, EMORY HEALTHCARE ETHICS CONSORTIUM CONFERENCE, Atlanta, Georgia (March 21, 2019) (invited keynote).**
72. *Shared Decision Making: Time to Revolutionize Informed Consent*, EMORY UNIVERSITY, Atlanta, Georgia (March 20, 2019).
- 73. *VSED Divulged: Legal, Ethical, and Clinical Status of the Voluntarily Stopping Eating and Drinking Exit Option*, THIRD INTERNATIONAL CONFERENCE ON END OF LIFE LAW, ETHICS, POLICY, AND PRACTICE (ICEL3), Ghent, Belgium (March 7-9, 2019) (invited plenary).**
74. *Brain Death and the Law – Hard Cases and Legal Challenges*, THIRD INTERNATIONAL CONFERENCE ON END OF LIFE LAW, ETHICS, POLICY, AND PRACTICE (ICEL3), Ghent, Belgium (March 7-9, 2019).
75. *Medical Futility Dispute Resolution Options in the United States: Law & Ethics Fundamentals*, THIRD INTERNATIONAL CONFERENCE ON END OF LIFE LAW, ETHICS, POLICY, AND PRACTICE (ICEL3), Ghent, Belgium (March 7-9, 2019).
76. *Global Panel: Latest Developments in Assisted Dying around the World*, THIRD INTERNATIONAL CONFERENCE ON END OF LIFE LAW, ETHICS, POLICY, AND PRACTICE (ICEL3), Ghent, Belgium (March 7-9, 2019).
77. *The Ethics of Dying: A Panel Discussion on End-of-Life Care*, UNIVERSITY OF MINNESOTA STUDENT COMMITTEE ON BIOETHICS, Minneapolis, Minnesota (February 21, 2019).
78. *Euthanize Informed Consent: Moving to Shared Decision Making with Certified Patient Decision Aids after Fifty Years of a Failed Doctrine*, MAYO CLINIC, Rochester, Minnesota (December 13, 2018).

79. *Brain Death Bioethics*, MAYO CLINIC, Rochester, Minnesota (December 13, 2018).
80. *Roundtable on Jahi McMath and Other Controversial Brain Death Cases*, VIII INTERNATIONAL SYMPOSIUM ON BRAIN DEATH AND DISORDERS OF CONSCIOUSNESS, Havana, Cuba (December 4-7, 2018) (chairperson, moderator).
81. *Brain Death Uncertainty: Growing Challenges to Its Legal Status*, VIII INTERNATIONAL SYMPOSIUM ON BRAIN DEATH AND DISORDERS OF CONSCIOUSNESS, Havana, Cuba (December 4-7, 2018) (opening plenary).
82. *Brain Death Uncertainty: Growing Challenges to Its Legal Status*, UNIVERSITY OF CALIFORNIA - SAN DIEGO BIOMEDICAL ETHICS SEMINAR SERIES, San Diego, California (November 19, 2018).
83. *Avoid Unwanted Medical Treatment: How to Ensure Your Wishes Are Followed*, HEMLOCK SOCIETY OF SAN DIEGO, San Diego, California (November 18, 2018).
84. *Avoid Unwanted Medical Treatment: How to Ensure Your Wishes Are Followed*, HEMLOCK SOCIETY OF SAN DIEGO, Solana Beach, California (November 17, 2018).
85. *Medical Futility in Minnesota*, MINNESOTA MEDICAL ASSOCIATION, ETHICS AND MEDICAL-LEGAL AFFAIRS COMMITTEE, Minneapolis, Minnesota (November 6, 2018).
86. *Brain Death: New Challenges*, NEISWANGER INSTITUTE FOR BIOETHICS, LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MEDICINE (October 29, 2018).
87. *Ethics Committees Are Not Just for Hospitals: Advancing Person-Centered Care in Long-Term Care Facilities*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 20TH ANNUAL MEETING, Anaheim, California (October 18-21, 2018).
88. *Top 10 Legal Developments in Bioethics*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 20TH ANNUAL MEETING, Anaheim, California (October 18-21, 2018).
89. *Shared Decision Making and Advance Care Planning: Using Decision Aids to Improve Patient Safety*, MICHIGAN ADVANCE CARE PLANNING CONFERENCE, Lansing, Michigan (October 11-12, 2018).
90. *Dementia, Withholding Food and Water, and Overcoming Barriers to VSED by Advance Directive*, MICHIGAN ADVANCE CARE PLANNING CONFERENCE, Lansing, Michigan (October 11-12, 2018).

91. *Ending Self-Regulation of Medicine: Does Less Physician Control Improve Patient Safety and Protect Patient Rights?* MICHIGAN STATE UNIVERSITY CENTER FOR ETHICS AND HUMANITIES IN THE LIFE SCIENCES, Lansing, Michigan (October 10, 2018).
92. *Medical Aid in Dying: Pro-Con Debate*, UNIVERSITY OF MINNESOTA SCHOOL OF NURSING, Minneapolis, Minnesota (October 8, 2018) (with Sen. Chris Eaton, Dr. Kirk Allison, Prof. Dennis O'Hare).
93. *Brain Death Challenges Facing Children's Hospitals*, CHILDREN'S HOSPITALS CHIEF LEGAL OFFICERS MEETING, Minneapolis, Minnesota (October 4, 2018).
94. *Medical Aid in Dying*, MINNESOTA STATE BAR ASSOCIATION ELDER LAW SECTION, Minneapolis, Minnesota (September 27, 2018).
95. *Revolutionizing Informed Consent Law and Practice: Empowering Patients with Certified Decision Aids*, 6TH INTERNATIONAL CONFERENCE ON COMMUNICATION IN HEALTHCARE, Faculty of Engineering of the University of Porto (FEUP), Porto, Portugal (September 1-4, 2018).
96. *Medical Futility Dispute Resolution Options in the UK and USA: Law and Ethics Fundamentals, Charlie Gard, and the Transfer Requirement*, 14TH INTERNATIONAL CONFERENCE ON CLINICAL ETHICS CONSULTATION (ICCEC), Oxford, England (June 20-23, 2018).
97. *Rationing Organs in the United States*, UNIVERSITY OF OXFORD, Oxford, England (June 20, 2018).
98. *Revolutionizing Informed Consent Law and Practice: Empowering Patients with Certified Decision Aids*, INSTITUTE OF MEDICAL ETHICS SUMMER RESEARCH CONFERENCE, Oxford, England (June 19, 2018).
99. *When Is the Patient Dead? When May Clinicians Stop Treating Dead Patients? Growing Challenges to the Status of Brain Death and Strategies for Clinical Ethics Consultants*, INSTITUTE OF MEDICAL ETHICS SUMMER RESEARCH CONFERENCE, Oxford, England (June 19, 2018).
100. *Understanding New and Emerging Issues Regarding Medical Decision Making for Incapacitated Patients*, MINNACLE HEALTH LAW INSTITUTE, Minneapolis, Minnesota (June 13, 2018).
101. *Die Better: A Legal Toolkit*, AMERICAN SOCIETY FOR LAW, MEDICINE & ETHICS (ASLME) 41ST HEALTH LAW PROFESSORS CONFERENCE, Cleveland, Ohio (June 7-9, 2018).

102. *Next Steps: Moving from Science and Policy to Practice: The Development and Certification of Decision Aids to Promote Shared Decision Making for Patients with Serious Illness*, HARVARD LAW SCHOOL, Cambridge, Massachusetts (April 18, 2018) (Project on Advanced Care and Health Policy by the Petrie-Flom Center at Harvard Law School and the Coalition to Transform Advanced Care).
103. *Washington State Experience: The Development and Certification of Decision Aids to Promote Shared Decision Making for Patients with Serious Illness*, HARVARD LAW SCHOOL, Cambridge, Massachusetts (April 18, 2018)
- 104. *Brain Death and the Law: Hard Cases and Legal Challenges, DEFINING DEATH: ORGAN TRANSPLANTATION AND THE 50-YEAR LEGACY OF THE HARVARD REPORT ON BRAIN DEATH, HARVARD MEDICAL SCHOOL, Boston, Massachusetts (April 11-13, 2018).***
105. *Right to Die? The Bioethical and Legal Issues in End of Life Care*, AMERICAN CONSTITUTION SOCIETY, UNIVERSITY OF MINNESOTA LAW SCHOOL, Minneapolis, Minnesota (April 3, 2018).
106. *Under-examined End-of-Life Option: Hastening Death by Voluntarily Stopping Eating and Drinking (VSED)*, DYING IN THE AMERICAS, Henderson, Nevada (March 21-25, 2018).
107. *Importance of Bioethics for Post-Acute Care: Compliance and Risk Management Benefits*, AMERICAN HEALTH LAWYERS ASSOCIATION - LONG TERM CARE AND THE LAW, New Orleans, Louisiana (March 2, 2018) (with Christine Wilson).
- 108. *Current Landscape: Implementation and Practice, Physician-Assisted Death: Scanning the Landscape and Potential Approaches - A Workshop, NATIONAL ACADEMY OF SCIENCES, Washington, DC (February 12-13, 2018).***
109. *Making Better Healthcare Decisions for Unrepresented Patients in California*, UCLA HEALTH, Los Angeles, California (January 17, 2018).
110. *Five New California Bioethics Cases*, SOUTHERN CALIFORNIA BIOETHICS COMMITTEE CONSORTIUM, Los Angeles, California (January 17, 2018).
111. *Better Decision Making for Unrepresented Patients*, CITIZEN'S LEAGUE TASK FORCE - A BACKUP PLAN FOR SOLOS (WILDER CENTER), Saint Paul, Minnesota (December 12, 2017).

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

124. ***Narrowing the Gap Between Theory and Practice of Informed Consent: Ongoing Evolution to Shared Decision Making and Patient Decision Aids - 2017 Plous Family Lecture, AURORA HEALTH CARE, Milwaukee, Wisconsin (October 9, 2017).***
125. *Other End of Life Options, Ethical Issues and Legal Considerations, MINNESOTA COALITION FOR DEATH EDUCATION & SUPPORT (MCDES) FALL CONFERENCE, Minneapolis, Minnesota (September 29, 2017).*
126. *From Informed Consent to Shared Decision Making: Improving Patient Safety and Reducing Medical Liability Risk with Patient Decision Aids, MINNESOTA SOCIETY FOR HEALTHCARE RISK MANAGEMENT, Minneapolis, Minnesota (September 28, 2017).*
127. *The Role of State Constitutions and State Judiciaries in Establishing Civil Rights: A Look at Aid in Dying, UNIVERSITY OF NEW MEXICO SCHOOL OF LAW, Albuquerque, New Mexico (September 23, 2017).*
128. *The End of Death: Growing Challenges to the Legal Status of Brain Death, SECOND INTERNATIONAL CONFERENCE ON END OF LIFE, LAW, ETHICS, POLICY, AND PRACTICE, Halifax, Nova Scotia (September 15-17, 2017).*
129. *Medical Futility Dispute Resolution Options in the United States: Law & Ethics Fundamentals, SECOND INTERNATIONAL CONFERENCE ON END OF LIFE, LAW, ETHICS, POLICY, AND PRACTICE, Halifax, Nova Scotia (September 15-17, 2017).*
130. *The Under-examined End-of-Life Option: Hastening Death by Voluntarily Stopping Eating and Drinking (VSED), SECOND INTERNATIONAL CONFERENCE ON END OF LIFE, LAW, ETHICS, POLICY, AND PRACTICE, Halifax, Nova Scotia (September 15-17, 2017).*
131. *Better Healthcare Decision Making for Incapacitated Patients without Surrogates, OFFICE OF GUARDIANSHIP AND ELDER SERVICES, WASHINGTON STATE ADMINISTRATIVE OFFICE OF THE COURTS (July 19, 2017) (with David Godfrey, ABA).*
132. *Three Legal Tools for Promoting Shared Decision Making, 9TH INTERNATIONAL SHARED DECISION MAKING (ISDM) CONFERENCE, Lyon, France (July 2-5, 2017).*
133. *Gaps in Minnesota Surrogate Decision Making Law, MINNESOTA MEDICAL ASSOCIATION - ETHICS AND MEDICAL-LEGAL AFFAIRS COMMITTEE, Minneapolis, Minnesota (June 21, 2017).*

134. *2017 Health Law Institute*, MINNCLE, Minneapolis, Minnesota (June 15-16, 2017) (planning committee).
135. *Where and How to Set Limits*, AMERICAN ASSOCIATION OF CRITICAL CARE NURSES (AACN Minnesota Chapter), Minneapolis, Minnesota (June 13, 2017).
136. *Finally Ending Legal Deference to Physician Judgment*, 40TH AMERICAN SOCIETY FOR LAW, MEDICINE & ETHICS (ASLME) HEALTH LAW PROFESSORS CONFERENCE, Atlanta, Georgia (June 8-10, 2017).
137. *Jay Healey Teaching Session (Externships)*, 40TH AMERICAN SOCIETY FOR LAW, MEDICINE & ETHICS (ASLME) HEALTH LAW PROFESSORS CONFERENCE, Atlanta, Georgia (June 8-10, 2017).
138. *End of Life Options in Minnesota*, MITCHELL HAMLINE SCHOOL OF LAW, Saint Paul, Minnesota (April 27, 2017).
139. *Advance Care Planning in Minnesota*, ROSEVILLE COMMUNITY HEALTH AWARENESS TEAM, Saint Paul, Minnesota (April 22, 2017).
- 140. *Simon's Law: Unleashing Surrogate Authority to Demand Potentially Inappropriate Treatment*, UNIVERSITY OF KANSAS MEDICAL CENTER (April 14, 2017).**
141. *Faculty Colloquium on Feedback*, MITCHELL HAMLINE SCHOOL OF LAW, Saint Paul, Minnesota (April 12, 2017) (with Dena Sonbol).
- 142. *VSED: The OTHER End of Life Option*, UNIVERSITY OF NORTH CAROLINA CHARLOTTE (UNCC) ETHICS CENTER, Charlotte, North Carolina (April 6, 2017).**
- 143. *Withholding Food and Fluids in Cases of Advanced Dementia: An Ethical and Legal Choice?* DAVIDSON COLLEGE, Charlotte, North Carolina (April 6, 2017).**
144. *Medical Futility*, MINNESOTA NETWORK FOR HOSPICE AND PALLIATIVE CARE (MNHPC), Minneapolis, Minnesota (April 4, 2017).
145. *End of Life Options in Ohio: The Legality of Hastening Death by Voluntarily Stopping Eating and Drinking (VSED)*, UNIVERSITY OF CINCINNATI SCHOOL OF LAW, Cincinnati, Ohio (March 21, 2017).
146. *Pediatric Grand Rounds - Medical Futility: Dispute Resolution Options when Parents Demand Potentially Inappropriate Life-Sustaining Treatment*, CINCINNATI CHILDREN'S HOSPITAL, Cincinnati, Ohio (March 21, 2017).

147. *Round Table on Health Care Decision Making*, AMERICAN BAR ASSOCIATION COMMISSION ON LAW & AGING, Washington, DC (March 17, 2017).
148. *Medical Jurisprudence*, SAINT GEORGES UNIVERSITY, Grenada, West Indies (February 9-14, 2017).
149. *Better Healthcare Decision Making for Incapacitated Patients without Surrogates*, 3RD ANNUAL WINGS MN GUARDIANSHIP SUMMIT, Minneapolis, Minnesota (February 3, 2017).
150. *Works in Progress for New Health Law Teachers* [Commentator] ASSOCIATION OF AMERICAN LAW SCHOOLS, ANNUAL MEETING, San Francisco, California (January 5, 2017).
- 151. *Changing Legal Status of Brain Death in California*, CEDARS SINAI MEDICAL CENTER, Los Angeles, California (December 21, 2016).**
152. *Unbefriended and Unrepresented: Medical Decision Making for Incapacitated Patients without Healthcare Surrogates*, MINNESOTA ELDER JUSTICE CENTER, Saint Paul, Minnesota (December 9, 2016).
153. *When May You Stop Life-Sustaining Treatment without Consent? Leading Dispute Resolution Mechanisms for Medical Futility Conflicts*, CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA, Minneapolis, Minnesota (November 18, 2016).
154. *The Right to Die: 40 Years after Quinlan*, GEORGIA STATE UNIVERSITY, Atlanta, Georgia (November 11, 2016).
- 155. *When Is Your Patient Dead? When May You Stop Treating Dead Patients?* KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES, Kansas City, Missouri (November 8, 2016).**
156. *Brain Death*, UNIVERSITY OF MINNESOTA BIOETHICS PROSEMINAR, Minneapolis, Minnesota (October 18, 2016).
157. *Advance Care Planning: Make Your Choices Known*, ROSEVILLE COMMUNITY HEALTH AWARENESS TEAM (CHAT) Roseville, Minnesota (October 15, 2016) (helped organize, train student volunteers).
158. *VSED Is Legal: Defending Voluntarily Stopping Eating and Drinking*, SEATTLE UNIVERSITY SCHOOL OF LAW, Seattle, Washington (October 14-15, 2016).

159. ***Hastening Death by Voluntarily Stopping Eating and Drinking: Clinical, Legal, Ethical, Religious, and Family Perspectives***, SEATTLE UNIVERSITY SCHOOL OF LAW, Seattle, Washington (October 14-15, 2016) (planning committee).
160. *Bioethicists Must Engage the Public: Using Social Media to Advance Public Literacy in Bioethics*, ASBH 18TH ANNUAL MEETING, Washington, DC (October 8, 2016).
161. *Top 10 Legal Developments in Bioethics*, ASBH 18TH ANNUAL MEETING, Washington, DC (October 8, 2016).
162. *When Is Your Patient Dead? When May You Stop Treating Dead Patients? The Changing Legal Status of Brain Death*, NEISWANGER INSTITUTE FOR BIOETHICS, LOYOLA UNIVERSITY CHICAGO (September 29, 2016).
163. *Better Decision Making for Incapacitated Patients without Surrogates*, NORTH DAKOTA LONG TERM CARE ASSOCIATION, Fargo, North Dakota (September 21, 2016).
164. *Physician Aid in Dying*, MINNESOTA MEDICAL ASSOCIATION, Minneapolis, Minnesota (August 24, 2016).
165. *Hot Topics in Bioethics*, SEALS, Amelia Island, Florida (August 5, 2016).
166. *Medical Jurisprudence*, SAINT GEORGES UNIVERSITY, Grenada, West Indies (July 28- August 3, 2016).
167. *Revolutionizing Informed Consent Law: Empowering Patients with Certified Decision Aids*, 3rd INSTITUTE OF MEDICAL ETHICS, Edinburgh, Scotland (June 18, 2016).
168. *Revolutionizing Informed Consent Law: Empowering Patients with Certified Decision Aids*, INTERNATIONAL ASSOCIATION OF BIOETHICS (IAB) 13TH WORLD CONGRESS, Edinburgh, Scotland (June 2016).
169. *Revolutionizing Informed Consent Law: Empowering Patients with Certified Decision Aids*, 39th ASSOCIATION OF LAW, MEDICINE & ETHICS (ASLME) HEALTH LAW PROFESSORS CONFERENCE, Boston, Massachusetts (June 4, 2016).
170. *Career Paths in Public Health Law and Health Law*, NETWORK FOR PUBLIC HEALTH LAW (June 1, 2016) (webinar).

171. *Caring for the “Unrepresented Patient”*: *Strategies to Avoid Moral Distress and Substandard Care*, INTERNATIONAL CONFERENCE ON CLINICAL ETHICS CONSULTATION (ICCEC), Washington, DC (May 21, 2016).
172. *Brain Death: Expanding Duties to Accommodate Objections*, INTERNATIONAL CONFERENCE ON CLINICAL ETHICS CONSULTATION (ICCEC), Washington, DC (May 20, 2016).
173. *Making Decisions in the ICU for Incapacitated Patients without Available Surrogates*, AMERICAN THORACIC SOCIETY, San Francisco, California (May 13, 2016).
174. *Policy and Legal Perspectives on End-of-Life Care*, STANFORD UNIVERSITY, Palo Alto, California (May 12, 2016).
175. *National Healthcare Decisions Day [Panel]*, ROSEVILLE COMMUNITY HEALTH ACTION TEAM, Roseville, Minnesota (April 16, 2016).
176. *Dementia and VSED*, MINNESOTA NETWORK OF HOSPICE AND PALLIATIVE CARE ANNUAL CONFERENCE, Minneapolis, Minnesota (April 11, 2016) (with Vic Sandler).
177. ***Futility Redux: When May/Should/Must a Clinician Write a DNAR Order without Patient or Surrogate Consent?*** UNIVERSITY OF MIAMI & FLORIDA BIOETHICS NETWORK, Miami, Florida (April 8, 2016).
178. *Dying Fast and Slow: Improving Quality of Dying and Preventing Untimely Deaths*, SAINT LOUIS UNIVERSITY SCHOOL OF LAW, Saint Louis, Missouri (April 1, 2016).
179. *Testimony before the Minnesota Senate Committee on Health, Human Services and Housing on S.F. 1880*, MINNESOTA SENATE, Saint Paul, Minnesota (March 16, 2016).
180. *Jahi McMath and the California End of Life Options Act*, LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE (March 3, 2016) (guest lecture webinar).
181. *Minnesota Compassionate Care Act*, SENATE LISTENING SESSION, Mankato, Minnesota (February 20, 2016) (panelist for Q&A on proposed legislation).
182. *Medical Jurisprudence*, SAINT GEORGES UNIVERSITY, Grenada, West Indies (February 11-18, 2016).

183. *Minnesota Compassionate Care Act*, SENATE LISTENING SESSION, Saint Paul, Minnesota (January 30, 2016) (panelist for Q&A on proposed legislation).
184. *Commentator, New Law Teachers Workshop*, ASSOCIATION OF AMERICAN LAW SCHOOLS (AALS) ANNUAL MEETING, New York, New York (January 7, 2016).
185. *New Legal Constraints on Resolving Bioethics Cases*, HCA HEALTHCARE webinar (December 13, 2015).
186. *Policy Panel*, END OF LIFE OPTION ACT RESPONSE CONFERENCE, San Francisco, California (December 12, 2015).
187. *Addressing Ethical Issues at the End of Life*, MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE, Plymouth, Minnesota (November 12, 2015) (four sessions on POLST, VSED, futility, and aid-in-dying).
- 188. *Resolving Pediatric Medical Futility Conflicts with Efficiency and Fairness, 8th Annual Pediatric Bioethics Conference*, FLORIDA BIOETHICS NETWORK & WOLFSON CHILDREN'S HOSPITAL, Jacksonville, Florida (November 6, 2015).**
189. *Legal Update 2015: Top 10 Legal Developments in Bioethics*, ASBH 17TH ANNUAL MEETING, Houston, Texas (October 22-25, 2015).
190. *The Unbefriended Must Not Be Unprotected: Organizational and Clinical Management of Patients without Surrogates*, ASBH 17TH ANNUAL MEETING, Houston, Texas (October 22-25, 2015).
191. *Advance Directives and POLST*, MINNCLE MINNESOTA ELDER LAW INSTITUTE, Minneapolis, Minnesota (October 20, 2015).
192. *Minnesota Compassionate Care Act*, SENATOR EATON LISTENING SESSION, Brooklyn Park, Minnesota (October 17, 2015) (panelist for Q&A on proposed legislation).
193. *Medical Futility*, SAINT CATHERINE'S UNIVERSITY, Minneapolis, Minnesota (October 8, 2015) (presentation to health sciences students).
194. *Physician Aid in Dying: Legal Landscape & Ethical Justifiability*, NEISWANGER INSTITUTE FOR BIOETHICS & HEALTH POLICY, Loyola University Chicago (September 24, 2015).
195. *Medical Jurisprudence*, ST. GEORGES UNIVERSITY, Grenada, West Indies (July 30 to August 5, 2015).

196. *Discussion Group: Hot Issues in Law and Bioethics*, SEALS ANNUAL MEETING, Boca Raton, Florida (July 27, 2015).
197. *Revolutionizing Informed Consent Law*, ASLME 38TH ANNUAL HEALTH LAW PROFESSORS CONFERENCE, St. Louis, Missouri (June 4-6, 2015).
- 198. *Brain Death: Expanding Family Objections and Recommended Clinician Responses*, MEDICAL COLLEGE OF WISCONSIN, Milwaukee, Wisconsin (June 2, 2015).**
199. *Brain Death Rejected: Expanding Clinicians' Legal Duties to Accommodate Religious Objections and Continue Physiological Support*, 2015 ANNUAL CONFERENCE LAW, RELIGION, AND AMERICAN HEALTHCARE, PETRIE-FLOM CENTER FOR HEALTH POLICY, BIOTECHNOLOGY, AND BIOETHICS, HARVARD LAW SCHOOL, Boston, Massachusetts (May 8-9, 2015).
200. *ACA Impact on Public Health*, INTRODUCTION TO PUBLIC HEALTH - HAMLINE UNIVERSITY, Saint Paul, Minnesota (April 24, 2015).
201. *Medical Futility*, MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE, Minneapolis, Minnesota (April 21, 2015).
202. *POLST*, MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE, Minneapolis, Minnesota (April 20, 2015) (with Vic Sandler).
203. *Overtreatment at the End of Life: Legal Solutions*, RYAN BIOETHICIST IN RESIDENCE, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE, Springfield, Illinois (April 17, 2015).
204. *Adjudicating Bioethics Disputes: Reconcling Saikewicz and Quinlan 40 Years Later*, RYAN BIOETHICIST IN RESIDENCE, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF LAW, Carbondale, Illinois (April 16, 2015).
- 205. *Brain Death Rejected: Expanding Clinicians' Legal Duties to Accommodate Objections and Continue Physiological Support*, RYAN BIOETHICIST IN RESIDENCE, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF LAW, Carbondale, Illinois (April 15, 2015).**
206. *Tools for Landing a Job in Public Health Law (Panel for Public Health Law Career Workshop)*, NETWORK FOR PUBLIC HEALTH LAW, William Mitchell College of Law, Saint Paul, Minnesota (April 14, 2015).

207. *Texas Advance Directives Act: Almost a Model Dispute Resolution Mechanism for Intractable Medical Futility Conflicts*, CHICAGO HEALTH LAW COLLOQUIUM (DePaul University College of Law and Loyola University Chicago School of Law), Chicago, Illinois (March 18, 2014).
208. *Deadly Debacle: Informal Dispute Resolution in U.S. Hospitals*, QUINNIPIAC YALE DISPUTE RESOLUTION WORKSHOP, Hamden, Connecticut (February 27, 2015).
209. *Adjudicating Bioethics Disputes: Reconciling Saikewicz and Quinlan 40 Years Later*, NEW YORK UNIVERSITY LANGONE MEDICAL CENTER, New York, New York (February 26, 2015).
210. *Brain Death: Clinician Duties to Accommodate Objections and "Treat" the Dead*, UNIVERSITY OF MINNESOTA CENTER FOR BIOETHICS, Minneapolis, Minnesota (February 13, 2015).
211. *Medical Jurisprudence*, ST. GEORGES UNIVERSITY, Grenada, West Indies (February 6-13, 2015).
212. ***What Is Reasonable Accommodation and Are We Doing It? -- at the "Brain Death": Facilitating Family/Hospital Dialogue about Death by Neurological Criteria***, LOYOLA MARYMOUNT UNIVERSITY BIOETHICS INSTITUTE & SOUTHERN CALIFORNIA BIOETHICS COMMITTEE CONSORTIUM (SCBCC), Los Angeles, California (January 18, 2015).
213. *The Unbefriended Elderly: Making Medical Decisions for Patients without Surrogates*, AMERICAN ASSOCIATION OF LAW SCHOOLS (AALS), Washington, DC (January 3, 2015) (organized and moderated program co-sponsored by Section on Law & Aging; and Section on Law, Medicine and Health Care).
214. *Health Law Works in Progress Workshop*, AMERICAN ASSOCIATION OF LAW SCHOOLS (AALS), Washington, DC (January 3, 2015) (organized program by Section on Law, Medicine and Health Care).
215. *Physician Aid in Dying: Legal Summary USA*, STUDENT AMA CHAPTER, LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICINE (Dec. 4, 2014).
216. *Conflict of Interest*, PRIME THERAPEUTICS COMPLIANCE TRAINING AT HAMLINE UNIVERSITY (November 20, 2014).
217. *Health Care Reform Implementation in Minnesota: Mission Advanced but Not Accomplished*, HAMLINE UNIVERSITY SCHOOL OF LAW, Saint Paul, Minnesota (October 24, 2014) (organizer, moderator).

218. *[Program Committee, Plenary Moderator]*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 16TH ANNUAL MEETING, San Diego, California (October 16-19, 2014).
219. *Mandatory Reporting Guidelines for Hospice Workers*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 16TH ANNUAL MEETING, San Diego, California (October 18, 2014).
220. *Legal Update: Brain Death & Medical Futility*, AMERICAN SOCIETY FOR BIOETHICS & HUMANITIES (ASBH) 16TH ANNUAL MEETING, San Diego, California (October 18, 2014).
221. *Informed Consent Roundtable*, AMERICAN BAR ASSOCIATION SPECIAL COMMITTEE ON BIOETHICS, San Diego, California (October 16, 2014)
222. *How Are We Resolving Medical Futility Conflicts*, LOYOLA UNIVERSITY NEISWANGER INSTITUTE FOR BIOETHICS, October 3, 2014 (webinar).
223. *Organizational Efforts*, 20TH WORLD RIGHT TO DIE CONFERENCE, Chicago, Illinois (September 20, 2014) (3-hour session chair).
224. *Population Health: Healthcare's New Frontier*, LEADERSHIP SAINT PAUL HEALTH CARE DAY, SAINT PAUL AREA CHAMBER OF COMMERCE, Saint Paul, Minnesota (September 11, 2014) (moderator).
225. ***Hubris to Humility: Medical Power in Medical Futility Conflicts***, SPECTRUM HEALTH ETHICS CONFERENCE, Prince Conference Center, Grand Rapids, Michigan (September 5, 2014).
226. ***Comparative Flash Points in End of Life Law, Ethics and Policy***, INTERNATIONAL CONFERENCE ON END OF LIFE: LAW, ETHICS, POLICY & PRACTICE (ICEL 2014), Queensland University of Technology, Brisbane, Australia (August 13-15, 2014).
227. *Resolution of Intractable Medical Futility Conflicts over Life-Sustaining Treatment: United States Law and Practice*, INTERNATIONAL CONFERENCE ON END OF LIFE: LAW, ETHICS, POLICY & PRACTICE (ICEL 2014), Queensland University of Technology, Brisbane, Australia (August 13-15, 2014).
228. *Health Law & Bioethics Workshop*, SOUTHEAST ASSOCIATION OF LAW SCHOOLS (SEALS), Amelia Island, Florida (August 1-7, 2014).
229. *Mandatory Reporting Duties for Hospice Workers*, NHPCO ETHICS ADVISORY COUNCIL, NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION (July 16, 2014).

230. *Revitalizing Informed Consent Law*, DARTMOUTH SUMMER INSTITUTE FOR INFORMED PATIENT CHOICE, Lebanon, New Hampshire (June 25-27, 2014).
231. *Brain Death and Futility*, ARIZONA BIOETHICS NETWORK Webinar (June 19, 2014)
232. *Starting, Building, and Fostering Health Law Programs: Everything You Ever Wanted to Know*, 37TH HEALTH LAW PROFESSORS CONFERENCE, AMERICAN SOCIETY OF LAW MEDICINE & ETHICS, San Francisco, California (June 5-7, 2014).
233. *Death with Dignity*, Hosted #DWDChat, a weekly TwitterChat (May 8, 2014).
234. *Health Care Decisions and the “F” Word: Counseling Clients about Medical Futility*, AMERICAN BAR ASSOCIATION (ABA) Webinar (April 23, 2014).
235. *The Decline and Fall of Physician Power to Self-Regulate the Practice of Medicine*, YALE LAW SCHOOL, New Haven, Connecticut (March 28, 2014).
- 236. *Medical Futility: Legal Tools and Limits for Resolving Disputes over Inappropriate Life-Sustaining Treatment*, YALE SCHOOL OF MEDICINE, PROGRAM FOR BIOMEDICAL ETHICS, New Haven, Connecticut (March 27, 2014).**
237. *Doing Everything Possible: The Best or Worst Thing about American Medicine*, WORLD AFFAIRS COUNCIL OF PHILADELPHIA, Philadelphia, Pennsylvania (March 12, 2014).
238. *Ethics and Professionalism*, REVIEW COURSE: ABIM INTERNAL MEDICINE BOARD EXAM (March 2014).
239. *Treatment Conflicts when the Patient is Determined Dead by Neurological Criteria*, NEISWANGER INSTITUTE FOR BIOETHICS, LOYOLA UNIVERSITY OF CHICAGO (February 27, 2014) (guest lecturer via Adobe Connect)
240. *Growing Power of Healthcare Ethics Committees Heightens Due Process Concerns*, UNIVERSITY OF CALIFORNIA - LOS ANGELES SCHOOL OF MEDICINE & SCHOOL OF LAW, Los Angeles, California (February 25, 2014).
- 241. *Jahi Mcmath and Medical Futility: California Law on Therapeutic Obstinacy and Non-Beneficial Treatment*, UNIVERSITY OF CALIFORNIA - LOS ANGELES SCHOOL OF MEDICINE & SCHOOL OF LAW, Los Angeles, California (February 25, 2014).**
242. *Mandated Disclosures, Unrepresented Patients, and Brain Death*, HCA HEALTHCARE (February 4, 2014) (webinar).

243. *Medical Futility: Q&A with Patrik Hutzel*, INTENSIVE CARE HOTLINE, Feb. 3, 2014 (podcast).
244. ***Medical Futility: Legal Status Nationwide and in Minnesota, What Does the Future Hold?*** HEALTHPARTNERS & REGIONS HOSPITAL ETHICS GRAND ROUNDS, Saint Paul, Minnesota (December 10, 2013).
245. *Medical Futility in Minnesota: Legal Status of Consensus Guidelines*, UNIVERSITY OF MINNESOTA BRENNAN CENTER, Minneapolis, Minnesota (November 22, 2013).
246. *Dispute Resolution and Bioethics*, CARDOZO UNIVERSITY SCHOOL OF LAW, New York, New York (November 18, 2013).
247. *The ACA and Public Health, for Introduction to Public Health*, HAMLIN UNIVERSITY HEALTH SCIENCES, Saint Paul, Minnesota (November 15, 2013).
248. *The Progress of POLST Programs Across the Nation, Litigation Arising from Failure to Respect Patients' Rights*, DELAWARE ACADEMY OF MEDICINE, DMOST CONFERENCE, Wilmington, Delaware (November 12, 2013).
249. *Futility in the ICU: Prevention, Procedure, and Policy*, AMERICAN COLLEGE OF CHEST PHYSICIANS ANNUAL MEETING, Chicago, Illinois (October 26-31, 2013).
250. *Top 10 Issues in Law and Bioethics*, AMERICAN SOCIETY OF BIOETHICS & HUMANITIES (ASBH) ANNUAL MEETING, Atlanta, Georgia (October 26, 2013).
251. *Lessons from Cuthbertson v. Rasouli*, AMERICAN SOCIETY OF BIOETHICS & HUMANITIES (ASBH) ANNUAL MEETING, Atlanta, Georgia (October 25, 2013) (organizer, moderator).
252. *A Tribute to Edmund Pellegrino and His Work*, AMERICAN SOCIETY OF BIOETHICS & HUMANITIES (ASBH) ANNUAL MEETING, Atlanta, Georgia (October 24, 2013) (organizer).
253. *Dispute Resolution and Medical Futility*, MARQUETTE UNIVERSITY, CENTER FOR DISPUTE RESOLUTION, Milwaukee, Wisconsin (October 18, 2013).
254. *Developments in End-of-Life Law and Policy*, NEISWANGER INSTITUTE FOR BIOETHICS, LOYOLA UNIVERSITY OF CHICAGO (October 2, 2013) (guest lecturer via Adobe Connect).

255. *Health Care Reform Reprised: What Has Changed Since Last Year?* SOUTHEASTERN ASSOCIATION OF LAW SCHOOLS (SEALS) ANNUAL MEETING, Palm Beach, Florida (August 4-10, 2013).
256. *Is There Room for Conscientious Objection in Critical Care Medicine?* AMERICAN THORACIC SOCIETY INTERNATIONAL CONFERENCE, Philadelphia, Pennsylvania (May 21, 2013).
257. *Annual Ethics Committee Retreat and Grand Rounds*, UNIVERSITY OF VERMONT COLLEGE OF MEDICINE, Burlington, Vermont (May 10, 2013).
258. *The ACA and Public Health, for Introduction to Public Health*, HAMLINE UNIVERSITY HEALTH SCIENCES, Saint Paul, Minnesota (April 22, 2013).
259. *Improving Surrogate Decision Making*, GEISINGER HEALTH SYSTEM, BIOETHICS REVIEW & ADVISORY COMMITTEE ANNUAL SYMPOSIUM, Danville, Pennsylvania (April 10, 2013).
260. *Facebook Can Help You Die - Better*, AMARILLO COLLEGE CREATIVE MINDS HUMANITIES LECTURE SERIES, Amarillo, Texas (March 28, 2013).
261. *Averting Today's Biggest Public Health Epidemics with Social Media*, AMARILLO COLLEGE CREATIVE MINDS HUMANITIES LECTURE SERIES, Amarillo, Texas (March 28, 2013).
262. *Violence and the Future of Mental Health Law*, HAMLINE UNIVERSITY SCHOOL OF LAW, Saint Paul, Minnesota (March 12, 2013) (moderator).
263. *Medical Futility*, CHILDREN'S MERCY BIOETHICS CENTER, Kansas City, Missouri (February 5, 2013).
264. *Health Law Cases before the Minnesota Supreme Court and Court of Appeals*, HAMLINE UNIVERSITY SCHOOL OF LAW, Saint Paul, Minnesota (January 29, 2013).
265. *Graceful Journey Project - World Cafe*, MINNESOTA COUNCIL OF CHURCHES & HONORING CHOICES MINNESOTA, Saint Paul, Minnesota (November 29, 2012).
266. *The ACA and Public Health, for Introduction to Public Health*, HAMLINE UNIVERSITY HEALTH SCIENCES, Saint Paul, Minnesota (November 27, 2012).
267. *Freedom of Choice at the End of Life: Protecting the Patient's Rights over Government, Health Care Provider and Pressure Group Resistance*, NEW YORK LAW SCHOOL, New York, New York (November 16, 2012).

268. *Legal, Medical, and Ethical Issues in End-of-Life Care*, HAMLIN UNIVERSITY LAW REVIEW & HAMLIN HEALTH LAW INSTITUTE, Saint Paul, Minnesota (November 8-9, 2012) (organizer, moderator).
269. *Legal Update 2012: Top Ten Legal Developments in Bioethics*, AMERICAN SOCIETY OF BIOETHICS & HUMANITIES, Washington, D.C. (October 18, 2012).
- 270. *Plenary Panelist: Healthcare Reform and Health Care Stakeholder Disputes: Can We Identify Common Ground?* MARQUETTE UNIVERSITY PROGRAM IN DISPUTE RESOLUTION, Milwaukee, Wisconsin (October 12, 2012).**
271. *The Patient-Healthcare Provider Relationship: When Is the Relationship Broken? Healthcare Reform and Health Care Stakeholder Disputes: Can We Identify Common Ground?* MARQUETTE UNIVERSITY PROGRAM IN DISPUTE RESOLUTION, Milwaukee, Wisconsin (October 12, 2012).
272. *The Affordable Care Act Decisions: Implications for Healthcare and Beyond*, HAMLIN UNIVERSITY SCHOOL OF LAW, Saint Paul, Minnesota (September 12, 2012) (organizer, moderator).
273. *Introduction to the Health Law Institute*, HAMLIN UNIVERSITY SCHOOL OF LAW, Saint Paul, Minnesota (August 30, 2012).
274. *ASBH-ABA Collaboration*, ABA SPECIAL COMMITTEE ON BIOETHICS AND THE LAW, ABA ANNUAL MEETING, Chicago, Illinois (August 4, 2012).
275. *The Meaning of Reproductive Rights Today*, SOUTHEAST ASSOCIATION OF LAW SCHOOLS (SEALS) ANNUAL MEETING, Amelia Island, Florida (July 30, 2012).
276. *Implementing Healthcare Reform: What the Headlines Missed*, SOUTHEAST ASSOCIATION OF LAW SCHOOLS (SEALS) ANNUAL MEETING, Amelia Island, Florida (July 29, 2012).
277. *Developing Clinical Practice Guidelines*, COMPASSION & CHOICES CONFERENCE, Chicago, Illinois (July 2, 2012).
278. *Bioethics and End-of-Life Choice*, COMPASSION & CHOICES CONFERENCE, Chicago, Illinois (June 29, 2012).
279. *The New Landscape of End-of-Life Decision-Making: How POLSTs (Physician Orders for Life-Sustaining Treatment) Turn Health Care Decisions into Medical Orders*, 35TH ANNUAL ASLME HEALTH LAW PROFESSORS CONFERENCE (ARIZONA STATE UNIVERSITY, SANDRA DAY O'CONNOR COLLEGE OF LAW), Tempe, Arizona (June 8, 2012).

280. *What Are the Boundaries of Acceptable Medical Practice Near the End of Life in ICUs? Legal Mechanisms to Resolve Futility Disputes*, AMERICAN THORACIC SOCIETY INTERNATIONAL CONFERENCE, San Francisco, California (May 23, 2012).
281. *Statement on Futility and Goal Conflict in End-of-Life Care in ICUs*, AMERICAN THORACIC SOCIETY INTERNATIONAL CONFERENCE, San Francisco, California (May 21, 2012) (drafting workshop).
282. *Statement on Conscientious Objection*, AMERICAN THORACIC SOCIETY INTERNATIONAL CONFERENCE, San Francisco, California (May 20, 2012) (drafting workshop).
283. *New 2012 Legislation Impacting Healthcare Facilities' Non-Beneficial Treatment Policies*, HCA, Nashville, Tennessee (May 14, 2012) (webinar).
284. *White House Policy Briefing on Judicial Vacancies*, THE WHITE HOUSE, Washington, DC (May 7, 2012) (with the Leadership Conference on Civil and Human Rights).
285. *National Healthcare Decisions Day*, HILTON MINNEAPOLIS/ST. PAUL AIRPORT – MALL OF AMERICA, Bloomington, Minnesota (April 16, 2012) (planning committee, facilitator).
286. *National Healthcare Decisions Day TweetChat*, <http://www.nhdd.org/chat/> (February 16, 2012) (host).
287. *Biannual Briefing to the HLI Advisory Committee*, HAMLINE UNIVERSITY SCHOOL OF LAW, Minneapolis, Minnesota (February 13, 2012).
288. *Model Regulations and Guidelines for New York Healthcare Ethics Committees*, ALDEN MARCH BIOETHICS INSTITUTE, ALBANY MEDICAL COLLEGE, Albany, New York (November 18, 2011).
289. *Proper and Improper Use of Institutional Medical Futility Policies*, HCA, Nashville, Tennessee (November 7, 2011) (webinar).
290. *Lessons from Tragedy: Legal, Professional, and Ethical Issues Raised by Bradley and Beyond - Roundtable Discussion on Legislation*, WIDENER UNIVERSITY SCHOOL OF LAW, Wilmington, Delaware (November 4, 2011) (moderator).
291. *Continuing Lessons from Betancourt, Guest Lecture for Biomedical Ethics and the Law*, NEISWANGER INSTITUTE FOR BIOETHICS AND HEALTH POLICY, LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE (October 17, 2011).

292. *Impact of State Legislation on Ethics Committee Case Review*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES [ASBH], Minneapolis, Minnesota (October 13-16, 2011).
293. *Advance Directives*, WILMINGTON VAMC [VETERANS ADMINISTRATION MEDICAL CENTER], Wilmington, Delaware (September 30, 2011).
294. *Divergent Legal Approaches to Medical Futility Disputes: Comparing Australia and the United States*, AUSTRALASIAN ASSOCIATION OF BIOETHICS AND HEALTH LAW 2011 CONFERENCE, Gold Coast, Queensland, Australia (July 7-10, 2011).
295. *Safe Harbor Immunity: The Right Prescription for Providers' 'Bad Law' Claims and Hyper Risk Averseness?* 34TH ANNUAL ASLME HEALTH LAW PROFESSORS CONFERENCE, Chicago, Illinois (June 10, 2011).
- 296. *Ethics, End-of-Life Care, and the Law: Overview for APNs*, BAYADA NURSES [at the Adventure Aquarium], Camden, New Jersey (June 7, 2011).**
297. *Medical Futility Treatment Disputes: Constraints, Best Practices, and Strategies*, 2011 NATIONAL ACADEMY OF ELDER LAW ATTORNEYS (NAELA) ELDER AND SPECIAL NEEDS LAW ANNUAL NATIONAL CONFERENCE, Las Vegas, Nevada (May 20, 2011).
298. *Statement on Futility and Goal Conflict in End-of-Life Care in ICUs*, AMERICAN THORACIC SOCIETY, Denver, Colorado (May 13, 2011) (workshop).
- 299. *Lessons from Seville: Identifying and Reducing Inappropriate End-of-Life Treatment in New Jersey*, Z. STANLEY STYS MEMORIAL LECTURE, PRINCETON UNIVERSITY MEDICAL CENTER, Princeton, New Jersey (May 10, 2011).**
300. *Medical Futility in New Jersey*, TRI-COUNTY REGIONAL ETHICS COMMITTEE, Brightview Senior Living, Mt. Laurel, New Jersey (April 21, 2011).
301. *The New Delaware Next-of-Kin Registry*, NATIONAL HEALTHCARE DECISIONS DAY AT CHRISTIANA CARE HEALTH SYSTEM, Newark, Delaware (April 16, 2011).
302. *Advance Directives: Legal Liability and the Good Faith Standard*, NATIONAL HEALTHCARE DECISIONS DAY AT CHRISTIANA CARE HEALTH SYSTEM, Newark, Delaware (April 15, 2011).
303. *Testimony on the Patient and Family Treatment Choice Rights Act of 2011, H.B. 3520*, Human Services Committee, TEXAS HOUSE OF REPRESENTATIVES, Austin, Texas (April 12, 2011).

304. *Medical Futility at the End of Life: Legal, Ethical, and Practical Considerations for Nurses*, DELAWARE NURSES' ASSOCIATION 2011 SPRING DNA/APRN CONFERENCE, Newark, Delaware (April 7, 2011).
305. *Constitutionality of the Affordable Care Act*, FEDERALIST SOCIETY OF WIDENER LAW SCHOOL, Wilmington, Delaware (March 28, 2011) (moderator).
306. *The Advantages of MOLST over PACD*, DELAWARE LONG TERM CARE CONTINUUM NURSING COUNCIL ("DON Group"), Smyrna, Delaware (March 8, 2011).
307. *The Advantages of MOLST over PACD*, DELAWARE OFFICE OF THE STATE LONG TERM CARE OMBUDSMAN, MILFORD SERVICE CENTER, Milford, Delaware (March 8, 2011).
308. *Impact of Federal Healthcare Reform on End-of-Life Care*, LEAGUE OF WOMEN VOTERS, Dover, Delaware (February 23, 2011).
309. *Hot Issues in Health Law*, AMERICAN BAR ASSOCIATION LAW STUDENT DIVISION, THIRD CIRCUIT SPRING MEETING, Wilmington, Delaware (February 12, 2011).
310. *Advance Directives*, ETHICS ROUNDS, CHRISTIANA CARE HEALTH SYSTEM, Newark, Delaware (December 5, 2010).
311. *Medical Futility and Maryland Law*, UNIVERSITY OF MARYLAND SCHOOL OF LAW, Baltimore, Maryland (November 30, 2010).
312. *New York's 2010 Family Health Care Decisions Act and Its Impact at the Hospitalized Patient's Bedside*, ALDEN MARCH BIOETHICS INSTITUTE, Albany, New York (November 19, 2010).
313. *Allowing Death Can Be Love's Demand*, 2010 FILM AND HISTORY CONFERENCE, Milwaukee, Wisconsin (November 11-14, 2010).
314. *In Treatment Ever Futile? Who Decides?* UNIVERSITY OF WISCONSIN, Madison, Wisconsin (November 5, 2010).
- 315. *Practical and Legal Obstacles to Implementing Non-Beneficial Treatment Policies*, MERITER HOSPITAL, Madison, Wisconsin (November 5, 2010).**
316. *Legal Update 2010: The Top Ten Legal Developments in Bioethics*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES 12TH ANNUAL MEETING, San Diego, California (October 22, 2010) (organizer, presenter).

317. *Bioethics from the Bench*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES 12TH ANNUAL MEETING, San Diego, California (October 22, 2010) (organizer).
318. *Law & Bioethics Pre-Conference Workshop*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES 12TH ANNUAL MEETING, San Diego, California (October 21, 2010) (small group facilitator).
319. *The Impact of Betancourt on the Resolution of Futility Disputes in Delaware*, CHRISTIANA CARE HEALTH SYSTEM, ETHICS RETREAT (September 30, 2010).
320. *Fear of Lawsuits Driving Clinical Treatment*, RADY CHILDREN'S HOSPITAL, San Diego, California (September 14, 2010).
321. *Conscientious Objection and Intensive Care Medicine: Legal Overview*, AMERICAN THORACIC SOCIETY POLICY STATEMENT WORKING GROUP WEB CONFERENCE (July 29, 2010).
322. *The Growing Decision Making Power of Healthcare Committees and Why Regulation Is Needed to Assure Due Process*, 10TH WORLD CONGRESS OF BIOETHICS, Singapore (July 28-31, 2010) [withdrawn].
323. *Bioethics Resources outside the Institutional Setting*, DELAWARE ASSOCIATION OF HOME AND COMMUNITY CARE (DAHC) MEETING, MeadowWood Behavioral Health System, New Castle, Delaware (June 17, 2010).
324. *Voluntarily Stopping Eating and Drinking: A Legal Treatment Option at the End of Life*, 33RD ANNUAL HEALTH LAW PROFESSORS CONFERENCE, Austin, Texas (June 4, 2010).
325. *Pro-Con Debates in Critical Care Medicine*, AMERICAN THORACIC SOCIETY INTERNATIONAL CONFERENCE, New Orleans, Louisiana (May 16, 2010).
326. *The Growing Decision Making Power of Healthcare Committees and Why Regulation Is Needed to Assure Due Process*, INTERNATIONAL CONFERENCE ON CLINICAL ETHICS CONSULTATION SERIES (ICCEC), Portland, Oregon (May 12-14, 2010).
327. *Advance Directives*, ETHICS ROUNDS, CHRISTIANA CARE HEALTH SYSTEM, Newark, Delaware (May 12, 2010).
328. Appellate Oral Argument, *in Betancourt v. Trinitas Hospital*, No. A-003849-08T2 (N.J. Super. A.D. April 27, 2010).

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

342. *Long Term Care Regional Ethics Committees: How Does New Jersey Measure Up?* NEW JERSEY DEPARTMENT OF THE PUBLIC ADVOCATE, OFFICE OF THE OMBUDSMAN FOR THE INSTITUTIONALIZED ELDERLY, Trenton, New Jersey (March 12, 2009).
343. *Compliance Standards Concerning End-of-Life Care*, WIDENER HEALTH LAW INSTITUTE: CERTIFICATION FOR HEALTHCARE REGULATORY COMPLIANCE PROFESSIONALS – HOSPITAL AND LONG-TERM PROVIDER PROGRAM, Wilmington, Delaware (March 4, 2009) (with Dr. John Goodill).
344. *Multi-Institutional Health Care Ethics Committees: The Procedurally Fair Internal Dispute Resolution Mechanism*, CAMPBELL LAW REVIEW SYMPOSIUM ON PRACTICAL ISSUES IN HEALTH LAW, Raleigh, North Carolina (January 30, 2009).
345. *Avoiding and Resolving Medical Futility Disputes: U.S. Lessons for Manitoba*, CRITICAL CARE MONTHLY ROUNDS, UNIVERSITY OF MANITOBA HEALTH SCIENCES CENTRE, Winnipeg, Manitoba (December 17, 2008).
346. *Mechanisms and Strategies for Resolving End-of-Life Disputes (Medical Residents)*, UNIVERSITY OF MANITOBA HEALTH SCIENCES CENTRE, Winnipeg, Manitoba (December 16, 2008).
347. *Mechanisms and Strategies for Resolving End-of-Life Disputes (Critical Care Fellows)*, UNIVERSITY OF MANITOBA HEALTH SCIENCES CENTRE, Winnipeg, Manitoba (December 16, 2008).
- 348. *Limits to Patient Autonomy: Where and on What Basis Can They Be Drawn?* MEDICAL GRAND ROUNDS, UNIVERSITY OF MANITOBA HEALTH SCIENCES CENTRE, Winnipeg, Manitoba (December 16, 2008).**
349. *Multi-Institutional Health Care Ethics Committees: the Procedurally Fair Internal Dispute Resolution Mechanism*, HAMLINE UNIVERSITY LAW SCHOOL, St. Paul, Minnesota (December 10, 2008).
350. *The Failure of Advance Health Care Directive Policies: What to Do About Them*, 8TH ANNUAL NATIONAL AARP AGING AND LAW CONFERENCE, Arlington, Virginia (December 6, 2008) (with Stanley Terman).
351. *Pitfalls and Potentials in Planning End-of-Life Treatment: Educational and Strategic Initiatives*, 8TH ANNUAL NATIONAL AARP AGING AND LAW CONFERENCE, Arlington, Virginia (December 5, 2008) (with Stanley Terman).

352. *Multi-Institutional Health Care Ethics Committees: Motivations and Models*, MARYLAND HEALTHCARE ETHICS COMMITTEE NETWORK (MHECN), Baltimore, Maryland (December 3, 2008).
353. Moderator: *Role of Government in Public Health*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES 10TH ANNUAL MEETING, Cleveland, Ohio (October 25, 2008).
354. *Future Tense: How to Better Avoid and Resolve Tomorrow's End-of-Life Treatment Disputes*, AMERICAN SOCIETY OF BIOETHICS AND HUMANITIES, Cleveland, Ohio (October 24, 2008).
355. *Institutional and Legislative Approaches to Medical Futility Disputes in the United States*, PRESIDENT'S COUNCIL ON BIOETHICS, Arlington, Virginia (September 12, 2008).
356. *Divergent Approaches to Medical Futility Disputes: Comparing Great Britain and Australia with Canada and the United States*, NINTH WORLD CONGRESS OF BIOETHICS, Rijeka, Croatia (September 5, 2008).
357. *Medical Ethics, Medical Decision Making, and Backlash to Autonomy*, ST. THOMAS OF CANTERBURY CHURCH, Albuquerque, New Mexico (August 30, 2008).
358. *Drafting Hospital Policies to Better Address End-of-Life Care*, UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER, Albuquerque, New Mexico (August 29, 2008).
- 359. *Resolving Medical Futility Disputes*, W. STERLING EDWARDS SURGERY GRAND ROUNDS, UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER, Albuquerque, New Mexico (August 28, 2008).**
360. *Hospital Ethics Committees as a Forum of Last Resort under the Texas Advance Directives Act: A Violation of Procedural Due Process*, FACULTY WORKSHOP, WASHINGTON UNIVERSITY SCHOOL OF LAW, St. Louis, Missouri (June 23, 2008).
361. *Extrajudicial Resolution of Intractable Futility Disputes: Empowering Multi-Institutional Ethics Committees*, 31ST ANNUAL HEALTH LAW PROFESSORS CONFERENCE, Philadelphia, Pennsylvania (June 6, 2008).
362. *Advance Care Planning in Delaware: National Health Care Decisions Day*, NEW CASTLE COUNTY BRANDYWINE HUNDRED LIBRARY, Wilmington, Delaware (April 16, 2008).

363. *Medical Futility Statutes: Can/Ought They Be Resuscitated?* AUSTIN M. KUTSCHER MEMORIAL CONFERENCE: THE PULSE OF DEATH NOW, COLUMBIA UNIVERSITY, New York, New York (March 29, 2008).
364. *End-of-Life Conflicts and the Law*, HEALTH LAW SOCIETY BROWN BAG, WIDENER UNIVERSITY, Wilmington, Delaware (February 21, 2008).
365. *The Intersection of International Human Rights and Bioethics*, SECTION OF INTERNATIONAL HUMAN RIGHTS PANEL ON NEW VOICES IN HUMAN RIGHTS, AMERICAN ASSOCIATION OF LAW SCHOOLS (AALS) ANNUAL MEETING, New York, New York (January 6, 2008).
366. *Withdrawing Life Support Despite the Patient's Decision to Continue: The Adjudicatory Authority of Hospital Ethics Committees*, UNIVERSITY OF PENNSYLVANIA CENTER FOR BIOETHICS, Philadelphia, PA (December 4, 2007).
367. *Withdrawing Life Support Despite the Patient's Decision to Continue: Adjudicatory Authority of Hospital Ethics Committees*, WIDENER UNIVERSITY SCHOOL OF LAW, Wilmington, Delaware (November 28, 2007).
368. *Withdrawing Life Support Despite the Patient's Decision to Continue: Adjudicatory Authority of Hospital Ethics Committees*, DRAKE UNIVERSITY SCHOOL OF LAW, Des Moines, Iowa (November 16, 2007).
369. Moderator: *Panel on Beginning and End-of-Life Issues*, PUBLIC HEALTH LAW CONFERENCE, WIDENER UNIVERSITY LAW SCHOOL, Wilmington, Delaware (October 19, 2007).
370. *Decisional Authority of Ethics Committees*, KAISER PERMANENTE BIOETHICS COMMITTEE OFFSITE RETREAT, San Diego, California (September 26, 2007).
- 371. *Legal Landscape Here and Elsewhere: What Can We Learn from the Texas Advance Directives Act*, KAISER PERMANENTE BIOETHICS COMMITTEE OFFSITE RETREAT, San Diego, California (September 26, 2007) (keynote).**
372. *Hospital Ethics Committees as a Forum of Last Resort under the Texas Advance Directives Act: A Violation of Procedural Due Process*, TEXAS JUNIOR LEGAL SCHOLARS CONFERENCE, TEXAS WESLEYAN UNIVERSITY, Fort Worth, Texas (August 11, 2007).
373. *Medical Futility Statutes: Can They Be Resuscitated?* AMERICAN SOCIETY OF LAW, MEDICINE & ETHICS (ASLME), 30TH ANNUAL HEALTH LAW PROFESSORS CONFERENCE, Boston, Massachusetts (June 1, 2007).

374. *Dispute Resolution in Health Care*, SYMPOSIUM ON ALTERNATIVE DISPUTE RESOLUTION STRATEGIES IN END-OF-LIFE DECISIONS, SPONSORED BY THE OHIO STATE JOURNAL ON DISPUTE RESOLUTION AND THE ABA SECTION OF DISPUTE RESOLUTION, Columbus, Ohio (January 18, 2007).
375. *Medical Futility is a Healthcare Rationing Issue*, NATIONAL ASSOCIATION OF ELDER LAW ATTORNEYS (NAELA), 2006 ADVANCED ELDER LAW INSTITUTE, HEALTH CARE SIG PANEL, Salt Lake City, Utah (November 4, 2006).
376. *Pulling the Plug without Consent: The Impact of Laws Authorizing Health Care Providers to Override Patient Requests for Treatment*, WILLIAM MITCHELL COLLEGE OF LAW, St. Paul, Minnesota (October 17, 2006).
- 377. *Medical Futility Policies: Legal Obstacles*, ANNUAL HEALTH LAW SCHOLARS WORKSHOP, SAINT LOUIS UNIVERSITY SCHOOL OF LAW, St. Louis, Missouri (September 15-17, 2006) (selected as one of four emerging health law and bioethics scholars through nationwide competition).**
378. *Pulling the Plug without Consent: The Unilateral Decision Statutes*, ANNUAL MEETING OF THE SOUTHEASTERN ASSOCIATION OF LAW SCHOOLS (SEALS), Palm Beach, Florida (July 18, 2006).
379. *The Legitimacy and Prevalence of Medical Futility Policies Authorizing Involuntary Passive Euthanasia*, AMERICAN SOCIETY OF LAW, MEDICINE & ETHICS (ASLME), 30TH ANNUAL HEALTH LAW TEACHERS CONFERENCE, Baltimore, Maryland (June 3, 2006).
380. Moderator: *Panel on Concierge Medicine*, AMERICAN SOCIETY OF LAW, MEDICINE & ETHICS (ASLME), 30TH ANNUAL HEALTH LAW TEACHERS CONFERENCE, Baltimore, Maryland (June 2, 2006).
381. *It's Your Right to Live or Die – Or Is It?* PUBLIC FORUM INTERDISCIPLINARY PANEL, UNIVERSITY OF MEMPHIS, Memphis, Tennessee (April 17, 2006).
382. *The Right of Health Care Providers to Unilaterally Make Determinations of Medical Futility*, DEPAUL UNIVERSITY COLLEGE OF LAW, Chicago, Illinois (February 7, 2006).
383. *License to Kill: The Right of Health Care Providers to Unilaterally Make Determinations of Medical Futility*, CENTRAL STATES LAW SCHOOL ASSOCIATION ANNUAL MEETING, Lansing, Michigan (November 5, 2005).

384. *The Right of Tennessee Health Care Providers to Unilaterally Make Determinations of Medical Futility under the New Health Care Decisions Act*, UNIVERSITY OF MEMPHIS LAW SCHOOL, FACULTY COLLOQUIA SERIES, Memphis, Tennessee (October 27, 2005).
385. *Your Right to Unilaterally Write a DNAR Order under the Tennessee Health Care Decisions Act*, BIOETHICS GRAND ROUNDS, LEBONHEUR CHILDREN'S MEDICAL CENTER, Memphis, Tennessee (September 20, 2005).
386. *Volenti Non Fit Injuria: The Decline and Fall of Consent and Consent-Based Doctrines in Tort Law*, UNIVERSITY OF MEMPHIS SCHOOL OF LAW, Memphis, Tennessee (April 20, 2005).
387. *A Plan for Improving the Content and Design of the Practicelaw.org Website*, MINNESOTA STATE BAR ASSOCIATION, Minneapolis, Minnesota (April 18, 2005).
388. *A Critique of Consent-Based Justifications for Hard Paternalism*, CHAPMAN UNIVERSITY SCHOOL OF LAW, FACULTY WORKSHOP, Orange, California (March 3, 2005).
389. *The Evolution of Classical Liberalism and Public Health Ethics*, UNIVERSITY OF MINNESOTA CONSORTIUM ON LAW AND VALUES IN HEALTH, ENVIRONMENT & THE LIFE SCIENCES, Minneapolis, Minnesota (January 24, 2005).
390. *Paternalism and Tort Law: The Obesity Cases*, SUNY - UNIVERSITY AT BUFFALO LAW SCHOOL, Buffalo, New York (January 14, 2005).
391. *Paternalism and Tort Law: The Obesity Cases*, UNIVERSITY OF AKRON LAW SCHOOL, Akron, Ohio (November 29, 2004).
392. *Choosing the Proper Framework for Balancing Autonomy and the Control of Lifestyle Epidemics*, AMERICAN PUBLIC HEALTH ASSOCIATION 132D ANNUAL MEETING, Washington, DC (November 9, 2004).
393. *Public Health Paternalism: Justificatory Criteria*, AMERICAN PUBLIC HEALTH ASSOCIATION 132D ANNUAL MEETING, Washington, DC (November 9, 2004).
394. *Go Sue Yourself: Limitations of Tort as a Public Health Tool*, AMERICAN PUBLIC HEALTH ASSOCIATION 132D ANNUAL MEETING, Washington, DC (November 8, 2004).
395. *Revising Hospital CPR Policies to Provide for Unilateral DNAR Orders - II*, LOS ANGELES COUNTY BAR ASSOCIATION BIOETHICS COMMITTEE, Los Angeles, California (May 12, 2004).

396. *Revising Hospital CPR Policies to Provide for Unilateral DNAR Orders - I*, LOS ANGELES COUNTY BAR ASSOCIATION BIOETHICS COMMITTEE, Los Angeles, California (April 14, 2004).
397. *The Hard Paternalism Dragon Is Out of His Cave; Now to Tame Him and Make Him a Useful Animal*, THE HASTINGS CENTER, LUNCHEON PRESENTATION, Garrison, New York (February 4, 2003).
398. *A Striking Transition in Health Care Values: Recent Attacks on Autonomy and the Expansion of Paternalism*, 30TH ANNUAL CONFERENCE ON VALUE INQUIRY, Milwaukee, Wisconsin (April 6, 2002).
399. *Bioethics Backlash: The Implications of the Retreat from Autonomy for the Communication of Scientific Health Information*, AUSTRALIAN INSTITUTE OF HEALTH LAW AND ETHICS, FIFTH ANNUAL CONFERENCE, Melbourne, Victoria (June 30, 2001).
400. *A Re-Examination of Hard Paternalism*, INTERNATIONAL ASSOCIATION OF BIOETHICS, FIFTH WORLD CONGRESS OF BIOETHICS, London, England (September 22, 2000).

Media Appearances

- Quoted more than 150 times in leading publications.
 - Newspaper mentions include: *New York Times*, *The New Yorker*, *Los Angeles Times*, *CNN*, *Wall Street Journal*, *Washington Post*, *Philadelphia Inquirer*, and *USA Today*
 - Broadcast mentions include: *National Public Radio (NPR)*, *ABC News*, and *SirusXM*
1. Jonah McKeown, *Proposed Change to Brain Death Laws Draws Criticism from Some Doctors, Ethicists*, CATHOLIC NEWS AGENCY (May 18, 2021).
 2. Lola Butcher, *The Line Between Life and Death May Depend on Where You Live*, MENS HEALTH (May 11, 2021).
 3. Lola Butcher, *When the Line Between Life and Death Is a Little Bit Fuzzy*, UNDARK (May 10, 2021).
 4. *Sunday Extra*, ABC RADIO NATIONAL [Australia] (April 4, 2021).
 5. *Hospitals Sued for Wrongful Prolongation of Life: Ethicists Offer Unique Expertise*, 37(4) MEDICAL ETHICS ADVISOR (April 1, 2021).

6. Lola Butcher, *A Dearth of Protocols to Address Lawful Physician-Hastened Death*, NEUROLOGY TODAY (March 18, 2021).
7. *Court Ruling on Life Support Withdrawal Affects Ethics Committees*, 37(3) MEDICAL ETHICS ADVISOR (March 1, 2021).
8. Julie Rose, *End-of-Life Instructions: Why They're on the Rise and What Happens When They Aren't Followed*, TOP OF MIND (SiriusXM 143) (February 16, 2021).
9. Patrick Malone, *When End-of-Life Wishes Get Ignored, Courts See Another Kind of Malpractice*, JD SUPRA (February 1, 2021).
10. *Policy on Inappropriate Treatment Used in 25% of Ethics Consults*, 37(2) MEDICAL ETHICS ADVISOR 13 (February 2021).
11. Paula Span, *Filing Suit for Wrongful Life*, NEW YORK TIMES (January 22, 2021).
12. *The News That Mattered in 2020: Neurology Today Editorial Board Top Picks*, NEUROLOGY TODAY (January 21, 2021).
13. June Grasso, *Bloomberg Law*, BLOOMBERG RADIO (December 29, 2020).
14. Mark Arsenault, *Hospital Staff Revived a Man's Stopped Heart — and He Sued*, BOSTON GLOBE (December 26, 2020).
15. Jamie Talan, *An International Consensus Guideline Aims to Standardize Brain Death Criteria Worldwide*, NEUROLOGY TODAY (September 3, 2020).
16. *Establishing the Right Policies on Decision-Making for Unrepresented ICU Patients*, MEDICAL ETHICS ADVISOR (August 1, 2020).
17. *Tinslee Lewis v. Cook Children's Medical Center*, No. 02-20-00002-CV (Tex. App. July 24, 2020) (cited by court).
18. *Guidance for Treating Unrepresented Patients in the ICU Why the Ethical Principles Matter More Than Ever*, NEUROLOGY TODAY (July 23, 2020).
19. *Every State Determines Brain Death Differently. Really*, MEDICAL LIABILITY MINUTE (May 29, 2020).
20. *Your Coronavirus Questions Answered: COVID-19 Exposes Complex Concerns in End-of-Life Care*, DEATH WITH DIGNITY NATIONAL CENTER (April 10, 2020).

21. Emilie Le Beau Lucchesi, *Why States Are on the Fence about a Patient's Right to Die*, ABA JOURNAL (May 21, 2020).
22. Cathy Wurzer, *The COVID Conversations*, END IN MIND (May 2020).
23. *The COVID Conversation to Have Now*, KMSP FOX-9 (April 12, 2020).
24. *Your Coronavirus Questions Answered: COVID-19 Exposes Complex Concerns in End-of-Life Care*, DEATH WITH DIGNITY NATIONAL CENTER (April 10, 2020).
25. Air Talk, *Should Patients Diagnosed with Alzheimer's or Dementia Be Able to Choose Assisted Suicide?* KPCC (NPR Los Angeles), February 25, 2020.
26. Roxanne Nelson, *First Conference on Clinician Training for Medical Aid in Dying*, MEDSCAPE (February 24, 2020).
27. JoNel Aleccia, *Diagnosed with Dementia, She Documented Her Wishes for the End. Then Her Retirement Home Said No*, WASHINGTON POST (January 18, 2020).
28. Erik Greb, *Experts Call to Revise the Uniform Determination of Death Act*, NEUROLOGY REVIEWS (January 3, 2020).
29. Charlotte Huff, *Texas Law Highlights Dilemma Over Care for Patients with No Hope of Survival*, KAISER HEALTH NEWS (December 23, 2019).
30. Stateside, *When Is Someone Really Dead? The Complicated Ethics Behind Diagnosing Brain Death*, MICHIGAN PUBLIC RADIO (November 22, 2019).
31. Jamie Stengle, *Spotlight on Texas' '10-day Rule' in Life Support Cases*, WASHINGTON POST (November 13, 2019).
32. Joe Sexton and Nate Schweber, *The Wrong Goodbye*, PROPUBLICA (October 31, 2019).
33. Joe Sexton, *End-of-Life Care Laws Were Supposed to Help New Yorkers. They Don't Always Work*, PROPUBLICA (October 31, 2019).
34. Anne-Marie Kommers, *How to Treat Unrepresented Patients: Legal Expert Lists 5 Things You Should Know*, BECKER'S HOSPITAL REVIEW (August 8, 2019).
35. Stacey Kusterbeck, *Legal Requirements May Conflict with Clinicians' Ethical Obligations*, 35(6) MEDICAL ETHICS ADVISOR 65-66 (June 2019).

36. Melissa Bailey, *Miracle Medical Machine ECMO Makes Heroic Rescues, but Leaves Patients in Limbo*, USA TODAY (June 17, 2019).
37. Glenn Howatt, *Minnesota Supreme Court Ruling on Malpractice Causes Stir in Medical Community*, MINNEAPOLIS STAR TRIBUNE (May 27, 2019).
38. Stacey Kusterbeck, *Call for Uniform Brain Death Standard: Opponents Increasingly Vocal and Influential* 35(4) MEDICAL ETHICS ADVISOR (April 2019).
39. Stacey Kusterbeck, *Ethical Responses if Surrogate Is Unfit for Role* 35(2) MEDICAL ETHICS ADVISOR (Feb. 2019).
40. Robin Seaton Jefferson, *What Does 'Dead' Mean? The Debate Continues Some 50 Years After Harvard Defined Death* FORBES (Jan. 16, 2019).
41. Susan Scutti, *How Does Someone in a Vegetative State Have a Baby?* CNN (Jan. 9, 2019).
42. Victoria Gibson, *Ontario Family's Legal Fight to Keep Daughter on Life Support Could Change How Death is Defined across Canada*, GLOBE & MAIL (December 11, 2018).
43. Mitch Mitchell, *9-Year-Old Girl Who Had Been on Life Support at Hospital Dies Friday Evening*, FORT WORTH STAR TELEGRAM (October 19, 2018).
44. Anita Slomski, *Another Brain Dead Patient Wakes Up Just in Time*, MEDSCAPE (October 16, 2018).
45. *Better Emergency Medical Decisions through POLST*, AM950 - MINNESOTA HOSPICE SHOW (August 18, 2018).
46. Matthias Gafni, *Jahi McMath Death Could Have Costly Implications in Civil Case Against Hospital, Doctors*, MERCURY NEWS (June 30, 2018).
47. Bob Egelko, *Case of Jahi McMath, Girl Declared Brain-dead, Raises Judicial Issues*, SAN FRANCISCO CHRONICLE (June 29, 2018).
48. Amy Dockser Marcus, *Doctors Face Scrutiny About Defining Death*, WALL STREET JOURNAL (May 28, 2018).
49. Tom Avril, *At CHOP, Two Boys Were Diagnosed with Brain Death. Here's What That Means*, PHILADELPHIA INQUIRER (May 24, 2018).

50. Brian Fraga, *The US 'Futile-Care' Debate: How Are Cases Like Alfie Evans' Handled Here?* NATIONAL CATHOLIC REGISTER (May 23, 2018).
51. Lisa M. Krieger, *Right-to-die Battle Leaves Terminally Ill in Limbo*, DAILY DEMOCRAT (May 20, 2018).
52. *Controversy Persists as States, Courts 'Question, Push Back, and Challenge' Brain Death Criteria*, 34(5) MEDICAL ETHICS ADVISOR 49-51 (May 2018).
53. Sammy Caiola, *Why A Riverside County Judge Ruled California's Aid-In-Dying Law Is Invalid*, KVCR [NPR San Bernardino] (May 17, 2018).
54. *Judge Tosses California Law Allowing Life-Ending Drugs*, KPBS [NPR San Diego] (May 16, 2018).
55. *Treating Corpses*, THE WEEK IN HEALTH LAW, Episode 139 (May 14, 2018).
56. *Expert Says More Testing Needed Before Boy Removed from Life Support*, NBC10 NEWS (Philadelphia) (May 11, 2018).
57. *South Jersey Mom Continues to Fight for Her Son after Doctors Declare Him Brain Dead*, FOX29 NEWS (Philadelphia) (May 11, 2018).
58. Tom Avril, *CHOP Physicians Testify in Court that N.J. Boy is Brain-Dead*, PHILADELPHIA INQUIRER (May 9, 2018).
59. Tom Avril, *On Life Support at CHOP for Nearly Three Weeks, 'Brain Dead' Boy in Legal, Medical Limbo*, PHILADELPHIA INQUIRER (May 4, 2018).
60. Dylan Scott, *What We Can Learn from the Heartbreaking Alfie Evans Case — and What We Can't*, VOX (April 27, 2018).
61. Olivia Goldhill, *A Legal Quirk Means You Can Be Dead in New York but Alive in New Jersey*, QUARTZ (April 18, 2018).
62. *Healthcare: Beyond the Insurance Coverage Debate*, THE WHOLE TRUTH WITH DAVID EISENHOWER, PBS - WHYY (April 13, 2018) (Season 3, Episode 4).
63. JoNel Aleccia, *Aggressive Advance Directive Permits Halting Food and Water In Severe Dementia*, NPR (March 29, 2018).
64. Rob Kuznia, *In Oregon, Pushing to Give Patients with Degenerative Diseases the Right to Die*, WASHINGTON POST (Mar. 11, 2018).

65. Rachel Aviv, *What Does It Mean to Die?* THE NEW YORKER (Feb. 5, 2018).
66. Judith Graham, *Straight from The Patient's Mouth: Videos Can Clearly State Your End-of-Life Wishes*, WASHINGTON POST (Nov. 30, 2017).
67. Stacey Kusterbeck, *Lawsuits Allege Patient's' End-of-Life Wishes Ignored: \$1 Million Settlement is Strong Message*, MEDICAL ETHICS ADVISOR (Dec. 2017).
68. Mary Anne Pazanowski, *Providers Beware: Debate Grows Over When Death Is Really Death*, BLOOMBERG BNA (October 10, 2017).
69. Todd Ackerman, *New Law Limits Doctors' Ability to Invoke DNR without Patient Consent*, HOUSTON CHRONICLE (September 28, 2017).
70. JoNel Aleccia, *Despite Advance Directive, Dementia Patient Denied Her Last Wish, Says Spouse*, USA TODAY (August 20, 2017).
71. Jo Cavallo, *Advance Care Planning: Ensuring Patients' End-of-Life Wishes Are Honored*, ASCO POST (July 25, 2017).
72. Jo Cavallo, *Ensuring Advance Directives Are Followed and Lawsuits Are Avoided: A Conversation with Thaddeus Mason Pope*, ASCO POST (July 25, 2017).
73. Lizzie Johnson, *Jahi McMath's Family Wins Backing for Argument that She's Alive*, SAN FRANCISCO CHRONICLE (July 24, 2017).
74. *Dr. Thaddeus Mason Pope on the Latest Charlie Gard Update*, WMAL - LARRY O'CONNOR SHOW (July 10, 2017).
75. *Benefits v. Burden: Larry Grills Bioethicist Dr. Thaddeus Mason Pope Over Charlie Gard Story*, WMAL - LARRY O'CONNOR SHOW (June 13, 2017).
76. Jennifer Uscher, *Finding a Friend for Unbefriended Patients: Hospitalists Can Help the Most Vulnerable*, ACP HOSPITALIST, May 2017.
77. Paula Span, *The Patients Were Saved. That's Why the Families Are Suing*, NEW YORK TIMES, April 11, 2017.
78. Paula Span, *The VSED Exit: A Way to Speed Up Dying, Without Asking Permission*, NEW YORK TIMES, October 21, 2016.
79. Kie Relyea, *When Life Becomes Unbearable, Stopping Eating and Drinking Is an Exit Strategy*, BELLINGHAM HERALD, October 9, 2016.

80. Matthias Gafni, *Jahi McMath: Court Says Family Can Try to Prove She's Alive*, EAST BAY TIMES, July 13, 2016.
81. Randi Belisomo, *Doctors Blame Many Factors for Futile Care, Themselves Included*, REUTERS, June 17, 2016.
82. David DeBolt, *Jahi McMath: Brain Death Cases Similar to Oakland Teen Found throughout State*, SAN JOSE MERCURY NEWS, May 18, 2016.
83. Daniel Gaittan, *Doctors Want Guidance on Assisted Death, Supporters Say*, LIFE MATTERS MEDIA, March 30, 2016.
84. Siobhan McAndrew, *The Contested Death of Aden Hailu*, RENO GAZETTE JOURNAL, March 25, 2016.
85. Ann Neumann, *The Patient Body: When are Religious Exemptions Religious?* THE REVEALER, March 22, 2016.
86. *BTN11: MN 'Right to Die' Bill Scrapped*, KARE 11 (NBC), March 17, 2016.
87. Leigh Page, *Doctor Don't Give Up on Me*, MEDSCAPE, March 16, 2016.
88. Maya Rao, *Doctor Assisted Suicide Proposal Tabled after Emotional Hearing*, MINNEAPOLIS STAR TRIBUNE, March 16, 2016.
89. Diana Wray, *In Texas, A Hospital Ethics Panel - Not the Patient or Family - Decides Whether to End Care*, HOUSTON PRESS, February 9, 2016.
90. Celeste McGovern, *Top Neurologist: Jahi McMath Is 'No Longer' Dead*, NATIONAL CATHOLIC REGISTER, November 30, 2015.
91. Lisa Schencker, *Family Challenges Texas Law Allowing Providers to End Life Sustaining Care*, MODERN HEALTHCARE, November 29, 2015.
92. Paula Span, *Near the End, It's Best to be Friendled*, NEW YORK TIMES, September 25, 2015.
93. *Is ICU Treatment Inappropriate? Clinicians Now Have Guidelines*, MEDICAL ETHICS ADVISOR, September 1, 2015.
94. Karen Scullin, *Six Put on Leave Following Nursing Home Death*, FOX 9 KMSP, August 19, 2015.

95. Sara Horner, *Maplewood Death Investigation Highlights Rules on Medics, Resuscitation*, PIONEER PRESS, August 20, 2015.
96. Matthias Gafni, *Tentative Ruling: Judge Rules against Jahi's Family in Civil Case*, SAN JOSE MERCURY NEWS, July 30, 2015.
97. David DeBolt, *Exclusive: Jahi McMath's Mother Speaks on Legal Battle over Brain Death*, SAN JOSE MERCURY NEWS, July 30, 2015.
98. Kerri Miller, MPR News, *Physician Assisted Suicide*, MINNESOTA PUBLIC RADIO, June 23, 2015.
99. L.J. Jackson, *Directing Death: With Increased Awareness of Alzheimer's Disease Comes a New Push to Use an Old Advance Directive*, ABA JOURNAL, June 2015.
100. Chris Kardish, *Courts Are Keeping Assisted Suicide Laws Alive*, GOVERNING MAGAZINE, May 2015.
101. *Current Trends in End-of-Life Medical Treatment*, WSIU [NPR], April 16, 2015.
102. *The Week in Health Law* (with Nic Terry and Frank Pasquale), TWIHL.com, April 14, 2015.
103. Katherine Doyle, *Unrelated 'Next of Kin' May Lead to Legal Confusion*, REUTERS, April 8, 2015.
104. Paula Span, *Complexities of Choosing an End Game for Dementia*, NEW YORK TIMES, Jan. 20, 2015, at D1.
105. *Physician CPR Policy Not Disproportionately Applied*, 31(1) MEDICAL ETHICS ADVISOR, Jan. 2015.
106. Daniel Gaitan, *Medicare Declines to Reimburse Physicians for End of Life Discussions in 2015*, LIFE MATTERS MEDIA, Dec. 9, 2014.
107. Nick Tabor, *The Nurse Coaching People through Suicide by Starvation*, THE DAILY BEAST, Nov. 17, 2014.
108. Nina Martin, *As Vote Nears, North Dakota Amendment Stirs Debate About More Than Abortion*, PROPUBLICA, Oct. 31, 2014.
109. David DeBolt, *Jahi McMath: New Tests May Not Be Enough to Declare Her Alive, Experts Say*, SAN JOSE MERCURY NEWS, Oct. 25, 2014.

110. Michael Vitez, *Teen's Death Adds to Debate over Brain Death*, PHILADELPHIA INQUIRER, Oct. 23, 2014.
111. Thaddeus Mason Pope, *Oregon Shows that Assisted Suicide Can Work Sensibly and Fairly*, NEW YORK TIMES - ROOM FOR DEBATE, Oct. 7, 2014.
112. Robert Cribb, *Stalemate: Deciding Life or Death*, TORONTO STAR, Sept. 26, 2014.
113. Morning Break, MEDPAGE TODAY, Sept. 2, 2014.
114. Christine Kilgore, *The Unbefriended Challenge: PA/LTC*, 15(6) CARING FOR THE AGES [AMDA: Society for Post-Acute & Long-Term Care Medicine] 1, 12 (June 2014).
115. Michael Vitez, *Schiavo Family Honors Parents of Brain Dead Girl*, PHILADELPHIA INQUIRER, Mar. 27, 2014.
116. Michael Vitez, *Guidelines Will Help End-of-Life Oversight*, PHILADELPHIA INQUIRER, Mar. 5, 2014.
117. Patrik Hutzal, INTENSIVE CARE HOTLINE, Feb. 3, 2014 (podcast).
118. Matthias Gafni, *Jahi McMath: Could Her Case Change How California Determines Death?* CONTRA COSTA TIMES, Jan. 25, 2014.
119. Matthias Gafni, *Jahi McMath: Could Her Case Change How California Determines Death?* SAN JOSE MERCURY NEWS, Jan. 25, 2014.
120. Arthur L. Caplan & Thaddeus M. Pope, *Pregnant & Dead in Texas: A Bad Law, Badly Interpreted*, LOS ANGELES TIMES, Jan. 16, 2014.
121. Sara Mui & Lee Rawles, *7th Annual Blawg 100*, ABA JOURNAL, December 2013, at 33, 41.
122. *Assisted Suicide: The Ethical and Legal Issues*, RADIO TIMES [NPR, WHYY], August 20, 2013.
123. *Legal Debate over Doctor-Assisted Suicide*, THE DIANE REHM SHOW [NPR], March 5, 2013.
124. Robert Cribb, *Atkinson Project: Lessons from Life and Death*, TORONTO STAR, Dec. 17, 2012.

125. Robert Cribb, *Supreme Court Decision on Hassan Rasouli Will Clarify End-of-Life Medical Decisions*, TORONTO STAR, Dec. 10, 2012.
126. Nicholas Hune-Brown, *A Life Interrupted: Hassan Rasouli's Journey from an Earache to a High Stakes Battle over End-of-Life Decisions*, TORONTO LIFE, Nov. 27, 2012.
127. Lorell LaBouble, *The Courts and Medical Futility*, BIOETHICS CHANNEL, Jan. 26, 2012.
128. Christine Facciolo, *Delaware's Bradley Bills: Effective in Raising Voices to Stop Child Sexual Abuse?* DELAWARE FIRST MEDIA NEWS, Jan. 13, 2012.
129. Jonathan Sher, *End-of-Life Decisions Heads to Supreme Court*, LONDON FREE PRESS, Dec. 26, 2011.
130. Tamsin McMahon, *Doctors Take Fight to Remove Man from Life Support to Supreme Court*, NATIONAL POST, Dec. 22, 2011.
131. Hiran Ratnayake, *Year After Health Law, Confusion Continues*, DELAWARE NEWS-JOURNAL, Mar. 28, 2011.
132. Jonathan Sher, *Baby Joseph Becomes U.S. Political Issue*, TORONTO SUN, Mar. 22, 2011.
133. Taunya English, *End-of-Life Disputes Go to Court*, WHYY (NPR), Mar. 15, 2011.
134. Ann Neumann, *Antichoice at the End of Life*, THE NATION, Jan. 13, 2011.
135. Michael Vitez, *Medical Challenge: Finding More Balance in Decision Making at the End of Life*, PHILADELPHIA INQUIRER, Oct. 17, 2010.
136. Taunya English, *Court Declines to Weigh-In on New Jersey End-of-Life Case*, WHYY (NPR), Aug. 17, 2010.
137. Charles Toutant, *Mootness Ruling Doesn't Deter Hospital from Considering Life Support Appeal*, NEW JERSEY LAW JOURNAL (Aug. 16, 2010).
138. Jacob Appel, *Rational Rationing vs. Irrational Rationing: The Struggle for the Legacy of Ruben Betancourt*, HUFFINGTON POST (June 23, 2010).

139. Susanne Sataline, *Court Weighs Death Decision*, WALL STREET JOURNAL (June 4, 2010).
140. Charles Toutant, *Hospital Seeks Right to Pull Plug on Vegetative Patient Based on Futility*, NEW JERSEY LAW JOURNAL (April 27, 2010).
141. *Legal Developments from Bioethics Conference*, HOSPICE MGMT. ADVISOR, Feb. 1, 2010.
142. Taunya English, *Digest This: Dying Right*, WHYY (NPR), JAN. 15, 2010.
143. *Why the Legal Aspects of Medical Ethics Matter*, MED. ETHICS ADVISOR, Jan. 1, 2010.
144. *Most Notable Legal Developments in Bioethics*, MED. ETHICS ADVISOR, Dec. 1, 2009, at 138.
145. Rebecca Dube, *'Death Panels' Obscure Real End-of-Life Challenges*, FORWARD: THE JEWISH DAILY, Oct. 9, 2009.
146. Viki Kind, *The Legal Standing of Medical Futility*, BLOGTALK RADIO, Aug. 4, 2009, <http://www.blogtalkradio.com/KindEthics>.
147. Hiran Ratyanake, *Annual Campaign Touts Importance of Living Wills*, WILMINGTON NEWS-JOURNAL, Apr. 14, 2009.
148. *Medical Futility: Practice of Treating Patients with Little Hope Is Debated*, AARP BULL. TODAY, Sept. 19, 2008.
149. Winthrop Quigley, *Medical Futility: Practice of Treating Patients with Little Hope Is Debated*, ALBUQUERQUE JOURNAL, Sept. 18, 2008.
150. Allan Loudell, *Withdrawing Life Support from Lauren Richardson*, WDEL 1150 AM DELAWARE AFTERNOON NEWS, Jan. 31, 2008.
151. *Manitoba MD Body Sets Conditions for Withdrawal of Treatment*, 23(6) COMMUNITY ACTION, Feb. 20, 2008.
152. John P. Mayer, *Podcast Interviews with Law Faculty Podcasters: Professor Thad Pope Teaching Health Law*, CALIOPOLIS, June 11, 2006.
153. Chris Harris, *Intellectual Property, Health Care Law among Most Popular Topics in Law School*, MEMPHIS BUS. JOURNAL, Apr. 28, 2006.

154. *Big Suits of 2005: VeriSign Inc. v. Internet Corporation for Assigned Names and Numbers* CORPORATE COUNSEL, Feb. 2006, at 43.
155. Denali K. Dasgupta, *Big Suits of 2005: VeriSign Inc. v. Internet Corporation for Assigned Names and Numbers*, AMERICAN LAWYER, Jan. 2006, at 53.

Competitive Research Grants

- Fulbright Award Canada (2021) (\$25,000)
- Faculty Research Grant, Mitchell Hamline (Summers 2016 - 2020)
- Association for Nonsmokers Minnesota (2015) (\$10,000)
- Clearway & Association for Nonsmokers Minnesota (2015) (\$20,000)
- Greenwall Foundation, Making a Difference in Real-World Bioethics Dilemmas (2013-2014 co-investigator) (\$50,000).
- Faculty Research Grant, Widener University (Summers 2007 - 2012).
- Faculty Research Grant, University of Memphis (Summers 2006, 2007).

Service – Academic, Professional, Public

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

I. Service to the Academy: Grant Peer Review

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

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

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

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

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

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

SANTA CLARA UNIVERSITY
Promotion and Tenure External Reviewer, 2019

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

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

UNIVERSITY OF WASHINGTON
Promotion and Tenure External Reviewer, 2017

III. Service to the Academy: Editorial Boards

ASCO POST
Editorial Board, 2018 – present

JOURNAL OF CLINICAL RESEARCH & BIOETHICS
Editorial Board, 2010 – 2015

JOURNAL OF CLINICAL ETHICS
Associate Editor, 2014 –

JOURNAL OF HEALTHCARE LEADERSHIP
Editorial Board, 2010 – 2017

JOURNAL OF MEDICAL ETHICS
Editorial Board, 2018 –

LAWS

Editorial Board, 2016 –

IV. Service to the Academy: Publishing Peer Review

AMERICAN JOURNAL OF BIOETHICS

Evaluated manuscripts, 2011 - 2020

AMERICAN JOURNAL OF LAW & MEDICINE

Evaluated manuscripts, 2011

AMERICAN MEDICAL ASSOCIATION JOURNAL OF ETHICS

Evaluated manuscripts, 2016

ANNALS OF THE AMERICAN THORACIC SOCIETY

Evaluated manuscripts, 2020

ANNALS OF THE NEW YORK ACADEMY OF SCIENCES

Evaluated manuscripts, 2015

ASIAN BIOETHICS REVIEW

Evaluated manuscripts, 2020

BIOETHICS

Evaluated manuscripts, 2020

BMC MEDICAL ETHICS

Evaluated manuscripts, 2011-2012, 2018-2019

BMJ OPEN

Evaluated manuscripts, 2019

BRIDGEPOINT EDUCATION

Evaluated book manuscripts on health law, 2013

CAMBRIDGE UNIVERSITY PRESS

Evaluated book manuscripts on health law, 2011

CANADIAN JOURNAL OF BIOETHICS

Evaluated manuscripts, 2018

CANADIAN MEDICAL ASSOCIATION JOURNAL

Evaluated manuscripts, 2015

CHEST

Evaluated manuscripts, 2012 – 2014, 2020 – 2021

CHILDREN & YOUTH SERVICES REVIEW

Evaluated manuscripts, 2016

CRITICAL CARE NURSING

Evaluated manuscripts, 2015

CLINICAL NEUROLOGY

Evaluated manuscripts, 2020

FRONTIERS IN PSYCHIATRY

Evaluated manuscripts, 2021

INTERNATIONAL REVIEW OF LAW

Evaluated manuscripts, 2013

JAMA INTERNAL MEDICINE

Evaluated manuscripts, 2015, 2016

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY

Evaluated manuscripts, 2014, 2019

JOURNAL OF APPLIED PHILOSOPHY

Evaluated manuscripts, 2017

JOURNAL OF BIOETHICAL INQUIRY

Evaluated manuscripts, 2015 - 2017

JOURNAL OF CLINICAL ETHICS

Evaluated manuscripts, 2014 - 2020

JOURNAL OF CRITICAL CARE

Evaluated manuscripts, 2012 - 2013

JOURNAL OF HEALTH & LIFE SCIENCES LAW [AHLA]

Evaluated manuscripts for Volume 2, spring 2009

JOURNAL OF HEALTH POLITICS, POLICY AND LAW

Evaluated manuscripts, 2014

JOURNAL OF INTERNATIONAL MEDICAL RESEARCH

Evaluated manuscripts, 2020

JOURNAL OF LAW AND THE BIOSCIENCES

Evaluated manuscripts, 2020

JOURNAL OF LAW, MEDICINE & ETHICS

Guest Editor for Volume 39(1), spring 2011

Evaluated manuscripts, 2008, 2015 – 2021

JOURNAL OF LEGAL MEDICINE

Evaluated manuscripts, 2020 – 2021

JOURNAL OF MEDICAL ETHICS

Evaluated manuscripts, 2015, 2017 – 2021

JOURNAL OF MEDICINE & PHILOSOPHY

Evaluated manuscripts, 2015

JOURNAL OF PAIN AND SYMPTOM MANAGEMENT

Evaluated manuscripts, 2020 – 2021

JOURNAL OF PALLIATIVE CARE & MEDICINE

Evaluated manuscripts, 2012

MEDICAL DECISION MAKING

Evaluated manuscripts, 2020

MEDICOLEGAL & BIOETHICS

Evaluated manuscripts, 2015

NEUROCRITICAL CARE

Evaluated manuscripts, 2019

NEW ENGLAND JOURNAL OF MEDICINE

Evaluated manuscripts, 2017, 2019

PALLIATIVE CARE RESEARCH & TREATMENT

Evaluated manuscripts, 2019

PALLIATIVE MEDICINE

Evaluated manuscripts, 2019

ROUTLEDGE (TAYLOR & FRANCIS)

Evaluated book manuscripts on health law, 2011

SOUTH CAROLINA LAW REVIEW

Evaluated manuscripts for Volume 60, Fall 2008

YALE JOURNAL OF BIOLOGY AND MEDICINE

Evaluated manuscripts, 2019

V. Service to the Academy - Other

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

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

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

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

Emory University, Atlanta, Georgia

- Served on dissertation committee for graduate nursing candidate, 2019

International Conference on Clinical Ethics Consultation, Washington, DC

- Scientific Committee, 2015 - 2016

Georgetown University Law Center, Washington, DC

Alumni Admissions Board, August 2012 – 2017

- Interviewed law school candidates in the Minneapolis area

Georgetown University, Washington, DC

Alumni Admissions Board, August 2014 – 2017

- Interviewed undergraduate candidates in the Minneapolis area

American College of Legal Medicine, Carbondale, IL

National Health Law Moot Court Competition

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

VI. Service to the University

Mitchell Hamline School of Law

Professor of Law, January 2016 –

- Director, Health Law Institute, 2016 - 2020
- Faculty Advisor, Health Law Moot Court Competitions, 2012 – 2020
- Outreach to Prospective & Admitted Students, 2018 – 2021
- Compensation Committee, 2019 – 2020
- Representative to AALS House of Representatives, 2016
- Outcomes & Assessment subcommittee, Curriculum Committee), 2016 – 2021
- Non-JD Committee, 2016 – 2017

Hamline University

Associate Professor of Law, January 2012 – December 2015

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

Hamline University School of Law

Associate Professor of Law, January 2012 – December 2015

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

Hamline University School of Law

Director, Health Law Institute, January 2012 – December 2015

- Supervisor, Health Law Externship, 2013 – 2015
- Coach, National Health Law Moot Court team, 2012 – 2015
- Advisor, Transactional Health Law Moot Court Team, 2013
- Advisor, Healthcare Compliance Competition Team, 2013 & 2015
- Advisor to Health Law Certificate students, 2012 – 2015
- Advisor to Student Health Law Association, 2012 – 2015

- Made presentations to, and met individually with prospective, admitted, and new students, 2012 – 2015
- Made presentations to, and met individually with Advisory Board
- Made invited presentations to other law school and Health Sciences classes

University of Minnesota Center for Bioethics

Affiliate Faculty, August 2015 –

Widener University School of Law

Associate Professor of Law, July 2008 – December 2011

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

Widener University School of Law

Visiting Assistant Professor of Law, July 2007 - June 2008

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

University of Pittsburgh

Volunteer, Panther Career Network, 2007 –

University of Memphis School of Law

Assistant Professor of Law, June 2005 - June 2008

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

University of Memphis, Memphis, TN

Faculty Evaluator for Undergraduate Works in Progress Symposium, 2006

Loyola Marymount University, Los Angeles, CA
Judge, Business Ethics Competition, April 2002, April 2003, April 2004

VII. Service to the Bar

Minnesota State Bar Association

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

American Bar Association Commission on Law and Aging

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

American Bar Association, Special Committee on Bioethics

Formed an affiliation with ASBH, 2012

American Health Lawyers Association

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

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

Member, May 2004 - July 2005

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

Los Angeles Lawyer

Editorial Board, July 2003 - July 2005

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

Bioethics Committee, Los Angeles County Bar Association

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

Member, June 2002 - July 2005

Bet Tzedek, Los Angeles, CA

Volunteer Attorney, May 2004 - July 2005

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

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

Volunteer Attorney, August 2003 - July 2005

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

Public Counsel, Los Angeles, CA

Volunteer Attorney, Summer 2003

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

Commission on the Future of the Courts, Annapolis, MD

Legal Consultant, Winter 1996

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

VIII. Service to Professional Societies

Death Definition and Determination Project

International Consultant

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

International Donation and Transplantation Legislative Forum

International Consultant

- Multidisciplinary project sponsored by several professional associations, 2020 –

American Clinicians Academy on Medical Aid in Dying

Advisory Board, 2020 –

Ethics Committee, 2021 –

Completed Life Initiative

Advisory Board, 2020 –

American Thoracic Society, New York, NY

Consultant, Ethics and Conflict of Interest Committee

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

End of Life Liberty Project

Advisory Board, 2016 – 2020

Minnesota Medical Association, Minneapolis, MN

POLST Task Force, February 2012 –

Co-Chair, 2015 – 2020

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

Compassion & Choices, Denver, CO

Dementia Advisory Panel, 2017 – 2019

Advocacy Advisory Committee, September 2011 – 2015

Clinical Practice Guidelines Committee, June 2012 – 2015

IX. Service to the Community: Clinical Ethics

University of Minnesota, Minneapolis, MN

Hospital Ethics Committee, April 2015 –

Christiana Care Health System, Wilmington, DE

Institutional Ethics Committee, January 2009 – December 2011

Futility Task Force, January 2009 – August 2009

Tri-County Regional Ethics Committee, Moorestown, NJ

Medical Ethics Committee, July 2008 – November 2010

NJ OOIE Consortium, December 2008 – November 2010

Regional Medical Center at Memphis, Memphis, TN

Hospital Ethics Committee, February 2006 – February 2008

Subcommittee on Policy Drafting, February 2006 – February 2008

Le Bonheur Children’s Medical Center, Memphis, TN

Hospital Ethics Committee, October 2005 – February 2008

X. Service to the Community: Advance Care Planning

Minnesota Medical Association, Minneapolis, MN

Co-chair, POLST Task Force, April 2014 – October 2020

POLST Task Force, February 2012 –

Presentations to MMA Committees on MAID and surrogate decision making

National Healthcare Decisions Day

Helped coordinate community outreach by law students, 2012 - 2015

POLST

Federal Public Policy Group, 2018 – 2020

Legislative Working Group, 2013 – 2014

- Drafted best practices guidance for state legislatures,

University of Minnesota & AHRQ, Decision Aids for Advanced Care Planning Technical Brief

Key Informant, 2013

Delaware MOLST Task Force, Wilmington, DE

Legal Representative, March 2009 – December 2011

Regulations Drafting Subcommittee, May 2010 – August 2011

National Healthcare Decisions Day, Saint Paul, MN

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

National Healthcare Decisions Day, Wilmington, DE

Delaware State Liaison, 2009, 2010, 2011

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

Delaware End-of-Life Coalition, Dover, DE

Public Policy Committee, May 2008 – May 2009

Chair, Public Policy Committee, May 2009 – December 2011

Board Member, May 2009 – December 2011

Caring Advocates, San Diego, CA

Advisory Board, March 2009 –

XI. Service to the Community: Other

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

XII. Service to Legislatures & Agencies (Public Service)

Uniform Law Commission

Invited Observer

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

Uniform Law Commission

Invited Presentations

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

National Council on Disability

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

National Quality Forum, Washington, DC

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

MEDCAC, Medicare Evidence Development & Coverage Advisory Committee

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

Human Services Committee, Texas House of Representatives

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

New Jersey Appellate Division

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

President's Council on Bioethics

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

Professional Affiliations

I. Bar Admissions

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

II. Selected Professional Associations - Law

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

III. Selected Professional Associations - Bioethics

- American Society of Bioethics and Humanities [ASBH] (2007 – present)
- ASBH Law and Bioethics Affinity Group (2007 – present)
- International Association of Bioethics (2000 - present)

IV. Selected Professional Associations – Healthcare

- International Shared Decision Making Society (2019 – present)

V. Selected Past Affiliations

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

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