

**Syllabus for
The Law of Patient Care
Spring 2026.**

Tuesday and Thursday; 2:30-4:00 PM

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Room 102B

Required textbook:

10th (latest) edition of Hall, Orentlicher, Bobinski, Bagley & Cohen *Health Care Law and Ethics*

(Note: If you use an older version, much of the material is unchanged from the 9th edition but check for some of the newer cases and readings; page numbering is different. You are responsible for the material as assigned in the newest edition.)

PLEASE NOTE THE FOLLOWING: (Required Wording for Syllabus)

Counseling and Psychological Services (CAPS) can help students who are having difficulties managing stress, adjusting to the demands of a professional program, or feeling sad and hopeless. You can reach CAPS (www.uh.edu/caps) by calling 713-743-5454 during and after business hours for routine appointments or if you or someone you know is in crisis. No appointment is necessary for the “Let's Talk” program, a drop-in consultation service at convenient locations and hours around campus.

http://www.uh.edu/caps/outreach/lets_talk.html.

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Grading will be by a final exam that will include multiple choice questions and one or more essays. Further details will be provided during the first session of our class. The exam will be open book. You may bring your notes, your textbook, an outline you or your group created. You may not bring commercial outlines or outlines of other students where you did make a substantial contribution about the contents of the outline. I will offer a mid-term quiz, and we will discuss that on the first day of class as well.

Provisional Syllabus—subject to revision (expect some changes!!) We will cover most of the material in the first seven chapters of our book (to page 702).

Major topics to be discussed:

Formation and ending of the physician-patient relationship

Medical malpractice

Informed consent

Government regulation of health care

EMTALA

ERISA

Privacy and HIPAA overview

End of life and ethical considerations

Reproductive rights

Organ transplantation and organ donorship

Public health considerations

The outline that follows is tentative and will be revised as the class moves forward. While case page numbers have been noted, the material between the cases is part of our required class material and will be discussed. Be prepared to discuss the covered material as well as the cases.

Session number:	Readings:	Notes:
<p>Session 1</p> <p>(Go through as much of this material as you can; we will gradually catch up)</p>	<p>Greeting and introduction</p> <p>Hippocratic Oath.</p> <p>My Daughter's \$29,000 appendectomy</p> <p>Chapter 1 in the Hall textbook, pages 1-36.</p> <p>cases in the news)</p> <p>(Throughout the course, bring interesting current concerns regarding health law to the table to be discussed. We won't spend endless time on these, but just have a look at what is going on in health law at the present time).</p> <p>Amanda Bennett article (page 3-6)</p> <p>Fitzgerald (Page 13)</p> <p>Hall (Pages 14-15)</p> <p>Eddy (pages 16-20)</p> <p>Gewande (pages 20-24)</p> <p>Merrill et al (pages 25-26)</p> <p>Look at the graph on page 29 and be prepared to discuss it in general terms.</p>	<p>We will start with the oath of Hippocrates just to get us going—read it to see what may still apply after many centuries!</p> <p>The optional Barash book is an interesting commentary.</p> <p>These readings in Chapter 1 provides an overview and gives you a bit of background that will be helpful throughout the class. I understand it is a lot of reading, but be sure to read, at least, the articles enumerated to the left.</p>

Session 2	<p>Part 1, Chapter 2 Part A: “Duty to treat” on pages 54-93.</p> <p>Be prepared to discuss:</p> <p>Hurley page 39</p> <p style="padding-left: 40px;">(Diagnosis not defined; probably an obstetrical emergency)</p> <p>Wilmington page 40</p> <p style="padding-left: 40px;">(Bronchial pneumonia in a child)</p> <p>Read the NOTES on page 47-48 “Moral and Constitutional Rights to Health care”</p> <p>Burditt page 49-58 (Active Labor)</p> <p>Be sure to read and understand the NOTES</p>	<p>Consider these questions:</p> <p>Be sure to read the material that is related to the cases we discuss.</p> <p>Consider:</p> <p>Should there be a duty to treat?</p> <p>Has the duty to treat been expanded under modern law, and how?</p> <p>Has a balance been achieved in modern medical practice so that those who come with the expectation of being seen by a physician will not be denied medical care in cases of unmistakable emergency?</p> <p>Burditt is the EMTALA case that you should understand. Review what is required under EMTALA as far as screening and stabilization is concerned. (This is one of the most important cases that we will be discussing!!)</p>
Session 3	<p>We will finish our discussion of Burditt and EMTALA; read all of this material carefully. The notes following the case are important, and they mention the Baby K case that we will cover later, but you can read a summary on pages 424-427. We will look at some real-life examples, and move on to:</p>	<p>We will discuss some expansions of EMTALA in class, and these are important.</p>

	<p>Walker page 58 (coerced sterilization)</p> <p>United States v. University Hospital (spina bifida; Pages 61-66)</p> <p>Bragdon v. Abbott (HIV; Page 66); this is not a full case, but read the abstract as it is important</p> <p>Glanz v. Vernick (Ear problem; Page 88)</p> <p>We go on to chapter 2-part B: “The structure of the treatment</p>	<p>Would the courts have come to the same conclusion in 2014 as they did in 1977? Think about disparate impact.</p> <p>Look at the material provided at the bottom of page 136 for guidance as to how to think about ADA violations citing the Pushkin case.</p> <p>Is HIV a disability? Could there have been accommodation?</p> <p>What about the risk to the dentist?</p> <p>Look at the algorithm (page 68) as to how to deal with perceived ADA allegations.</p> <p>In the following cases we look at whether a physician-patient relationship was established. What</p>
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	<p>Ricks (infected right hand; Pages 85-87</p> <p>Payton (Pages 87-90) Also read the Notes on Abandonment Pgs. 90-91</p>	<p>swinging back to provide more protection)</p> <p>In thinking about this case focus on when the doctor –patient relationship was established, if it was ended by the patient, and if it was re-established. Look up the dissent if you have a chance (not in the book, but look it up anyway).</p> <p>In Payton we look at how the physician-patient relationship can be ended. Think about how the problem was ultimately resolved.</p>
Session 7	<p>Chapter 3 Read the material on pages 93-112</p> <p>Part A, “The fiduciary nature of the treatment relationship” and</p> <p>Part B, “Confidentiality of medical information” The material covered looks at examples of privacy and HIPAA laws</p> <p>I will start with a PowerPoint on HIPAA.</p> <p>In the matter of Miguel M v. Barron. Page 127.</p> <p>Bradshaw v. Daniel page 113-115</p>	<p>I will provide additional HIPAA handout. Read the HIPAA section at pages 121-152.</p> <p>Has HIPAA gone too far? Has it gone far enough? How can we protect privacy in the era of electronic medical records?</p> <p>Consider privacy v. need to inform those at risk. Carefully read the “Notes” section on page 136-142.</p> <p>Here we look at preemption of the federal HIPAA rule; think about where state law might trump,</p>

<p>Session 8</p>	<p>(Rocky Mountain spotted fever)</p> <p>We will start on our discussion of informed consent PART C; read pages 120-130</p> <p>Be sure to read (and be prepared to discuss) the two articles: “Patient-centered Medicine” on page 121 and “Rethinking Informed Consent on page 121-123.</p> <p>Canterbury v. Spence page 130-134 (Back pain, laminectomy)</p> <p>Culbertson v. Mernitz (Urinary leakage; page 134-137).</p>	<p>When you look at this case think of the 12 public policy reasons under HIPAA where disclosure might be permitted or required. In this case it is not required under HIPAA but had to be disclosed because of the possibility of clustering.</p> <p>Did the court get this correct?</p> <p>Think of the competing (different) standards of informed consent. Competing Disclosure Standards. As we look through these cases ask which do you like best as an attorney. Which would you like as a patient?</p> <p>This is a very important case that helped to establish the “material risk / rational patient” standard for informed consent. Think of the balance between very bad things that rarely happen and less severe things that may happen more frequently. Simply saying that the operation is risky and was told “not any more than any other operation” is not sufficient to disclose risks. This is defined on page 166-7. Also note footnote 15 on page 163.</p> <p>Read the obituary of Jerry Canterbury from The New York Times May 16, 2017 (TO BE DISTRIBUTED)</p> <p>Here the standard for disclosure is different than in Canterbury; it is what “the reasonably careful skillful and prudent physician</p>
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	<p>Rizzo v. Schiller pages 141-143 (Forceps Delivery)</p> <p>Schneider V. (page 282)</p>	<p>would disclose under the same or similar circumstances.”</p> <p>Consent simply too broad, therefore not valid. Look at the general limitations to the duty to disclose (page 219-20).</p> <p>(I may show images of obstetrical forceps. OK to step out if you are offended.)</p>
Session 9	<p>We will move ahead with our discussion of informed consent.</p> <p>Read the NOTES (pages 143-151)</p> <p>We will discuss the problem on page 149.</p> <p>Moore v. The Regents (Hairy-call leukemia; NOTE: the case is in two sections; read both, pages 151—156 and 465-469. Don’t skip the dissent.</p> <p>Look at the problem on page 168.</p> <p>Howard v. University of Medicine Pages 156-160</p>	<p>Moore is one of the most important cases in Health Law. We will spend a bit of time on this case. Look up and consider the difference between therapeutic and non-therapeutic research as a concept.</p> <p>Keep in mind that the court looks at this from the patient’s perspective. Everyone who practices either law or medicine has to have had a first case. How should we deal with the fact that everyone wants to have the best and most experienced (not always the same) physician.</p>

Session 10	<p>We move on to Chapter 4 Medical malpractice and Tort Liability</p> <p>Read the introductory pages 173-198. Be prepared to comment on Gawande (page 174) and Baker (page 183)</p> <p>McCourt v. Abernathy (Pages 200-201)</p> <p>Locke v. Pachtman (Broken needle pages 202-204)</p> <p>Shilkret v. Annapolis (Standards of care; pages 209-210)</p>	<p>Malpractice starting on page 173. Read the introductory material of this chapter to page 200. I will have a PowerPoint for you as well. Definitely read “The Medical Malpractice Myth,” Gawande (page 174) and “Fostering Rational Regulation of Patient Safety” on page 190. Understand the figure on page 185.</p> <p>This is interesting, in those two conditions, seemingly unrelated were present. Does this help you understand why this patient died?</p> <p>This is a good case to review evidence: statement against interest (Rule 804 (B)(3) exception to hearsay. Also read the material regarding Locke on page 317 (Res Ipsa); remember the smoking gun!</p> <p>The Holding (page 210) is worth noting.</p> <p>Read and be prepared to discuss the NOTES: Geographic variations in the standard of care (page 210-212)</p>
Session 11	Jones v. Chidester Pages 212-214	<p>Two schools of thought doctrine. There are often several ways to approach a problem. The McDermott concurrence offers a good definition; “considerable number” or “sufficient number” to make two schools of thought. Reputable and respected was not the proper jury instruction.</p>

	<p>Murray v. UNMC (expensive drug; page 217; the full case is not presented, but it is an interesting analysis, and we will discuss it briefly.</p> <p>Helling v. Carey (Pages 223-224)</p> <p>Boyd v. Chakraborty (pages 228-229)</p> <p>Stuck v. Miami Valley Hospital (OHIO 2020; Pages 231-232).</p>	<p>Is this rationing of care? This case looks some of the problems we have with insurance. Think about if it is ethical in instances where insurance declines to pay, for people to not get a treatment that might help them. Is it fair that for the chance to try the treatment they may need to declare bankruptcy?</p> <p>This is an outlier, in that standard of care is decided by case law. Think about if you agree that non-medical entities (courts, legislative bodies) should define medical standards of care. Is it different for lawyers than for doctors? (Later in the course we will look at more timely issues). Read and be prepared to discuss the problem on page 227 "To test or not to test."</p> <p>Do you agree that an expert opinion was needed in this case? Could an expert have said that no intervention was needed unless a problem developed? Read "Common Knowledge Exception." Compare to Locke.</p> <p>Consider it you were a physician, and strict liability for situations discussed in this case would alter your own personal selection criteria (maybe not want to treat high-risk cases)? Negligence per se?</p>
Session 12	Hall v. Flannery (pages 234-236)	Here we look at qualifications of expert witnesses. The case mentions Daubert v. Merrell Dow,

	<p>We will discuss this case with the following one, prepare both together.</p> <p>Woodard v. Custer (page 236-240) also read notes at pages 240-2-41.</p> <p>Stang-Starr v. Byrington (pages 241-243 and notes Pgs. 243-245)</p> <p>Sullivan v. O'Connor (plastic surgery; Pages 247-249).</p>	<p>a classic case that you should read if you have time. Do you agree with the requirements to be an expert under Daubert?</p> <p>Need to be an expert in the same sub-specialty</p> <p>Requirements of experts to be in the same field. Rules change, holding now modified.</p> <p>Look at the quote of US v. Williams on page 243. That rule is useful. Case looks at expert citing at other's writings/treatises as hearsay. Guidelines are gaining importance and could be admitted</p> <p>We start the section on other causes of action other than a failure to meet standards of care. We start with breach of contract. Doctors shouldn't promise what they can't be sure they can do. The objective claim that he would "enhance her beauty" is way to subjective. Think about what would you advise your hospital surgeons to say? Also look over Hawken v. McGee (or watch it in "The Paper Chase.")</p>
Session 13		<p>We will spend some time on vicarious liability, "captain of the ship" considerations and ostensible agency.</p> <p>Is "captain of the ship" still useful?</p>

	<p>Franklin v. Gupta (Carpel tunnel syndrome; and anesthetic problem) Pages 252-256.</p> <p>Herskovits v. Group Health Cooperative of Puget Sound (Loss of Chance; page 257-262).</p> <p>Hester v. Dwivedi (Wrongful life; pages 265-268).</p> <p>Fein v Permanente Medical Group (Heart attack; pages 270-273).</p>	<p>Loss of chance is gaining importance, and more than half of the States allow recovery under loss of chance. Look at the Pearson concurrence and the Brachtenbach dissent. Look at the NOTES: LOSS OF CHANCE at pages 262-265, and look at the two illustrations.</p> <p>We look at the value of life in this case. Newer considerations regarding abortion may change your thinking about this case.</p> <p>We look at payouts in this case. Also note how this case changed the approach to chest pain in emergency rooms. The California Supreme Court upheld the non-economic damages cap and the direct payment; note that in Texas presently the amounts would have to be paid out over time.</p>
Session 14	<p>Rathje v. Mercy Hospital (alcohol abuse and drug reaction; pages 275-280. Also read the NOTES section starting on page 280).</p> <p>Schneider v. Revici (Breast Cancer and affirmative defense; page 282-285. Also read the notes that follow (pages 285-289).</p>	<p>Statute of limitations; statute of repose is noted (10 years for Texas). Should we have a broader system to take care of bad outcomes rather than the present tort system?</p> <p>Discussed earlier. Keep in mind assumption of the risk as we move ahead</p>

	<p>Diggs v. Novant Health (gallbladder surgery and anesthetic complication; pages 293-296).</p> <p>Johnson v. Misericordia Community Hospital (Orthopedic misadventure; pages 298-300).</p>	<p>Understand the concepts of actual agency, apparent agency, vicarious liability and ostensible agency. Was the assumption that anesthesia was provided by the hospital reasonable? Think about signs in the emergency rooms noting that the services are not part of the hospital</p> <p>Should the hospital carry 80% of liability for bad credentialing? They clearly should be liable to some extent. I will talk about privileging and credentialing.</p>
Session 15	<p>Darling v. Charleston Community (Injury from leg cast; pages 301-303. Also read the notes to page 305).</p> <p>Boyd v. Albert Einstein (two problems, but heart attack resulted in death) (Pages 306-309).</p> <p>Wickline v. State (Leg circulation problem and early discharge; pages 310-316. Read the section on managed care liability and the following problem: pages 317-322).</p> <p>Pliva, Inc. v. Mensing (generic drug labeling; pre-emption)</p>	<p>How far should liability be extended to a hospital when a physician causes harm? Is the nurse culpable, and therefore her employer? The Darling case changed how the nurse is perceived, and ultimately gave nurses much more power and influence.</p> <p>Do you think physicians are ostensible agents of HMOs? Compare with <i>Wickline</i>.</p> <p>Who is responsible for early discharge? Did she sue the wrong party?</p> <p>Where should liability rest? With the generic manufacturers, the FDA, somewhere else? Be prepared to comment</p>

	Read and be prepared to comment on the malpractice reform (pages 329-344, the end of Chapter 4.	Bring your thoughts to the classroom; be prepared to be called on for comment
Session 16	<p>(I will offer a presentation on "Rational Rationing")</p> <p>In the matter of Karen Quinlan (near death event and what happened; pages 346=349)</p> <p>In re Conroy NOTE: this case is in two sections; we will discuss both together! (End of life care; pages 349-351 AND 372-376)</p> <p>Cruzan v. Director Missouri.... (Vegitative state: NOTE: this case is in two sections; we will discuss both together! pages 352-355 and 380-383)</p>	<p>Think of how you feel about rationing. At what point in the continuum of care does the benefit become disproportionately small when compared with the cost in both dollars and human resources. Is rationing ever rational?</p> <p>An important case as we start our discussion of end-of-life considerations. Consider the role of advance directives. Should there be a balance between the likelihood to survive, quality of life, and cost about extended on-going care? We will spend a bit of time discussing this balance</p> <p>Patient not competent to refuse, decision capacity might ultimately have been given to the nephew, but patient died before the case was adjudicated. The court discusses "limited objective" and "pure objective." Think about "some trustworthy evidence that the patient would have refused treatment..."</p> <p>This is a US Supreme Court case that looks at Missouri's requirement of "clear and convincing evidence" required for withdrawal.</p>

	<p>READ THE NOTES THAT ARE BETWEEN THESE CASES.</p> <p>In re Jobes (Auto accident; pages 376-379)</p>	<p>Court takes a rational approach for substituted judgement; look over this in section VI on page 379; when there no controversy among the stakeholders, substituted judgement is OK. (Do you agree with this approach)?</p>
Session 16	<p>Lane v Candura (gangrene; page 368)</p> <p>Department of Human Services v. Northern (Gangrene; page 368)</p> <p>Washington v. Glucksberg (assisted suicide; pages 405-409)</p> <p>Read NOTES THROUGH PAGE 404:</p> <p>Vacco v. Guill (assisted suicide; pages 409-413) Read notes on MEDICAL AID IN DYING (pages 413-423) and the problem page 423).</p> <p>In re Baby K (futility; pages 424-427)</p>	<p>Patient was “lucid and sane” contrast this case with the Department of Human Services case.</p> <p>Patient delusional about cause of gangrene, unable to make informed consent or refusal.</p> <p>The court’s reasoning is interesting in this 1997 case. Consider this ruling and think of Williamson v. Lee Optical (1955), and the more recent Dobbs v. Jackson Women’s Health Organization (2022) decisions.</p> <p>Court makes an interesting distinction between natural dying and assisted dying.</p> <p>Anencephalic infant. Also consider the EMTALA issue here. Do you think EMTALA was intended to provide ongoing care to an anencephalic infant? Was this an ADA case, why or why not? Was the fact that this child survived 2 ½ years a “medical miracle?”</p>

	<p>Causey v. St. Francis Medical Center (futile care; pages 427-429, also the NOTES: Medical Futility; be prepared to discuss the Texas futility act at page 432, and the Jahi McMath case discussed in the NOTE).</p>	<p>Think about the bus, and the parachute. Who should pay for futile care that is demanded?</p> <p>Is death a medical, legal, or theological (religious) concept?</p>
Session 17	<p>As we finish our discussion of ethical considerations, I will present a PowerPoint on Ethics Committees and we will discuss two cases of medical ethics. Possible guest speaker will also be present.</p> <p>We then go on to Chapter 6, The Regulation of Reproduction. Read the introductory information and “Reproductive Rights and Substantive Due process. pages 441-444.</p> <p>Buck v. Bell</p> <p>Skinner v. Oklahoma (forced sterilization; pages 446-448).</p> <p>Griswold v. Connecticut (contraception use; pages 454-457).</p>	<p>(If you have experience with medical ethics as either a health-care professional or a health-care consumer, and want to share, you will have the opportunity to do so. See me in advance.)</p> <p>Forced sterilization. Note that Justice Oliver Wendell Holmes was a well-respected Supreme Court Justice.</p> <p>Case did not overturn forced sterilization but looked at equal protection. What else was going on?</p> <p>The Potter Stewart dissent (page 456) is especially interesting. Looks at the burdens imposed on those seeking abortion. Are they “undue burdens”?</p> <p>Is that the analysis that let Williams v. Lee Optical stand, and</p>

	McFall v. Shimp (organ donation; pages 462-463).	<p>that ultimately allowed the overturning of Roe v. Wade? What is the difference, if any?</p> <p>This case looks at if a person can be forced to do something to help another. Under what circumstances might aid be required under the law?</p>
Session 18	<p>Roe v. Wade (Abortion; pages 469-471. Also read the notes pages 471-472)</p> <p>Planned Parenthood... v. Casey (abortion; pages 473-477. Also read NOTES: Abortion law from Casey to Dobbs and funding considerations; pages 477-488).</p> <p>Dobbs v. Jackson (abortion; pages 488-503)</p>	<p>Institutional liability—share in liability</p> <p>An understanding of this now overturned case is important as we look at abortion rights as they now stand under State jurisdiction. Also review the wording of the 10th amendment to the Constitution.</p> <p>A step in the direction of limiting unrestricted abortion.</p> <p>Understand the reasoning as well as the implications. Look at both the holding and the dissent.</p>
Session 19	<p>Read “Pregnant Women and Forced Medical Treatment (page 514-516 and 521-527; we may discuss the problems in this section)</p> <p>In re A.C. (treatment of complicated pregnancy; pages 517-521).</p> <p>Whitner v. South Carolina (drug use in pregnancy; pages 527-531)</p>	<p>The balance between fetal and maternal interests.</p> <p>Many consider drug use during pregnancy as harmful; ways to discourage or penalize users are</p>

	<p>Ferguson v. City of Charleston (drug use during pregnancy; pages 531-536 and read the NOTES: Maternal substance abuse at pages 537-542).</p> <p>The next section, starting at page 542 to 567 is somewhat technical. Read it, ask questions if you have them. We will discuss this section briefly.</p>	<p>controversial. Be prepared to comment.</p> <p>Think about the various ways conception may take place, and who brings the embryo to term to consider biologic father, biologic mother, surrogate women who may carry the fetus to term.</p>
Session 20	<p>J.B. v. M.B. & C.C. (disposition of embryos; pages 567-573).</p> <p>R.R. v. M. H. (Surrogacy; pages 577-582).</p> <p>Culliton v. Beth. Israel Deaconess Medical Center. (Registering birth; pages 582-584).</p> <p>Read the NOTE: "Concluding Thoughts" at page 598.</p>	<p>How to dispose of embryos. (Note that some jurisdictions have new guidance and regulations.)</p> <p>Think about valid agreements.</p> <p>Names of birth certificates should not create problems.</p> <p>The note asks "[D]o we have a constitutional right to control procreative capacity that is distinguishable from the right to control medical treatment?" Be prepared to offer your thoughts if you are comfortable in doing so as we conclude our discussion of this chapter.</p>
Session 21	<p>While The Law Center offers a two-credit course in Public Health Law, an introduction is appropriate in the present course. Read the introductory material (pages 599-514) to get an overview. As we discuss cases think about public health being a balance of what is necessary to further the wellbeing of our</p>	

	<p>society with the need to compromise freedom of choice or action to accomplish this need. I will offer a lecture as we start this segment.</p> <p>American Dental Association v. Martin (Universal precautions; pages 614-616).</p> <p>National Federation of independent Business et. al. v. Department of Labor.... (OHSA authority; pages 617-622) Also read dissents and concurrences)</p>	<p>Universal precautions have been accepted and deemed beneficial. In retrospect, do you agree that the adopted rule is “an attempt to kill a fly with a sledgehammer”?</p> <p>Was (is) COVID-19 a workplace threat as well as a public health problem. The intent here is not to convenience you of what is or is not right, but to help you think through these interesting and challenging decisions that have taken place during your lifetime.</p>
Session 22	<p>Jacobson v. Commonwealth of Massachusetts (refusal of smallpox vaccination; pages 625-628 ccc)</p> <p>Lochner v. New York 198 U.S. 45 (1905). Bakery Hours.</p> <p>Roman Catholic Diocese of Brooklyn v. Cuomo (Limiting meeting size during pandemic;</p>	<p>One of the most important cases in Public Health Law.</p> <p>Find and read Lochner. It is mentioned on page 442 and other places. Not included as a case in our book, but we will discuss. Public health consideration versus freedom to make contracts.</p> <p>When can the law impact religious freedom? Was there disparate impact here.</p>

	<p>Pages 628-635). Read dissent and concurrences.</p> <p>School Board of Nassau County v. Arline (Teacher with tuberculosis; pages 644-646)</p>	<p>How should we balance the concerns and fear with scientific knowledge?</p>
Session 23	<p>State v. Handy (Required HIV testing; page 651-654).</p> <p>Whalen v. Roe (Data regarding drug prescriptions; page 661-663)</p> <p>Middlebrooks v. State Board of Health (HIV disclosure; pages 665-666).</p> <p>Wong Wai v. Williamson (Inoculation; pages 670-672).</p> <p>and</p> <p>Jew Ho. V. Williamson (671-672).</p>	<p>Testing to offer some assurance to a victim.</p> <p>Is there any privacy left in medical care in the US? We will also talk a bit about electronic medical records and recent Texas suit.</p> <p>Further erosion of medical privacy?</p> <p>Disparate impact in both cases? Do we still have definition of some zones to achieve goals?</p>
Session 24-28	<p>We will cover the remaining cases in Chapter 7 (to pages 702) and go on to some other contemporary issues. We will define the material for these classes later.</p>	<p>(Further information to follow as we see if we are on schedule)</p>

Session 29	<p>Tentative guest lecture:</p> <p>This should be fantastic—feel free to invite guests</p>	
Session 30	<p>Open discussion, and question/answer session</p>	