
Selling Hospice
Sam Halabi
Americans are increasingly turning to hospice services to provide them with medical care, pain management, and emotional support at the end of life. The increase in the rates of hospice utilization is explained by a number of factors including a “hospice movement” dating to the 1970s which emphasized hospice as a tool to promote dignity for the terminally ill; coverage of hospice services by Medicare beginning in 1983; and, the market for hospice services provision, sustained almost entirely by governmental reimbursement. On the one hand, the growing acceptance of hospice may be seen as a sign of trends giving substance to the death-with-dignity movement and the growing strength of end-of-life decision-makers and planners who integrate medical, community, family and spiritual networks. On the other hand, the precise relationship between the death-with-dignity and commercial processes driving hospice utilization rates are not well understood. On May 2, 2013, the U.S. Government intervened in a lawsuit brought by former hospice employees alleging that behind Vitas Innovative Hospice Care, the largest for-profit hospice service provider in the United States, lie an intricate web of incentives for patient intake nurses, physicians and marketers which not only drove hospice patients to use more expensive (and medically unnecessary) crisis care services, but influenced patient and family decisions as to whether or not to discontinue curative treatment. The corporate, investment, and regulatory history behind Vitas provides an important insight into the market realities behind Americans’ embrace of hospice care and the risks to patient autonomy and health that accompany the commercialization of this ethically and morally complex health care service.
Drug companies, these companies are delivering their market contact from people patients trust. Since patients do not trust beliefs and attitudes about their medications through repeated patients to talk to their doctors. It requires changing patients' able efficacy requires more than mere ad campaigns urging drug therapies that have unpleasant side effects and question But they lose billions in potential sales when patients do not ing strategies on getting doctors to write more prescriptions.

492 Curing the Disobedient Patient: Medication Adherence Programs as Pharmaceutical Marketing Tools Matt Lamkin and Carl Elliott Pharmaceutical companies have long focused their marketing strategies on getting doctors to write more prescriptions. But they lose billions in potential sales when patients do not take their prescribed drugs. Getting patients to "adhere" to drug therapies that have unpleasant side effects and questionable efficacy requires more than mere ad campaigns urging patients to talk to their doctors. It requires changing patients' beliefs and attitudes about their medications through repeated contact from people patients trust. Since patients do not trust drug companies, these companies are delivering their market-
Upstream Health Law
William M. Sage and Kelley McIlhatten

For the first time, entrepreneurs are aggressively developing new technologies and business models designed to improve individual and population health, not just to deliver specialized medical care. Consumers of these goods and services are not yet “patients”; they are simply people. As this sector of the health care industry expands, it is likely to require new forms of legal governance, which we term “upstream health law.”

Independents

All Together Now: Developing a Team Competency Domain for Global Health Education
Virginia Rowthorn and Jody Olsen

Global health is by definition and necessity a collaborative field; one that requires diverse professionals to address the clinical, biological, social, and political factors that contribute to the health of communities, regions, and nations. While much work has been done in recent years to define the field of global health and set forth discipline-specific global health competencies, less has been done in the area of interprofessional global health education. This paper documents the results of a roundtable that was convened to study the need for an interprofessional team skills competency domain for global health students. The paper sets forth a preliminary set of team competencies based on existing scholarship and the results of the roundtable. Once an agreed upon set of competencies is defined, a valuable next task will be development of a model curriculum to teach team skills to students in global health. The preliminary competencies offered in this paper represent a good first step toward ensuring that global health professionals are able to collaborate effectively to make the field as cohesive and collaborative as the mighty task of global health demands.

Medical Innovation Then and Now: Perspectives of Innovators Responsible for Transformative Drugs
Shuai Xu and Aaron S. Kesselheim

Effective medical innovation is a common goal of policymakers, physicians, researchers, and patients both in the private and public sectors. With the recent slowdown in approval of new transformative prescription drugs, many have looked back to the “golden years” of the 1980s and 1990s when numerous breakthrough products emerged. We conducted a qualitative study of innovators (n=127) directly involved in the creation of groundbreaking drugs during that era to determine what made their work successful and how the process of conducting medical innovation has changed over the past 3 decades. Transcripts were analyzed using standard coding techniques and the constant comparative method of qualitative data analysis to identify the positive features of and challenges posed by the past and present therapeutic innovation environments (70 of the 127 interviewees explicitly addressed these issues). Interviewees emphasized the continued central role played by individuals and the institutions they were a part of in driving innovation. In addition, respondents discussed the importance of collaboration between individuals and institutions to share resources and expertise. Strong underlying basic science was also cited to be a major contributing factor to the success of an innovation. The climate for modern-day medical innovation involves a greater emphasis on patenting in academia, difficulty negotiating the technology transfer process, and funding constraints. Regulatory demands or reimbursement concerns were not commonly cited as factors that influenced transformative innovation. This study suggests that generating future transformative innovation will require a simplification of the current technology transfer process, continued commitment to basic science research, and policy changes that promote meaningful collaboration between individuals from disparate institutions.

The Fiduciary Relationship Model for Managing Clinical Genomic “Incidental” Findings
Gabriel Lázaro-Muñoz

This paper examines how the application of legal fiduciary principles (e.g., physicians’ duty of loyalty and care, duty to inform, and duty act within the scope of authority), can serve as a framework to promote management of clinical genomic “incidental” or secondary target findings that is patient-centered and consistent with recognized patient autonomy rights. The application of fiduciary principles to the clinical genomic testing context gives rise to at least four physician fiduciary duties in conflict with recent recommendations by the American College of Medical Genetics and Genomics (ACMG). These recommendations have generated much debate among lawyers, clinicians, and bioethicists hence I believe this publication will be of value and interest to your readership.

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