



# Law-Medicine Institute at Boston University

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**T**HE LAW-MEDICINE Institute at Boston University does not confine its interest to public health law, nor is it concerned solely with legal matters. The institute is an interprofessional undertaking with interests in the medicolegal aspects of medicine as well as law, in public health as such as well as public health law.

## Organization and Structure

The interprofessional nature of our activities at Boston University is most readily apparent from the fact that we are the only medicolegal group in this country which is not a part of any specific school of the university—law, medicine, or public health. We are an autonomous unit (an institute, not a center, with our own administration and faculty) reporting directly to the vice president for academic affairs, the same official to whom the deans of the schools report. We also maintain separate physical quarters, close to the law and medical schools, but not within either of them. The institute is administered by the director, a lawyer with a graduate degree in public health, and the assistant director, Dr. Donald P. Kenefick, a physician. Our university advisory committee is composed of administrators and faculty members from the cooperating professional schools.

This separate status, allowing for independent program development along lines considered important to our faculty, has been an important

factor in the development of the Law-Medicine Institute since its founding in 1958. It is experimental in this country as an administrative structure for interprofessional or interdisciplinary ventures, although in the medicolegal field this structure is common in Europe and has existed there for centuries. Previously, the medicolegal field in the United States was influenced exclusively by the model of legal medicine imported from Scottish medical schools. Under the Scottish system, legal medicine is an area of medical specialization confined to the medical investigation of violent or accidental death, particularly by forensic pathologists and toxicologists. Many U.S. medical schools have developed departments of "legal medicine" along these lines. To a significant degree, the use of this comprehensive title for a medical specialty actually quite narrow in scope has for many years misled the professional schools about the activities in the field and has thus discouraged broader, interprofessional programs.

## Interprofessional Faculty

The Law-Medicine Institute has had a great variety of professions and disciplines represented on its faculty in 6 years of operation: lawyers; physicians of many specialties including pathology, psychiatry, public health, orthopedic surgery, and internal medicine; toxicologists; psychologists; social anthropologists; sociologists; social workers; and criminologists. Some of our staff have had interprofessional education. For appointment to our faculty, however, we do not consider such a background essential. We are interested basically in top-

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flight physicians, lawyers, or scientists. The best people in these fields, all requiring long years of education and experience, are very rarely interprofessionally trained.

### **Training Programs**

Our first efforts in the institute were devoted to developing medicolegal courses and seminars in the professional schools of Boston University. We were fortunate to obtain a 5-year pilot training grant of \$240,000 from the National Institutes of Health, Public Health Service, for these purposes. Installed originally on an experimental basis, our teaching programs are now regular features in various schools. In the medical school, we conduct a required 16-class-hour survey course, "Legal Aspects of Medical Practice, Organized Medical Care, and Health Programs." This course is part of the offerings in the department of preventive medicine under the chairmanship of Dr. Henry J. Bakst. In 1964-65, we expect also to offer a course in forensic pathology and toxicology to undergraduate medical students. At present our training in toxicology is limited to the postgraduate level.

In the law school, we conduct two elective courses for senior students, a 30-hour "Seminar in Law and Psychiatry," open to a small selected group of interested students, and a 45-hour lecture course, "Medico-Legal Trial Practice." Six years ago the second course, offered on an experimental basis, attracted some 15 students; this year it is being given to more than 70 seniors and has been expanded from 30 hours to 45.

In the school of nursing, we conduct two required courses of lectures as a part of general survey courses. Each course is 6 hours in length (three 2-hour lectures and an examination). One is entitled "Legal Aspects of Nursing Practice" and the other, "Legal Issues and Policies in Nursing Administration."

These courses have led to the development of useful teaching materials. For law schools, I have prepared "Law and Medicine: Text and Source Materials on Medico-Legal Problems" (Little, Brown & Co., Boston, 1960). This is the first teaching text produced in this field and is currently used in some 30 law schools. I was also medicolegal editor of a special unabridged

lawyers' edition of "Stedman's Medical Dictionary" (Anderson Co., Cincinnati, and Jefferson Law Book Co., Washington, D.C., 1961).

We also conduct postgraduate educational programs. Currently, the most significant one is a fellowship and residency training program in legal psychiatry. The Law-Medicine Institute was awarded a 5-year pilot training grant in this area by the National Institute of Mental Health, Public Health Service, in 1962. The program is conducted in cooperation with the Boston University Medical Center and its division of psychiatry under the chairmanship of Dr. Bernard Bandler. Legal psychiatry has been a neglected field in this country. Ours is the only university-based, postgraduate training program in this field in the United States, encompassing the resources of our large medical center, law school, the training center in youth development described subsequently, and the unique clinical facilities in legal psychiatry which are available in Massachusetts. These include 13 courthouse-based psychiatric clinics and the Bridgewater State Hospital for the Criminally Insane.

Also on the postgraduate level, we offered for the first time in 1964 a 30-hour course, "Forensic Medicine," for the medical examiners of the State. Fifty medical examiners took the January-to-April course.

The institute has conducted a number of continuing education programs. These have been held over a 2-day period in a downtown Boston hotel, and each has attracted an attendance of 350 to 400 persons from all over the United States. The lecturers have been noted authorities in the various fields. Conference topics to date have been the following: "Scientific Investigation in Criminal Justice," "Medico-Legal Investigation in Murder and Suicide," and "Trauma and the Automobile." "Law Enforcement and the Sexual Offender" was the subject of a conference held in April 1964. The proceedings of each conference are published by the institute.

### **Research and Service Programs**

We were very careful in the selection of our first projects in research and service because we wanted them broadly oriented in order to demonstrate what an interprofessional group could

do. The first research project was a study of the legal, ethical, and moral aspects of medical experimentation involving human subjects. It allowed us to explore issues in nearly every area of basic and clinical medicine. The project was conducted under a \$70,000 grant from the National Institutes of Health, Public Health Service. The final report was recently sent to Bethesda, Md. Also, as a result of our interest in this area, we have published a 500-page book, an anthology of papers and reports, various codes on the subject from many nations and societies, and the recent Federal law and regulations in the field. The book, edited by Dr. Irving Ladimer and Roger Newman of the institute faculty, is entitled "Clinical Investigation in Medicine: Legal, Ethical, and Moral Aspects." It is available at the institute.

Other research projects have concerned such subjects as medical malpractice, criminal responsibility of the mentally ill, and teenage alcoholism.

Our first service project was equally broad. We prepared the enabling legislation for the first comprehensive, statewide sanitary code for the Commonwealth of Massachusetts. We also drafted the administrative and enforcement sections of the code and its first three substantive articles which concern minimum housing standards, waste disposal, and recreation camps and swimming pools.

Since that time, we have conducted a number of studies and drafted legislation in various areas of public health and mental health. For example, we prepared the legislation providing for a reorganization of the State's tuberculosis hospital system which led to a consolidation of facilities of 18 institutions operating on State, county, and local levels into 5 regional hospitals. The legislation has built-in flexibility to operate the institutions either by contract or by public ownership on the State level, and the program can be reduced to fewer facilities as the need for hospital beds decreases in future years. Recently, the institute prepared legislation establishing a new program of drug-addiction rehabilitation in Massachusetts with radical changes in the criminal law applicable to drug-addiction offenses.

In the clinical areas, we cooperate in programs on legal psychiatry and in forensic

pathology and toxicology. We will operate clinical facilities in the new comprehensive, community mental health center to be constructed by the Commonwealth of Massachusetts at the Boston University Medical Center.

In the summer of 1963 the institute was selected as one of the national training centers for work with youth under the President's Committee on Juvenile Delinquency and Youth Crime. This project will require an all-university effort involving not only the law school and medical school but also the schools of education, social work, nursing, physical education, the graduate school, and the human relations center. The center, based in the institute, is called the Training Center in Youth Development.

### **Thoughts on Interprofessional Efforts**

I have sketched broadly the operations of the Law-Medicine Institute at Boston University, built on the continental European model of comprehensive medicolegal service and dedicated to cooperation between the important professions of law and medicine.

To anyone contemplating similar ventures, to anyone interested in university work in public health law, we might suggest that there are many problems. We at Boston have by no means conquered them all. Mixing disciplines is always difficult, and law and medicine have not often been mixed in the same environment. Also, these two are not the only disciplines one may need, just as a public health agency today does not operate solely with physicians and sanitary engineers. Medicolegal work often requires social scientists, psychologists, forensic scientists, such as toxicologists and criminalist technicians, and social workers as well.

I believe this mixing can work, despite the public squabbles between physicians and lawyers that sometimes occur. We at the institute find that lawyers and physicians work well together, perhaps because neither has apprehensions or anxieties that the other will invade his domain. The social status and professional position of each encourages this feeling of basic security in interprofessional work. Both are at the top of their professional hierarchy. It is rather fortunate that lawyers have never sought the title "doctor," although nearly every other professional group in our society has. Problems

can sometimes arise when social scientists, psychologists, or others are added to this mixture. When employing social scientists in medico-legal work or public health law work, for example, we need to guard against giving them the impression that only physicians and lawyers can make policy. We must make these other disciplines full members of the team and not merely use their talents in a technical sense.

There is another problem in regard to programs in public health law. The efforts of a university group cannot be limited to gathering laws or even merely to drafting them; it should also engage in field research and in evaluation of the legislative product. We cannot assume that mere change in law has remedied a situation. We need to set up research designs and methods which will enable us to discover and measure the precise results of a changed law. This will not be easy. Legal research of any kind in the field is only beginning. Lawyers have for centuries considered that "legal research" is confined to the statute books and the decisions. Law schools proudly refer to their law libraries as their "laboratories." And yet, breaking this tradition and entering into field research is merely the first step. A special kind of social science research is involved here, including an authoritarian element. Some of the more common methods of survey research, for example, do not produce reliable data in this field.

We have other problems in this new subdiscipline. Public health law has not been adequately defined either in textbooks or operationally. It should not be limited to sanitary codes or to the law currently administered by public health agencies. Although it must have the breadth to be available to a growing professional field, it cannot be divorced from the study of law generally. Much of what some call public health law is a part of what lawyers call administrative law, municipal law, or Federal-State relations. There are serious constitutional questions in public health law which have yet to be dealt with adequately. The highest courts of this country are now engaged in the most concentrated examination of constitutional problems of individual rights in our history. The field of public health law will not escape this scrutiny.

Public health law is a new field with the vigor of youth and the enthusiasm of conversion, but it is our methods, not our knowledge, that are new. The knowledge has been common coin in other disciplines and in our own disciplines for years. We in the medicolegal field are merely making new applications. One of the richest resources of this knowledge is public health. I have learned a great deal from it. I offer this paper in public acknowledgment of my personal debt to the professional workers in the field of public health who have taught me so many lessons in interprofessional cooperation.