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**The Journal of Law, Medicine & Ethics** (ISSN 1073-1105) (J812) is published quarterly—in March, June, September and December—by SAGE Publishing, 2455 Teller Road, Thousand Oaks, CA 91320 in association with the American Society of Law, Medicine & Ethics. Send address changes to the Journal of Law, Medicine & Ethics, c/o SAGE Publishing, 2455 Teller Road, Thousand Oaks, CA 91320.

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THE JOURNAL OF  
**LAW, MEDICINE & ETHICS**

VOLUME 45:4 • WINTER 2017

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THE JOURNAL OF  
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C O N T E N T S

VOLUME 45:4 • WINTER 2017

Symposium Articles

SYMPOSIUM

**Stigma &  
Health**

Guest Edited by  
Daniel S. Goldberg

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*Letter from  
the Editor*

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**INTRODUCTION**

*Daniel S. Goldberg*

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**Stigmatizing the Unhealthy**

*Jessica L. Roberts and Elizabeth Weeks*

Stigma can lead to poor health outcomes. At the same time, people who are perceived as unhealthy may experience stigma as the result of that perception. As part of a larger project examining discrimination on the basis of health status or "healthism," we explore the role of stigma in producing disadvantage based on health status. Specifically, we look to the principles of health equality and health justice. An intervention violates health equality when it is driven by animus, which can be the result of stigma. Additionally, laws and policies offend health justice when they worsen health outcomes or they create or deepen health disparities. An intervention that produces stigma — whether intentionally or unintentionally — may offend health justice by making people worse off, in absolute or in comparative terms. Stigma-related health laws and policies can therefore be healthist in at least two ways. We therefore conclude that stigma should neither be the basis, nor the product, of efforts to improve health.

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**Law, Stigma, and Meaning:  
Implications for Obesity and HIV  
Prevention**

*Michael V. Stanton and Jason A. Smith*

Public health law has focused primarily on combatting stigma through laws targeting discrimination based on attributes (de jure), when the reach of stigma extends far beyond mere appearances. By exploring the lived experience of stigmatized individuals, policy makers might more deeply understand public health problems, more appropriately create health policies, and more effectively promote positive health behaviors. Efforts to address stigma must focus on all aspects of stigma to be effective.

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**Everyday Indignities: Using the  
Microaggressions Framework to  
Understand Weight Stigma**

*Lauren Munro*

In this article, the author reviews the ways that the microaggressions framework has been taken up with regard to weight stigma by academics and activists and offers insight into its value for conceptualizing and challenging weight stigma.

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**Borderline: The Ethics of Fat Stigma in  
Public Health**

*Cat Pauseé*

This article argues that public health campaigns have an ethical obligation to combat fat stigma, not mobilize it in the "war on obesity." Fat stigma is conceptualized, and a review is undertaken of how pervasive fat stigma is across the world and across the lifespan. By reviewing the negative impacts of fat stigma on physical health, mental health, and health seeking behaviors, fat stigma is clearly identified as a social determinant of health. Considering the role of fat stigma in public health, and the arguments made for using stigmatisation in public health campaigns to promote population health, it is concluded that it is a violation of public health ethics to use stigma as a tool in combatting fatness. The article concludes by making recommendations of how public health in New Zealand can combat, rather than reinforce, fat stigma.

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**The Informal Norms of HIV  
Prevention: The Emergence and  
Erosion of the Condom Code**

*Byron Carson*

The response many gay men took to the HIV epidemic in the United States was largely informal, especially given distant state and federal governments. The condom code, a set of informal norms that encouraged the use of condoms, is one instance of this informal response, which was wholly uncoordinated. Yet, it is not clear why these informal norms emerged or why they have since eroded. This paper explores how gay men in particular generated expectations and normative beliefs regarding condom usage, which helped to establish the condom code as an informal norm. Furthermore, the erosion of the condom code is viewed as a result of changing expectations, which change as bio-medical means of HIV treatment and pre-

vention develop and as online and digital communities facilitate serosorting, all of which provide alternatives to condoms as a means of prevention and their associated informal norms. Future HIV prevention campaigns should recognize the extent to which informal norms coordinate and encourage preventative behavior, as well as how beliefs and expectations alter the informal norms people adopt.

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**Prevention & Conservation: Historicizing the Stigma of Hearing Loss, 1910-1940**

*Jaipreet Viridi*

During the early twentieth century, otologists began collaborating with organizers of the New York League for the Hard of Hearing to build a bridge to “adjust the economic ratio” of deafness and create new research avenues for alleviating or curing hearing loss. This collegiality not only defined the medical discourse surrounding hearing impairment, anchoring it in hearing tests and hearing aid prescription, but, in so doing, solidified the notion that deafness was a “problem” in dire need of a “solution.” Public health campaigns thus became pivotal for spreading this message on local and national levels. This paper focuses on how, from the 1920s to 1950s, as otologists became more involved with social projects for the deaf and hard of hearing — advocating lip-reading, community work, and welfare programs — at the same time, they also mandated for greater therapeutic regulation, control of hearing aid distribution, and standardization of hearing tests. The seemingly paradoxical nature of their roles continued to reinforce the stigmatization of deafness: with widespread availability of effective help, the hearing impaired were expected to seek out therapeutic or technological measures rather than live with their affliction.

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**Returning Home: Incarceration, Reentry, Stigma and the Perpetuation of Racial and Socioeconomic Health Inequity**

*Elizabeth Tobin Tyler and Bradley*

*Brockmann*

This article describes overlapping links among incarceration, poor health, race, and stigma, and stigma’s impact on the health of former prisoners and their families and communities. The authors include policy recommendations to reduce the impact of incarceration and stigma.

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**Stigma and the Structure of Title IX Compliance**

*Jenelle M. Beavers and Sam F. Halabi*

This article analyzes the relationship between the structure of federal Title IX investigations and the existing evidence addressing the emotional and mental health needs of sexual harassment and sexual assault victims. The article argues that federal requirements for investigating sexual harassment should be restructured so as to address the challenges stigma poses for the realization of Title IX’s objectives.

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**Shaming Vaccine Refusal**

*Ross D. Silverman and Lindsay F. Wiley*

This piece explores legal, ethical, and policy arguments associated with using interventions that leverage feelings of shame and social exclusion to promote uptake of childhood immunizations by parents.

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**Treating the “Illness” of Cherubism and Craniofacial Fibrous Dysplasia: Addressing the Stigma of Craniofacial Difference**

*Amanda Konradi*

Stigma is a factor of diseases of craniofacial disfigurement, associated with negative health outcomes. Psychosocial interventions can improve the “illness” experience. The law can improve care by framing patients’ rights, defining physicians’ obligations to make psychological referrals, and fostering an activist orientation among patients.

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**A New Framework for Evaluating the Potential for Drug Law to Produce Stigma: Insights from an Australian Study**

*Kate Seear, Kari Lancaster, and Alison*

*Ritter*

Alcohol and other drug-related stigma is a growing concern. Many organizations have called for a reduction in such stigma through law reform, but there is little sense of how, precisely, this might be achieved. This paper reports on a new method to examine the relationship between stigma and the law and establish a framework that can guide and inform future law reform efforts.

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**The Epidemic as Stigma: The Bioethics of Opioids**

*Daniel Z. Buchman, Pamela Leece, and Aaron Orkin*

In this paper, we claim that we can only seek to eradicate the stigma associated with the contemporary opioid overdose epidemic when we understand how opioid stigma and the epidemic have co-evolved. Rather than conceptualizing stigma as a parallel social process alongside the epidemiologically and physiologically defined harms of the epidemic, we argue that the stigmatized history of opioids and their use defines the epidemic. We conclude by offering recommendations for disrupting the burden of opioid stigma.

## Independent Articles

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### **My Gametes, My Right? The Politics of Involving Donors' Partners in Egg and Sperm Donation**

*Katherine M. Johnson*

Gamete donation offers a unique opportunity to compare men and women's relationships to reproductive decision-making, unlike other reproductive processes, which typically involve women's bodies much more asymmetrically. I address medical and reproductive decision-making by examining how a gamete donor's partner may be involved in the donation process. Some countries explicitly involve a donor's partner by legally requiring spousal consent for donation, but this is not the case for the U.S. In the absence of any formal regulation, what are the expectations for involving a donor's partner? Through a content analysis of materials from donation programs across the U.S., I examine how donation programs configure the partner's role. Overall, I find that there are quite different expectations for partner involvement in egg versus sperm donation. Such differences, I argue, both stem from and reinforce existing issues navigating boundaries between intimate relationships and women's medical and reproductive autonomy.

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### **Voluntarily Stopping Eating and Drinking: A Normative Comparison with Refusing Lifesaving Treatment and Advance Directives**

*Paul T. Menzel*

Refusal of lifesaving treatment, and such refusal by advance directive, are widely recognized as ethically and legally permissible. Voluntarily stopping eating and drinking (VSED) is not. Ethically and legally, how does VSED compare with these two more established ways for patients to control the end of life? Is it more questionable because with VSED the patient intends to cause her death, or because those who assist it with palliative care could be assisting a suicide?

In fact the ethical and legal basis for VSED is virtually as strong as for refusing lifesaving treatment and less problematic than the basis for refusing treatment by advance directive. VSED should take its proper place among the accepted, permissible ways by which people can control the time and manner of death.

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### **The Ethical Course Is To Recommend Infant Male Circumcision — Arguments Disparaging American Academy of Pediatrics Affirmative Policy Do Not Withstand Scrutiny**

*Brian J. Morris, John N. Krieger, Jeffrey D. Klausner, and Beth E. Rivin*

We critically evaluate arguments in a recent *Journal of Law, Medicine & Ethics* article by Svoboda, Adler, and Van Howe disputing the 2012 affirmative infant male circumcision policy recommendations of the American Academy of Pediatrics. We provide detailed evidence in explaining why the extensive claims by these opponents are not supported by the current strong scientific evidence. We furthermore show why their legal and ethical arguments are contradicted by a reasonable interpretation of current U.S. and international law and ethics. After all considerations are taken into account it would be logical to conclude that failure to recommend male circumcision early in infancy may be viewed as akin to failure to recommend childhood vaccination to parents. In each case, parental consent is required and the intervention is not compulsory. Our evaluation leads us to dismiss the arguments by Svoboda et al. Instead, based on the evidence, infant male circumcision is both ethical and lawful.

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### **Linking the Governance of Research Consortia to Global Health Justice: A Case Study of Future Health Systems**

*Bridget Pratt and Adnan A. Hyder*

Global health research partnerships are increasingly taking the form of consortia. Recent scholarship has proposed what features of governance may be necessary for these consortia to advance justice in global health. That guidance purports three elements of global health research consortia are essential — their research priorities, research capacity development strategies, research translation strategies — and should be structured to promote the health of the worst-off globally. This paper adopted a reflective equilibrium approach, testing the proposed ethical guidance against the experience of a global health research consortium with equity objectives. Case study research was performed with Future Health Systems (FHS), a health systems research consortium funded over two phases. Data on FHS Phase-2 were gathered through in-depth interviews with steering committee members and junior researchers and collection of consortium-related documents. Thematic analysis of the data for consistency with the proposed guidance generated recommendations for how the guidance might be better articulated and identified areas where it could usefully be expanded. Factors facilitating FHS alignment with the ethical guidance were also identified, including early engagement and partnership with low and middle-income country stakeholders, the learning developed during FHS Phase-1, and aspects of the grant program funding it.

**Symposium articles** are solicited by the guest editor for the purposes of creating a comprehensive and definitive collection of articles on a topic relevant to the study of law, medicine and ethics. Each article is peer reviewed.

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A Symposium Guest Edited by Susan M. Wolf, Ellen Clayton, and Frances Lawrenz

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