For decades, the determination of death by neurological criteria ("brain death") has been legally established as death in all U.S. jurisdictions and in most developed countries on Earth. Furthermore, not only are the standards for determining death well-settled but so are the practical consequences of the determination. Once a patient is determined dead, clinicians typically discontinue physiological support (except for organ procurement). But notwithstanding this legal consensus, laws in three states (New Jersey, New York, and California) require hospitals to "accommodate" families who object to brain death. Recently, there has been an increasing push for similar accommodation in other states. How should clinicians and policymakers respond?

1.0 MCLE credit hour will be offered without charge to attendees. Must register to receive credit.

Reception following presentation
Courtroom (Room 108)
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Professor Pope has over 100 publications in leading medical journals, law reviews, bar journals, nursing journals, bioethics journals, and book chapters. He coauthored the definitive treatise The Right to Die: The Law of End-of-Life Decisionmaking. He also runs the popular Medical Futility Blog (medicalfutility.blogspot.com), reporting and discussing legislative, judicial, regulatory, medical, and other developments concerning end-of-life medical treatment.

Prior to joining academia, Pope practiced at Arnold & Porter LP and clerked on the U.S. Court of Appeals for the Seventh Circuit. He earned a JD and PhD in philosophy and bioethics from Georgetown University.

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