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Editorial

We have been delighted to feature editorials from previous editors of the journal this year. These have offered personal reflections, entertaining anecdotes, and valuable insights into the ways that both the *Medical Law Review* and the broader discipline have developed over the last 30 years. Ian Kennedy and Andrew Grubb's memory of poring over the creation of case notes is particularly striking, with the recollection of engaging with non-medical law cases in order to reflect on their role in the future development of medical law providing a glimpse into the early shaping of the discipline. Since then, it is evident that medical law has developed significantly into a discipline in its own right, with some of the comments from colleagues that Hazel Biggs recalls ('it's just tort isn't it')¹ thankfully considerably rarer these days. The vitality of medical law (or health law) is reflected in the quality of the scholarship in the pages of the *Medical Law Review* and in more generalist legal journals, with the Chair of the UK Research Excellence Framework (REF) 2021 Law Subpanel noting the strength of medical law in her reflections on the current state of legal studies.²

What has become particularly remarkable, in reflecting on how things have moved on in the field, is that as well as drawing from non-medical law developments in order to consider implications for medical law, we also see the way that medico-legal scholarship is increasingly entering and shaping wider legal and interdisciplinary debates. Medical law is now not just transformed by other disciplines in the sense that Kennedy and Grubb recollect, but is actively transforming them, all the while continuing the tradition of 'making connections between areas of law previously thought distinct'.³ The articles in this special issue demonstrate the importance of this, taking medical law into areas such as migrant's access to healthcare (Mechtild Roos) and urban development (Lisa Montel). Similarly, we have seen that medico-legal scholarship has become increasingly interdisciplinary and globally situated; see, for example, the contributions considering Europe (John Coggon and Beth Kamunge-Kpodo, Christian Guther, Montel, Roos), Australia (Isabel Karpin and Karen O'Connell), and North America (Gunter) in this special issue. Submissions to the journal more generally that continue this trend are particularly important for the future health of our discipline. As the current stewards of this journal, we are mindful of the need to ensure that new and marginalised voices are included. Such perspectives are vital to the ongoing development of medical law, drawing attention to novel areas of research and providing alternative perspectives on the more conventional topics in medical law. We remain committed to finding ways to further engage with and include these voices going forward.

The current special issue on 'Health Inequalities' is a first step in our attempts to generate new, interdisciplinary, international and inclusive perspectives for medical law. The theme for the issue was prompted by contemporary developments such as the Marmot Review in England,⁴ the ongoing and differential impacts of Covid-19 across the globe, and increasing

¹ Hazel Biggs and Suzanne Ost, 'Legal horizons and new challenges' (2022) 30 *Med L Rev* 407.

² Professor Joanne Conaghan and Professor Lucy Vickers, Society of Legal Scholars Lessons from REF Webinar, 4th October 2022, available at <<https://www.youtube.com/watch?v=njnVZ-ChZBE>> accessed 26 October 2022 The REF is the system

for assessing research quality in the UK, see <<https://www.ref.ac.uk/about-the-ref/>>.

³ Andrew Grubb and Ian Kennedy, 'Guest Editorial' (2022) 30 *Med L Rev* 1.

⁴ Michael Marmot, *Health Equity in England: The Marmot Review 10 Years On* (Institute of Health Equity 2020) <[health.org.uk/publications/reports/the-marmot-review-10-years-on](https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on)> accessed 26 October 2022.'

recognition of the ‘legal determinants of health’.⁵ As Hazel Biggs and Suzanne Ost signalled in their editorial reflections, the current social and political context, shaped by Covid-19 and the economic cost of living crisis, is impacting on access to health care and resources and is being unevenly experienced, exacerbating existing domestic and international inequalities as well as generating new ones.⁶

The call for papers for the special issue was enthusiastically received and as editors we were encouraged by the breadth of international and interdisciplinary engagement with the theme from scholars across all career stages. The articles that were chosen for publication in the special issue demonstrate the importance of a medico-legal lens through which to understand the multi-faceted experience of health inequalities. In their paper, Roos draws attention to the increasingly restrictive policies driving access to health care for migrants across Germany, Italy, Switzerland and the UK. In doing so, they offer insights for health law scholarship through considering medico-legal and policy developments as a political mechanism for opposing or entrenching health inequalities. Covid-19 vaccination forms the focus of Gunther’s paper, through which he interrogates different jurisdictional approaches to vaccine provision. Gunther considers both vaccine roll-out and compensation frameworks for vaccine injury across Italy, America and the UK, questioning the role of law in this context in addressing or exacerbating health inequalities.

Broader structural questions of inequality are considered in the articles by Coggon and Kamunge-Kpodo, Karpin and O’Connell, Montel, and Michael Thomson. Prompted variously by the recent focus on legal and social determinants of health highlighted in the Marmot review and the *Lancet*-O’Neill Centre Report, these articles invite medical lawyers to engage carefully and critically with the political issues surrounding health inequalities and the embodied impacts of these. Karpin and O’Connell focus on the potential of seeing health inequality as a ‘hostile environment’ in Australian law, drawing attention to studies demonstrating health impacts of social stress and trauma, and using these insights to argue for positive obligations to create non-hostile environments. In their papers, Montel and Thomson similarly signal the importance of being attentive to the broader societal role of law in shaping access to resources and health inequalities, beyond a focus on health institutions. Montel offers novel insights into the dynamics of health inequalities through the lens of the urban environment. Thomson uses the Covid-19 experience in the UK as a contextual focus to develop arguments as to the need for a nuanced understanding of societal arrangements and the distribution of resources to inform debates around the legal determinants of health.

As Margot Brazier pointed out in her editorial, medical law is an intensely human discipline, and ‘the fact that our work and our journal deal so closely with the human condition imposes a responsibility to continue to use publications in the *Medical Law Review* to encourage open debate and persist in seeking to help bring about constructive changes’.⁷ In this vein, we hope that this special issue catalyses future interdisciplinary and international medico-legal scholarship, offering new ideas, inviting new voices and provoking new questions in order to bring about meaningful change.

⁵ Lawrence Gostin and others, ‘The legal determinants of health: Harnessing the power of law for global health and sustainable development’ (2019) 393 *Lancet* 1857.

⁶ Biggs and Ost (n 1).

⁷ Margaret Brazier, ‘Times have changed?’ (2022) 30 *Med L Rev* 213.