THE LAW SCHOOL CLINIC AS A PARTNER IN A MEDICAL-LEGAL PARTNERSHIP

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I. INTRODUCTION

In today's complex and interconnected society, lawyers undeniably must possess the ability to solve problems in an interdisciplinary context. Lawyers in varying practice areas need to understand aspects of technical fields such as medicine, science, international trade, and banking to represent their clients effectively. The development of this cross-disciplinary problem-solving ability has increasingly become part of clinical legal education.[1] The pediatric medical-legal partnership, a recently developed model for offering legal services to low-income clients, provides a creative opportunity for clinics focused on children to teach interdisciplinary skills along with the more traditional skills taught in the law school clinic.

A medical-legal partnership incorporates attorneys into the health care team of a needy patient.[2] It is based on the premise that social and other non-medical

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1. For example, in 2003, 2004, and 2005, Washington University School of Law's Clinical Education Program and Center for Interdisciplinary Studies hosted three national conferences on interdisciplinary teaching and practice. *See* Symposium, *Justice, Ethics, and Interdisciplinary Teaching and Practice*, 14 WASH. U. J.L. & POL'Y 1 (2004); Symposium, *Poverty, Justice, and Community Lawyering: Interdisciplinary and Clinical Perspectives*, 20 WASH. U. J.L. & POL'Y 1 (2006); Symposium, *Promoting Justice Through Interdisciplinary Teaching, Practice, and Scholarship*, 11 WASH. U. J.L. & POL'Y 1 (2003). Several others have recently written about this topic as well. *See generally* Alexis Anderson, Lynn Barenberg & Paul R. Tremblay, *Professional Ethics in Interdisciplinary Collaboratives: Zeal, Paternalism and Mandated Reporting*, 13 CLINICAL L. REV. 659 (2007) (addressing problems that arise in the interdisciplinary practice of law); Bruce J. Winick & David B. Wexler, *The Use of Therapeutic Jurisprudence in Law School Clinical Education: Transforming the Criminal Law Clinic*, 13 CLINICAL L. REV. 605 (2006) (discussing the "creative application of behavioral science research to the legal context"); Christina A. Zawisza & Adela Beckerman, *Two Heads Are Better than One: The Case-Based Rationale for Dual Disciplinary Teaching in Child Advocacy Clinics*, 7 FLA. COASTAL L. REV. 631 (2006) (collecting articles on and arguing for interdisciplinary collaborations in child advocacy).

2. Barry Zuckerman, Megan Sandel, Lauren Smith & Ellen Lawton, *Why Pediatricians Need Lawyers to Keep Children Healthy*, 114 PEDIATRICS 224, 225 (2004).

factors influence the development of childhood disease.[3] Health care professionals are insufficiently equipped to respond to such factors, but lawyers possess the skills that can help resolve some of these non-medical obstacles to a child's health.[4] For example, if a child's chronic asthma is exacerbated by mold or other toxins in his apartment, a lawyer can take action against a recalcitrant landlord in a way that a pediatric nurse cannot.[5] If a child's application for government benefits to stabilize income or health coverage is denied, an attorney is needed to represent the child in the appeal process.[6] If a child with a mental disability is not receiving appropriate support in school and is thus spiraling downward, an attorney can intervene to navigate the special education system.[7]

While most of the seventy or so pediatric medical-legal partnerships in the United States are partnerships between hospitals and local legal aid offices, a number of them involve law school clinics.[8] Although these collaborations between law schools and medical practices present some challenges,[9] they also offer rich educational opportunities for students to engage in interdisciplinary lawyering that focuses on the holistic needs of their child clients. This Essay will describe the model of a medical-legal partnership in detail and analyze the benefits of this model for a law school children's clinic, particularly a clinic focusing on education and government benefits.

II. THE MEDICAL-LEGAL PARTNERSHIP MODEL

The inspiration for a medical-legal collaboration to benefit children came from Dr. Barry Zuckerman, a pediatrician at Boston Medical Center (BMC), who was constantly frustrated with his own limitations in solving the health problems of the children he treated.[10] He treated patients for malnutrition at the

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3. *Id.* at 224–25.

4. *Id.* at 225.

5. *See id.* at 224.

6. *See id.* at 226.

7. *See id.* at 225.

8. *See* The Medical-Legal Partnership for Children, Partnership Sites, http://www.mlpforchildren.org/partnershipsites.aspx (last visited Mar. 6, 2008) [hereinafter MLPC, Partnership Sites] (listing existing medical-legal partnerships). Law schools with clinical programs or externship programs connected with a medical-legal partnership include Duke Law School, the University of Michigan Law School, the University of New Mexico School of Law, Roger Williams University Law School, University of Iowa College of Law, Albany Law School, Vanderbilt Law School, Syracuse University College of Law, Georgia State University College of Law, the University of Connecticut School of Law, and the University of Virginia Law School. *Id.*

9. *See* Zuckerman et al., *supra* note 2, at 226–27 (discussing barriers to collaboration between lawyers and health care professionals).

10. *See* Ellen M. Lawton, *The Family Advocacy Program: A Medical-Legal Collaborative to Promote Child Health & Development*, MGMT. INFO. EXCHANGE J., Summer 2003, at 12, 12.

same time the child's parents had been denied food stamps.[11] He treated patients for asthma who lived in squalid rental housing.[12] He treated patients with Attention Deficit Hyperactivity Disorder (ADHD) who were unable to obtain special education services at school.[13] Ultimately recognizing that his patients were facing legal problems, he hired an attorney in 1993 to join the hospital clinical team and represent patients.[14] Since then, additional attorneys and other staff have been hired; the Boston partnership now aids not only BMC pediatric patients, but also those at six affiliated health centers.[15] In addition, with foundation support, the Boston partnership established the national Medical-Legal Partnership for Children and now provides technical assistance and seed money to encourage the establishment of similar partnerships around the country.[16]

Medical-legal partnerships typically consist of at least one medical practice and one law practice, with a partnership medical director and a partnership legal director. Many current partnerships involve an alliance between a children's hospital or the pediatric department of a major hospital and a local legal aid office that provides general civil legal services to low-income families.[17] The legal director or other attorneys provide training about the basic legal rights of children to doctors and other medical personnel, helping them recognize when children or their families are experiencing problems that potentially could be remedied. Together, the directors create screening tools and an efficient referral mechanism so that when doctors see a patient that could benefit from legal intervention, the patient can access the legal team. The lawyers also typically make themselves available for "case consultations"; thus, a doctor can present a question about a patient's situation and receive a quick answer or advice from the lawyer about whether further legal assistance would be beneficial. In many partnerships, the lawyers are on-site at the hospital or health clinic, which allows for informal collaboration and relationship building. Ideally, partnerships develop to the point where the lawyers and doctors can jointly identify systemic barriers to child well-being and work collaboratively to remedy those barriers.

The following story exemplifies how a medical-legal partnership works in practice.[18] J.M. was a sixth-grade student diagnosed by a pediatric psychiatrist

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11. *Id.*

12. *Id.*

13. *Cf.* Zuckerman et. al, *supra* note 2, at 225 (noting the importance of appropriate education to children's health).

14. Lawton, *supra* note 10, at 12; The Medical-Legal Partnership for Children, Boston: About Us, http://www.mlpforchildren.org/about-us-boston.aspx (last visited Mar. 6, 2008) [hereinafter MLPC, Boston: About Us].

15. MLPC, Boston: About Us, *supra* note 14.

16. The Medical-Legal Partnership for Children, http://www.mlpforchildren.org/default.aspx (last visited Mar. 6, 2008).

17. *See* MLPC, Partnership Sites, *supra* note 8.

18. J.M.'s story is a composite of the stories of several clients represented by the

with bipolar disorder and anxiety. The psychiatrist was treating the mental health condition with drugs and psychotherapy. At home and in the community, J.M. was improving with the treatment; at school, however, his symptoms were worsening. He was failing all of his classes and refused to engage in classroom activities. He spent considerable time with his head on his desk under a sweatshirt. J.M. was labeled as "behaviorally-emotionally disabled" and was placed in a separate class with other behaviorally-emotionally disabled children. His classmates tended to be behaviorally disabled, rather than emotionally disabled like J.M., and the teacher was a strict disciplinarian who managed the class with a loud voice and firm hand. J.M. did not respond positively to this environment; the louder and firmer the teacher became, the more J.M. withdrew from classroom activities. J.M.'s mother talked to the psychiatrist about the situation. He was reluctant to prescribe more medication, since a therapeutic dose seemed to have been achieved for the home setting. They both felt the school setting was inappropriate, but the mother had been told by school officials that there were no other options. Neither the doctor nor the parent felt they could do anything to improve J.M.'s condition.

As a participant in a medical-legal partnership, the psychiatrist had attended a workshop offered by the legal team about special education and the value of advocacy to effect change. Because of training from the partnership's legal team, the psychiatrist knew the school setting could be challenged through either an IEP meeting[19] or an administrative hearing. He suggested that J.M.'s mother seek an attorney's help. The legal team had also made access for patients' parents quite simple, so a referral to the attorney was easily made.

When the partnership attorney investigated the case, she agreed to advocate for a more suitable classroom placement. Because of the partnership, J.M.'s psychiatrist was extremely cooperative about returning phone calls, talking with the attorney, and working with the attorney to sign a letter describing J.M.'s condition and his recommendation for a placement that would lessen J.M.'s anxiety. The psychiatrist's letter was crucial to the attorney's presentation at J.M.'s IEP meeting, as a result of which the IEP team placed J.M. in a regular classroom and provided him with support from a special education teacher who helped children with learning disabilities. The more nurturing teaching style and less aggressive tendencies of the children in the new classroom turned out to be the right fit for J.M., who brought his head out from under his sweatshirt and began to participate in school. His anxiety symptoms quickly decreased, eliminating the need for additional medication.

The partnership facilitated the result here in a number of ways. It gave the doctor sufficient information about special education to engage him in the topic and enable him to discuss options with J.M.'s mother. He knew that she did

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19. An "IEP meeting" is a school meeting convened to discuss a child's Individualized Education Program. Although IEP meetings are not typically attended by attorneys, they provide a venue in which advocacy for a child can take place.

not have to accept the situation at school if it was impeding J.M.'s educational progress. He also knew there were mechanisms available to challenge the IEP team decisions. Because he had applicable print materials, he knew exactly how to refer J.M.'s mother to an attorney on the partnership's legal team who could handle her son's special education case. The attorney's job was made easier because the doctor had a vested interest in the case and understood why the attorney needed his letter. At the same time, the medical-legal partnership gave the attorney a better understanding of J.M.'s psychiatric needs, which allowed her to produce a key document supporting the mother's request for a change of placement.

III. LAW SCHOOL CLINICS AS "LEGAL PARTNERS"

Law school clinical programs can be ideal participants in a medical-legal partnership because student participants can both contribute greatly to and benefit tremendously from the relationship. Furthermore, a clinic with expertise in special education law and other public benefit programs for children is distinctly well suited for a medical-legal partnership.

Children's law clinics are likely to find very willing partners in pediatric medical practices. As a group, pediatricians already embrace the concept of advocacy[20] and understand that a child's health is affected by many economic and social influences. For example, many pediatricians are keenly aware of the interplay between the school experiences of a child and his overall health and well-being. Given the complexity of the special education system, though, they feel powerless to intervene in that arena (even if they otherwise would be inclined to do so). Likewise, pediatricians see the effects when families lack the necessary financial resources to provide for their children's needs, but the intricacies of public benefits eligibility are quite outside the pediatrician's scope of expertise. Thus, pediatricians easily comprehend the benefits of collaborating with lawyers, especially with those who focus their efforts on the problems of at-risk children experiencing disabilities and poverty.

The work of a children's law clinic can be enhanced by the medical-legal collaboration, as well. At the front end, the pediatric partners are a good source of client referrals, which every clinic needs in order to operate.[21] The doctors, who may have been unaware of the existence of free legal services in the

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20. *See* Charles N. Oberg, *Pediatric Advocacy: Yesterday, Today, and Tomorrow*, 112 PEDIATRICS 406, 406 (2003).

21. This can be more or less successful, depending on the circumstances. Particularly in the partnership's early stages, doctors may fail to remember its existence and the opportunity to refer patients. If the law clinic has some physical presence at the hospital or medical office, the frequency of referrals will likely increase. If the law clinic does not have a physical presence in the medical facility, it will be incumbent upon the legal team to create opportunities to remind the doctors about the partnership. Having at least one doctor who champions the partnership to his or her colleagues is vitally important to the vibrancy of the partnership. Developing a quick and easy referral mechanism is another key to the success of the referral system.

community, may be eager to connect their patients with that resource. Further into the representation, the law student advocate may find that access to the client's doctor is crucial to the representation. In the special education context, for example, the issue handled by the clinic may be a child's eligibility for special education services. In such cases, producing medical documentation of ADHD or other medical conditions supporting eligibility for special education services is essential to a successful outcome. The partnership gives the law student much easier access to the doctor, who can elaborate as needed on the condition, administer required tests, or make important notations in the chart. Furthermore, the existence of a partnership opens doors for law students that can enhance their advocacy in other types of clinic practice.[22]

IV. SPECIFIC BENEFITS FOR LAW STUDENTS

A medical-legal partnership within the law school clinic context offers rich experiences for law students. Exposure to a law practice that is intentionally interdisciplinary gives students an opportunity to work directly with other professionals, which they likely will need to do frequently during their legal careers. Although in this type of collaboration the other professionals are from the medical community, the lessons drawn from working with them apply in many other circumstances. The following sections discuss specific skills that can be developed in a medical-legal partnership.

A. Communication

Every profession has its own cultural norms, such as work styles and schedules, vocabulary, patterns of communication, methods of handling information, and modes of interaction with clients or patients. If attorneys wish to maximize their interaction with members of another profession, they must learn and adapt to the norms of that profession. Law students in a medical-legal partnership quickly learn that the norms of a busy medical practice are markedly different from the norms of a law practice. Law students are forced to develop strategies for reaching a doctor by phone, for learning medical terminology and acronyms (not to mention learning to read the often illegible chart notes), and for talking to a doctor with medical vocabulary rather than legal jargon. As law students develop their skills in communicating with doctors and other members of the medical profession, they find themselves better equipped to represent their clients. With some guided reflection, the students also learn that they can use the same adaptation skills with professionals in other fields, enhancing their abilities to communicate well across professional norms.

22. Clinics handling disability cases are likely to find that this medical-legal partnership model significantly benefits their practice, given the universal need to develop medical evidence in those cases.

B. Application of Legal Standards

In cases involving eligibility for benefits, whether they be educational benefits under the Individuals with Disabilities Education Act, disability benefits, or other government benefits, attorneys must develop evidence to show that their clients meet the applicable legal standard to qualify for assistance. For example, in a special education case, an attorney may need to show that a child in school meets the legal standard for having a "behavioral-emotional disability." The information obtained from the child's medical and mental health records will contain medical diagnoses. A law student will need to develop the skill to distinguish between a legal standard (such as the criteria for being considered behaviorally-emotionally disabled for purposes of qualifying for special education services) and a medical standard (such as the laboratory and other clinical information that results in a diagnosis of a particular emotional illness) and to translate the medical information to the legal standard. The student must see the medical information as evidence used to prove that the legal criteria are satisfied and take on the responsibility of developing that evidence.

A case involving a Supplemental Security Income application provides a good example of how this works in practice. If a child is denied Supplemental Security Income benefits for a failure to meet disability requirements, reversal nearly always depends on getting the right medical information into the child's file and persuasively presenting that information to the Social Security Administration. The medical personnel, especially medical personnel in a medical-legal partnership, are likely to be willing to share information, but may be frustrated that the diagnoses included in their patient's chart are not sufficient. By using good communication skills, the clinic student can help the doctor understand what specific findings, test results, or other conclusions must be in the records to meet the legal standards. The student can then highlight those requirements in communications with the Social Security Administration, establishing eligibility for the child.

This skill of translation between medical evidence and the legal standards by which that evidence must be measured is relevant to many other fields of practice. Students who later handle medical malpractice, worker's compensation, or disability rights as attorneys will find this skill directly applicable to their work. Moreover, attorneys who practice in other areas, particularly those involving scientific or technical evidence, will apply the same principles in another milieu. Because the medical-legal partnership provides relatively easy access to the medical clinicians, the partnership creates a favorable environment in which to nurture this translation skill.

C. Presentation Skills

Lawyers involved in a medical-legal partnership are responsible for training the medical staff on various legal problems that might affect a child's health and how legal remedies could positively affect their patients' overall health.

This training encourages doctors to consider the potential of patient advocacy and encourages them to make referrals to the legal team of the partnership. Involving students in the creation of the training modules gives them an opportunity to develop an extremely transferrable skill: the ability to crystallize the basic principles of an area of law and concisely and interestingly present them to an audience.

As most teachers know, only when one must convey concepts to an audience does one truly grapple with those concepts. Teachers must grasp the whole subject matter in order to reduce it to its essence. Many attorneys act as "teachers" throughout their careers, whether in one-on-one counseling sessions with clients, in court before judges or juries, or in presentations to administrative agencies or boards. Doctors and other medical personnel are good audiences for students to teach: They are smart and sophisticated, but very busy. In creating a training session for the medical team in the partnership, law students must fully understand the subject matter and determine the most efficient and powerful method of presentation, given the characteristics of the audience. They must make choices about vocabulary, visual aids, handouts, and the like, and then must deliver the presentation. Students will have few other opportunities in law school to develop these highly useful skills.

D. Development of an Interdisciplinary Outlook

A medical-legal partnership provides law students with a unique opportunity to see how a lawyer's role fits into the workings of an interdisciplinary team. For example, when the client is an at-risk child with chronic health problems, the medical team may already include a pediatrician, a social worker, and a psychologist. The medical-legal partnership integrates an attorney into the team. Students will observe how an interdisciplinary team can address a child's situation holistically and will identify the unique contributions that can be offered by an attorney. Working in a partnership also gives clinic students an understanding of how the legal problems faced by a child and his family are interrelated with other issues affecting the child's overall well-being. The existence of a partnership invites law students to think comprehensively about a child's issues and to use the partnership to marshal resources for the child.

A school discipline case provides an appropriate example. A child facing suspension from school for marijuana use is referred by the social worker at the partnering medical practice to the law school clinic. Rather than focusing purely on the child's defense to the charges, the law student will be encouraged to talk with the social worker and medical providers to explore whether underlying issues such as depression or family instability are involved in the child's case. This collaboration may trigger additional referrals for services, as well as provide a potential approach for the clinic student to take in the child's suspension hearing.

V. BENEFITS TO THE LAW SCHOOL

Participation in a medical-legal partnership offers other advantages to the law school. If the partnership is between a university's law school and its hospital or medical school, the university administration may be particularly apt to support the effort and may even be willing to provide financial support to the law school clinic. The partnership may also generate publicity for the law school; an article about hospital residents working together with law students to provide coordinated services to local at-risk children would be a welcome addition to most any alumni magazine. In addition, a partnership provides an opportunity for the law school to show the community—particularly the medical community—that it is training its students to be compassionate and caring professionals (not just malpractice attorneys!).

VI. CONCLUSION

As law school clinicians contemplate the future of their programs, adding mechanisms for interdisciplinary lawyering may be highly important. The medical-legal partnership model offers one possibility for consideration. A clinic focused on children's issues, especially education issues, is a prime candidate for partnering with local pediatricians, who undoubtedly feel the same frustration Dr. Zuckerman felt at the limits of his effectiveness in addressing non-medical obstacles to his patients' health.[23] Not only does such a partnership provide law students with fruitful opportunities to work in an interdisciplinary setting, it also allows them to be a part of a coordinated and compassionate endeavor to improve the lives of their child clients.

23. *See supra* text accompanying notes 10–13.