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THE CONVERSATION

Academic rigour, journalistic flair

How doctors and lawyers can help vulnerable patients

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Autors



James Farrell

Lecturer in Law, Deakin University



Peter Noble

Executive Officer- Advocacy and Rights
Centre

Legal services in partnership with health-care providers can have a significant impact on the health of disadvantaged people. Secom Bahia

Medical-legal partnerships have broken down the barriers to accessible legal services for people experiencing health issues in the United States. Such programs demonstrate the health benefits of effective legal advocacy on behalf of patients and Australia could learn from this model to improve access to justice and deliver better health outcomes.

According to the recent text *Poverty, Health and Law: Readings and Cases for Medical Legal Partnership*, medical-legal partnership (MLP) is a

healthcare delivery model that integrates legal assistance as a vital component of healthcare. It is built on the understanding of three key factors: (1) the social, economic and political context in which people live has a fundamental impact on health; (2) these social determinants of health often manifest in the form of legal needs; and (3) attorneys have the special tools and skills to address these needs. MLP brings legal and healthcare teams together to provide high quality, comprehensive care and services to patients who need it most.

The concept gained prominence in the United States during the 1990s when it was championed by Boston Medical Centre's chief of pediatrics, Dr Barry Zuckerman. Zuckerman recognised that lawyers could help patients navigate the complex legal systems that hold solutions to many social determinants of health. He believed that together, a doctor and a lawyer had the best chance of keeping patients healthy.

The MLP model has expanded from a single attorney service at Medical-Legal Partnership for Children at the Boston Medical Center, to 83 MLP sites incorporating 235 partnerships with hospitals and health-care services across the United States. Lawyers (including legal aid agencies, law schools and pro bono attorneys) and front-line health-care providers (including doctors, nurses and social workers), work with a range of disadvantaged and vulnerable populations. These include children, the elderly, patients with cancer, pregnant women, and people who were formerly incarcerated re-entering the community.

While MLPs vary widely, all engage in three core activities –

- providing legal assistance in the health-care setting;
- transforming health and legal institutions and practices, for example, providing template letters to electronic health records to help low-income patients rectify substandard housing conditions; and
- influencing policy change, such as improving energy regulation and access to utilities.

MLPs address key social determinants of health through this multi-pronged approach. They reveal how legislation impacts health, but also how the implementation and enforcement (or the lack thereof) of laws, regulations and policies determine the health outcomes of vulnerable populations.

MLPs in Australia: an opportunity

A recent report by the co-author of this article, Peter Noble, Advocacy-Health Alliances in Australia: Better Health through Medical-Legal Partnership examined the use of MLPs in the United States. The

research revealed that providing legal services in partnership with health-care providers can have a significant impact on the health of disadvantaged people and potentially reduce overall public health costs.

Many disadvantaged people don't access the legal system, and are more likely to access the health-care system. Legal assistance provided when they access health treatment can help to tackle some of the environmental causes of poor health, change policies that impact health and reduce re-admission rates.

A preliminary survey of Australian Community Legal Centres (again by Peter Noble) indicates that there's some awareness of concepts similar to MLP. Community legal centres recognise the potential benefits that MLP can bring to legal and health outcomes. Community lawyers also understand some of the potential challenges (practical and ethical) presented by multidisciplinary practice.

There are some notable examples of existing multidisciplinary legal practice within the community legal sector (such as the First Step Legal Service and the West Heidelberg Community Legal Service) and beyond (including the Cancer Council NSW Legal Referral Service and the Cancer Patients' Legal Assistance Program at the Peter MacCallum Cancer Centre).

Many of these services, like their US equivalents, are also noteworthy for the contribution and partnership of pro bono lawyers.

There's strong interest within the community legal sector – and more broadly – for the MLP idea. And there's scope in Australia to expand both the practice of this approach and research into it. These issues will be discussed at the inaugural Australian Symposium on Advocacy-Health Alliances being held in Melbourne now (November 2012).

The symposium and the Advocacy Health Alliance website will provide forums for health professionals, lawyers, advocates and the community to discuss the strong opportunities for medical-legal partnerships in Australia. As the movement strengthens in Australia, doctors and lawyers will be able to work together to support vulnerable and disadvantaged people and communities.



Social determinants of health Community health