

Episode: *Author Interview: “Why MLP Legal Care Should Be Financed as Health Care”*

Guest: Keegan D. Warren, JD, LLM

Host: Tim Hoff

Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Keegan D. Warren, the executive director of the Institute for Healthcare Access at Texas A&M University in Fort Worth. She’s here to discuss her article, coauthored with Dr William M. Sage, “[Why MLP Legal Care Should Be Financed as Health Care](#),” in the August 2024 issue of the Journal, [Standards in Medical-Legal Partnerships](#). Keegan, thank you so much for being on the podcast. [music fades]

KEEGAN WARREN: Thank you for having me.

[00:00:45] HOFF: So, what’s the main ethics point that you and your coauthor are making in your article?

WARREN: Yeah, arguably the most salient ethical aspect of our article is that we cite two examples of what we might call the regulatory ratification of medical-legal partnership. That is, there are several regulations that are highly suggestive that the medical-legal partnership approach to care is the right approach to addressing the non-medical drivers of health. So, after all, the evidence is strong that where we live, grow, work, play, worship, and age is a major factor in our overall health and wellbeing, and these spaces themselves are highly regulated. And thus, without attorneys embedded at the point of service to help clinicians operate the levers of social change, health care writ large cannot achieve its consensus goals of increasing access to care, remediating avoidable health disparities, and improving the population’s health.

[00:01:41] HOFF: And so, what should health professions students and trainees be taking from this article?

WARREN: In addition to the idea that government has, in targeted ways, endorsed the medical-legal partnership model, one key takeaway for health professions students and trainees is that attorneys make professional diagnoses of social needs that complicate medical decision making, and those legal diagnoses are recorded as structured data. Now, this has huge implications for coding appropriately, but also for moving from patients to policy in terms of population health.

[00:02:18] HOFF: And finally, if you could add a point to your article that you didn’t have the time or space to fully explore, what would that be?

WARREN: If I could explore in greater detail one more important point within the article, it would be that there is an evidence base for interventions on health-related social needs, and those interventions vary because social needs occur along a continuum. So, just like a hairline fracture is not the same as a compound fracture, so too do social needs range from the simple to the complex. [theme music returns] And that means that the social care team must include attorneys to address unmet social needs that are more appropriately understood as health-harming legal needs.

[00:03:01] HOFF: Keegan, thank you so much for your time on the podcast today, and thanks to you and your coauthor for your contribution to the Journal this month.

WARREN: Thank you, Tim.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.