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The American Medical Association (AMA) National Advisory Council on Violence and Abuse (Council) was formed in 1991 to bring together medical, legal, and public health, organizations to mount a sustained and unified initiative to better engage physicians and other health professionals in efforts to reduce the factors that lead to violence and abuse and to promote earlier identification and treatment of people victimized by violence and abuse. Today the Council consists of over 30 organizations.

The papers in this issue of the DePaul Journal of Health Care Law were presented at a special educational session sponsored by the Council in collaboration with the DePaul University College of Law. These papers focus on the issues surrounding Pregnancy, Domestic Violence, and the Law. Why are the AMA and its Council concerned enough about this issue to hold such an educational session? This question is best answered after briefly reviewing the extent and impact of violence and abuse during pregnancy in the U.S.

Each year in the United States more than 2 million women aged 18 years and older are physically assaulted or raped.\textsuperscript{1} Three-quarters of these women experience this violence at the hands of an intimate partner.\textsuperscript{2} It is estimated that between 4\% and 8\% of women in the United States experience violence during pregnancy.\textsuperscript{3} To put this in perspective, of the 3.9 million women in the United States whose pregnancies resulted in live births in 1998, between 152,000 and

\textsuperscript{*} Chair, Steering Committee, AMA Advisory Council on Violence and Abuse, 515 N. State Street, Chicago, IL.


\textsuperscript{2} Id.

324,000 of them experienced violence during their pregnancy.\(^4\) Linda Saltzman, PhD provides a more detailed examination of the prevalence of physical abuse during pregnancy in her paper.

To compound the issue of physical abuse during pregnancy recent case law has provoked the question of whether illicit substance use during pregnancy is abuse, most notably because of the possibility of adverse effects on fetal development and negative long-term health sequelae for the infant. Several states, including South Carolina, have laws that punish pregnant women who use illicit drugs as child abusers. However, it has been shown that a long list of substances, not only illegal drugs, can potentially adversely affect the fetus, many leading to similar developmental outcomes as illicit substances. Lynn Paltrow, JD and Katy Sikich examine the value of using child abuse laws to punish and deter substance use during pregnancy. Ms. Sikich examines the role of health providers in preventing substance abuse during pregnancy and argues that physicians need to become more aware of the legal issues pregnant substance abusers face. Ms. Paltrow argues that punishing pregnant women may not be the best response to this problem as it deters them from seeking medical care, when in fact what they really need is adequate treatment.

The types of questions raised by this issue of the DePaul Journal of Health Care Law highlight the need for greater collaboration between medicine, public health, and the law. Each discipline addresses topics such as family violence from a somewhat different perspective. Medicine looks at identification and treatment, public health looks at prevention, and law takes on the arena of punishment and deterrence. We must continue to expand our efforts to find common goals and objectives and celebrate how our different perspectives are complimentary to achieving a healthier society.