

BIOGRAPHICAL SKETCH

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NAME: Pope, Thaddeus Mason

eRA COMMONS USER NAME (credential, e.g., agency login): N/A

POSITION TITLE: Professor of Law

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
University of Pittsburgh (Pittsburgh, PA)	B.A.	12/1992	Philosophy
Georgetown University (Washington, DC)	J.D.	02/1998	Law
Georgetown University (Washington, DC)	M.A.	02/1998	Philosophy/Bioethics
Georgetown University (Washington, DC)	Ph.D.	05/2002	Philosophy/Bioethics
American Society for Bioethics and Humanities (Schaumburg, IL)	HEC-C	05/2020	Healthcare Ethics Consultant-Certified

A. Personal Statement

I am a foremost expert on medical law and clinical ethics. I maintain a special focus on patient rights, healthcare decision making, and end-of-life options. This project draws on my demonstrated legal and ethical expertise in advance directives, advance care planning, surrogate decision making, and informed consent.

I serve in a range of national and international consulting capacities – on hospital ethics committees, as an expert witness in court cases, and on professional society task forces. But I have been particularly influential through extensive, high-impact scholarship. I am ranked in the Top 20 most-cited health law scholars in the United States, with over 300 publications in leading medical journals, bioethics journals, and law reviews.

I author medical jurisprudence topics for *The Merck Manual* and *UpToDate*. I coauthor the definitive, biannually updated reference book *The Right to Die: The Law of End-of-Life Decisionmaking*, and coauthor *Voluntarily Stopping Eating and Drinking: A Compassionate Widely Available Option for Hastening Death*. I also run the Medical Futility Blog (with over five million page-views).

B. Positions, Scientific Appointments, and Honors**POSITIONS**

- Professor, Mitchell Hamline School of Law (2012 – present)
- Adjunct Professor, Albany Medical Center (2012 – present)
- Affiliate Faculty, University of Minnesota Center for Bioethics (2013 - present)
- Visiting Professor of Medical Jurisprudence, St. George's University (Grenada, West Indies) (2015 - 2020)

HONORS

- Fellow, The Hastings Center (2023 – present)
- Brocher Foundation Residency (2022)
- Fulbright Chair in Health Law, Policy, and Ethics (Canada) (2021)
- Royal College of Physicians and Surgeons of Canada, McLaughlin-Gallie Visiting Professor (2020)
- John and Marsha Ryan Bioethicist in Residence, Southern Illinois University School of Law & School of Medicine (2020) & (2015)

C. Contributions to Science

I have made contributions in six related scientific areas that pertain to this project: (1) advance directives, (2) POLSTs, (3) surrogate decision making, (4) informed consent / shared decision making, and (5) dementia advance directives, and (6) medical futility / brain death. But my additional areas of significant publishing and consulting also relate to end-of-life decision making, including: medical aid in dying, voluntarily stopping eating and drinking, and palliative sedation. Notably, a significant number of my publications are official professional society position statements.

1. Advance Directives. I have written extensively about mechanisms to assure value congruent care, including advance directives and POLSTs. I have also engaged as a consultant on revisions to the Uniform Health Care Decisions Act and in court cases focused on assuring compliance with advance directives. Notably, I have specifically addressed video advance directives.

- a. Video Advance Directives: Growth and Benefits of Audiovisual Recording, 73 SMU LAW REVIEW 161-175 (2020).
- b. TRIAD VIII: Nationwide Multicenter Evaluation to Determine Whether Patient Video Testimonials Can Safely Help Ensure Appropriate Critical Versus End-of-Life Care, 13(2) JOURNAL OF PATIENT SAFETY 51-61 (2017) (with Ferdinando L. Mirarchi et al.).
- c. Widespread Misinterpretation of Advance Directives and POLSTs Threatens Patient Safety and Causes Undertreatment and Overtreatment, 19(5) JOURNAL OF PATIENT SAFETY 289-292 (2023) (with Ferdinando Mirarchi).
- d. The Maladaptation of Miranda to Advance Directives: A Critique of the Implementation of the Patient Self Determination Act, 9 HEALTH MATRIX 139-202 (1999).
- e. Guiding the Future: Rethinking the Role of Advance Directives in the Care of People with Dementia, 54(S1) HASTINGS CENTER REPORT S33-S39 (Jan/Feb 2024) (with Barak Gaster).

2. POLSTs. Patients who are seriously ill should have not only an advance directive but also a POLST because a POLST is immediately actionable in all settings. I have led POLST implementation in Minnesota and Delaware and been involved in drafting guidance for National POLST.

- a. Legal Briefing: POLST: Physician Orders for Life-Sustaining Treatment, 23(4) J. CLINICAL ETHICS 353-376 (2012) (with Mindy Hexum).
- b. POLST Legislative & Regulatory Guide (2014) (with Legislative Working Group of the National POLST Paradigm Task Force).
- c. Controlling the Misuse of CPR with Certified Patient Decision Aids and POLST, 17(2) AMERICAN JOURNAL OF BIOETHICS 35-37 (2017).
- d. Legal Fundamentals of Surrogate Decision Making, 141(4) CHEST 1074-1081 (2012) (in the series: Intersection of Law and Medicine).
- e. Legal Briefing: New Penalties for Disregarding Advance Directives and DNR Orders, 28(1) JOURNAL OF CLINICAL ETHICS 74-81 (2017).

3. SURROGATE DECISION MAKING. Even advance directives that provide directions and instructions must still be interpreted by healthcare agents or surrogates. Consequently, the standards and rules for substitute decision makers are important to assure good treatment decisions for incapacitated patients.

- a. THE RIGHT TO DIE: THE LAW OF END-OF-LIFE DECISIONMAKING (Wolters Kluwer Law & Business 2025) (with Alan Meisel & Kathy L. Cerminara).
- b. Unbefriended and Unrepresented: Medical Decision Making for Incapacitated Patients without Healthcare Surrogates, 33(4) GEORGIA STATE UNIVERSITY LAW REVIEW 923-1019 (2017).
- c. Legal Briefing: Adult Orphans and the Unbefriended: Making Medical Decisions for Unrepresented Patients without Surrogates, 26(2) JOURNAL OF CLINICAL ETHICS 180-188 (2015).
- d. Making Medical Decisions for Patients without Surrogates, 369(21) NEW ENGLAND JOURNAL OF MEDICINE 1976-1978 (2013).
- e. Surrogate Selection: An Increasingly Viable, but Limited, Solution to Intractable Futility Disputes, 3 ST. LOUIS U. J. HEALTH L. & POL'Y 183-252 (2010).

4. INFORMED CONSENT & SHARED DECISION MAKING. Advance directives are a tool to help assure value congruent treatment for incapacitated patients who cannot speak for themselves. Informed consent is the broader doctrine relevant to assuring that patients get the treatment they want and avoid the treatment they do not want.

- a. Law and Shared Decision Making - Recent Developments, in OXFORD TEXTBOOK OF SHARED DECISION MAKING ch. 67 (forthcoming 2025) (with Valerie Gutmann Koch & Nadine Montgomery Allam).
- b. Medicare Mandates for Shared Decision Making with Patient Decision Aids: Linking Payment to Preference, 34 ANNALS OF HEALTH LAW & LIFE SCIENCES (forthcoming 2025).
- c. Patient Decision Aids Improve Patient Safety and Reduce Medical Liability Risk, 74 MAINE LAW REVIEW 73-100 (2022).
- d. Informed Consent Requires Understanding: Complete Disclosure Is Not Enough, 19(5) AMERICAN JOURNAL OF BIOETHICS 27-28 (2019).
- e. Certified Patient Decision Aids: Solving Persistent Problems with Informed Consent Law, 45(1) JOURNAL OF LAW, MEDICINE & ETHICS 12-40 (2017).

5. DEMENTIA ADVANCE DIRECTIVES. Traditional advance directives often do not achieve the goals of patients with dementia. So, I have helped to develop specialized advance directives for this patient population.

- a. Advance Directive for Voluntary Stopping of Eating and Drinking (2024) (with Northwest Justice Project and National VSED Advance Directive Committee), <https://www.washingtonlawhelp.org/issues/aging-elder-law>.
- b. VOLUNTARILY STOPPING EATING AND DRINKING: A COMPASSIONATE, WIDELY AVAILABLE OPTION FOR HASTENING DEATH (Oxford University Press 2021) (with Timothy Quill, Paul Menzel, Judith Schwarz).
- c. Guiding the Future: Rethinking The Role of Advance Directives in the Care of People with Dementia, 54(S1) HASTINGS CENTER REPORT S33-S39 (Jan/Feb 2024) (with Barak Gaster).
- d. Medical Aid in Dying and Dementia Directives, 4(2) CANADIAN JOURNAL OF BIOETHICS 82-86 (2021).
- e. Whether, When and How to Honor Advance VSED Requests for End-Stage Dementia Patients, 19(1) AMERICAN JOURNAL OF BIOETHICS 90-92 (2019).

6. MEDICAL FUTILITY & BRAIN DEATH. Hospitals regularly confront conflicts when they determine continued life-sustaining treatment is inappropriate, but surrogates disagree. I have consulted with national professional societies to develop position statements and guidance.

- a. Making Medical Treatment Decisions for Unrepresented Patients in the ICU: An Official ATS/AGS Policy Statement, 201(10) AMERICAN JOURNAL OF RESPIRATORY & CRITICAL CARE 1182-1192 (2020) (lead author with multi-professional committee).
- b. An Official American Thoracic Society Policy Statement: Managing Conscientious Objection in Intensive Care Medicine, 191(2) AMERICAN JOURNAL OF RESPIRATORY & CRITICAL CARE 219-227 (2015) (with Mithya Lewis-Newby, Mark Wicclair, ATS Ethics Committee, and other external content experts).
- c. Statement on Futility and Goal Conflict in End-of-Life Care in ICUs, 191(11) AMERICAN JOURNAL OF RESPIRATORY & CRITICAL CARE 1318-1330 (2015) (with Gabriel Bosslet, ATS Ethics Committee, and other external content experts).
- d. Legal Considerations for the Brain-Based Definition of Death, 70(4) CANADIAN JOURNAL OF ANESTHESIA 659-670 (April 2023) (with others).
- e. Contestation of Brain Death Toolkit, Society of Critical Care Medicine (appointed working group project in progress).

7. PROFESSIONAL SOCIETY STATEMENTS

My publications have been cited in dozens of government reports and professional association statements. But my involvement is sometimes even more direct. I have been honored to participate in the drafting of seven professional organization official policy statements. Because these guidelines and practices are recommended by a major medical society or expert working group, they have a different status from other publications. Healthcare practitioners and institutions pay serious attention to these recommendations and benchmark their own internal policies against them. Professional organization policy statements "make legal norms effective within the healthcare culture." (www.thaddeuspope.com)