Author's original manuscript—May 2025
(2025) 33 Medical Law Review doi.org/10.1093/medlaw/fwaf019

Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics*, Bristol University Press, 25 February 2025, paperback, 446 pp, £29.99, ISBN 978-1529236545

Urania Chiu, University of Oxford

Diverse Voices in Health Law and Ethics is the third publication in the Bristol University Press *Diverse Voices* series, which aims to 'disrupt the dominant discourse' and engage with 'the stories which are not told in traditional law courses'.[1] Edited by Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring, this volume deals with 'what you would expect to find in a healthcare law textbook' (negligence, confidentiality, and so on) as well as 'areas that should be core content in a healthcare law course but never have been treated as such' (most distinctively, health disparities and climate change).[2] It is a valuable addition, even an alternative, to existing medical law texts which centre narratives we already know all too well.

In the following, I review the volume by its three-part structure. I provide a close examination of each chapter and suggest that, together, these contributions offer a well-rounded picture of how different aspects of health law and ethics affect those whose voices are less heard in the mainstream. More importantly, they encourage readers—researchers, teachers, and students—to challenge prevailing assumptions in theorising and applying health law and ethics.

I. Introductory materials and general principles of health law and ethics

The introductory chapter by the volume editors is impressively rich in substance. Not only does it set out the aims, scope, and structure of the book, it also describes the key theoretical and methodological lenses through which legal and ethical issues will be examined throughout the volume, including feminism, critical race theory, and intersectionality. These descriptions are concise without being reductive, preparing the reader for the substantive chapters ahead while adding value to the book in their own right as critiques of law and medicine's supposed neutrality. In foregrounding these critical approaches from the outset, the editors demonstrate a strong commitment to 'changing the approach and mindset of educators and students' in health law and ethics and 'inclusifying' the field;[3] diversity is not appended as an afterthought. Neither do the editors shy away from 'controversial' issues (to some) in talking about diversity and inclusivity. There is an explicit acknowledgment of historical and ongoing racial injustices in health law and ethics and a firm rejection of transphobia, which are very much welcome. What is welcome too is the recognition of the role of identity and language in academic research and writing in the introductory materials: the 'Notes on Contributors' section contains not only each author's credentials but also their motivation for contributing to the volume and some reflections on positionality,[4] and the language choices made in describing people in terms of their gender, race and ethnicity, and disability are considered towards the end of the introductory chapter.[5] While there is ultimately no right answer to what language should always be used or whose voices ought to be included in a 'diverse' collection of essays, it is refreshing to see these fundamental questions openly engaged with in a law textbook. The chapters

---

[1] Se-shauna Wheatle and Jonathan Herring, 'Series Editors' Preface' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025) xiii.

[2] Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring, 'Introduction' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025) 1–2.

[3] ibid 2.

[4] 'Notes on Contributors' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

[5] In this review, I will generally adopt authors' choice of terms as they appear in the book.

following exhibit the same thoughtfulness in contributors' reflections upon their language choice and framing of legal and ethical issues.

The substantive part of the book begins with Part I, 'General Principles of Health Law and Ethics'. The first three chapters in this part offer reflections on basic questions about health law and ethics which underpin the rest of the book.

First, Marisha Wickremsinhe's chapter, 'Ethical Principles in Health' gives a critical summary of Beauchamp and Childress' famous four-principles approach before applying it to a case study—providing hospital care for people who use heroin—to demonstrate the difficulties inherent in interpreting and applying even widely accepted ethical principles in healthcare practice.[6] The chapter shows that the seemingly straightforward principles—respect for autonomy, non-maleficence, beneficence, and justice[7]—are complicated by moral judgment and socially and politically driven understandings of the patient and their needs when applied.[8] The main takeaway from the chapter is the need to 'recognise the ways in which personal beliefs, dominant social perceptions, and political landscapes collide to influence applications of principles in practice'.[9] Wickremsinhe's contribution is well-placed as the first substantive chapter in the book as her case study unsettles readers' expectations about who the recipients of healthcare are or should be, and the call for reflexivity in health decision-making is repeated in many of the chapters which follow.

Next, Anna Nelson's chapter, 'Defining and Understanding "Health" in Health law' tackles the fundamental question of what health means.[10] While it is unusual for medical and health law textbooks to devote a chapter to the definition of 'health', Nelson shows that the question has significance at multiple levels of health law and governance; she sets out to explore the parameters for a definition which is non-reductive and which would 'avoid perpetuating stigma, biases, and systemic racism'.[11] Considering different definitions of health available, Nelson's critique highlights, first, the need to account for current global developments—the increasing prevalence of chronic disease, ageing populations, and innovations in medical science—in defining health and, second, the value-laden nature of scientific knowledge about health and disease. She demonstrates the latter point using three examples: gender-'normalising' surgery for intersex infants, 'hysterical' women and menstrual pain, and systemic racism in medical education and research. These examples alert readers to entrenched socio-medical biases based on gender and race which also manifest in other aspects of health law and ethics discussed later.

John Coggon and Beth W. Kamunge-Kpodo's chapter, 'Health Inequalities, Law, and Society' follows from Nelson's contribution to discuss health inequalities, emphasising again the importance of clarifying 'what is being discussed, why it matters, and how its value exists as one value that is shared across society' when talking about 'health'.[12] Using the case study of a Black British child who died from 'air pollution-induced asthma'[13] and a discussion of

---

[6] Marisha Wickremsinhe, 'Ethical Principles in Health' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).
[7] See Tom Beauchamp and James Childress, *Principles of Biomedical Ethics* (4th edn, OUP 1994).
[8] Wickremsinhe (n 6) 44.
[9] ibid 43.
[10] Anna Nelson, 'Defining and Understanding "Health" in Health Law" in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).
[11] ibid 49.
[12] John Coggon and Beth W. Kamunge-Kpodo, 'Health Inequalities, Law, and Society' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025) 71.
[13] ibid 75.

formal and substantive (in)equality in healthcare in England, the authors justify their definition of health inequalities as 'avoidable, unfair, and systemic health disparities'.[14] Through this interrogation of what a legal right to equal healthcare entails in practice and the social and structural determinants of health, the authors make the potent observation that 'the greatest part of health law is not about healthcare or patients' rights, and the questions of ethics that arise are not (limited to) healthcare ethics'.[15] This point is hammered home throughout the volume.

The next two chapters in this part engage with similar questions of definition and application of health-related ethical principles while situating them in novel contexts. Harleen Kaur Johal and Sabrina Germain's contribution, 'Health Disparities, Equity, and Pandemic Ethics' continues the previous chapter's concern with health disparities by shedding light on the impact of the COVID-19 pandemic and accompanying public health measures on vulnerable groups, particularly those who were affected by multiple axes of disadvantage.[16] It is an important and relevant chapter which provides readers with many empirical insights for thought, though (and this is an editorial rather than authorial issue) much of the discussion about formal and substantive equality has arguably been covered in the previous chapter, and the different language used in the two chapters to describe similar concepts—disparity, inequality, inequity—can prove distracting.

Finally, Joshua Parker's chapter, 'Ethics, Health(care), and Climate Change' presents a dilemma to readers: 'in striving to protect health, healthcare generates emissions and environmental waste which in turn undermine health'.[17] In understanding what the author calls the 'Red Queen problem'[18] and exploring possible solutions to it, the chapter consists mainly of an ethical analysis of healthcare providers' and recipients' moral responsibility in mitigating climate change. Parker's analysis is illuminating, although health law students and researchers reading this might wish to see deeper engagement with the law, for example in his discussion about civil disobedience by doctors. Another critical comment is that the language through which Parker's ideas are presented can be obfuscating at times. Overall, climate change is rightly included in the volume as a crucial part of healthcare law and ethics, and this chapter concludes the first part of the book aptly by prompting readers to reflect on the impact of healthcare beyond the individual or a particular jurisdiction.

II. The body of health law

Part II of the volume covers the key legal frameworks falling within the ambit of health law. It begins with a chapter on medical negligence by Zoe L. Tongue, Elizabeth Chloe Romanis, and Sabrina Germain, which provides a comprehensive and accessible overview of the applicable law.[19] Beyond what would be expected in a textbook chapter on medical negligence, importantly, the contribution also incorporates critiques of the law from race, gender, and class perspectives throughout. The chapter is well-written and well-structured, serving as a great example of how a law teaching text does not have to take the law's claims of neutrality for granted in delivering key information about the law; it can do so while including critical and diverse perspectives in the conversation.

---

[14] ibid 69.

[15] ibid 83 (original emphasis omitted).

[16] Harleen Kaur Johal and Sabrina Germain, 'Health Disparities, Equity, and Pandemic Ethics' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

[17] Joshua Parker, 'Ethics, Health(care), and Climate Change' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025) 115.

[18] ibid 118.

[19] Zoe L. Tongue, Elizabeth Chloe Romanis, Sabrina Germain, 'Medical Negligence' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

Amel Alghrani and Hannah Saad's chapter then delves into the issue of medical or gross negligence manslaughter (GNM).[20] The narrow focus of the chapter is justified by the fact that limited attention has been paid to the impact of the law on marginalised healthcare workers, specifically British, Asian, and Minority Ethnic (BAME) doctors in the UK. Though the contribution rightly brings to light an underexplored subject and offers a competent critique of the law, two issues remain. In the first half of the chapter, which sets out the current law on GNM, the language used by the authors suggests that 'criminalis[ing] inadvertent, unintentional error' is problematic in and of itself.[21] While the authors go on to explain how the circular, malleable definition of GNM in case law may lead to discriminatory outcomes through a compelling discursive analysis of *R v Prentice*,[22] the fundamental question of whether doctors should be criminalised for their fatal 'mistakes' remains unaddressed. The second half of the chapter 'explores why BAME doctors *may feel* particularly at risk' of GNM.[23] While it is clear BAME individuals face institutional racism in criminal justice and health systems, none of the empirical evidence presented pertains to such racism as it manifests or is subjectively experienced in the context of GNM. Without more specific data, readers may find the authors' claim that BAME doctors are placed at a "'particular disadvantage" in comparison to their white counterparts' in this context unconvincing.[24] Bearing in mind a major part of the problem is poor record-keeping by institutions and a lack of research on racial injustice at the intersection of criminal justice and health, the aim of the chapter may have been better achieved with a different framing of the issue.

The next chapter by Caterina Milo and Thana C. de Campos-Rudinsky deals with informed consent to treatment.[25] It is an informative chapter which provides a full summary of how the law and its conceptualisation of the doctor-patient relationship in this area have evolved over time. The discussion of key judgments including *Bolam*,[26] *Bolitho*,[27] and of course *Montgomery*[28] is lucid and engaging, with careful attention paid to the nuances and differing judicial opinions in each case. Noting that *Montgomery* is not without its drawbacks,[29] the authors go on to propose a novel approach to understanding patient care: 'ethics of love'.[30] While the framework may appear aspirational, the authors do provide practical guidance for implementing it in the context of informed consent, which allows readers to reflect on how the law should develop in the future.

Beverley Clough's chapter follows to discuss situations where consent to treatment may not be necessary, that is, where a person has been found to lack legal capacity.[31] What is distinctive about this chapter is that, rather than delving straight into an explanation of the law on (in)capacity, Clough begins by framing the relevant issues within disability studies and

---

[20] Amel Alghrani and Hannah Saad, 'Medical Manslaughter' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

[21] ibid 159. See, on the same page: 'Whilst making mistakes is human, in England and Wales anyone who causes death through gross negligence may face a charge of manslaughter, *even where injury may not have been intended*. [my emphasis]'

[22] *R v Prentice, Sullman, Adomako, Holloway* [1994] QB 302; ibid 160–61.

[23] Alghrani and Saad (n 20) 163 (my emphasis).

[24] ibid 167.

[25] Caterina Milo and Thana C. de Campos-Rudinsky, 'Consent to Treatment' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

[26] *Bolam v Friern Hospital Management Committee* [1957] 1 WLR 582.

[27] *Bolitho v City and Hackney Health Authority* [1997] 3 WLR 1151.

[28] *Montgomery v Lanarkshire Health Board* [2015] UKSC 11.

[29] Milo and De Campos-Rudinsky (n 25) 183–86.

[30] ibid 187.

[31] Beverley Clough, 'Mental Capacity and Decision-Making' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

giving readers a helpful exposition of what such a theoretical perspective entails. The English Mental Capacity Act 2005 and its mechanisms for assessing capacity and best interests are then explicated and critiqued through this lens. In this way, Clough invites readers to question the law's rationalist assumptions and treatment of disabled people as an exception to the norm. The comprehensive analysis also reflects upon the transformative UN Convention on the Rights of Persons with Disabilities and its implications for domestic legal frameworks.

Magdalena Furgalska's chapter extends the disability and human rights critique to examine the legal framework governing inpatient care for people with mental disorder (as defined in the legislation) in England and Wales under the Mental Health Act 1983.[32] The chapter stands out for drawing extensively upon the author's own empirical research and centring the lived experience of people who have received inpatient care. Furgalska's account of the law is interwoven with inpatients' reflections on their experience which belie the law's therapeutic goals. She then makes practical suggestions for rethinking and reforming the law using the capabilities approach, which would account for 'the diversity of human experience' in inpatient care.[33] The chapter, quite literally, gives space to diverse voices: extensive quotes from Furgalska's interviews are included in the text, allowing readers to 'hear' from inpatients themselves about their encounters with the law.

The final chapter in this part is on confidentiality, authored by Elizabeth Chloe Romanis, Jordan A. Parsons, and Naomi Jones.[34] The contribution begins by explaining why confidentiality matters in healthcare, especially for vulnerable individuals. It then sets out the principles governing confidentiality and data disclosure as they are found in professional guidance before examining their application in two illustrative case studies: safeguarding and abortion reporting. The chapter underscores the significance of confidentiality and harms of inappropriate data disclosure in healthcare while conveying information about the current legal and policy framework clearly through 'key text boxes' (a helpful feature of the book which also appears in other chapters).

III. Applied health law and ethics

The third and final part of the volume concerns the application of health law and ethics in multiple areas. The first three chapters relate to the overarching topic of reproduction. First, Rita D'Alton-Harrison, Philip Bremner, and Cynthia Mbugua examines the legal and ethical framework governing assisted reproduction in England and Wales.[35] They make the compelling argument that, while legislative progress has been made in terms of access to assisted reproduction technologies for same-sex couples, the very definition of such technologies as 'infertility' treatment continues to have discriminatory effects on people from Black and minority ethnic backgrounds, people seeking non-heteronormative family arrangements, and people falling outside of 'reproductive' age.

The second chapter is by Zoe L. Tongue on abortion and contraception.[36] Refreshingly, the chapter moves away from traditional philosophical concerns with the foetus' moral status

---

[32] Magdalena Furgalska, 'Mental Health: Inpatient Care' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

[33] ibid 230.

[34] Elizabeth Chloe Romanis, Jordan A. Parsons, and Naomi Jones, 'Confidentiality' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

[35] Rita D'Alton-Harrison, Philip Bremner, and Cynthia Mbugua, 'Assisted Reproduction' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

[36] Zoe L. Tongue, 'Abortion and Contraception' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

and instead sees abortion as a complex, relational question, with the discussion centred around the pregnant person. Tongue provides a clear picture of the regulation of abortion in the UK, its historical context, and regional differences which lead to disparities in access to abortion. The discussion which follows about the key issues of decriminalisation, the 'disability ground' in abortion, and reproductive justice is nuanced and highly accessible.

Next, Elizabeth Chloe Romanis and Zaina Mahmood's chapter discusses pregnancy and birth. While legal and ethical issues which arise in pregnancy and birth are usually discussed under the headings of negligence and capacity, this chapter brings them together to highlight 'institutional racist and gendered assumptions about pregnant/birthing people' which lead to serious harm.[37] Pregnancy and birth is rightly acknowledged in this chapter as an area of law and medical practice where violence against the pregnant or birthing person is pervasive and often accepted based on paternalistic views about what is best for them or for the foetus.

Moving on from the reproductive context, Rebecca Limb's chapter looks at the issue of medical treatment for children who are capable of giving consent.[38] This issue is, again, typically subsumed under discussions about capacity, but its special treatment here is justified by the fact that capable children's 'fluctuating status between childhood and adulthood' in law presents unique legal and ethical difficulties for medical practitioners and judges.[39] Interestingly, Limb uses a fictional case from a novel (Ian McEwan's *The Children Act*) to explicate the legal and ethical issues involved, interspersing statutory and case law with events and dialogue from the novel which give a realistic glimpse into what considerations children and adult decision-makers may have in this context. This makes for an engaging read and allows the 'human' elements in legal decision-making to come through.

The following chapter by Aileen Editha discusses deceased organ donation in England.[40] After setting out the legal framework for the relatively new opt-out system, Editha highlights the issue of organ scarcity for ethnic minorities. The chapter is able to unravel the complex causes behind disparity in organ donation outcomes for ethnic minorities, including cultural and religious objections to organ donation and inadequate research on histocompatibility, with nuance and clarity. Editha makes the cogent point that legal reforms must go hand-in-hand with policy changes which are localised and tailored to different communities to achieve better outcomes for all.

Zareen Bheekhun and Silvia Camporesi's next chapter turns its focus to clinical research ethics, which has remained largely in the shadows in previous chapters.[41] The authors first give a critical overview of the troubling history of clinical research, which challenges the assumption that professional self-regulation is sufficient for preventing abuse. They then discuss key themes such as the tension between protecting vulnerable groups from exploitation and the need to include them in research—indeed, a lack of research involving individuals from marginalised communities has been cited in other chapters as a cause for health disparities. This is an informative chapter which will help law students and researchers situate the legal

---

[37] Elizabeth Chloe Romanis and Zaina Mahmoud, 'Pregnancy and Birth' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

[38] Rebecca Limb, 'Capable Children's Medical Treatment' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

[39] ibid 323.

[40] Aileen Editha, 'Organ Donation: Deceased Donation' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

[41] Zareen Bheekun and Silvia Camporesi, 'Clinical Research Ethics' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

and ethical issues discussed in the book within the broader context of knowledge production in clinical science.

As is common across health law textbooks, the volume ends with a chapter on death and dying, authored by Dunja Begović, Yakubu Salifu, and Sheila Payne.[42] Unlike most texts on the topic, however, the contribution explicitly goes beyond types of 'intervention into the dying process'[43]—most notably euthanasia and assisted dying—to draw attention to 'natural' or 'ordinary' deaths, and issues arising in the context of palliative care. Having provided a summary of the law and the ethical debates surrounding assisted death and withdrawal of life-sustaining treatment, the authors turn to consider the significance and practice of palliative care globally. In particular, they highlight disparities in access to such care across the world; the issues of justice, fairness, and equity remain significant at the end of life. This is a thoughtful contribution to draw the volume to a close.

IV. Conclusion

In conclusion, *Diverse Voices in Health Law and Ethics* provides law researchers, teachers, and students with the core content expected in a health law and ethics textbook and more. The overarching critical framework which focuses on substantive inequalities and disparities in the law and practice of healthcare is effective not only in highlighting traditionally overlooked legal and ethical issues but also in prompting readers to think differently about the curriculum as a whole. As a textbook, most of its content is delivered in an accessible and engaging manner, and the summaries and questions for reflection accompanying each chapter are generally helpful. The only weakness of the book might be that, due to the different analytical approaches and language adopted, the chapters can seem inconsistent in style and structure at times, though the expertise provided by its many contributors—from empirical legal researchers to healthcare practitioners—is also clearly its strength.

For medical law teachers who wish to do more than simply add an article or two to their reading lists for the sake of diversity, who seek to more fundamentally 'inclusify' their teaching,[44] this book offers an excellent starting point. The critical reflexivity exhibited throughout the volume, moreover, should encourage future researchers and authors to reflect openly upon the question of whose perspectives they are privileging, and leaving out, in their writing about health law and ethics.

---

[42] Dunja Begović, Yakubu Salifu, and Sheila Payne, 'Death and Dying' in Elizabeth Chloe Romanis, Sabrina Germain, and Jonathan Herring (eds), *Diverse Voices in Health Law and Ethics* (Bristol University Press 2025).

[43] ibid 386.

[44] Romanis, Germain, and Herring (n 2) 2.