

# Measures to Address the Stalled Development of Health Law Education in Chinese Universities

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## Research Article

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# **Abstract**

## **Background**

Health law education, an important part of global health education, is beneficial for both medical schools and law schools. This field can help lawyers and policy makers to develop their careers and equip traditional health professionals, such as doctors and nurses, with a basic knowledge of health law. However, unlike in American and European universities, health law education in China is still at its infant stage and, as such, lacks a systematic pedagogical approach among institutions of higher education in China.

## **Main Body**

Considering the advancements in the field of health law education, this study systematically reviews the status of health law education in institutions of higher learning in China and suggests ways to make the pedagogical approach more consistent. This systematic review revealed that, between 2012 and 2021, major law schools and medical schools that have developed the subject of health law education in China lack consensus on the aim, scope, mode, and methods of health law education. The first problem is that Chinese universities are unable to agree on how to classify the subject of health law. Another set of problems relate to institutions themselves. Not only do universities not have enough qualified health faculty, but they also rely on outdated curricula and uninspiring teaching materials. This leads to ineffective, generic pedagogical approaches in medical schools and law schools. These problems leave future lawyers, future doctors and nurses unclear about their choices for health law study at the graduate level and their ultimate career development.

## **Short Conclusion**

We therefore propose four preliminary solutions to continue to develop this new interdisciplinary subject—health law education—in Chinese universities: clearly classify the subject of health law, equip the health law field with more professional textbooks, enact joint degree programs between medical schools and law schools; and establish a health law research center in either law schools or medical schools.

## **Background**

The ongoing worldwide pandemic of the coronavirus disease 2019 (COVID-19) highlights the significance of the field of health law education. This field has the potential to directly influence the future of health professionals and the future of a national health system throughout the world. In November 2021, the Academic Degrees Committee of the State Council issued Interdisciplinary Setting and Management Measures (Trial).<sup>7</sup> In December 2021, President Xi Jinping proposed that the Chinese higher education industry should accelerate the development of interdisciplinary disciplines that have important practical significance at the 23<sup>rd</sup> meeting of the Central Government Reform Committee.<sup>2</sup> Since then, interdisciplinary disciplines have been formally incorporated into the national education curriculum, and

institutions are now required to provide additional information, ranging from the number of degrees awarded to students to the evaluation of academic achievements for faculty members.

Health law, a priority under the Healthy China 2030 Plan<sup>3</sup> and the 14<sup>th</sup> Five-Year Plan,<sup>4</sup> has been identified as one of the new interdisciplinary subjects of global health education in China. Health law is a field of law with binding rules that govern the rights and responsibilities of a country's government, health workers, companies, civil society, and population.<sup>5</sup> Together these rules make up the legal framework—or legal architecture—for health. The scope of health law, though, is quite broad. These rules can be used to create a formal commitment to fulfill the goal of universal health coverage, to solve a dispute between a hospital and patients, to regulate the safety of food and drugs, and to guide the work of health ministries, pharmaceutical companies, and civil society using mandates and policies. However, the development of health law and health law education in China is only at the initial stage. China does not currently have a systematic education plan for health law in Chinese universities, and, therefore, health law education has several issues.

Considering the large number of universities in China, it is not feasible to analyze the status of health law education in all the Chinese universities. We focused instead on representative law schools and medical schools that have developed health law education for more than three years. To ensure the objectivity and generalizability of the research, we searched on the official websites of these universities to find all the relevant information about health law education. In addition, we used the name of the institutions and relevant keywords, such as “health,” “healthcare,” “medical,” and “law,” in the search engine to ensure the integrity of the study.

In this article, we identify problems in health law education and make suggestions about the following issues: the subject is not reliably classified, the curricula are outdated, the pedagogical materials are uninteresting, the faculty members lack sufficient qualifications, and the education is not tailored to the student population.

## The Problems With Health Law Education

### 1. Health Law is not Reliably Classified

Chinese universities have long debated how to classify the subject of health law. From our analysis, the responses to this debate can be roughly divided into three categories. The first category is that, as a brand-new interdisciplinary subject in China, health law should be classified as an independent discipline. Tsinghua University<sup>6</sup> and Central South University<sup>7</sup> are two representative institutions that support this argument. The second category is that health law should be made a branch of administrative law. This viewpoint takes into consideration that, at present, health law in China mainly includes food and drug law, prevention and surveillance systems of infectious diseases, and the national and local healthcare system. For instance, East China University of Political Science and Law puts its Health Law Research Center under the supervision of the Department of Administrative Law.<sup>8</sup> The third category is that health

law should be included in civil law. This argument is based on the argument that most medical malpractice cases fall under tort law, which is a sub-category of civil law. For example, Southwest University of Political Science and Law has classified health law as a subtopic of civil law.<sup>9</sup> It is clear that universities have no unified way of classifying the subject of health law. This unclear classification of health law not only creates disorder in the evaluation mechanism used to assess academic achievement, but it also allows faculty members to treat health law as a “fringe” subject that is not a central part of a law school education and, therefore, give it little attention.

## **2. Health Law Has an Outdated Curricula and Unengaging Teaching Materials**

Most Chinese universities that launch a health law curriculum pay much more attention to theoretical study than practical courses. This focus on theoretical study is problematic. Most health-related laws in China, a civil law country, are statutory, and Chinese students find these theoretical courses to be unengaging. On the other hand, health law education in the U.S. or Europe often offers stimulating practicum courses as a crucial part of its health law curriculum. For example, Georgetown University Law Center has a well-known health law major in western countries, and it offers courses like “Reproductive Health and International Human Rights Law” (a Project-Based Practicum)<sup>10</sup> and “Regulating Alcohol, Tobacco & Food in International and Comparative Law” (a Project-Based Practicum).<sup>10</sup> The advantages of such practicum courses are that students have an opportunity to participate in actual work with external partners of the university (e.g., civil society organizations, pharmaceutical industries, and health departments from different governments), and the students can transfer what they learn from “paper” into “practice.” This curriculum tends to engage students as they can do health-related internships beside their classroom learning. This hands-on experience is especially beneficial for this student population because health law, a new interdisciplinary area with a very practical focus, requires students to accumulate enough experience to understand it.

In addition to the outdated pedagogical approach to the health law curriculum, the teaching materials for health law study in China are ineffective. Students seldom can learn about concrete cases in the health area, and what they face in their daily study is dull statutes that detail the health-related laws in China. The lack of effective teaching materials in health law further makes the existing few teaching materials unengaging to students.

## **3. Health Law Has a Shortage of Qualified Faculty Members**

The lack of qualified faculty members has hindered the development of health law education in China. Since health law is a relatively new subject in China, most current faculty members teaching this subject have a very limited background in the topic. The current health law faculty members in China have typically majored in other areas for their doctoral studies; they are either law professors specializing in administrative or civil law or medical school professors specializing in public health. An issue with the approach of these non-specialists is that they tend to choose a very specific area that fits their academic interests, and the students just learn the “tip of the iceberg” about health law. In contrast, faculty

members that teach health law at American universities often have a more focused educational background with health law as their one and only academic focus. Professors with a high level of expertise tend to teach health law in a systematic and comprehensive way like other legal disciplines.

#### **4. The Approach to Health Law Programs in Medical Schools and Law Schools Is Ineffective**

Since health law is an interdisciplinary subject, both law schools and medical schools—especially public health departments and health humanities departments—have developed health law education in China. While this educational approach appears to be a promising way to promote health law in academia, it ultimately creates bad outcomes.

Various medical schools, such as Southwest Medical University,<sup>11</sup> Dalian Medical University,<sup>12</sup> China Medical University,<sup>13</sup> and the People's Liberation Army Naval Medical University,<sup>14</sup> have set up and conferred law degrees to full-time health law majors at the undergraduate level. While other medical universities do not enroll students majoring in health law, most of them offer related courses in health law for medical school students. The authors argue that it is problematic to offer a health law major for undergraduate level study because health law, as an interdisciplinary subject, requires expertise in two areas—law and health. This educational model has the potential to deprive students of a solid foundation in law or health, which would be a major challenge when pursuing their career path.

In law schools, health law majors are mainly offered at the postgraduate level. For example, Peking University,<sup>15</sup> Tsinghua University,<sup>6</sup> China University of Political Science and Law,<sup>16</sup> East China University of Political Science and Law,<sup>8</sup> Southwest University of Political Science and Law,<sup>9</sup> and Jilin University<sup>17</sup> have all set up health law majors at the graduate level. This approach to designing health law programs is more reasonable than creating a health law major at the undergraduate level. In fact, most American and European countries also have a postgraduate set up. However, the problem with Chinese law school is that students study law at the undergraduate level and know very little about the health or medical field. These students tend to feel at sea due to the lack of practicum courses and health law faculty members, and they often fail to understand what they are learning or have a clear idea about what they should do after graduation.

This model for health law programs, in which students major in health law at the undergraduate level in medical schools or law schools, creates a bad outcome. Students risk having an incomplete command of their health major and becoming unqualified in both their legal career and their health career. In the end, students that pursue this model are not competitive with law students who specialized in other legal areas for judgeships or students from medical school for jobs in pharmaceutical companies.

### **Measures for Addressing the Problems with Health Law Education in China**

The first measure we suggest is to classify health law as an independent subject rather than a lesser sub-subject of an existing legal department. Recently, scholars from the Peking University Health Science Center, the Chinese Academy of Medical Sciences and Peking Union Medical College Hospital have actively called for making “health humanities” first-level discipline under the larger category of “interdisciplinary.” When this proposal is approved, health law would have a much better chance to develop as an independent second-level discipline under the “health humanities.” Since, in China, civil law is a second-level discipline of law, in this sense, health law would be at the same “discipline subject” level as civil law and other traditional legal disciplines.

For the second measure, since health law education is at an early stage in China, we suggest that Chinese scholars translate more health law related books from developed countries like the U.S., which have numerous, high-quality health law textbooks to choose from. We also recommend that Chinese universities develop practicum courses for health law study to give students a better idea of what this new interdisciplinary subject is and why it is important to study it.

Our third suggested measure would ensure that health law programs have enough qualified faculty members by creating joint degree programs between law schools and medical schools either within the same university or between different universities. A good model for Chinese universities is the joint Juris Doctor (J.D.)<sup>18</sup>/Master of Public Health (M.P.H.) degree program offered by Georgetown University Law Center and Johns Hopkins Bloomberg School of Public Health.<sup>19</sup> This joint degree program, described below, allows students to gain expertise in both health and law. First, a J.D./M.P.H. student spends his or her first year at the Law Center, learning the standard curriculum as a full-time J.D. student. Then, the student completes the M.P.H. degree at the Johns Hopkins Bloomberg School of Public Health.<sup>20</sup> Finally, the student completes the last two years of the J.D. curriculum at the Law Center.<sup>19</sup> Under this kind of joint educational model, students not only can systematically study both law and public health, but they can also take full advantage of the resources that the two universities offer. Georgetown University Law Center has accomplished law faculty members and Johns Hopkins has a highly skilled cadre of medical faculty members. Given the benefits of the joint degree program, we suggest law schools and medical schools in China cooperate either within the same universities or between different universities to help train future qualified faculty members.

Our fourth suggested measure, which tailors the education program to the student needs, is for Chinese universities to establish a health law research center in either the law school or the medical school setting. One successful example is the O’Neil Institute for National and Global Health Law at Georgetown University Law Center.<sup>21</sup> The biggest strength of such an institute is it can serve as a central hub that coordinates and designs a well-tailored educational program for students both from law schools and medical schools. The joint degree program between Georgetown University Law Center and Johns Hopkins University was initiated by the O’Neil Institute. In addition, the O’Neil Institute has a jointly developed master’s program with the World Health Organization (WHO).<sup>21</sup> Under this program, students spend one semester at Georgetown University Law Center to gain theoretical knowledge and then a

semester at the WHO to gain practical experience. This kind of educational model helps students to broaden their horizons while transferring what they learn from textbooks into practice.

China has started to develop these kinds of research centers, but these efforts are at a nascent stage. The Law School of Central South University has played a leading role. The Law School of Central South University and Xiangya Hospital of Central South University jointly established the Health Law Research Center in 2012,<sup>7</sup> and opened a Wechat Public account called “Frontiers of Health Law”<sup>7</sup> to provide the latest academic news in the field of health law. The establishment of such a health research center is a good start for a well-tailored health education program, but, compared with health law centers in western countries, more efforts are needed to build these kinds of lasting and effective partnerships.

## **Conclusion: The Way Forward For Health Law Education In China’s Universities**

In a nutshell, health law is a new interdisciplinary subject that is integral to global health education. Developing health law education in China’s universities is a major priority during the COVID-19 pandemic and in a post-pandemic world. Our study analyzed the four biggest challenges for health law education in China and put forward four corresponding suggestions. Attaching more significance to the current health education system and making structural reforms can help health law education in China prepare health policymakers to fully address health issues, train doctors and nurses to completely value humanistic health care, and help China truly realize the right to health for every citizen under Universal Health Coverage.

## **Abbreviations**

COVID-19: Coronavirus disease 2019; WHO: World Health Organization.

## **Declarations**

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### **Authors’ contributions**

JX was the major contributor in writing the manuscript. YW analyzed the dilemma of health law education in China and proposed the suggestions on it. Both authors read and approved the final manuscript.

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Not applicable.

## **Declaration of Conflicting Interests**

The authors declare that there is no conflict of interest.

## **Consent for publication**

Not Applicable.

## **Competing interests**

The authors declare that they have no competing interests.

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