

EDITOR'S NOTE

*Michael Le Huynh**

The *MJLH*'s choice to move to two issues per year reflects the rapid developments in the field of health law. It was a natural response to the increasing demand of authors to have their novel research disseminated as quickly as possible, online and in print. As such, the *MJLH* team is pleased to present its inaugural second issue. Our ability to print biannually and maintain an efficient publishing cycle is thanks to the continuing support of the McGill Faculty of Law, its students, student organizations, and alumni.

This issue begins with a piece whose theme resonates perfectly with the objectives of the *MJLH*. It addresses the complex interplay between law and health. Specifically, it focuses on the nexus of intellectual property and public health, as well as the unique perspective necessary for achieving policy coherence with such inter-sectoral issues. Tania Bubela, E. Richard Gold, and Jean-Frédéric Morin provide three example policy areas at the border of intellectual property and health, and then describe the attempts of various governments to craft coherent policies at the domestic and international levels. The authors analyze the successes and failures, and conclude by proposing guidelines for achieving actual policy coherence.

L'article qui suit traite de la prohibition de la gestation pour autrui au Québec, un sujet toujours controversé. Marie-France Bureau et Édith Guilhermont apportent une critique comparative qui examine les fondements de la prohibition au Québec et en France. Étayée d'une analyse du discours bioéthique dominant et des études scientifiques portant sur les personnes impliquées dans la gestation pour autrui, leur critique conclut que les motivations pour interdire cette pratique en occident relèvent du désir de maintenir une certaine représentation de la maternité.

The third article challenges the civil immunity provisions for physicians employed by the government. Andrew Martin conducts a formidable legislative and case law review to reveal these lacunae in professional responsibility. He argues that Ontario's statutory good-faith immunity provisions, widely applied for most public actors but rarely disputed by legislators, are inappropriate in the context of providing medical services. Instead, he proposes the repeal of these immunity provisions. His alternative legal framework subjects all physicians to tort liability, yet leaves room for consideration of the unique demands of government physicians fulfilling broader policy functions.

I would like to thank my executive board and the entire Volume 4 *MJLH* team for their efforts throughout this academic year. Furthermore, I must commend the incoming Volume 5 team, in particular David Parry, Michael Shortt, and Chad Bass-Meldrum, for their support and willingness to make the *MJLH* a biannual publication. Their exceptional diligence and leadership over the last six months not only provided for the timely release of this second issue but also secured the success of subsequent issues. Their continued dedication undoubtedly lays the groundwork for the Journal's future growth and standing in the health law community.

À votre santé!

* Editor-in-Chief, McGill Journal of Law and Health, Vol. 4.