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Interactive Index

Message From The Guest Editor	1
Psychological Care and Counseling for the Victims of the East Japan Great Earthquake	2
Radiation from Atomic Bombs and Nuclear Accidents	3
The Earthquake Disaster is Trying Us: Thinking About the Disaster, Within the Disaster	5
Presidential Message for March Newsletter	7
Secretary General's Report	8
WCML Brazil Update	9
Future Meetings	10

Message from the Guest Editor



Mitsuyasu Kuros

I give classes and conduct research related to bioethics and medical ethics in the Faculty of Medicine. This discipline includes legal and ethical topics and I explain the relationship between law and ethics to medical and nursing students as follows: "Law must not become a cloak for ethics." "An attitude that implies 'simply obeying the law is enough' is not ethical." "If there are bad laws and rules, we must have the courage to change them."

An article about the current educational plan on medical ethics and law in Japanese medical schools has been published previously in this newsletter (2010, vol.2, issue 1). If you are interested in learning more about this topic, please read that article. The topic of this

special feature is clinical ethics education, an area where we lag behind. The question is how to organize ethics consultations for doctors and other medical care staff who are battling ethical issues in clinical practice into healthcare facility systems.

In this issue of the newsletter is a special feature, I discuss the Great East Japan Earthquake that struck in March 2011. Distinguishing features of this earthquake disaster were the resulting tsunami and nuclear power plant accident, and in particular, the previously unreported hydrogen explosions of the nuclear power plant accident. This accident created an area of Japan that will be uninhabitable for many decades and scattered radioactive particles across the world.

The first article is about medical care for earthquake and tsunami victims with a focus on psychological care. This article describes examples of healthcare given to disaster victims by the university hospital as an institution that supports regional healthcare. It discusses the importance of regional healthcare activities that

involve collaboration with other institutions, such as child consultation centers. After the Great Hanshin Earthquake that occurred 17 years ago, temporary housing was assigned to victims in a manner that did not take into account their associations as community residents. As a result, problems arose in which victims did not interact sufficiently with people in the new community and slowly died off. Upon reflection of this mistake, community associations were given high priority after the most recent major earthquake. The second article is a discussion about radiation damage from the nuclear power plant accident, with a focus on internal exposure from low level radiation. A physicist who was exposed to radiation in Hiroshima has offered an argument based on scientific data. He calls for abolishing of nuclear weapons and nuclear power. A major lesson, learned from the recent nuclear power plant accident, was the critical importance of information disclosure. Without such disclosure, people cannot determine how to act appropriately,

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The articles presented in this newsletter express the views of the authors and do not necessarily reflect the attitudes or opinions of the WAML

based on knowing the facts. After the accident occurred, the Japanese government initially continued to state that the “the area is safe and there is no immediate harm” in order to prevent panic. They did not provide the public with accurate information, which resulted in residents being evacuated to highly radioactive areas.

The final article in this issue of the newsletter is written by philosophers, who discuss the earthquake through practice of psychological care for victims. Is it ethical for medical personnel to leave behind patients who cannot move on their own to escape from a tsunami? If they do not escape, the caregivers themselves, who may be a parent or spouse, will also die. Then again, even if they survive, they may feel tormented, wondering whether their decision was correct or whether they should have died together with their patients. This would be an agonizing decision. Psychological care for such victims is very important, both for staff and fellow patients.

“Tsunami tendeko” is an old saying in the Sanriku coast of the Tohoku region that has been repeatedly hit by tsunamis since long ago. It means that if you want to survive a tsunami, you must first save yourself. Everyone should run for themselves and escape. Do not stop even for family, only consider your own life and run away. An elementary school student told a

story over the radio of how he returned to his home to save his grandmother, and instead of her being happy, as he had expected, she scolded him, saying “why did you come back? Get out of here!” His grandmother died, but her kindness reached him.

She let a child with a future ahead go on living, allowing herself, who had already grown old, to die. It is the inheritance of the “tsunami tendeko” that produced the saying, as a wisdom of living that has enabled the local community to continue surviving through a long history of battles with tsunamis.

From this, we truly gain the sense that our being alive today is thanks to all the people who gave the ultimate sacrifice.

Mitsuyasu Kurosu
Tokyo Medical University

Psychological Care and Counseling for the Victims of the East Japan Great Earthquake



Kotaro Otsuka

The East Japan Great Earthquake with a magnitude of 9.0 struck on March 11, 2011 at 14:46:18. Following the earthquake, a huge tidal wave (Tsunami)

caused major destruction of property and there were deaths and missing people in wide areas of Iwate, Miyagi and Fukushima Prefectures. According to the National Police Agency, there were a total of 17,347 structural losses and 15,578 deaths.

The villages and towns of the Iwate Prefecture coastline were totally devastated. Many town officials and administrators died. Many family members looking for a possible survivor came to the beach crying and calling the name of the family member who were swept out to sea.

In the beginning of the incident, there were many patients who could not visit doctors and could not obtain medications. It was important to secure pharmaceutical supplies. Hospitals and healthcare facilities had difficulties providing meals to inpatients and in obtaining enough fuel for generators. Those physicians who commuted to coastline healthcare facilities to attend the affected area, were unable to participate in work, causing healthcare facilities to have difficulty maintaining sufficient manpower.

Some evacuation centers had no designated clean and soiled areas because of a lack of public health supervision. In some centers, nurses or volunteer retired nurses establish the clean and soiled areas and did their best to maintain standards of hygiene. According to the psychiatric nursing staff, after one

week, immediate medical and surgical needs gradually declined. Some evacuees who had previous diseases, including mental illness, could not obtain treatment.

Elderly people had difficulty adjusting to the evacuee lifestyle. Due to stress, some of the elderly became confused and had delusional disorders. Family members of evacuees had to stay home to care for the elderly, causing those relatives to become exhausted. There were also many problems of lost prescriptions and medications as a result of the tsunami; medical teams were unable to determine what previous medications these survivors had been taking. At the center, even care staff showed accumulated fatigue with sleeplessness and signs of anxiety.

Psychological care
The staff of the Department of Psychiatry, from Iwate Medical University, aided the Iwate Prefecture disaster Medical Support Network. Within the disaster medical service, university staff provided information on the optimal care. After March 15 and March 22, 2011, the team of mental health staff from the university began to provide disaster medical service within the towns of the Iwata Prefectural coastlines.

At the affected site, we prioritized our care for evacuees who showed recurrent mental disorders, regularly visited patients with expired prescriptions, attended patients who developed

confusion and illusions, unbalanced patients with acute stress disorders or sleeplessness.

We sent multidisciplinary mental health teams to affected areas. Initially, we concentrated our efforts on visits to the Rescue Center to care for high risk patients, visits to their homes, support surviving family members and provide counseling to rescue personnel, who were involved in rescue and evacuation.

In the beginning of April, the plan was to provide middle-range and long-range care. Concurrently, we opened a mental health consultation center in Noda Village.

Some people had double loan problems, adding to the financial crisis, so the team coordinated and interceded with local attorneys and support organizations.

At first, as the temporary housing was opened, living in the crowded rescue center shifted to individual living; thus the living conditions changed, resulting in the need to prepare to shift services to consultations.

Secondly, we introduced the regional mental health social service to evacuees and recognised the importance for local residents to increase the morale of the evacuees and to raise community spirit for local residents and the community. Emphasis was placed on providing mental health support to the leaders of the local residents and res-

cue personnel and their employees through an educational approach.

Thirdly, it was accepted that there was a specific need to adjust to the local need(s). When the place already had temporary individual housing, the focus shifted to communication between community members and evacuees, and the need to establish assembly salon activities. This created a place to talk with each other, linking regional residents, and a priority of education of the regional administrators and leaders.

A part of a comprehensive health promotion, was the establishment of the comprehensive support center, including a dietician and child guidance office, in collaboration with local health activities.

In Kuji-region, a team of staff, specialized in suicide prevention were assigned to disaster assistance.

Evacuees were encouraged to maximise their best to adjust to living in the affected areas. They hoped to continue to live there but they encountered difficulty. They replaced things lost, due to the earthquake and tsunami, but many barrier persisted.

Many evacuees were engaged in fishing and agriculture as their primary occupation, and these residents had a strong connection to the community. Many said, "I was born in a sea coast and worked for many decades and want to die in the sea coast"

Local resident and evacuee now live together in the community, as a result they gradually blend into the life of local residents.

A sign of recovery:

"The tsunami destroyed my 10,000 boxes of young shellfish. Only 24 boxes were left". As a fisherman was telling me, "prior to the earthquake and tsunami, we ate large nine-year-old Hotate shellfish and the family enjoyed them". The fisherman with a smiling face, said to me that he is now able to look forward to the challenge of raising larger, 10 year old Hotate shellfish. Our road to recovery is a long journey, I realized.

Kotaro Otsuka
Iwate Medical University

Radiation from Atomic Bombs and Nuclear Accidents



Shoji Sawada

1. Introduction

Radiation exposure from the Tokyo Electric Power Company Fukushima No. 1 nuclear power plant accident has many points in common with the exposure from fallout from the nuclear clouds created by the atomic bombing of Hiroshima and Naga-

saki. Exposure from fallout has been ignored in epidemiological studies conducted by the Atomic Bomb Casualty Commission (ABCC), founded under the U.S. Government's nuclear policy in 1947, and the succeeding Radiation Effects Research Foundation (RERF), founded in 1975 that surveyed bomb survivors. RERF's epidemiological research is highly respected and the International Commission on Radiological Protection (ICRP) depended on research conducted by RERF to formulate their criteria for radiological protection. Atomic bomb survivors felt their impairments were caused by radiation and applied for atomic bomb disease certification from the Japanese government but were told that their "impairment was not the result of radiation" and their applications were rejected. During my career, I conducted theoretical research on particle physics and around the time I retired, in 1995, a trial was taking place to demand the withdrawal of those rejections as being unjust. I then began conducting research on the effects of exposure to atomic bomb radiation. I submitted a written opinion to the court, pointing out the error in using only the estimated initial radiation dose for distant exposure, and I testified in court. Despite seven successive wins in the district court, high court, and the Supreme Court,

in 2001 the government introduced new certification criteria that were even stricter, continuing the mass rejection of certification applications. I realized then that at the farther distances, the main effects are caused by exposure to fallout. I believed that the only way to show this was through the incidence rate of acute symptoms caused by radiation in atomic bomb survivors. I began conducting research to explore the effects of radiation from fallout, using the relationship between the incidence rate of acute symptoms and exposed dosage.

The government's revised atomic bomb disease certification criteria were criticized as being irrational and the Japan Confederation of A- and H-Bomb Sufferers Organization called for a collective lawsuit for atomic bomb disease certification that began in 2003. In addition to joining a research team that aimed to prove the errors of the atomic bomb disease certification criteria of the government, in the collective lawsuit, I also began conducting research on exposure to residual radiation including that from fallout. My research, showed that exposure from fallout is mostly from internal exposure and that this is far more serious than previously was claimed.

2. Effects of radiation on the human body

Impairments caused by radiation exposure can be

broadly divided into acute radiation sickness and late-onset impairments, depending on the period of onset. Typical acute radiation sickness, in the form of hair loss and other symptoms, is caused by external exposure of the body to radiation. This generally appears within, or soon after, 1 to 2 weeks from the time of exposure. In the case of internal exposure, the person is continuously exposed to radiation, emitted by ingested radioactive matter, and symptoms generally appear later. Cancers and other late-onset impairments appear from a few years to up to 10 years, or longer, after exposure.

The difference between characteristics caused by the effects of external and internal exposures becomes clear by comparing the incidence rates of acute symptoms, such as hair loss (depilation) and purpura, and the incidence rate of diarrhea for Hiroshima atomic bomb survivors who were various distances from the hypocenter. The incidence rate of diarrhea is relatively small compared to the incidence rates of hair loss and purpura in regions within 1 km of the hypocenter. In contrast, the incidence rate of diarrhea is several times higher than that of hair loss and purpura in more distant regions. Closer to the epicenter, exposure is mainly in the form of instantaneous external exposure to initial radiation from gamma

rays and neutrons. In external exposure, gamma rays, with strong penetrative force, reach the intestinal wall and cause impairment of these cells, leading to diarrhea. Gamma rays that reach the wall exhibit a sparse ionization and pass through the intestinal wall, so diarrhea will not develop unless the dose of gamma rays is higher than the dose causing hair loss and purpura. Conversely, people in more distant regions mainly suffer internal exposure from taking up fine radioactive particles from fallout into the body. When beta rays, emitted by these fine radioactive particles and inspired or swallowed, reach the intestinal wall, they exhibit a strong ionization, damaging the intestinal wall and causing diarrhea. Even though the mechanisms of impairment by internal exposure are different from those of external exposure, these characteristics have been completely ignored by the ICRP.

3. Low dose exposure and late-onset impairment

The exposed doses from the Fukushima nuclear accident have not caused typical acute symptoms, thus far. Support should focus on possible late-onset impairment. There is no certainty that exposure will result in malignant neoplasms, hypothyroidism or other late-onset impairments. As the exposed dose increases, the incidence rate grows pro-

portionately. This type of impairment is called a probabilistic. It is impossible to reach a definite conclusion about how far this proportional relationship stands within low dose scenarios. Recent studies have reported that, among over 80,000 recipients of low dose x-ray treatment of between 10 and 40 mSv, the incidence rate of cancer rises proportionately with exposure dose. It is scientifically incorrect to state positively that there are absolutely no problems with exposure of 100 mSv or less and to deny the possibility of late-onset impairment appearing in highly radiosensitive children. Once late-onset impairment appears, exposed dose does not determine the severity. It is important to maintain constant health care and early detection of disease for people who were exposed to radiation by the Fukushima power plant accident.

4. Conclusion

The ICRP radiological protection criteria disregard internal exposure. Rather than focusing on studies connected to previous government nuclear policy, it is all the more essential that we study the impact of exposure in atomic bomb survivors and victims of the nuclear meltdown at Chernobyl, based on scientific evidence. In addition to the incompleteness of nuclear power technology for preventing further degradation of the exposed environment,

the risks of using nuclear power are especially high in Japan, a particularly earthquake prone country with a densely packed population.

As a 13 year old junior high school student, I was 1.4 km from ground zero when the atomic bomb was dropped on Hiroshima. When I came to my senses, I found myself trapped under my house that had been crushed by the shock wave and the blast. I was able to crawl out but I could not find my mother who had been in the same room. We conversed for some hours and I learned that my mother's legs were trapped between beams or pillars and she could not move. I called out in vain for help and when the firestorms started, my mother ordered me to escape and grow up to become a good person, so I left. As a response to my mother's last words, I feel the need to both abolish nuclear weapons and shift energy policies towards the potential use of natural energy with the aim of terminating nuclear power. I hope to discover scientific evidence showing the true facts about the impact of radiation and help establish a world, as quickly as possible, in which the suffering of radiation exposure will never be repeated.

Shoji Sawada

The Earthquake Disaster is Trying Us: Thinking About the Disaster, Within the Disaster



Takahiro Nishimura

"I'm devastated and stunned." These are the words of writer Yo Hemmi from the disaster-struck town of Ishinomaki in Miyagi prefecture, as broadcast in a NHK television show, as he tries to come to terms with the unprecedented damage caused by the Great East Japan Earthquake of March 11, 2011.

With the enormity of the earthquake disaster facing us, indeed we cannot help but be devastated and stunned. As Hemmi continues, nothing else exists but "the loneliness of everyone's lack of words to express the dimension of destruction and its dynamism; the loneliness and futility of having no other means than expressing it through numbers... What the victims are eagerly waiting for, be it water, food or heating, it feels as if, at the same time, they are longing for words that reach deep inside. The superficial 'hang in there', 'reconstruction', 'unity' or similar phrases and slogans are simply not enough. What I as some-

one left behind can do is to think deeply about this event, imagine it, and then put it into words."

In an experiment of thinking about this disaster, of reconsidering it with words, I called out to friends shortly after the main earthquake on March 11 and opened an earthquake-related philosophy café, Café Philo de Sendai. In addition, the Sendai mediatheque in Sendai city, also in the area struck by the disaster, contributed to this experiment.

The philosophy café is an experiment to promote conversation between the participants—to create a philosophical dialogue based on equal and comfortable human relationships by temporarily abolishing society's usual role-based relationships such as teacher and student, superior and subordinate. Every time we meet, we decide a topic (e.g. "Is it possible to say my body really belongs to me?") and then raise controversial questions about it. Even though we call it philosophical, no special philosophical knowledge is necessary to join in. To avoid arbitrary idle talk, a facilitator helps the participants to achieve a deeper dialogue based on a polite 'talk-and-listen' style of discussion. This kind of project is thought to have originated in the 1990s with the establishment of Café des Phares, on the Place de la Bastille in Paris, by the French philosopher Marc

Saute. The philosophy café can also be called one form of the many activities of 'philosophy in practice' that have spread across Europe and America. 'Philosophy in practice' is not the monopoly of only specialists and researchers. Rather, it is an exercise in exploring the nature of philosophy by practicing it openly in public. Its common feature could be thought of as not starting from the words in philosophical texts or existing knowledge, but starting a philosophical conversation from problems that participants in the conversation come up with when thinking about daily life and society. The philosophical counseling that Marc Saute tried to start is said to have derived from the work of philosopher Gerd Achenbach in 1981 in Germany.

"Philosophy is utterly useless in the face of such unprecedented disaster damage! There's no way victims who have lost people or their houses to the tsunami will be saved by philosophy. Such an activity is meaningless, so stop it right now!" That's how some of the victims criticized us when we tried to open the disaster-themed philosophy café. Once started however, many citizens participated in it: conversations drew more than 80 participants each time.

The main active members who organize the philosophy café include an official from Sendai city, a nurse

who, since right after the disaster, has continued to commute and volunteer in Ishinomaki town, a high school teacher from Fukushima whose high school became an evacuation shelter due to radioactive contamination and who has been involved ever since, a university student who was forced to live in an evacuation shelter after his house was completely destroyed by the tsunami. We members think that rather than just vaguely living in inconvenient circumstances or simply continuing to remain in the state of being a ‘victim’, through trying to grasp and widely turn the disaster on its head in conversations with people, we have discovered a kind of opportunity in the act itself. The same must be true for the many citizens who kindly participate every time. Put another way, maybe we intuitively felt there was something that couldn’t be seen from the perspective of ‘the affected’, ‘the victim’; something hard to see. Now, however, we can’t help but feel that there is a need to begin to talk in our own words, rather than in sharp philosophical terms and concepts, to decipher the earthquake disaster; a need for perseverance that persists in exploring the root of this disastrous event through exactly this conversation. This in turn demands a process of drastically rethinking the values we have comfortably nurtured during

normal times: those of affection, honesty, kindness, loyalty, and fairness. At the same time, problems have arisen when the existing law has been an obstacle—when it has actually slowed down support for disaster victims, especially vulnerable victims such as disabled people, as well as in regard to the interpretation and application of the law in times of disaster. Since the disaster, in many evacuation shelters there has been a continuing string of cases where victims with disabilities and their families have left the shelters, stating “It is better for us to take a deliberate risk and return to our completely destroyed houses if we are only causing trouble for other victims and feeling constrained.” We have heard that even confirming the safety of disabled victims has become difficult. In times of disaster, providing information support for the visually or hearing impaired is particularly important. It seems impossible that things like disaster victim certificate applications and other support system information will accurately reach disabled disaster victims after they have left an evacuation shelter. Nevertheless, even after a disaster of this magnitude, it is surprising that, according to reports, the number of disabled victims is still unclear even 5 months on (Sankei News, 19th August, 2011 issue, “Support fails to arrive: the state of

disabled disaster victims, the unseen full story”). What proves to be a real block to confirming the conditions for disabled disaster victims is the Act on the Protection of Personal Information (Act No. 57 of 30th May, 2003, latest revision in Act No. 49 on 5th May, 2009) that was enacted in 2003 to “protect the rights and interests of individuals while taking into consideration the usefulness of personal information”. In Sendai, Miyagi prefecture for example, the “Disaster Area Disabled Center Miyagi”, founded by 14 NPOs and others, appealed to the local government for access to information about the location and kind of disabled persons in the affected areas in order to provide smooth support tailored to the needs of the disabled, but this was univocally refused by the local government staff in charge because of “the existence of the Personal Information Protection Law”. One could say these problems are trying us, and we must urgently investigate the possibility of flexibly interpreting the law in times of disaster. But it’s not just a problem of the law. The earthquake disaster is trying us in a real variety of ways. In the philosophy café, every time we have picked something this disaster has thrown at us as a topic for our conversation, no matter what the topic, the conversations have all indicated how a disaster of

these proportions is trying us. One of these topics in particular has resulted in especially lively debate, that is, the strange feeling of indebtedness that all people in northeastern Japan hold, whether they are disaster victims or not. The most surprising thing since actually running a philosophy café in the disaster area is that most of the victims who have lost their houses or family continue to hold this strong feeling of indebtedness: because they couldn’t save their family, because they survived, because others have fared much worse than they have. Maybe this feeling is excessively strong because most of the damage inflicted by this disaster was caused by the tsunami. This difference between those who have been hit badly and those who haven’t been hit as badly is all too obvious, so people feel indebted. There is even thought of liberation—that it would have been better if everyone had suffered the same extent of damage. Where does this sense of indebtedness really come from? Is this kind of indebtedness really something the victims must feel? Of course these questions have no clear answers: we must think about them ourselves, and only through conversations with others can we talk things over in efforts to understand. The philosophy café offers a place to do exactly this questioning and talking over, and as such we feel it

has all the more meaning following the disaster. The problem of indebtedness in the disaster area arises in many places in the troubling contexts of public and private, loyalty and self-sacrifice. Directly after radiation leaked from TEPCO's Fukushima Dai-ichi Nuclear Power Plant following the earthquake, the Japanese media broadcast day after day the numbers of workers who were dealing with the accident at the plant. One staff member of the philosophy café told of a worker making up these broadcast numbers who had to be immediately evacuated to a refugee shelter where his family waited because he received a critical radiation dose during the efforts. The worker said, "It was a bitter decision to leave while colleagues are staying behind risking their lives." His words show how, even though being exposed to the horror of radiation, withdrawing from his duty to the public made him feel indebted. This sense of indebtedness is certainly in some way also connected to the fact that the foreign media called the number of self-sacrificing workers who continued with the repair work from right after the accident the 'Fukushima 50' and made them an object of admiration. Incidentally, on the CBS Evening News of March 16, the person formerly responsible for the Chernobyl disaster countermeasure team and CBS nuclear safety con-

sultant, Cham Dallas, told of a story he heard from someone in the Japanese government, namely that one of the 'Fukushima 50' said that "as it is my duty, even death does not scare me". Similarly, directly after the nuclear accident, most of the 198 staff members of a hospital in Minamisoma City, Fukushima prefecture evacuated, leaving only 17 nurses in the hospital. One news program reported how the conflict of the nurses working at the hospital—choosing whether they should stay to care for their patients or evacuate to protect their own children from radiation—was tearing them apart. Both the nurses and the above-mentioned worker of the 'Fukushima 50' are clearly people being torn apart by an indebtedness of choosing 'the private' over 'the public', and in a sense by a feeling of guilt. To borrow the thoughts of the Wall Street Journal's columnist Eric Felten in his book "The Vexing Virtue", this problem of indebtedness is a matter to be dealt with in the context of 'loyalty'. The earthquake disaster is trying us. We, who continue to stay in the disaster area of Sendai and are threatened by the ongoing problems with the Fukushima Daiichi plant, must talk over, in our own words, this disaster that is happening before our very eyes. We must keep stepping up to meet the challenges and trials we

are facing. Right now, we even think that the way ahead—for the revival of northeastern Japan—can only be found by grappling with these trials. We are being tried, and we must live up to the challenge.

Takahiro Nishimura
Tohoku Bunka Gakuen
University



Presidential Message for March Newsletter



Thomas T. Noguchi,

The WAML World Congress on Medical Law is coming soon. We are now busy preparing for the coming WAML Board Meeting, as well as the Council of Presidents Meeting. The Board Meeting will be open to the WAML members, as non-voting observers as well as committee chairs, waiting to report. According to the Congress President, Adv. Eduardo Dantas, there is a discount registration fee for

the WAML members.
www.2012wcml.com

Submit your abstract by May 31. You will be notified concerning acceptance. Full papers are due by July 31 for inclusion in the Congress Book and for interpreters to translate.

The WAML continues to make an effort for "cross fertilization" and collaboration with other national and international associations.

For this year, we will be emphasizing our Educational Initiatives.

The Education Committee should take up multiple aspects of education. The Committee will place priority on 1) academic research, 2) education using radio, TV and video, 3) international collaborations, 4) workshops, online education and didactic credit course during the future congresses. I asked Oren Asman to coordinate this Education Initiative.

We will look forward to setting up a new approach in a more academically and education-oriented Congress. We plan to have more educational programs between the World Congress meetings.

Membership is important. We rely on our members' interests for future expansion of the WAML. Each member is a very important person to us, to help build the WAML. Please do participate in contributing to the WAML Newsletter. Your ideas and information on new developments in your country

should be forwarded to Dr. Richard S. Wilbur, the Editor of the Newsletter. Your opinions are very important to us, send us your emails via: <http://wafml.memberlodge.org> Also it is important to contribute your article to our journal, Medicine and Law. New Web Site with interactive membership database Updated

New WAML Web Site

This is a member participation database program in which you, as our valued member, are invited to contribute. We used to ask whether a membership is paid or not. Now you, as one of our members, can find out for yourself, without asking. You also have the facility to update your CV by yourself or inquire about your membership status. Please review your CV, and update it, if necessary. If you have any questions or suggestions, please contact Denise McNally, our Administrative Officer and Meeting Manager. worldassocmed-law@gmail.com

Our Skype monthly Executive Committee meetings are continuing to ensure a close working relationship between those helping to foster the 'new look' WAML. We should regularly use Skype communication to keep in touch among committee members, planning task force activities and even among the various national associations.

Future Meeting Planning

In the past many decades, the WAML had commissioned the often inexperienced host organizing committee to plan the World Congress and we often faced delays in establishing the scientific program which adversely affected the future success of the WAML advancement. With current planning, the Board of Governors will elect the 2016 Program Chair, as will occur at the 2012 Board Meeting. The Program Chair will work in conjunction with the Executive Committee and the Meeting Manager to set up the Scientific Program with emphasis on advanced academic level. We may also begin to schedule the Congress on an annual basis with a return to the International Congresses for those years between the years of the World Congresses.

The Congress' scientific program is most important.

The program should follow the Standard Procedure set by the WAML and should have a theme with selected Plenary Speakers and oral and poster sessions, workshops, and didactic educational courses. The scientific program should be ready and published six months prior to the Congress, so the delegates will be informed as to the type of papers that will be presented, to assist them to decide whether or not they plan to attend.

Our Commitment

We are committed to the WAML to continue expanding our activities and services to our members and to reach out to our colleagues in all areas of the world.

Let us work to make the WAML the most effective interactive professional educational organization. More Effective Coordination with Affiliated National Associations: It is important to have active alliances with national associations. I believe that we must have more active communication between the WAML and national associations. We urge the leadership of each affiliated national associations to work with us.

Members' Responsibility

Looking back to the earlier days of the WAML, we now recognize how far we have come. It is an active organization with a very enthusiastic, hard working core of members. In the next Membership Satisfaction Survey, please send your suggestions designed to improve the WAML membership. **Tell your colleagues to join the WAML.**

See you in Maceio, Brazil.

Thomas T. Noguchi
President, WAML

Secretary General's Report



Prof. Roy Beran

Often silence is interpreted as lack of activity but this is not the case for the World Association for Medical Law (WAML), which has been very active behind the scenes.

In the last few months WAML has been involved in consolidating activities towards the World Congress on Medical Law (WCML) to be held in Maceio, Brazil, in August this year. It looks as though we are going to have a very exciting World Congress, the first of its kind in Southern and Middle America and one that should build on the strengths of our Latin American colleagues. We also held a concurrent meeting, during the American College of Legal Medicine Conference in New Orleans, and were actively publicising WAML at the National Association of Medical Examiners (NAME) meeting in Atlanta.

The Executive Committee has tried to hold a number of teleconferences, using electronic media, and finally were successful to hold a four-cornered

conference, including the President in America, the Secretary-General in Australia, the Treasurer in Israel and the Executive Vice President in New Zealand. It goes to show how small the world has become. The President heralded his ambition to seek approval from the Board of Governors to extend the term of office for the current Executive. He wants to ensure that his plans for change and the enhancement of the way that WAML conducts its affairs to be realised and consolidated before he, and his fellow members of the Executive, leave office. This is in accordance with the statutes of the WAML but requires Board of Governor's accession to such an extension so that it is too early to know whether that will be forthcoming, with a number of members of the Executive, including the President due to complete their terms of office. Failing such approval there will be a need to seek an alternative arrangement to ensure that Professor Noguchi's dreams can be fulfilled. What is obvious is that President Noguchi is a man of vision, of enthusiasm and of courage and devotion towards the WAML. One can feel his empathy with the organisation and its ideals and his plans for the future of WAML are one of his driving passions.

Talking about the Executive Committee, we recently received exciting news about the prospec-

tive move of our Executive Vice President from his role as Solicitor General of New Zealand to the bench of the High Court, as a High Court Judge. Having known David Collins for quite a number of years, he has impressed me with his intellect and his elevation to the bench is good news for New Zealand, both for its legal system and for the rights of those for whom he will adjudicate. I'm sure I speak for all of us within the WAML when I say how much we wish him well in his new career path. Having his wisdom within the Executive Committee has been a great pleasure for all of us in the Executive Committee and we hope that he will be able to continue in that role while he is on the bench.

As the World Congress on Medical Law in Brazil comes closer, it is time to also consider future WCMLs. We have had some serious expressions of interest regarding the holding of the 16th WCML, namely the one after that which will be held in Bali, Indonesia, in 2014. Anyone wanting to host the WCML, in 2016, should submit their proposal bid as soon as is possible. These are to be submitted to the Secretary-General (roy.beran@unsw.edu.au) as well as to our Administrative Officer, Denise McNally (mcnallyd@cvalley.net) as soon as is possible. These will be considered by the Board of Governors in Brazil and I hope that there will be an

aggressive competition by a host of eager people willing to sponsor the next World Congress. This will be in four years time, after Brazil and Indonesia, in 2016 and should continue the legacy of holding most informative and educative Congresses covering the disciplines of legal medicine, health law and bioethics.

It is amazing how small our world of legal medicine, health law and bioethics has become with constant reminders of how we all interact. There has been a suggestion that we should be holding annual rather than biennial meetings with a reinvigoration of the concept of international congresses in those years between the WCMLs. We, in the Board of Governors and the Executive Committee, would be keen to know the ideas of our constituents and again we look forward to any feedback that you, our readers and members of the WAML, have regarding these thoughts and any desires that you may have regarding hosting such meetings on behalf of the WAML.

Again I entice you all to join us of in Maceo, Brazil, in August this year and I look forward to meeting as many of you as is possible, both at that Congress and in the time between now and then.

Roy G Beran

Secretary- General
World Association for
Medical Law

WCML Brazil Update



Eduardo Dantas,

The 2012 WCML meeting is coming closer, and the countdown is gaining momentum. The Organizing Committee is working hard to offer to all WAML members and attendees an unforgettable experience.

We are collaborating with other associations, among them, the Brazilian Association for Health Law, the European Association for Health Law, the Latin American Association for Medical Law, the Spanish Association for Sanitary Law and the Brazilian Federal Council of Medicine – to develop a scientific program of the highest quality, providing those who join us, in the city of Maceió, more than 400 presentations and conferences and the opportunity to meet and interact with more than 2000 professors, investigators and specialists in the various fields of Health Law, Legal Medicine and Bioethics.

The congress' website (www.2012wcml.com) is fully operational, and we encourage you to register early. For those interested in submitting an abstract the abstract submission

deadline is May 31, 2012. Presenting authors will be informed about acceptance or rejection of their submission by email to the designated address. Abstracts will be submitted to peer-review process by members of the scientific committee. We will notify all those who submit abstracts of their approval (or not) and will only include in the program the abstracts and presentations of those who confirm registration. Furthermore, information concerning presentation data and room of accepted abstracts will be available on the submission form by June 30th, 2012.

The full text of all accepted Abstracts will be available on-line by July 15th, 2012. As part of the WAML, you have an important role to play in the preparation of this meeting. Send us suggestions, ideas and criticisms, so that we can try to achieve higher standards. We count on your active participation, not only in being there but also bringing your contribution to the discussions, presenting papers and helping to spread the word about it. We hope that you will send information to your own contacts, inviting them to be there and help the WAML to reach our academic goals.

Please visit the website, and send us your contribution. Maceió is waiting for YOU!!!!

Eduardo Dantas
WAML Vice-President

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

"The International (Third All-Ukrainian) Congress on Medical and Pharmaceutical Law, Bioethics and Social Policy

April 19-21, 2012

Kyiv, Ukraine

Contact: Radmyla Hrevtsova

E-mail: radmila.hrevtsova@gmail.com

Website: <http://aau.edu.ua/ua/medpravo/medpravo-activity/>

Medical Law of Ukraine: Theoretical and Methodological Aspects of Medical Law Lecturing

April 26-28, 2012

Lviv, Ukraine

Contact: Iryna Senyuta

1st Congress of the International Society of Forensic Radiology and Imaging (ISFRI)

May 14-15, 2012

Zurich, Switzerland

Email: congress@isfri.org

Website: www.isfri.org

Summer School on Health Law and Ethics

June 18-29, 2012

Rotterdam

Email: info@erasmusobservatoryonhealthlaw.nl

Website: www.erasmusobservatoryonhealthlaw.nl

22nd Congress of the International Academy of Legal Medicine (IALM 2012)

July 5-8, 2012

Istanbul, Turkey

Email: info@ialm2012.org

Website: www.ialm2012.org

19th WCML WAML Congress

August 7-10, 2012

Maceio, Brazil

Contact: Eduardo Dantas

Email: eduardodantas@eduardodantas.adv.br

Website: www.2012wcml.com

WAML Newsletter Production Team

Editor-in-Chief: Richard S. Wilbur, MD JD

Guest Editor: Mitsuyasu Kurosu, Ph.D. Tokyo Medical University

Coordinator: Denise McNally

Graphic designer: Raul Vergara



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<http://twitter.com/THEWAML>



**WAML
Brazil**

**August 7 -10,
2012**



**Do You Have an
Idea, Comment, or
Suggestion?**

Please contact
Denise McNally
worldassocmedlaw@gmail.com



World Association For Medical Law

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Interactive Index

Message From The Guest Editor	1
The Health Care System in Israel	2
The Battle for Health Care Reform in the United States and Some History to Go With It	3
Recent Developments in Bioethics and Medical Law in Azerbaijan Assessed by UNESCO as Pioneer in the Region	4
Health Care System Reforms in the Netherlands. The True Story	6
Medical Law in Ethiopia: The Beginnings	8
June 2012 President's Letter	9
Secretary- General's Report	11
My Hobbies	12
ACLM Australia Designation Letter	13
3 ACLM Australia CoP Report	14
WAML Educational Committee Formed	15
International (Third All-Ukrainian) Congress on Medical and Pharmaceutical Law, Bioethics and Social Policy in Kiev: Continuation of the WAML Cross-Fertilization Activities	15
WAML Brazil Update	17
Future Meetings	18

Message from the Guest Editor



Jonathan Davies

WAML Guest Editor

I welcome all readers to the World Association for Medical Law (WAML)'s June edition of our Newsletter and I am honored to act as a guest editor for this edition, as we approach the World Congress on Medical Law (WCML) 2012 that will take part in Brazil this summer.

I thought it would be interesting for our readers to learn about the health systems around the world, so we shall present articles that will look into this theme and some reports that will describe WAML's activities.

John P. Conomy writes about the Health Care Reform in the United States as we are waiting for the decision of Supreme Court of the USA. Vugar G. Mammadov writes on recent developments of

bioethics and medical law in Azerbaijan, assessed by UNESCO as pioneer in the region.

I shall present a brief introductory overview of the Israeli Health Care system, covering both clinical and legal aspects.

Radmyla Hrevtsova and Oren Asman, report on the Continuing collaboration and cross-fertilization efforts between the WAML and national associations, at the WAML endorsed The International (Third All-Ukrainian) Congress on Medical and Pharmaceutical Law, Bioethics and Social Policy that was held on April 19-21, 2012, in Kiev.

Tom Noguchi the President of WAML, Roy Beran, WAML's Secretary General, will present their reports, Oren Asman will report on the activity of the Educational Committee and I shall report on the CoP activities and what's next.

Looking forward to seeing you all in Maceio, BRAZIL Council of Presidents (CoP) activity report

Since Mrs. Denise McNally has joined the WAML, and is acting as coordinator for its administrative support network, we have

made great progress in building a database. With the initiative of the Treasurer, Oren Asman we have updated the website and almost doubled CoP members. We have also introduced a procedure which requires a Designation Letter from the President of the affiliated organizations to attend the CoP. New members of the CoP will be asked to present such a letter for delegate authority to the CoP. This way we believe we can extend our ties with more organizations. I believe that the WAML should be Organization based rather than country based. There is much more going on in the Medical Law through the Organizations than is the case on a national basis. This way we can interest more potential members to join the WAML as individual members based on their feedback from their respective organizations.

The activities and tasks of the CoP are not a one man show. The main problem for the WAML is lack of membership and resources. I believe that we can form an organization where the communication between its members

Disclaimer: The articles presented in this newsletter express the views of the authors and do not necessarily reflect the attitudes or opinions of the WAML

takes place all year round and not only during conferences once in two years. The General Assembly should promote more co-operation between the CoP and Board of Governors (BoG) members. The CoP should be the leading organ of the WAML. If every member sent, to his peers in his/her country, the travelling poster and introductory forms created, by which route we should be able to enlarge the number of paying individual members.

I call on members to take part in the CoP activities and its collaboration in the time period between WCMLs. You can participate by writing your ideas over the net and sharing your knowledge with other members in the periodical Newsletter

Jonathan Davies,
Adv. LLM, FACLM. FRSM
Chairman of Council of
Presidents WAML.

The Health Care System in Israel

Jonathan Davies

In this short article I provide a brief introductory overview of the Israeli Health Care system, covering both clinical and legal aspects.

The Israeli health care system is considered to be of high quality and also economically efficient. Health indicators are comparable with those of developed countries. Life expectancy for males is 79 and for fe-

males 82.5 years with infant mortality at 3.6 per 1000 live births. Inequalities in health indicators exist with lower scores for those living in the periphery and for minorities.

Legislation: The Israeli Health Legislation has developed rapidly over the last 25 years with several laws enacted or dramatically revised. These include: in 1991 the law for the treatment of the mentally ill; In 1995 the National Health Insurance Law; in 1996 the patient's rights law and the surrogacy law; in 2000 the law for integrating the mentally disabled in the community; in 2005 the dying patient law; and in 2008 the organ transplantation law and the law for determining a brain-respiratory death. Several committees are continuing to discuss the current health laws and potential new laws (including medical experimentation law and egg donation law.)

Since 1995, Israel has operated a compulsory National Health Insurance (NHI) scheme which supplies all Israeli citizens with a wide benefits package. There is co-payment for ambulatory services and drugs. Despite the good quality public system, private health expenditure is increasing. There are indications that the lower percentiles of the population are forfeiting medical treatment, mostly drug therapy.

The NHI Act, from 1995, provides all citizens, with no discrimination, a basic layer of compulsory medi-

cal services. Services are provided by Health Insurance agencies that are state budgeted. In addition Health Insurance agencies can provide private insurances of all kinds. The health basket is a list of medical services provided to citizens equally. A national committee, that presents public and private views on medical, economic and legal interests, meets annually to expand or decrease the health basket.

The committee plays a major bioethical role in deciding which new drugs or medical technologies shall be introduced and which patient is entitled to these free benefits.

Courts are often requested to rule in cases against health funds, which may mean a death sentence in some extreme cases for patients who cannot afford life saving drugs that are excluded from the basket. Courts have wide discretion in interpreting the NHI Act based on moral and judicial values.

Israel spends about US \$2,200 (PPP) per capita per year on health care, 7.8% of its Gross Domestic Product (GDP), of which about 57% is public, covering mostly the statutory benefits package, and 43% for private services. The public resources originate from a dedicated health tax and other general taxes. The pooled public resources are distributed to four statutory non-for-profit health plans, via a capitation mechanism corrected for age.

Statutorily permissible supplementary insurance plans are sold by the health plans to 80% of the population. A citizen is entitled to join these with no underwriting and low community premium rates. About 50% of the population also purchases private insurance programs.

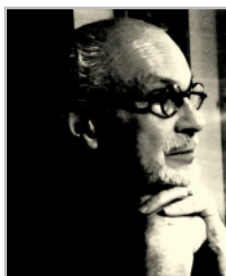
The government plays several roles in the health market: (a) that of a regulator; (b) providing direct financial and operational responsibility for geriatrics and psychiatry; (c) and owner and operator of 40% of hospital beds.

The four health plans, supply the actual medical services through owned or bought facilities and personnel. Acute care hospitals are mostly public (95%).

There are 3.7 physicians per 1000 people. This ratio is beginning to decline due to an inadequate increase in intake in the medical schools. Corrective measures will become effective in about 10 years. The system also suffers from a shortage of physicians in specific specialties and a shortage of nurses.

Jonathan Davies

The Battle for Health Care Reform in the United States and Some History to Go With It



John P. Conomy

“What in the world is going on with health care reform in the United States of America?” That is a frequent question put to me and to other American WAML members who deal with that question from the viewpoints of Medicine and Law by people seeking information about the American health care scene. The question often has a ring of astonishment to it. Many of our international colleagues view the turmoil in health care reform in the USA with a mixture of astonishment and amazement. And well they should.

The national battle to provide people in the USA with government-sponsored, comprehensive health care is not a new one. It began one hundred years ago, sputtered and surged since, and became the law of the land, at least by way of a beginning, with the congressional passage of the Affordable Care Act (ACA), called by many “Obama Care”) in March, 2010. The Act deals largely with entitlement to health care and the financing of

medical services. Enrollment into the national plan is by mandatory health insurance to be obtained in substantial part from private-sector commercial health insurance plans. This insurance plan brought the ACA to the attention of the US Supreme Court which must consider whether, or not, the insurance mandate violates the Commerce Clause of the US Constitution which may, or may not, forbid the Federal Government to compel a person in the USA to purchase insurance in a private market. The answer to this question is being considered by nine eminent, lifetime judges whose holdings, over the last decade, with the greatest of respect, could be argued often to reflect political bias rather than judicial scrutiny.

Whether the ACA survives Supreme Court scrutiny, in its entirety, in a piecemeal way or not at all, will be made clear sometime this summer. What ever its fate, the ACA provides a high-water mark for legislative efforts for a national health care program in the USA. It has some interesting progenitors over the last century, the fate of which fell not to an informed electorate, but rather to human foibles.

• Lack of political will

In 1912, Theodore Roosevelt, running for President of the USA (a job he held before) on the “Bull Moose Party” ticket, proposed a universal system of health care in his

political platform. A great splash was made of his party proposal which was opposed by doctors and industry. No legislative proposal was ever forthcoming. He lost the election.

• Pilfering

Between 1972 and 1974, President Richard Nixon worked with prominent American senators and congressmen of both political parties (Republican and Democrat) to flesh out a comprehensive, universal health care bill. The chances of success, deemed reasonable at the time, were put to an end with Mr. Nixon’s participation in the ‘Watergate Fiasco’ in which some of Mr. Nixon’s White House operatives ‘stole’ information from Democratic Headquarters. Mr. Nixon resigned and was sent packing to California in 1974, marking the end of that effort.

• Philandering

Wilbur Mills was a powerful US Congressman who spent years dealing with health care reform and financing. Working within the Congress and a succession of presidents, he was able to form a leadership coalition for health care reform, including passage of Medicaid and Medicare health programs for the health care of the poor and the elderly. His efforts came to an end when he was stopped by police in Washington DC for drunk driving. During that stop, his passenger and good friend, a stripper known as “Fannie Fox, the Argen-

tine Bombshell” took off running through the Tidal Basin, that pond housing along its famous edges the Washington Monument and the Jefferson Memorial. Mr. Mills survived the experience, joined Alcoholics Anonymous, was re-elected to Congress, but relinquished health care forevermore.

• More Philandering

The Presidency of William Jefferson Clinton was notable for a sustained and encompassing effort to affect a national health care plan. His efforts and those of his wife, Hillary, and a team of very sophisticated planners made progress against tough political resistance. Efforts at pushing the health care agenda were halted by “L’affaire de la robe” and Monica Lewinsky. Mr. Clinton survived impeachment. National health care planning efforts stopped.

• Perfidy

Liberal President Obama’s very likely challenger for office in November 2012 will be Willard “Mitt” Romney, a right-wing favorite. In addition to a long, successful and occasionally rapacious business career, Mr. Romney was once governor of the State of Massachusetts. While in office, he passed what is now a very successful state-wide health plan in which 94% of state residents are enrolled. It includes the mandatory purchase of health insurance in private markets and sanctions for those who choose to go unin-

sured. If this sounds familiar, it should. The “Romneycare” plan is the model for the ACA and “Obamacare.” Romneycare works and saves money. Yet Mr. Romney vows to repeal “Obamacare” as the first act of the first day he takes office. This pledge, repeatedly made, is constantly met with whooping screams of delight by the crowds of right-wingers who live for the death of national health, socialism and communism amongst other things.

Health Care Reform in the United States has always been a colorful, challenging and tempestuous business. Whatever course is chosen by the Supreme Court, it will not mark the end of meaningful health care reform in the USA. To paraphrase Winston Churchill, we have simply seen the end of the beginning and not the beginning of the end.

John P. Conomy, MD JD

Recent Developments in Bioethics and Medical Law in Azerbaijan Assessed by UNESCO as Pioneer in the Region



Vugar G. Mammadov

Bioethics and medical law

are two of the most modern branches of science which are developing in the world. The development of new technologies, biotechnologies, genetic engineering and medicine in recent years has revealed many ethical and legal gaps. It is widely acknowledged that “rapid developments in bioethics and medical law are characteristics of democratic countries and are necessities of modern life”. This is why the building a democratic Azerbaijan, has paid special attention to development of these sciences.

Public health, medicine and biotechnologies are spheres of great importance to the daily life of every citizen. Rapidly developing medical technologies, like transplantation, cloning, extracorporeal fertilization and new reproductive technologies, developing the pharmaceutical industry, interventions into the embryo, the human genome, appearance of genetically modified food products, discussions about euthanasia and abortions, and many other such areas of scientific development concern many different communities today, amazing not only ordinary people but even the specialists in the various fields of exploration. Azerbaijan can't stand aside from these processes or stand behind other countries in carrying out studies and researches on drafting ethics and legal norms in

these fields.

Azerbaijan is a place where different cultures and civilizations meet at the crossroads between the East and the West and the North and the South. Being a member of both Islamic and European organizations, Azerbaijan absorbs the values of both civilizations, thus enabling it to assume a role of being a genuine bridge between cultures and civilisations. The leadership of Azerbaijan pays great attention to these challenges and wishes to support development of new sciences and respond to them. On the 4th of May 2009, Mr. Ilham Aliyev, the President of Azerbaijan Republic, signed an Executive Order approving the National Strategy on Science Development in the Republic of Azerbaijan in 2009-2015.. Within the framework of this strategy, development of science in Azerbaijan Republic must be organized in a way responding to the modern challenges of life and the world in general. The Strategy was prepared to enable the conduct of research within modern standards, increasing the country's scientific personnel capacity, and the integration of Azerbaijan's sciences into the international scientific world and its comprehensive development of the sciences. New branches of sciences, like bioethics, medical law and others, referred to in the last UNESCO International Standard Nomenclature for Fields of

Science and Technology, but not currently existing in Azerbaijan, also should be developed, according to this strategy.

M-me Mehriban Aliyeva, the First Lady of Azerbaijan, UNESCO and ISESCO Goodwill Ambassador and President of Heydar Aliyev Foundation, pays much attention to the development of bioethics in Azerbaijan. At the First Forum of Intercultural Dialogue, held in Baku Azerbaijan in April 2011, she said “In modern life, laws ruling both politics and economics are, unfortunately, far from ethical norms and justice. Bioethics may be just scientific hypotheses; once again, there are more questions than answers. I am sure. If we think of tomorrow and comprehend our responsibility towards future generations; we should try to establish relations between nations based on ethics and justice. It is a long-lasting and hard process. However, any long journey begins with a single step. In my opinion, everyone should make this step by doing deeds, even small ones. All that is needed is solidarity and good intentions.”

Tolerance and respect for other national cultures and human dignity, esteem for elderly people, principles of mercy, concern and care for dying people, traditions that have been forming over centuries-long history, play a significant part in history and traditions of the Azerbaijan people. Azerbaijan people, as many

other peoples of Eastern countries, find evidence of physicians' search and reflection on philosophy and ethics in ancient medical manuscripts. The ancient world knew the name of a legendary physician Logman. In Azerbaijan secrets of medical knowledge and prescriptions for treatment and prevention of different diseases were passed across the generations in the name of Logman. Not long ago two Logman's precepts were found. The first was about the noble mission of the physician: "Everything in the Earth is the fruit of human kindness/ And where the doctor is, there is always the air of kindness". Fundamental principles of the physician's ethical behaviour were set forth in an ancient monument of Azerbaijan literature – a folk epic poem "Dede Korkud". There we find many pieces of useful advice on how to stay healthy and about the significance of moral purity and health. Prominent thinkers, poets and scientists of the ancient land of Azerbaijan, such as Bahmanyar Ibn Mirzaban, Nizami Gyandjavi, Hatib Tabrizi, Mahmud Shabustari, Omar Osmanogli, Seid Yahya Bakuvi, Nahchivani, Hagani, Fizuli, Vagif, and many others described in their works a hard, unselfish and dedicated effort by ancient physicians and the fruitful results of those efforts. They all contributed to the development of medical ethics in Azerbaijan. Not many know that in

the XIII century there was a "Dar-Ash-Shafa" University (the House of Cure) in Azerbaijan, in which 5-7 thousand students were educated. Many scientists from Iran, India, China, Syria, Egypt and Central Asia were happy to visit and train in this University. The ancient Azerbaijan capital attracted foreign scientists not only with its wealth and luxury but also with the possibility for scientific research and education. In many works of eminent Azerbaijan thinkers of the XVIII-XIX centuries, such as Mirza Fatali Akhundov, Gasanbek Zardabi, Nariman Narimanov, Jalil Mamedguluzadeh known under the name of Molla Nasreddin et al., we can find progressive views on medicine. Gasanbek Melikov Zardabi, in his book "Hygiene", wrote that physicians should be warm-hearted and honest; they should keep to the rules of personal hygiene, and watch over the hygiene of their patients and their homes. Great Azerbaijan doctor, politician and statesman, N. Narimanov (1870-1925), in his numerous works wrote about the social role of physicians: "Physicians should strictly criticize all medical institutions and their own actions, so as to extirpate everything that is not meeting patients' interests, and, especially, what might hurt them. Patients' interests should always be a priority, and all intellectual efforts should be devoted to meeting

their needs". Making good use of their rich heritage in the field of ethics, medical professionals of Azerbaijan followed the traditions in later years. Academic, Zarifa Alieva (1923-1985), a well-known scientist, in her excellent work "The Noble Mission" emphasized the fundamental importance of ethics in the physician's professional activity: "Medicine is progressing day by day, it cannot stay unchanged, and only one thing remains constant – high moral, ethical and professional standards demanded from the physician".

Nowadays, bioethics is much larger than only medical ethics. Bioethics is a complicated and comprehensive science that utilises rules of philosophy, law, science and medicine. Bioethical problems, standing before humankind, cannot be solved only by medical doctors. Politicians, lawyers, religious movements, philosophers, ecologists, journalists and others together with health specialists are involved in their solution. Bioethics should not be confused with medical ethics, which is only one of its branches.

In Azerbaijan, we think that to protect fundamental moral values and valuable bioethical principles in conditions of present life, societies should create working legal frameworks for it. This is why the Azerbaijan Unit of UNESCO Chair in Bioethics is hosted by the Human Rights

Institute of the National Academy of Sciences of Azerbaijan. Relationship of Bioethics with Human Rights which comes naturally from Universal Declaration "Bioethics and Human Rights", adopted at the General Assembly of UNESCO in 2005. Based on this, we have made a step forward to register a new scientific discipline in Azerbaijan named "Bioethics and Medical Law", in the field of Law Sciences. This is a precedent in any post-soviet region. It was made according to the last UNESCO recommendations, reflected in the final documents of Inter-Parliamentary Assembly of Member Nations of the Commonwealth of Independent States "On Cooperation of the CIS Countries in Harmonizing Medical Education with the UNESCO Ethics Education Programme" (2009) that was adopted at the 18th session of the UNESCO International Bioethics Committee, held in Baku on the 31st May - 02nd June 2011. Creation of this discipline, passport of specialty and scientific code, makes it possible for young researchers to develop Azerbaijan Bioethics and Medical Law, work on postdoctoral dissertations, develop science, education and bioethical knowledges and principles for promotion in different target groups and general audience.

The lack of medico-legal and bioethical knowledge, of medical and other spe-

cialists graduating from universities in the CIS region, is a fact. It differentiates our specialists from their foreign colleagues, far from international standards and trends of development human rights in the public health, and creates obstacles in understanding and sharing common values during international conferences, meetings and scientific projects. The most powerful weapon, to improve this situation, is education. Besides establishing a new scientific specialty and scientific code of “Bioethics and Medical Law”, a few other of our initiatives were also supported in the country:

- one place of doctorantura and one place of disertantura with specialty Bioethics and Medical Law (postgraduate Ph.D. research fellowship) were given to our Institute (the number of dissertants was increased up to 2);
- translation into Azerbaijan language of the UNESCO Bioethics Core Curriculum and printing it after getting UNESCO Headquarters license permission;
- agreements of the Institute with Baku State University about cooperation in the teaching of Bioethics and Medical Law - to the students of social and humanitarian laws, first of all law faculties;
- creation of television program “Bioethics and Medical Law” on Azerbaijan State Television.

In the feedback of M-me Irina Bokova, UNESCO General Director, and M-me Pilar Alvares-Laso, UNESCO General Director Assistant on Social and Humanitarian Sciences to the leadership of the National Academy of Sciences of Azerbaijan, the activities of the Institute and Azerbaijan Unit of UNESCO Chair in Bioethics were assessed as pioneer in the region.

I would like to make special thanks to Dr. Aytan Mustafayeva, Director of the Human Rights Institute, Dr. Dafna Feinholts, Head of Bioethics Section of UNESCO and Dr. Gunay Efendiyeva, 1st Secretary of UNESCO National Commission in Azerbaijan.



Pic. 1: Presentation of Prof. Dr. Vugar Mammadov at the Ministerial meeting in the Ministry of Education of Azerbaijan (10/06/11)



Pic. 2-1: Presentation of Prof. Dr. Vugar Mammadov at the Supreme Scientific Council of Baku State University (13.07.11.)



Pic. 2-2: Presentation of Prof. Dr. Vugar Mammadov at the Supreme Scientific Council of Baku State University (13.07.11.)



Pic. 3: Presentation of Prof. Dr. Vugar Mammadov at the 18th Session of UNESCO International Bioethics Committee in Baku (31.05.-02.06.11.)



Pic. 4: Prof. Dr. Vugar Mammadov hosts members of Azerbaijan Parliament in TV Program “Bioethics and Medical Law” on Azerbaijan Television (27.12.11.)

Vugar G. Mammadov

Health Care System Reforms in the Netherlands. The True Story



André den Exter

The 2006 health system reforms meant a radical change of the Dutch social health insurance model, introducing a regulated form of market competition to ensure that essential care is allocated according to need. Since 2006, for-profit health insurance companies compete for the consumers and enter into selective contracts with risk-bearing health providers. Simultaneously, health insurance reforms were combined with deregulating hospital planning and liberalizing health care price setting. From a human rights perspective these market driven policy measures have undermined the equality principle.

Regulating health care access

Under Article 22(1) of the Dutch Constitution, ‘the authorities shall take steps to promote public health.’ This provision has been generally interpreted as a ‘mere’ obligation of the government to be concerned with setting up health facilities and facilitating access to necessary healthcare. This obligation has been effectuated by a health insurance system that includes two schemes: a scheme for uninsurable risks and a scheme for curative care. Both schemes will purchase necessary care from health care facilities and professionals. Apart from establishing a health insurance system, Article 22 also includes the obligation to regulate the admis-

sion of health care facilities to the market, as well as an obligation to regulate the purchaser-provider relationship. As such, the constitutional obligations reflect core elements of the right to health (availability, accessibility and quality of individual health care). Absence of constitutional review makes it difficult to interpret this Constitutional right.

Health Insurance

Translated into statutory health care entitlements, access to health care can be held enforceable under social health insurance law. Health care litigation has reinforced the legal status of the right to healthcare and concerns both curative and long-term care. The new Health Insurance Act (HIA) 2006 introduced a compulsory health insurance scheme for the entire population, carried out by (for-profit) insurance companies. Health insurance agreements are private law contracts by nature and are based on principles such as freedom of contract. The legislature imposes certain restrictions on freedom of contracting, to protect the principle of equal access to health care. The prohibition of risk selection is one clear example of this. All health insurers must participate in a risk equalization system. Such a leveling mechanism prevents selection avoidance of so-called 'high' risk insured (chronically ill). These, and other restrictions of the HIA's free contracting

principle, reflect the law's hybrid character.

The HIA 2006 provides coverage for essential curative care tested against the criteria of necessity, proven efficacy, cost effectiveness, and individual responsibility. Under the insurance scheme, the insured may opt for a benefits-in-kind or reimbursement model, or a combination of both models. Although both models guarantee a standard insurance policy, under the reimbursement model, the insured have free choice of provider. Under the benefits-in-kind variant, the insured are limited to the types of care provided by contracted health providers.

Though the HIA 2006 makes a commitment to equality in health care, in reality the Netherlands has seen a move away from equal access since 2006. It is notable that the introduction of this legislation has achieved a turn in views about equality. For instance, in March 2006, it was announced that hospital A had entered into an agreement with health insurer Z that the waiting times for a cataract operation would be shorter for its policyholders than for policyholders of other health insurers. A similar idea was launched by hospital B planning a 'business club' for preferential treatment of workers. Years ago, such preferential treatment, in the provision of medically necessary care, would have caused

more of a furore. In defence of preferential treatment schemes, advocates claim a Rawlsian-approach rooted in the conviction that the increase in supply will ultimately lead to an overall improvement in the fulfilment of needs. As put forward by the hospital director: 'While it is true that the health insurer's clients would receive care more quickly, this would also benefit the patients on the standard waiting list for cataract surgery'. The Rawlsian argument is that the added profits from the contract with Z will allow hospital A to expand its service capacity, making everyone better off. Nonetheless, their benefit is less than that for the patients from the preferential treatment scheme.

Under the new health insurance scheme, a regressive shift in the distribution of the cost of premiums has taken place. Different from the past, premiums are partly fixed instead of income related. Second, health insurers may offer insurance policy options with a limited number of voluntary deductibles (up to € 500). Insured people receive a discount on their premium in return for accepting a level of financial risk. Third, health insurers can enter into group insurance schemes with employers for their employees and their dependents. The discount may exceed 10% of the premium base for each employee or dependent. As a consequence, healthy individuals may

now reduce their premiums by accepting a high deductible in the unlikely event they require care. It seems that the waning support for the ability-to-pay principle is being replaced by the growing importance of the factors 'freedom of choice' and 'socio-economic status'. Under the HIA, unhealthy and needier individuals enjoy less freedom of choice than their healthy and more affluent counterparts. Where there is still freedom of choice left, their options are limited to choices that conflict with their health care interests. When discussing the right to health care as the right to access to effective care, the access for unhealthy and needier residents of the Netherlands is more limited in financial terms. Liberalizing the Health-care providers market and prices

Except for the health insurance reforms, in 2007 the hospital planning system was abolished. Under the new hospital admission system, the government's role is restricted to setting preconditions. The rationale is that consumer demand and market competition in the hospital market will determine the required hospital capacity. Withdrawal of governmental interference in capacity planning was replaced by promoting entrepreneurship, creating a level playing field between competitive health insurers contracting hospitals, and liberalizing health care

prices, achieving equilibrium between demand and supply.

Apart from suggested positive effects on efficiency improvement and innovation, what remains are general concerns about accessibility and quality of for-profit hospital care (risk selection 'healthy' patients). In its latest assessment the Dutch Health Inspectorate gave moderately positive reviews of the quality of care provided by for-profit private clinics. Since the reliability of quality indicators was not part of the assessment, doubts remain. In terms of access, these private clinics have contributed to waiting list reduction for certain interventions (surgery, orthopaedics and ophthalmology) by extending capacity and considerable cost reduction due to lower fees in hospitals (av. 22 %). Since these clinics are located only in major cities, accessibility is limited to densely populated areas.

Final remarks

The shift towards a private, for profit based health insurance scheme has caused concerns in terms of equal access to health care services. Financing health care, under the new health insurance regime, factors like 'freedom of choice', 'health care needs' and 'socio-economic status' became more important, whereas the 'ability to pay' principle has waned. Given the limited options of unhealthy and needier individuals,

a substantial inequality in access to health care between several socio-economic groups will occur.

While privatizing health insurance seems to undermine equal access to health care, the impact of free prices and liberalizing the health care providers market is less pronounced. One of the reasons could be the step by step introduction of a less strict health care prices regime and the limited number of private for profit institutional providers. So far, efficiency improvement by introducing private capital on a competitive hospital market is primarily based on economic assumptions. Apart from waiting list reduction, quality of care provided in private clinics remains an issue of concern. At the same time, foreign experiences with public-private partnership arrangements in health-care describe an alarming picture. Distorting resource allocation and uncertainty about long-term affordability may lead to serious financial deficits and to plans for further cuts to services under the basic insurance scheme. It does seem that a public-private partnership policy in healthcare further complicates the already difficult task of guaranteeing equality in access to health care.

André den Exter,
Erasmus University Rotterdam

MEDICAL LAW IN ETHIOPIA: THE BEGINNINGS



James C. Johnston

Ethiopia is arguably the most medically underserved nation on the planet, with 2,152 physicians for over 90 million people. It may seem paradoxical to consider legal and ethical issues in a country with such limited resources. There is a compelling need to address these matters, in order to improve medical education, provide higher quality patient care and advance research in basic science, clinical and public health. Ethical dilemmas and legal consequences in this nation are rapidly becoming an ever present concern due to the advent of sophisticated diagnostic and therapeutic options, expansion of neurological services, heightened patient expectations, a developing legal community and a myriad other factors. This region is virtually devoid of any established ethical or legal mandates. For example, the legal ramifications of epilepsy, dementia, neonatal disease, chronic pain and related disorders have not been addressed. There are no brain death standards. Informed consent

is often ignored. Privacy is non-existent. Research ethics remain in their infancy. The Legal Medicine Institute was established in 2010 for the purpose of formally addressing these and related matters.

Initiating a legal medicine program, in the absence of any foundation or support, has proven to be an enormous challenge. It is compounded by the limited resources, community burdens and day to day adversity in an African nation torn by social disturbances, political strife and severe financial constraints. This program was established within the Department of Neurology at the Addis Ababa University School of Medicine, a decision predicated on several unique reasons: neurology generates more fundamental ethical and legal issues than any other specialty, the Department is well-organized, cohesive, and growing with Western style training methodology, and the members acknowledge an urgent need for legal and ethical directives. The Institute recognizes that this is a lengthy project which must advance in discrete stages.

The first phase involves developing an educational foundation, recognizing that the disciplines of legal medicine and medical ethics are interconnected and must be taught in unison. The dual goals of education and public awareness must be addressed simultaneously through inte-

grated training focused on the limited healthcare providers within the University system. Otherwise, it would be a failure from the outset due to local practice conditions, regional variations and extreme cultural mores, including the high prevalence of traditional healers. Within this framework, a series of introductory lectures were provided, in 2009 and 2010, to cover the basics of medical law and to explain the reasons for establishing such a program. In 2011, we held the first Legal Medicine and Medical Ethics seminar, with an international team from New Zealand, Norway, Turkey and the United States, including a leading medical ethicist, a neurologist-attorney, a pediatric specialist focusing on ethical issues, and a neurosurgeon with extensive legal and ethical experience. These lectures and seminars will continue, along with training through an ethics curriculum provided as part of the American Academy of Neurology Continuum program. In order to advance this project, the next Legal Medicine and Medical Ethics seminar will be conducted in association with the annual Ethiopian Medical Association meeting. Hopefully this will improve awareness among the medical community and encourage broad support. This is where we are today, less than two years after formalizing the Institute. We have encountered several barriers and

some may be overcome by ensuring that individuals and NGOs work with the local health ministry, allowing this nation to determine its own particular needs, which should be met by establishing ongoing partnerships with developed nations. The second phase will involve expanding this neurology based program to an interdisciplinary setting across time, space, courses and departments. It must be horizontally and vertically integrated into the curriculum, ranging from undergraduate course work to post-graduate training. The material must be systematically introduced to comport with increasing patient care throughout the training period, and incorporated into the board examinations. Syllabi will have to be adapted for compatibility with local practice conditions and circumstances, with particular attention to cultural, social and language barriers, as well as varied religious beliefs in this extremely diversified country. This will necessitate identifying and recruiting local staff to develop relevant ethical and legal courses, addressing basic principles of ethics and medical law, legal and ethical aspects of practice, medical licensure and privileges, communication and consent, physician-patient relationship, patient safety and medical errors, public health matters, research ethics, forensic sciences, and legislative and judicial

aspects of practice. There must be cooperation of senior academic practitioners in medicine and law, along with internationally developed faculty courses and workshops.

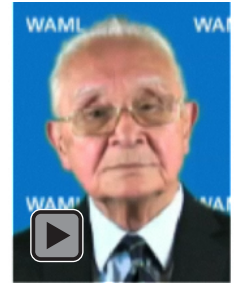
In the third phase, after faculty are recruited and trained, the University must ensure these legal medicine and medical ethics courses are mandatory, systematically introduced, and encompass 20 to 25 hours in each academic year. Continuing education is essential. It is expected to take at least a decade to reach this point, before advancing to the fourth and final phase – expanding beyond the capital city of Addis Ababa, to reach the other nine medical schools spread throughout this large region. Hopefully, the surrounding countries in the Horn of Africa will follow suit, using Ethiopia as a model for their own programs.



James C. Johnston, MD,
JD, FCLM, FACLM
Addis Ababa University
Department of Neurology

June 2012 President's Letter

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Thomas T. Noguchi,
President of WAML

As we are preparing to attend the Brazil Congress, I would like you to know that this Congress is very significant to the WAML, since it is the first World Congress on Medical Law (WCML) to be held by the World Association for Medical Law (WAML) in South America. I would like to urge all members to attend the World Congress in Maceio, Brazil from August 7 through August 10. I am looking forward to meeting you in Maceio and to personally welcoming you.

Looking at the schedule, we expect to see many attendees who are members of Brazilian organizations and collaborating associations from Central and South America. We are looking forward to meeting you there, not only old acquaintances but also many new members. This is an excellent opportunity for us to develop an expanding network and recruit new members for WAML, looking to the future.

Schedule of Congress

Events:

The WAML Board Meet-

ing is scheduled for Monday, August 6 from 8 a.m. to 3 p.m. The Council of Presidents Meeting begins afterwards, from 4 p.m. to 5:30 p.m. The Board Meeting is open to the WAML membership. The Governors will be seated at a U-shaped table, and other WAML members will be seated in the audience section. Those members, who are presenting a report to the Board, should be seated and wait until called. There are four registered candidates for the election of new Governors. Those candidates may stay in the audience section during the Board Meeting. At this Board Meeting, the Governors will select the 2016 Program Chair for the World Congress on Medical Law and Bioethics. Newly elected governors at the Board Meeting must be approved by the General Assembly. This Assembly is open to all WAML financial member attendees and is scheduled at 6 p.m. on Thursday, August 9. Only Credentialed Members sit in the front rows and vote. You will need a Member Credential tag. Members: Please stop by the WAML Membership Desk in the Congress Registration Booth and obtain a Credential Tag. Starting in 2016, the World Congress will be planned by the WAML Program Chair, supported by the Scientific Committee, and will be managed by the WAML Meeting Manager. The Board has approved this Central Program Man-

agement for future meetings to assure more professional management, such as setting the standard of deadlines. Our goals are to provide well-structured, quality programs with distinct learning experience and updating of our knowledge. With this new arrangement, the Program Chair for the World Congress will not be financially responsible for the business aspect of the meeting planning.

The Program Chair will work closely with the Meeting Manager and the WAML Scientific Program Committee to bring experts on selected subjects as Plenary Speakers to maintain the distinctive theme.

In order to make a smooth transition to this new system in 2016, the WAML will be working closely with Congress President of the WCML in Indonesia 2014.

In order to become progressively more involved in educational activities, the Executive Committee (EC) has adopted the concept of having a WAML Congress annually rather than biennially as it is now.

Education Committee

The Executive Committee appointed the Education Committee to take up multiple aspects of education. The Executive Committee placed priority on 1) academic research, 2) education using various media such as radio, TV, and video, 3) international collaborations, 4)

workshops, online education and didactic credit courses planned for future congresses. Adv. Oren Asman was appointed by me, as the President, to be the Chair of this Committee and will coordinate its educational initiatives. In the future, we would like to have year-around educational programs. We would like to include more WAML members to serve on this Committee, so if you are interested in serving on the Education Committee, please contact us. As the WAML continues to work together with national and international organizations, we receive many requests for endorsements for upcoming international and national meetings, specifically on the scientific programs. The EC adopted the following guideline, so we will properly recognize the collaboration.

Suggested guidelines for WAML sponsorship, endorsement and involvement in various events

Level I

Properties: WAML is the Organizer and Sponsor for the World Congress for Medical Law or International Congress on Medical Law.

Entitlement: WAML will support and publish the event in every available vehicle: The International Journal on Medicine and Law; The WAML website; The WAML Newsletter; Membership email message system; other postings.

Level II

Properties: WAML Collaborates as Co-sponsor of the event (congress/symposium/professional meeting) together with a National or International association in the field of medicine, law and/or bioethics, which is also affiliated with the WAML/member of the COP. Involvement of several WAML members in the scientific program (either as organizers or as presenters) is essential for such an endorsement.

Entitlement: WAML will support and publish the event in one or more of the following: The WAML website; The WAML Newsletter; Membership email message system; other postings.

Level III

Properties: A national or international association or organization seeks a WAML endorsement of its scientific program. At least one of the organization members is a WAML member and has taken steps to apply for the membership in the Council of Presidents (CoP)

Entitlement: WAML will support and publish the event in one or more of the following: The WAML website; The WAML Newsletter; other postings.

Level IV An Association with no prior ties with the WAML and not known to the EC asks for endorsement, publication or another collaboration. The association is required to submit details about its history, and the specific program. One of the EC

members is assigned to evaluate and recommend to the EC for approval.

Entitlement: depending on the EC decision: WAML may support and publish the event in various ways, including: The International Journal on Medicine and Law; The WAML website; The WAML Newsletter; Membership email message system; other postings. A fee may be requested to support the WAML by the requesting organizations.

Thomas T. Noguchi
President, WAML

Secretary- General's Report



Prof. Roy Beran,
WAML Secretary General

It is halfway through the calendar year and only a couple of months away from the World Congress. Things are hotting up for the Congress with behind the scenes activity gaining momentum.

Under the Presidency of Professor Noguchi, the way the World Association for Medical Law (WAML) is being run is dramatically changing. Ms Denise McNally, our Administrative Officer, is keeping

up a head of steam in the engine of our locomotive. She is making sure that organs of the WAML are up to the task, chasing members of the Council of Presidents to ensure everyone is doing what is expected of them, seeking letters of support from affiliated bodies and reviewing membership status of all those seeking election to various WAML positions.

The way the Executive Committee operates has seen oldies, like me, dragged into the 21st century. We communicate regularly by email but that is nothing new. Now we also have monthly face-to-face meetings with video conferencing at no cost to the WAML. We are having the opportunity to actually discuss matters of concern with immediate feedback. While the system does not always work perfectly, as each of us gain in experience so too does the process improve. It is an interesting exercise to get our four members of the Executive to co-ordinate the time of these meetings, which take place on Friday night, California time, which equates to late Saturday afternoon in Wellington, New Zealand, and times in between in Australia and Israel.

One of the issues being discussed is how to plan for the future and a part of that issue has not yet been properly decided, but also reflects the changing modus operandi of the WAML. Professor Noguchi

is coming up to the end of his first term as President of the WAML and also the end of his tenure as an office bearer, according to the current statutes. The same could be said for me, well not so re my terms as Secretary General, but definitely as an office bearer. This would see the momentum within the administrative executive changing direction before Professor Noguchi has realised the many innovations he is trying to orchestrate.

The crafters of the statutes foresaw this possibility and included a clause, which allowed extension of tenure if the defined majority of the Board of Governors deemed it in the best interests of the WAML. This requires a Board of Governors meeting and uses the facilities put in place by the previous President, Professor Carmi, who presided over the first electronic online Board of Governors meeting, co-ordinated by my predecessor, Secretary General Professor Rafael Aguiar-Guevara. This online Board of Governors meeting will take place in the first week of June, after the writing of this Secretary-General's report, but prior to the publishing of the Newsletter. I refer you to the "Stop Press" inclusion within this Newsletter for the outcome of that meeting.

It is truly a time for change within the WAML, namely either the moves set up by Professor Noguchi,

the current President, will continue, with a possible return to both International and World Congresses occurring on an annual basis and co-ordinated by our Administrative Officer and elected meeting co-ordinator, Denise McNally. Alternatively, the whole executive of the WAML may completely change with both Professor Noguchi and myself retiring from the executive and passing the WAML over to a new team. For myself, this Newsletter provides a vehicle with which to state publicly that I will neither canvass Board of Governors support for the extension (acknowledging that this report is being written before the planned online meeting) nor will I vote in any motion put to the Board concerning this particular issue. I do not seek, nor expect, the extension of tenure and I had every intention of stepping down from the Board and the Executive in Brazil. My reason for submitting myself for candidature was as a show of support for Professor Noguchi, rather than any notion of personal ambition. I declare a true conflict of interest and hence will take no part in the proposed motion for extension nor in the vote to follow should the motion be put. I do this with the full knowledge that by the time this Newsletter goes to press the decision will have been taken and I also declare that I will abide by any decisions taken by the

Board. (This entire paragraph should be rewritten if the BoG decision has been made.

Whatever the outcome of the Board's deliberation in that first week of June, let me say it has been a great honour to serve the WAML for so many years in my various roles as: The Australian representative on the Board of Governors; as the Executive Vice President; and as the Secretary General. It has been a steep learning curve, which at times was less than easy, especially when my opinions did not concur with those of people whom I deeply respect and with whom I hope I have maintained, and will maintain, a life-long friendship. It has taught me the need to maintain personal integrity above and beyond any other consideration. I have learnt to stand up for what I believe and to accede to the views of others when their position is proven more valid than is my own. My time with Professor Carmi and Professor Noguchi has been extremely rewarding and I thank both these Presidents for the lessons learned.

I have no way of knowing what, if any, will be my role in the WAML, at the time of writing this report, but even as a rank and file member (should Professor Noguchi's expectations not be realised), it has been my reward to be part of this international organisation. Either way,

I encourage each of you, the readers of this report, to become more active in the WAML. I can assure you that no matter what role you play in the organisation, the more involved you become, the more you give, the more active you are – the greater will be the personal benefit to you, the more you will learn both about the WAML, but more importantly, about yourself. It is always the right time to stand up and be counted. Make this your time – as either way – most of my time is behind me.

Roy G Beran
Secretary- General
WAML

My Hobbies

Prof. Roy Beran,
WAML Secretary General

If you have read my Secretary- General's Report you will be acutely aware that, at the time of writing, this has been a time of personal reflection. When asked to write about my hobbies I was forced to reflect upon my life and whether I have any hobbies. For me, life has just been one big hobby, a great party of living and a wonderful chance to savour those things that I have been most fortunate to enjoy.

While I love my job, my various professional roles and the great experiences I have been allowed to enjoy, I realise that my family, especially my beautiful

wife, Maureen, has been my number one joy. Before we married I was warned it would never last – and maybe they were right – as we have only been together for 40 years – but if your partner is not your number one hobby then life has little meaning! Next come my fabulous children, well they all think they are adults, and technically they are, but to me they will always be my children, as will their children! So my number one hobby is family, and, while my family would probably say that work always comes first, I can honestly say that nothing is more important than my number one hobby – my wife and family.

Being in such an exciting profession has allowed me to experience another of my hobbies – travelling – seeing new places, experiencing new cultures and being part of the world. The WAML has contributed to that and I have loved my travels. The only downside is that Maureen hates planes, which does depreciate the full enjoyment of my travel hobby. While writing this account I realise that writing is another of my hobbies – getting my views out there for others to consider is a great reward. Sometimes being proven right, even if only occasionally, is a pleasure, especially if one's views are at odds with accepted dogma. I have been so fortunate to have published a number of books, both editing the

writing of others and producing my own, fully self-written books and papers, starting with my children's book Learning About Epilepsy, which was the brain-child of my teacher and mentor, Maureen!

My mother taught me to collect stamps and coins but I never fully got into these, except that I now collect and hoard almost every collectable I can – having contributed to Maureen's collection of Coca Cola memorabilia and hall-marked silver thimbles. As we prepare to down-size, I am having to face the need to part with some of these treasures but it is the collecting, rather than the having, which is the hobby and I suspect I will collect something, I know not what, all my life. Maureen accuses me of even trying to collect degrees and diplomas and she may well be right, having just sought another fellowship of a professional College in this the autumn of my career.

I do enjoy activity and when time permits enjoy surfing and skiing, which I appreciate more and more when I realise that, as one ages, so too does the capacity to participate in these activities reduce. My son convinced me to go to the gym with him and now, more than half a decade later, we still try to join up once a week, which combines two hobbies – physical activity and family.

I could go on and on, setting out my hobbies such

as reading on holidays, learning new aspects of life in the Navy, learning more about medicine and the interface of medicine and the law, learning more about people, patients and most importantly also about myself, but I suspect I have bored you enough. My absolute hobby is life – experiencing as much of it as I am allowed – especially if I am able to share that experience with family and friends who remain at the top of the list of my hobbies.

The greatest hobby and the greatest gift is to take time to appreciate how fortunate you are, how much you have, how rich you are (not just in monetary terms) and how good it is to be alive. Perhaps my number one hobby, even more important than partner and family, is to reflect on what I have been able to do, to have and to enjoy.

Roy G Beran
Secretary- General
WAML



REPORTS FROM THE WAML AFFILIATED NATIONAL ASSOCIATIONS



AUSTRALASIAN COLLEGE OF LEGAL MEDICINE

P.O. Box 598
NORTHBRIDGE NSW 1560

ABN: 90 076 857 031

Date June 1st, 2012

Denise McNally
World Association for Medical Law

Dear Ms McNally,

I regret that I am unable to attend the WAML Congress in Brazil in August.

However I am delighted that Dr Roy Beran, our College's Vice-President (and past President), is able to attend as my proxy on the Council of Presidents.

Yours faithfully,

Allan Hunt

MB BS, D(Obst)RCOG, FRACGP, M Hlth Med Law, FACLM

President

Office: (02) 9402 9565
Fax: (02) 9449 4254
www.legalmedicine.com.au

President: (02) 9415 3800

Censor-in-Chief: (03) 9642 2157
Mobile: 0415 992 444
Email: robert@legalmedicine.com.au

Name of the organization:	Australasian College of Legal Medicine
Address and contact information:	PO Box 598 Northbridge NSW 1560 Australia Telephone: +61 2 9402 9565 Fax: +61 2 9449 4254 Email: aclm9@legalmedicine.com.au
Total number of members:	211 - mostly in Australia or New Zealand 185 Medical, 13 Dental, 13 Honorary Fellows 101 Fellows, 39 Members, 71 Associates
Name of Officers:	President Allan Hunt Vice President (Academic) Brendon Gray Vice President (Administration) Roy Beran Censor in Chief Donal Buchanan Treasurer Tom Boland Secretary Sandra Johnson Administration Senior Executive Officer Robert Bishop

Brief description of the history etc:

The Australian College of Legal Medicine (ACLM) was inaugurated in Sydney on 11 November 1995. It provides a network for doctors and dentists who have completed dual qualifications in law, and medicine or dentistry, or whose areas of practice are impacted on by the law and who have consequently elected to undertake internal College or external training to gain at least a basic understanding of the law as it applies to their practices for the benefit of their patients. The aim is to provide the medical profession and the community with a better understanding of the legal implications involved in the practice of medicine, as well as to provide unique medical and legal insight into many medical issues not available to non-dually qualified doctors or lawyers.

The College has slowly grown to its present size from just a handful of members. For a time the College sponsored a Masters course in health law at a Queensland university. However with the departure of the course coordinator this has lapsed, with the result we are negotiating with other universities to establish another Masters course. In the meantime relevant qualifications can be gained at a number of universities in Australia. With the expansion of the College a change in name (to the Australasian College) to reflect this was adopted in 2010.

The College continues to conduct intensive courses in Basic and Practical Law, and Expert Witness training. Access to these is open, and past candidates have included members of paramedical professions. At present we are undertaking a review of our CPD (continuing professional development) program so that it will meet the requirements of the health practitioner regulators in Australia and New Zealand.

In addition to these courses the College conducts an Annual Scientific Meeting. In 2010 this was held in Adelaide, South Australia, and in 2011 in Queenstown, New Zealand accompanied by one of the heaviest snow falls on record!

The college will shortly relinquish its ties with our present British journal, and replace it with an Australian journal which is edited by a senior barrister and academic who is one of our Honorary Fellows. The College also publishes a quarterly newsletter. This contains news, information for members, and the dates of forthcoming events and conferences both local and overseas, along with short articles and papers.

Achieving specialist recognition remains a goal of the College. Unfortunately this has been hampered in Australia by the centralisation of the regulation of health practitioners. To date, only in one state (Queensland) are qualified forensic physicians are recognised as such, and paid at specialist rates.

Significant progress has been made, but there is still much to achieve.

WAML Educational Committee Formed



Oren Asman
WAML Treasurer

The WAML Executive Committee (EC) activated the WAML Education Committee after discussing the matter on several occasions. I was honoured to be asked by President Noguchi to chair this committee and, together with other active and interested WAML members, to plan, promote and collaborate its future activities. The important challenges the WAML faces include the need to continuously provide information, discussions, educational activities and “food for thought” for its members and interested parties, while enhancing the international character of our association and providing an opportunity to interact both on an academic level and a professional and practical level, in matters pertaining to Legal Medicine, Health Law, Forensic Medicine and Bioethical related matters.

The main goal of the Education Committee is to promote educational initiatives on various levels, encompassing a wide range of issues related to Health Law, Legal Medicine and

Bioethics. It will promote international collaboration and strive to enhance cooperation between the WAML with academic institutions and organizations.

The working language of the committee will be English but, in order to reach a wide audience, and in accordance with its resources and available collaborations, the committee will promote its activities in various other languages as may be possible.

The planned activities include written, oral and recorded lessons, papers, lectures, courses and workshops to be provided by, or in collaboration and under the auspices of the WAML.

The committee will include several subcommittees, comprising various WAML members. Initially, the following subcommittees were formed: Publication and Academic books subcommittee (Prof. Roy Beran); Communication subcommittee (Dr. Radmila Hrevtsova); International collaborations subcommittee (Adv. Andre Pereira) and the CME courses and accreditation subcommittee (Dr. Richard Wilbur).

The activities of the committee will be introduced to our members through the WAML website and published regularly in the WAML Newsletter.

Members interested in taking part in the Education Committee activities are encouraged to contact us. If you have any ideas,

suggestions, a project you wish to initiate or in which to have the WAML take part, please contact me on the email address provided below.

Oren Asman, Adv.
Chair, Educational Committee
orenasman@gmail.com

International (Third All-Ukrainian) Congress on Medical and Pharmaceutical Law, Bioethics and Social Policy in Kiev: Continuation of the WAML Cross-Fertilization Activities



Radmyla Hrevtsova

Oren Asman
WAML Treasurer

Continuing the collaboration and cross-fertilization efforts between the World Association for Medical Law (WAML) and national associations, the WAML endorsed The International (Third All-Ukrainian) Congress on Medical and Pharmaceutical Law, Bioethics and Social Policy that was held on April 19-21, 2012, in Kiev. The event was organized by the Ukrainian Medical and Legal Association, associated with the WAML,

as well as by the Academy of Advocacy of Ukraine, the Union of Advocates of Ukraine, the Ukrainian Doctors' Association, the Committee on Bioethics at the Ukrainian National Academy of Sciences, and the Information Center on Bioethics. It was also supported by the Ministry of Health of Ukraine, other state organs, scientific institutions, educational establishments, and non-governmental organizations in the sphere of health, law and bioethics. The Congress was unique for Ukraine in terms of its endorsement by international and foreign professional organizations, including the WAML, the European Association of Health Law, UNESCO Chair for Bioethics, the Section on Psychiatry, Law and Ethics at the World Psychiatric Association, the National Association for Medical Law of the Russian Federation and the Brazilian Association for Health Law. Representatives of the WAML contributed greatly to the success of the forum.

The Congress was attended by more than 200 experts from the Ukraine and other countries (such as Belgium, Brazil, France, Georgia, Great Britain, Hungary, Israel, Ireland, Macedonia, the Netherlands, Poland, Russian Federation, Turkey and USA.).

The first and second days of the meeting were conducted at the historical building of the Scholars'

Palace and the third day took place at the Academy of Advocacy of Ukraine.

A number of the WAML members actively participated at the plenary and sectional sessions as well as at the symposia held within the framework of the Congress.

The first plenary session was devoted to the trends of development of medical and health law. Prof. Amnon Carmi (Israel), Prof. Henriette Roscam Abbing (the Netherlands), Prof. Yuri Sergeyev (Russian Federation) and Dr. Radmyla Hrevtsova (Ukraine) shared their views on the present and the future of medical law in the world, in Europe, in post-Soviet countries and in Ukraine respectively.

The Congress participants discussed a great number of burning issues of health, law and ethics at the subsequent sessions of the Congress. Required changes in health care systems, in order to meet new challenges, were among the main topics. An interesting lecture was given by Asst. Prof. Dean Harris (USA) who spoke about the continuing struggle for health care reform in the United States. Much attention was paid to medical malpractice liability: the important question of "Clinical Guidelines or Expert Witness Testimony – What Will Prevail?" was raised by Adv. Jonathan Davis (Israel). Health care institutions' liability in medical practice was discussed in detail by Dr.

Sibilla Buleca (Ukraine). The draft Ethical Code of Patients' Movement was presented by Dr. Zoryana Chernenko (Ukraine). Ethical and legal issues of the application of new technologies in medicine and pharmacy were also in the focus of the Congress. A thorough review of Turkish legislation on medical research in the international context was provided by Prof. Berna Arda (Turkey) at the plenary. Sanja Jovanovska (Macedonia) suggested the topic "Chimerism: a myth becoming the reality" for the attention of participants who continued the discussion.

Interesting exchange took place at the symposium "Legal and Ethical Issues of Assisted Reproduction Technologies." In many countries, legislation regulating the use of assisted reproduction technologies has recently undergone considerable changes. The necessity to take the socio-cultural context into account, while elaborating the changes, was stressed by Adv. Marianna Chaves (Brazil). The important issue of unequal access to assisted reproduction in Europe that brought reproductive tourism to reality was raised by Prof. Anne-Marie Duguet (France). The heated discussion will be continued in the activities of the working group on surrogacy motherhood that is to assess the research findings and suggestions to the legislators during the forthcoming

international meetings.

The discussion, held during the symposium "Psychiatry, Psychology, Law and Ethics" was thought provoking with the discussants recognising that the sphere of psychiatry and law is less developed in post-Soviet countries than, for instance, in the USA, Western Europe or Israel. The symposium provided a new step to draw more attention to this domain. Adv. Oren Asman and Dr. Tal Bergman-Levy (Israel) devoted their presentations to ethical, legal and organizational aspects of risk management in psychiatry. Adv. Washington Fonseca (Brazil) discussed the issue of protection of mentally ill patients in terms of ensuring their autonomy. Ukrainian lawyer, Tetyna Yablonska, pinpointed that, in post-communist countries, psychiatry was no longer used for political purposes but special efforts should be made to eliminate the wide spread practice of abuse of psychiatry for financial purposes.

Much attention was also paid to medical law and bioethics education. Prof. Natalia Sedova (Russian Federation) offered an interesting presentation about the linkage between medical law and bioethics in the course of teaching those disciplines. Prof. Amnon Carmi (Israel) presented the UNESCO core curriculum and booklets on bioethics education. One of the important recommendations of the

Congress was to adopt and implement bioethics teaching, adopting these methods.

As far as future bioethics and medical law educational activities are concerned, a number of events were mentioned and presented to the participants, including the European Summer School on Medical Law and Bioethics in Toulouse (France), the 19 World Congress on Medical Law in Maceio (Brazil), the International Conference on Bioethics Education in Tiberias (Israel) and other international and local events and initiatives.

Prof. Amnon Carmi, Honorary President of the WAML and holder of the UNESCO Chair in Bioethics, received the diploma of Doctor Honoris Causa for his long-lasting contribution to Medical Law and Bioethics worldwide, at the open meeting of the Academic Board of the Academy of Advocacy of Ukraine. He gave a speech about the desired character of a judge and the administration of justice. The ceremony in which many of the Congress participants took part was indeed very impressive. It was ended with the picture of Prof. Carmi and other esteemed professors and the younger generation of the WAML.

The above is only a glimpse of the forum giving an idea of the participation and input of the WAML members. In general, more than 100 presentations were made during

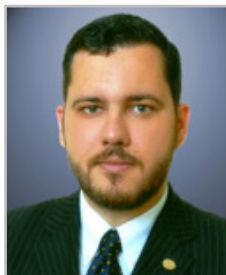
the plenary and sectional sessions of the Congress as well as at the two symposia conducted within its framework.

The Congress was remarkable not only with a very intensive scientific program but also the warm and friendly atmosphere. It served as a great opportunity for the WAML members and the non-WAML experts to discuss various issues from the international perspective, to spend time together, to network and to discuss the new collaboration initiatives.



Adv. Radmyla Hrevtsova,
President, Ukrainian
Medical and Legal
Association
Oren Asman, Adv.
Treasurer, WAML

WAML Brazil Update



Eduardo Dantas

WAML Vice-President

The countdown is on, as we approach August, and the organizing committee is working hard to provide the WAML members and Congress attendees a memorable experience.

Over 200 papers and presentations have been accepted from more than 45 countries. That alone can assure us that, yet again, the WAML will accomplish one of its goals, which is to integrate scholars from all around the world, in the promotion of education on health law, legal medicine and bioethics through the exchanging of experiences.

There will be parallel sessions, workshops and seminars during the four days of the event, bringing together different associations and organizations devoted to the ideals of the WAML.

As a pre-congress activity, on August 6, the Brazilian Superior Court of Justice will participate at the National Forum on the Judicialization of Health, an event organized by the Brazilian Association for Health Law. With the judges from the Superior Court, we intend to deepen

the discussions, to elevate the quality of the debate and to point out solutions to the most urgent issues that confront health law, legal medicine and bioethics..

The city of Maceió is prepared to receive the Congress attendees, with its newly built hotels, exquisite restaurants and natural beauties. There is still time to register and to submit abstracts, and we hope to see you. Join us in this most exciting venture and share your views, experiences and opinions with us.

Eduardo Dantas,
WAML Vice-President



WAML Brazil

August
7 - 10,
2012

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

Summer School on Health Law and Ethics

June 18-29, 2012

Rotterdam

E-mail: info@erasmusobservatoryonhealthlaw.nl

Website: www.erasmusobservatoryonhealthlaw.nl

22nd Congress of the International Academy of Legal Medicine (IALM 2012)

July 5-8, 2012

Istanbul, Turkey

E-mail: info@ialm2012.org

Website: www.ialm2012.org

19th WCML WAML CONGRESS

August 7-10, 2012

Maceio, Brazil

Contact: Eduardo Dantas

Email: eduardodantas@eduardodantas.adv.br

Website: www.2012wcml.com

UNESCO Chair in Bioethics 8th International Conference on Bioethics Education:

Contents, Methods, Trends

September 2 – 5, 2012

Eastern Shore, Sea of Galilee, Israel

Email: seminars@isas.co.il

Website: <http://www.isas.co.il/bioethics2012/>

National Association of Medical Examiners 46th Meeting "The National in Miniature – Little Things are Important"

October 5 – 9, 2012

Baltimore, MD

Contact: Denise McNally

Email: name@thename.org

Website: www.thename.org



WAML
Brazil

August 7 -10,
2012



<http://www.facebook.com/thewaml>



<http://twitter.com/thewaml>

WAML Newsletter Production Team

Editor-in-Chief:

Richard S. Wilbur, MD JD

Guest Editor:

Jonathan Davies

Coordinator:

Denise McNally

Graphic designer:

Raul Vergara



Do You Have an Idea, Comment, or Suggestion?

Please contact

Denise McNally

mcnallyd@cvalley.net



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Interactive Index

19th World Congress
of Medical Law 1

Introduction of Four
2012 New Governors 3

Secretary- General's
Report 5

19th World Congress on
Medical Law –
The Making of 6

Report from the WAML
Education Committee 7

The new WAML
QR code 8

Future Meetings 9

President's Report



Thomas T. Noguchi,
President of WAML

19th World Congress of Medical Law

The convention city of Maceio, Brazil is famous for beautiful beaches and its coral reef. Maceio is more relaxed and away from the big city atmosphere, thus it is a popular meeting place and resort for Brazilians. The WAML Board of Governors Meeting was held at the Maceio Convention Center on August 6, 2012 beginning at 8 A.M. and twelve Governors attended. All reports had been sent to the Governors prior to their arrival. There were three scheduled meetings: 1) Recommendations and selection of governor-candidates to the General Assembly, 2) Hearing on the progress of the Indonesia Congress scheduled for 2014, and 3) Selection of the 2016 WAML Congress Program Chair. In the afternoon,

there were breakout sessions to discuss and make recommendations to help with planning on future educational activities and Congresses.

I presided at the Board Meeting with Secretary General Roy Beran, Treasurer Oren Asman and the Administrative Officer Denise McNally at the head table. The first hour was used for adopting the routine minutes and reports, Dr. Nasser, President for the 2014 Indonesia Congress, brought his designated Co-Chairperson Dr. Bahtiar Husain to be his direct contact person with the Executive Committee. Los Angeles was selected as the 2016 WAML Congress site, and the Program Chair will be Prof. Tom Noguchi.

The Council of Presidents

Meeting was held immediately after the Board Meeting, and two issues were discussed: 1) What the WAML can do for the National Associations, and 2) what the National Associations can do for the WAML. We will be further developing the report on this topic.

The Maceio Radisson Convention Hotel is on the beach street. There are many restaurants within walking distance. In the evening, the Indonesia Host Organization invited the governors and selected guests, to dinner, renewing acquaintances and energizing support for the Indonesia Congress in 2014.

The first day of the Congress on Tuesday, August 7, the Opening Ceremony was impressive. The func-



Dr. Nasser seated extreme right
and Co-Chair Dr. Bahtier Husein

Disclaimer

The articles presented in this newsletter express the views of the authors and do not necessarily reflect the attitudes or opinions of the WAML



WAML Membership Service Booth



Delegates networking during lunch

tion was held in a large auditorium, and the President and Secretary General spoke. The WAML scientific sessions were presented in English with several simultaneous sessions in other languages. All delegates appeared to be very enthusiastic and networking with other old and new delegates was very apparent. In a central area, a full lunch was served. Near the lunch area, the WAML Booth was set up among the commercial exhibits and souvenir booths. Our Administrative Officer, Denise McNally and her husband, Steve, who worked as a fulltime volunteer, manned the WAML Booth. We had prepared Portuguese and Spanish

translations of the WAML Newsletter June Issue and the Membership Brochures. All of these were picked up by delegates on the first day. Therefore, any who came too late left their names and e-mail addresses so that Denise could send them versions of the material and maintain contact. We found English is not regularly spoken in the South America, and when the many non English speaking enthusiastic delegates came to talk to us, we managed to find delegates, who assisted us and translated, so we could talk about for future meeting with them, and we were able to explain the WAML organization.

Coffee breaks and lunchtime were

the busiest times for the WAML staff. , The WAML booth was surrounded by exhibits of Brazilian souvenir items, coconut juice stands, and a health food exhibit.

The next day was also very busy; Dr. Nasser and his host organization often visited the WAML Booth. The third day, August 9, the delegates were more settled, and presentations went well. At the end of the scientific sessions, WAML members met in a General Assembly, for the Membership Meeting. An LCD projector was used to show the agenda, and the voting for the election of governors and on various other issues. On the fourth and last day, August 10, during the Clos-

ing Ceremony, the Congress President reported that a total of 900 delegates attended. The Gala Dinner was held in the nearby museum with an elegant setting. A dance band played, and we joined in the dancing and had a great time. Congress President Dantas sang for us. We all enjoyed the concluding celebration to the overall successful 19thWorld Congress.

Looking back the 19th Congress was indeed a successful WAML Congress.

Some delegates may have felt that the scientific program, abstract book, and full length book should have been available earlier, but despite this it was an all-around success. I did not



World Congress Registration Booth



WAML newly installed members of the Board of Governors

realize how much the colleagues in South America were interested in coming to the WAML Congress. We were glad to have developed membership brochures and the WAML Newsletter in Spanish and Portuguese. I have never seen so many delegates with happy faces. The Gala dinner dance with great music was another successful feature. Without the Governors' foresight in deciding in coming to Brazil, we would not of had this success.

Post Congress Tour in Amazon

The five day Amazon cruise which I enjoyed after the Congress was a lifetime experience for us. I did not realize how much I needed a vacation and so I thoroughly relaxed and enjoyed the trip. The cruise ship left Manaus, the State Capital of Amazonas. At each tributary site we visited, we transferred to small motor boats manned by the crew members and cruised inside the maze of jungle waterways to view exotic birds, fish, animals, fishing perinea, and plants unique to the Amazon, even visiting a native village. The boat crew would have to be Amazonian to be able to guide us through the maze of waterways we encountered.

In conclusion I have to say that the Brazilian Congress was a great success and I am happy to be back at my desk, preparing for the next World Congress of Medical Law and hope

to meet all of you in Bali.

Thomas T. Noguchi
President, WAML

Introduction of Four 2012 New Governors

On the confirmation by the General Assembly of the 19th World Congress on Medical Law, the following four governors were duly elected.

The WAML policies and procedures required that governor candidates must first meet the minimal requirement of service to the WAML, prior to consideration for recommendation by the Board of Governors. The candidate must have maintained at least three consecutive years of paid WAML membership dues, actively participated in the World Congress, and contributed articles to our Journal of Medicine and Law, the WAML Newsletter, or served on one or more WAML Committees.

Upon recommendation by the WAML governors, candidates submit their applications to the Secretary General, at least three months prior to the Board Meeting. Only one governor can be selected to represent each country. Radmyla Hrevtsova – Ukraine



Radmyla Hrevtsova,
Ukraine

Adv. Radmyla Hrevtsova, JD, PhD, is the Director of the Institute of Medical Law, Pharmaceutical Law and Bioethics at the Academy of Advocacy of Ukraine and Assistant Professor of the Academy of Advocacy, where she teaches medical law-related courses. She is head of the Ukrainian Unit of the UNESCO Chair in Bioethics. Having a diverse legal background, she has focused her legal practice on medical law since 1999. Currently she is the managing partner of Kiev Office of "Yurkraft Medical," a law firm that also has an office in Moscow.

She is the founder and the President of the Ukrainian Medical and Legal Association, created in 2006 as the National Association for Medical Law. She is a member of the Board of the Union of Advocates of Ukraine, where she chairs the Commission on new branches of law, and the Deputy Head of the Public Council at the Ministry of Health of Ukraine. She has lectured on medical law-related issues at several local and international

meetings, co-organized three all-Ukrainian Congresses on Medical Law and conducted many training courses and seminars for lawyers, doctors, health care managers, and teachers of medical law.

In 2004, Radmyla Hrevtsova started teaching courses in medical law for law students and was one of the first lecturers on medical law in the Ukraine. She is the author of the model program on medical law for medical students approved by the Ministry of Health of Ukraine in 2009. She is the author of numerous publications in Ukrainian and foreign legal, medical and business periodicals, member of the Editorial Board of scientific journals, including Medicine and Law and The European Journal of Health Law. She is a member of the World Association for Medical Law and the European Association of Health Law. She is fluent in Ukrainian, Russian and English.



Mitsuyasu Kurosu,
Japan

Dr. Mitsuyasu Kurosu is the Head of the Department of Bioethics (Medical Ethics), Tokyo Medical University. He

20th
World Congress
on Medical Law

earned his Ph.D. degree in Medicine at Nippon Medical School. He is head of the Japanese Unit of the International Network of the UNESCO Chair in Bioethics, He is now a Council Member and Chief of Steering Committee of the Japanese Association for Philosophical and Ethical Research in Medicine and Secretary-General and Council Member of the Japan Association of Synthetic Anthropology, member of the Japanese Association of Medical Law, Japanese Association for Bioethics, Japanese Society for Medical Education, and the Japanese Society for Clinical Thanatology

Publications: Books – 1) Study of Review of Brain Death –Criterion for Decision of Brain Death for Children, Organ Transplantation and Bioethics, edited by Kuramochi and Nagashima, 2003 (Japanese); 2) Decision of Death, Legal Definition of Death, in ! & A Medical Ethics, Taiyo Shuppan, 1998 (Japanese); 3) What are the Problems of Brain Death and Organ Transplantation, Philosophy of Life, edited by Tanahashi, Hokuju Shuppan, 1997 (Japanese); 4) Organ Transplantation Law – Issues of Brain Death and Organ Transplantation, 1994 (Japanese).

Articles: 1) Utilization of Human Tissues in Health Care and Medical Study, Medical Philosophy and

Ethics, 2011 (Japanese); 2) Argument on Removal of Respiration Assistance in Japan, Legal Medicine, 2009 (Japanese); 3) Ethical Issues of Presumed Consent in the Use of Patient Materials for Organ Donation for Transplantation, Journal of Philosophy and Ethics in Health Care and Medicine, 2008; 4) Distinctions of Various Reports on Terminal Care – Pursuit of Life with Dignity and a System of Social Security, Gekkan Hodanren, 2008 (Japanese); 5) Basic Viewpoints of Study on Death and Life, Japanese Journal of Clinical Thanatology, 2006 (Japanese); 6) On UNESCO Universal Declaration on Bioethics and Human Rights, Journal of Japanese Scientists, 2006 (Japanese) and so on...

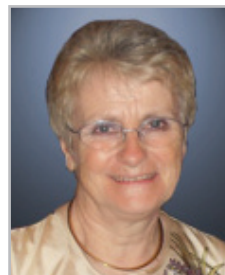


Vugar Mammadov,
Azerbaijan

Vugar Mammadov was educated in Azerbaijan as well as abroad, Russia, UK (University of Dundee and University of Glasgow) and USA (American University in Washington DC) and is the current Head of Azerbaijan Medical Law and Bioethics Association, Professor

of Legal Medicine at the Criminalistics & Forensic Sciences Department of Baku State University, Professor of Forensic Medicine at the Forensic Medicine Department of Azerbaijan Medical University, Deputy Director on Science, Human Rights Institute of the National Academy of Sciences of Azerbaijan, Head of Azerbaijan unit of the UNESCO Chair in Bioethics, author and host of the Bioethics TV program on Azerbaijan Television and Member of the Executive Board, European Association of Health Law (EAHL)

He is a long standing member of the WAML and member of the American College of Legal Medicine, has authored 157 scientific publications (75 abroad), including 2 monographs and 1 textbook; 84 newspaper articles and interviews; and 310 television programs in the field of forensic medicine, medical law and bioethics. He supervises 5 PhD research candidates and 1 postdoctoral dissertation. He is fluent in English, Azerbaijani, Russian and Turkish.



Anne-Marie Duguet,
France

Anne-Marie Duguet holds an MD and PhD in law and is Senior Lecturer at the Medicine Faculty Toulouse Purpan (Paul Sabatier University), where she teaches medical law and bioethics. She conducts her research in the INSERM Unit 1027 Epidemiology and Public health analysis. risks, chronic diseases and handicap In the International Institute on Research in Bioethics (IIREB www.iireb.org); she coordinates the area “Research Ethics,” as president of the ARFDM (Association for Research and Training on Medical Law www.arfdm.asso.fr). She has organized an international network of young researchers in medical law and bioethics since 2006 and a European summer school in bioethics and medical law at Paul Sabatier University. She coordinates research projects supported by the Ministry of Health: REMEDHOS LEGIBIO project, ABROVAC project. She participates in several European projects: EURONIC Project MADO project, (FP5) COVEF ; POSEIDON, PHLawFlu, TechGENE. Through these projects, she developed expertise in leading multidisciplinary and international research groups. She has published more than 180 scientific articles and published or contributed to 25 books. In 2006, she was the president of the 16th World Congress on Medical

law in Toulouse. She is member of the Advisory Board of the European Journal of Health Law and Secretary of the European Association of Health law. She has a great network of colleagues in European and overseas universities. Since 2010, she is a court appointed expert in the Ethics review procedure of the FP for research and technological development for the European Commission. In 2010, she was appointed as visiting professor for 3 years by the Dalian Medical University and the Hainan Medical University in China. In 2011, she was honored by the decoration of “the Palmes Académiques”

Welcome to our four new Governors. We look forward to working with them and expect great contributions from each of them.

Thomas T. Noguchi
President, WAML

Secretary- General's Report



Prof. Roy Beran,
WAML Secretary General

It is barely a month since I returned from my Brazilian adventure, which was the busiest World Congress on Medical Law

(WCML) that I have ever attended, and I have attended quite a few. I do hope that those who were there did not think it was my intention to “hog the limelight” as I really didn’t seek centre stage, that was forced upon me.

Without further introduction I should thank the General Assembly (GA) for extending my tenure on the Board of Governors (BoG). This was likewise not necessarily a self-generated request but President Noguchi asked me to remain by his side so that he could realise his ambitions for the World Association for Medical Law (WAML) and I acquiesced. It follows that I must also thank the newly elected BoG for their vote of confidence in re-electing me as the Secretary-General (SG) of the WAML. It is a great honour to be afforded the opportunity to serve yet another term of office, although my weariness does suggest I am rapidly approaching my ‘use-by-date’!

While sad that our Executive Vice President, His Honour, David Collins, could not attend due to the demands of his new appointment as a High Court Judge in New Zealand, he gracefully tendered his resignation from the Executive, having been denied capacity to attend two consecutive WCMLs. We, on the Executive, had no option but to accept his resignation. He has remained on the BoG as the representative for New Zealand

and I am confident that he will join us in Bali, which is also much closer to Australasia.

Adv. Oren Asman was elected to David’s position as Executive Vice President, having served as my deputy (Assistant SG) for one term and as Honorary Treasurer for a further term. This has meant that three of the four members of the Executive have remained unchanged. Professor Andres Periera, from Portugal, was elevated to the position of Treasurer and he brings his joy of life to what is otherwise a demanding and often thankless task. I will miss the intellect and wisdom of David Collins on the Executive but I hope it will not end our friendship, as I have to call regularly across the Tasman Sea to visit family in New Zealand.

The other person I missed in Brazil was our WAML stalwart, Dick Wilbur, whose energy, enthusiasm and wisdom is without bounds. He will continue to be intimately involved with the WAML as the Editor of the Newsletter, Chair of the Finance Committee and general confidant of the SG. Others, who could also not attend, were some of our Governors, such as Tehri Hermanson from Finland or Yuri Sergeiev from Russia.

One person who was also really missed and someone who was known as the most recognised face of the WAML was Amnon Carmi. It is not a WCML

without Professor Carmi being there but Eduardo Dantas did compensate with a full program and the most enjoyable ‘after party’ Gala dinner, where I fear I disgraced myself. I tried very hard to ensure a low level of formality in Maceio and a collegiate and intimate relationship amongst all who attended. I do think we achieved that and the Gala dinner/dance was one of the most enjoyable such functions I have attended.

The next WCML will be in Bali, in 2014, and our Indonesian Governor, Professor Nasser Muh, has promised a most exciting program. I am truly looking forward to the Bali conference and working closely with Nasser, who also deserves congratulations, having been elected as one of the Regional Vice Presidents of the WAML. Indeed, I must welcome all the new Governors to the BoG. It is exciting to have such enthusiastic fresh faces on the team. I welcome all the team on the revamped BoG, both the young and energetic new blood and the oldies, like me, who might bring some wisdom and steadiness to the team.

Talking about oldies, President Noguchi, the best octagenarian I have encountered, was not only re-elected to another term as WAML President but also his bid for the 2016 WCML, to be held in Los Angeles, was successful, both at the BoG meeting and ratified at the GA. I

can advise there were four bids for the 2016 WCML, thereby indicating the enthusiasm and bright future within the WAML. The BoG also forecast the possibility of holding annual WCMLs after the 2014 Bali meeting. Without wishing to bias this, I have gone public and have lent my personal support to Vice President Berna Ada to host this in Turkey. I love the idea of waking in Europe and being able to literally walk to Asia for dinner. Berna proved her support for the WAML, being prepared to act as 'backstop' should one of our WCMLs not be possible, and I, for one, would like her to have such an honour in her own right in 2015. I realise that I am going beyond my mandate but I sincerely believe it would be terrific to have a meeting in South America, followed by South East Asia, followed by the border between Europe and Asia and then in the USA. The BoG have also discussed holding smaller, regional, very focused meetings, not at the level of a WCML but sponsored and co-sponsored by the WAML. Preliminary discussions already have begun to hold such a meeting in Scandinavia, so all I can say is "Watch this space"!!!

As you can see, the vitality of the WAML received a boost in Maceio and I can advise that the email traffic in the Executive has been unbelievable. Don't miss out and make it your job to

contribute to the WAML, your Association. Be part of the new wave and be swept along in the tide and current of your World Association and make it the Association that you want it to be.

Roy G Beran
Secretary-General
World Association
for Medical Law

19th World Congress on Medical Law – The Making of



Eduardo Dantas,
WAML Vice President

Time flies. It still seems as if it were yesterday that Brazil was chosen, during the 17th WCML in 2008, to be the host of the 19th WCML, which happened a few weeks ago. Back then, it seemed an impossible task. There were too many implications to the task of bringing WAML to Latin America for the very first time in its history. We were given the mission of expanding Medical Law to a new frontier, connecting the continent to the rest of the world.

The first step was to form a working team, to put things together. We had to manage a lot of key issues, like how to promote an in-

ternational event, without governmental support, in a country which still deals with the difficulties of not speaking English, all that under the effects of an international economic fall-out.

The Organizing Committee also had to define the audience we wanted to reach. We didn't want to be more of the same. Instead, this was the opportunity to bring new people. To add new participants to our community. To bring Latin America into the WAML. Then we decided to have not only two, but three official languages, adding Spanish to Portuguese - Brazil's mother language, and English. That way, the WCML would sound more comfortable to all potential participants.

With that in mind, we started drawing the main lines of the program, and decided that this event would need to be a landmark, a turning point for the teaching of Medical Law in Brazil. From that point on, back in 2010, several associations were contacted, joining us in the project of building a program that had never been seen in Brazil before, in the Medical Law and Bioethics field.



On the first day of the event, as pre-congress ac-

tivities, the Brazilian Association for Health Law (ABDS/BAHL) sponsored an introductory course on Medical Law for law students from local faculties. Also, in the main theater of the Convention Center, the Brazilian Forum on Health Judicialization took place, organized by the Superior Court of Justice and the BAHL, gathering together as speakers, ministries from the Supreme Court, and Presidents of State Courts.

During the following four days of the WCML, several parallel events took place, such as the Brazilian Forum on Supplementary Health; the International Forum on Forensic Medicine; a Symposium from the Latin American Medical Law Association; a Symposium from the European Association for Health Law; an International Forum on Patient Safety and Health Accreditation; a Forum from the Brazilian Medical Unions; a Dental Law Forum; and several workshops, such as the WAML workshop on Teaching Health Law and Bioethics, and the workshop organized by the University of Coimbra's Center of Biomedical Law. Converting the Congress into numbers, it worked with seven different spaces (main theater, auditoriums and meeting rooms), with a total of 1.381 attendees, from 42 different countries, who witnessed 342 presentations, during the 5 days of the event.

WAML gained more than

25 new members, and all the associations that were reunited during the congress profited from the networking and the contact with colleagues and professionals from all over the world. And as a result, more than 80 WAML members actively participated in the event, with over 60 of them presenting at the conferences. A remarkable outcome, from all points of view.



Also, following WAML's goal of disseminating Medical Law and Bioethics, the Organizing Committee distributed 300 credentials for Brazilian Law Students from 5 different law schools, allowing them to participate in the conferences, and thus, presenting the WAML to future generations, and increasing the interest in the field, that is still being developed in Brazil.

Not everything was perfect, we know that. Perfection is a goal to be pursued at all times, but we finished the event with the feeling that we did all that we could to receive our distinguished colleagues, friends and WAML members to the best of our

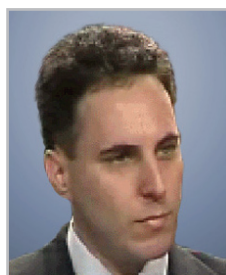
possibilities, expanding WAML's area of influence around the globe, and planting the seeds for a future growth of academic interest in Medical Law.

On behalf of the Organizing Committee, I'd like to thank all participants for their efforts, constructive critics and support, and special thanks to Professor Thomas Noguchi, Roy Beran, Oren Asman and Denise McNally, for their extraordinary effort in making this event possible.

Now it is time to look ahead, and start preparing the future WAML congress in Indonesia. With every chapter that ends, we learn how to improve, how to do more, how to make it better. And that is how it is supposed to be. That is a task that should involve all of us. Citius, Altius, Fortius!

Eduardo Dantas,
WAML Vice-President

Report from the WAML Education Committee



Oren Asman,
WAML Educational Committee Chair

After the establishment of the Education Committee several months ago, we met, during the Board of

Governors meeting at the 19th World Congress on Medical Law in Maceio, Brazil, to discuss future educational activities during the Board of Governors meeting.

At this Board of Governors meeting, we divided into 2 groups to hold break-out sessions:

The first group, led by Dr. Radmila Hrevtsova, (Chair of the Communication Subcommittee), discussed Communication related activities.

The second group, led by Ms. Denise McNally (the WAML Meeting Manager), discussed future World Congresses and optimizing centralized management.

In my role as The Educational Committee Chair, I coordinated the work of the 2 groups. After the session, the 2 groups joined and shared the content of their decisions and ideas. These activities will continue throughout the year

Summary of the (WAML Communication related activities)

1. The WAML FaceBook web-site

1.1 Creating a Forum on the WAML FaceBook web-site

1) Discussing the topics of permanent interest on the Forum, such as: the concept of medical law (Ch. Wu), Surrogacy (R. Hrevtsova), Transplantology (V. Mammadov), Euthanasia (V. Mammadov), and Medicinal products (N. Lojko).

2) Burning issues to go onto the agenda (N.

Lojko)

3) Updating information regarding interesting court cases (V. Mammadov)

2. The WAML Web-site

2.1 Creating an on-line library on the WAML web-site (B. Arda)

Technical possibility is to be checked.

2.2. Elaborating the Guidelines for conducting scientific research on medical law and placing it on the WAML web-site (Ch. Wu).

2.3. Advertising events on the WAML website and FB

1) WAML-sponsored (endorsed) events; There are defined guidelines for this to happen which need to be reviewed and respected to ensure that any such event satisfied the ethos, ideals and objectives of the WAML.

2) Other events in the sphere of medical law, including the events of the affiliated organizations (if technically possible and possible to keep records of the events); pre-WAML Congress courses.

3. Developing WAML TV

1) Recording interviews from the WAML Congresses, including the 19th WCML

2) Recording representative lectures.

3) Criteria are to be developed.

Summary of the second group discussion (Congress Centralized Management)

- abstract submission process will go through WAML to include submission of a full paper.
- obtaining CLE and CME will be examined.
- sponsorship and exhibitor opportunities will be explored.
- discussed structure for the 2014 WAML WCML Congress in Indonesia with the meeting dates being moved from May to August.

In addition to the above, further discussions were undertaken during and after the Congress regarding International collaborations for various activities and expanding the languages of educational materials.

The International Collaborations subcommittee, This subcommittee, led by Adv. Andre Pereira, has been furthering the discussion of conducting specialized WAML meetings in addition to the World Congresses. Negotiations with several institutions are now in process. More information will be published in the next Newsletter.

Foreign Educational Materials

- WAML Newsletter was translated into Spanish and Portuguese (by Adv. Eduardo Dantas) and was available for participants of the 19th World Congress for Medical Law
- Translation into more languages was organized and Prof. Wu will provide a Chinese translation and Prof. Mammadov will do so in Russian.

- Translation into more languages is to be encouraged and will be examined.

It is exciting to take part in such an active committee, working together to enhance the WAML activities. Members of the WAML who wish to contribute to the committee activities are welcome to contact us at: orenasman@gmail.com

Dr. Oren Asman, Adv.
WAML Educational
Committee Chair

The New WAML QR Code



The WAML keeps evolving in the 21st century, we are embracing technology as never before and will continue to use it to expand and reach many more prospect member as well to benefit our current membership; with that being said the WAML would like to invite you to make use of our new QR code (Quick response code).

Most of us have smart phones in our pockets, and sometimes we have no computer access for multiple reasons. We all know that you can type a web address on our smart-

phone URL bar and we can go to the desired website we are trying to visit. But now there's even an easier way to reach the WAML Facebook page. If you printed this newsletter we invite you to scan the above QR code using your smart phone which will direct your phone's web browser to the WAML Facebook page (you can scan this on your computer screen using your smart phone for practice purposes). The only requirement for you to be able to scan QR codes using your smart phone is to download a QR code scanner on your smart phone and the best part is that most of these scanners are free of charge. Please visit any of the below links to download your iPhone or Android scan code reader.

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For more indeep information about QR codes please visit this link.

<http://www.freedomtarget.com/qr-code>



**Do You Have
an Idea,
Comment, or
Suggestion?**

Please contact
Denise McNally
mcnallyd@cvalley.net

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

National Association of Medical Examiners 46th Meeting "The National in Miniature – Little Things are Important"

OCTOBER 5-9, 2012.

Baltimore, MD

E-mail: info@erasmusobservatoryonhealthlaw.nl

Website: www.erasmusobservatoryonhealthlaw.nl

American College of Legal Medicine 53rd Annual Meeting "Law, Medicine and Your Professional Practice"

February 21 – 24, 2013

Planet Hollywood Resort

Las Vegas, Nevada

October 5 – 9, 2012

Email: sssanbar@pol.net

Website: www.ablminc.org



20th World Congress on Medical Law

wcml2014.mhki.org



<http://www.facebook.com/thewaml>



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WAML Newsletter Production Team

Editor-in-Chief:
Richard S. Wilbur, MD JD

Coordinator:
Denise McNally

Graphic designer:
Raul Vergara



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Interactive Index

Brief Introduction to the China Health Law Society	1
Law, Health Law and Science of Health Law	2
December 2012 President's Letter	6
Secretary- General's Report	6
Newsletter guest editors for 2013:	8
Future Meeting Planning for the WAML	10
UNESCO Conference on Bioethics, Kinar ,Israel, September 2-5. 2012	11
ACLM Members Make Their Mark at the 2012 WCML	13
Future Meetings	14

Brief Introduction to the China Health Law Society



Professor Sun Longchun



Professor Chongqi Wu

The China Health Law Society (CHLS) is a national and professional organization which was founded in March 1993 under registration at the Chinese Ministry of Civil Affairs. Membership of the CHLS is composed of experts, scholars, lawyers, health care professionals, medical institutions, law offices and pharmaceutical companies from all over the country.

Purposes of the CHLS:

1. Conducting the theoretical exploration and disciplinary building and

research on combining theory with practice in health law.

2. Organizing and coordinating health law education and training.

3. Conducting research in the medical legal system, organizing evaluation of achievements and qualification check-ups; Coordinating and consulting in health care legislation, judiciary, inspection enforcement, causes of body injury, medical disputes and lawsuits.

4. Popularizing health law knowledge, promoting the contact and cooperation with the international health law organizations and conducting international scientific exchanges, and civil exchange.

5. Compiling, translating, publishing the life and health related science and technology and popularizing health law related journals, literature, text books, cases and database.

6. Establishing institutions of legal aid, legal consultation and legal service; based on the law, extending economic activities, developing personal medical insurance and conducting research in mediation on medical dispute.

7. Conducting legal evidence examination in line

with the law.

8. Others.

The current council consists of 293 members of whom 121 are executive council members, 19 Presidents and Vice Presidents and one Secretary General.

Sun Longchun was reelected as the President of the current third council. Wu Chongqi, Research Fellow of the Chinese Academy of Medical Sciences and Peking Union Medical College was elected as the Vice President and Secretary General.

The 17th World Congress on Medical Law was held in Beijing in October 2008. Over 700 medical and legal professionals from 5 continents and 46 countries attended the Congress and conducted scientific exchanges. The WAML members and delegates attending the congress spoke highly of the Congress.

In order to promote the building and development of the health law discipline and regulate the talent training, the China Health Law Society organized China's famous experts and scholars in health law and edited the first set of the Series Books in Science of Health Law which

Disclaimer

The articles presented in this newsletter express the views of the authors and do not necessarily reflect the attitudes or opinions of the WAML

was approved by the Chinese Ministry of Education as the 21st Century Legal Text Books.

The Society will elect its members, executive members, Secretary General, Vice Presidents and President at the 4th council later this year.

Contributed by the CHLS Secretariat October 2012

President Sun

Professor Chongqi Wu

Law, Health Law and Science of Health Law

Wu Chongqi,

Vice President and Secretary General,
China Health Law Society
Vice President, World Association
for Medical Law

Key Words: Law, Health Law, Science of Health Law

1. Jurisprudence

It includes 13 Chinese words: adjustment, regulation, restraint, guarantee, responsibility and public credibility.

A. Adjustment

What does the law adjust? It adjusts the relations of production (ownership, leadership, distribution) and the productivity (laborer, science and technology, tools), the superstructure (social structure, state system, political system) and the economic foundation, social being and consciousness matter and spirit.

B. Regulations

The law regulates the social relations: longitudinal relation, horizontal relations, public relations,

the relation of behavior, namely rights (there is no obligation without rights) and obligation (no rights without obligation)

C. Restraint

The law will restrain the action which means no action which should be acted and non action namely action which should not be acted.

D. Guarantee

The appearance of a law before the public must be guaranteed by the state machine (public security, procuratorate, court, armed forces, prisons).

E. Responsibilities

Administrative responsibility, civil responsibility and criminal responsibility.

F. Public credibility

Fair and just

2. Law

1) Meaning of a law

Laws are the summation of the regulation of the actions which are legislated by the state and enforced to implement, determined by the economic matters of a society and reflect people's wills. The purpose of legislating a law is to determine, protect and develop the social relations and social order beneficial to the People's wills and realize the state's long peace and order.

A. Law is a sort of historical phenomenon.

From the process of human social development, there was not a single law in the primitive society even though there existed some primitive custom and ceremony and until the final stage of the primitive society there came out a new historical phenome-

non of states and laws. Following the improvement of tools and the development of productivity, the appearance of commodities and currencies, the private ownership came out, the social structure entered into splitting of classes from the major social division of labor and human being entered into a class society. A new phenomenon of state and laws came out in order to adapt the new relations of production, social relations and the needs of the class interests.

B. Law acts as a social regulation of people's action.

A law tells people in clear and affirmative style: what you can, what you must do and what you are not allowed to do in a certain condition in order to adjust people's relations in their social life and provide a regulated pattern. Such pattern has a general feature which means such pattern can be repeatedly used only in the same conditions. With the regulated pattern, people can predict whether his or others conducts are in conformity with the requirement of the regulations and what consequences will be if you do not apply such regulated pattern. It means that laws are predictable.

C. The main content of laws are to regulate people's right and obligations in a certain social relations and the social norm with certain rules.

The state regulates people's legal rights through legislation of laws. People's rights should be protected

when their rights are violated. The state regulates people's legal obligations and punishment they will receive if they refuse to apply. The state readjust people's social relations through affirming the legal rights and obligations through legal regulations in order to build and protect the social order beneficial for the state's interests.

D. Laws are also the social regulation legislated and recognized by the state.

Enactment and recognition (the state enacts laws) are the two models that upgrade the people's wills to the national will which justify the authority of laws. What state enacting laws means the highest organ of state power which has the authority to enact laws formulates and publishes statutory law in provisions. What the state's recognition means that state formulates some usual practices, legal precedents and some principles favorable for the people which have been existing for a long time into legal regulation with legal force, that is case law. There exists no case law in China, but the state legislates the laws.

E. Laws are social norms enforced and guaranteed by the state.

The mandatory of a state refers to its armed forces, police, courts and prisons. Social norms do not have state's mandatory by all means due to the differences of characteristics, scope and extent for application. The ethic norms do not have state manda-

tory which are protected by public opinion, people's beliefs and habit and tradition. Law regulates the norms, rights and obligations which should be respected, the scope of effect has the general binding force enforced and guaranteed to apply by the state. The law will be a mere scrap of paper without the guarantee of mandatory of the state.

F. The Legation of Law

All laws are the legation of criminal laws and that of public rights in the class society. After the elimination of classes, laws are used to protect the scientific relations of production, advanced productivity, superstructure of people's regime, economic foundation, social ideology, the interaction of matters and spirit, and mutual progress of fair and harmonious society. The guarantee of law which reflects the social relations and social manners will not be entirely vertical legal relations (the traditional legal relations) and will be adjusted by horizontal civil legal relations and legal relations with vertical and horizontal relations of laws.

Following the opening up of China, the civil legal relations were set up in the Constitution in 1982, the relations of population and the society, people to people relations of natural man and legal man, the core of which is fair, fair prices, paid and sincerity. The law on state compensation enacted immediately followed up which is

considered as an epoch-making legal document. The law on state compensation symbolizes the end of historical pattern of the criminal law dominating the whole country, indicating that public rights as main subject will bear legal consequences as well if it violates the legal regulations, and upgrade the pattern of civil rights.

2) The influence of law on health has development.

A. Law provides important guarantee for the health development.

The state regulates the development orientation of health affairs via laws and guarantees the application of the national health strategy. The state also coordinates the social relations in the field of health activity via laws which adepts to the special features of health and explore continuously the legislative issues arising from the development of science of modern medicine in order to provide guarantee of health development.

B. The state fixes via laws the settlement of medical institutions, principle of organization, limit of authority, function and way of activity in order to ensure the effective management of health affairs. By so doing the functioning system for favorable health development will be formed.

C. The state will control the social harm caused by medical disorder, out of control and alienation.

It is known to all that modern medicines will benefit human beings, improve

and upgrade their personal features and promote the social progress. At the same time, the harm and suffering brought by the disorder, out of control and alienation of the modern medicines are also surprising including population crisis, crisis of population quality, medical malpractices, imbalance of gender ratio, misuse of medical technology and emergent public health issues. Laws also will be able to coordinate the relations between man and medical technology and between man and nature by adjusting the social relations, adapting the medical technology to the social economics and protection and control of epidemic diseases and the relations between use of the medical technology and social ethics. Additionally law will possibly control various social problems arising from the development of medical technology in order to play the positive role of the modern medical technology and hold the negative role and realize the aim of promoting the beneficial and abolishing the harmful.

D. The health laws of China are very much related with the international health regulations including international health agreements, rules and convention embodying the universal commonness and universal application.

3. Health Law

Health Law does not mean health adding the law or health piling on the law.

1) Health

Health means protection of life and preservation of good health which is an important undertakings in meeting with the nature, studying the nature and reforming the nature.

A. Health refers individual and social performance.

Health talks about measures of personal and social manner for protecting physical health, controlling diseases, improving and creating ecological environment in conformity with physiological demand and living conditions.

a) Measures for personal manner mean every individual should have good health habit and health manners, daily schedule, life style, diet, habit and hobby just as the WHO pointing out good health life style is more important than any complicated medical technology.

b) Social measures mean the social action adopted by the state, favorable for physical health, protection and control of disease, promotion of life quality and mental health, study on the scientificness, necessity in conformity with and protection of personal behavior, prevent the unhealthy behavior jeopardizing living and good health, prevent and punish various social measures jeopardizing good health, prevention and control of diseases, promoting life quality caring mental health.

No matter personal measures or social measures will be one should not take into account of the physi-

ological needs only but should think of the spiritual psychological and social environmental affection on the health.

c) The nature of health action and health is the relations of health and law.

The aim of adjusting subject of health research is to solve the issue of life and health binding in the human being existence, reproduction and the development process.

In the change of medical pattern, health does not only mean no physical diseases but should be with healthy mental condition, good social ethics, social practice in conformity with popular interests. By so doing, a healthy and civilized society will be developed.

B. Health demonstrates itself as an important social matter in remaking nature.

Health has been an important and indispensable part in the society and social relations.

a) Society cannot be separate from health just as men cannot be separate from air and water because health will maintain and promote physical health and protect social productivity through various ways and means. People's physical quality judges a country's health development level and symbolizes the country's civilization extent.

b) Health cannot be separate from the society because it is restricted by the social economy, politics, science and technology,

culture and education.

c) Health is not an affair of the health department only but should be evolved by the whole society and all individuals.

d) The government will gradually increase the financial investment in the health and mobilize the social strength to support the development of health. The government will also regulate and coordinate the development through health law means.

e) Health will protect and improve people's life and health and protect productivity by various ways and means.

f) The duration of people's life, health condition and their qualities are the important indicators measuring a country's national strength and social civilization.

g) Health has become a scientific system with scientific implication.

C. Health should be built on the basis of science.

Health as a measure of conduct should be built on the scientific foundation with scientific development as its guiding orientation and objective measures integrating the society not as was understood narrowly as medical treatment and medicines 60 years, hundred years or thousand years before.

a) Health disciplines and the knowledge system do not evolve the hard scientific disciplines and knowledge but also the soft scientific disciplines and knowledge.

b) The emerge of the dis-

cipline and knowledge system enriches and develops the health education and popularizes the health knowledge. It also promotes people's health level and ensures the strength of health power resources.

c) The emerge of health disciplines and knowledge system regularizes the health decision measures and promote the ability of self defense (popularization of sports, wide-spread of health care, modulation of food and time schedule), all for one phrase, healthy and long life.

d) The development of health disciplines promotes constant adjustment and reform of the production relations and superstructure.

The relations of labor and capital, work and rest, capital investment, resources adjustment, resources allocation have all been regulated towards healthy and long life expected by the development of human society.

B. Impact of health development on law

a) The practical impact of health development on law

The challenge of health development promotes the enactment of many laws and regulations. The use of health knowledge and the research achievements makes the contents of laws more scientific. The Marriage Law of China prohibits marriages of direct relatives and collateral relative within three generations. It also pro-

hibits the marriage of patients suffering from leprosy who have not been cured. Law on care for mothers and Infants put forwards a regulation of end pregnancy for medical reasons based on the medicine, genetics and theories of other bio-sciences. The challenges of modern medical sciences including artificial insemination, vitro fertilization, organ transplant, transsexual operation, cloning push many new laws and regulations on marriages and families, property inheritance. Following the emerge of health legislation, health law gradually forms its own structure and system and new legal department and comes to the fore from the original legal systems. The science of health law becomes a new and independent discipline.

b) Impact of health development on legal ideology
The development of health science and technology inspires and enlightens the legal legislation. The traditional criteria of heart and lung death lasted for thousands year used to be the common understanding by the world's medical, philosophical, religious, ethical and legal circles and the social population as well. With the development of medical sciences, a more scientific criteria of brain death is being accepted gradually by people which is not only the medical reform but also the evolution of legislative ideology. The fact is that some countries

have formally enacted a law recognizing the brain death.

4. Health law and the science of health law

1) Health law

a) Health Law is a new member in the legal system. In the process of reforming the nature people are realizing the relations of combination of biology, medicine, science of health, pharmacology, environmental medicines with health and natural science from where many legal regulations on coordinating biology-psychology-social medicine, medical ethics are emerging. The specialty lies the cross infiltration of natural sciences and social sciences, promotion and containment. The science of health law comes into being which is a new frontier discipline independent of people's will and indispensable from the legal system in the social development.

The death of human being is just as the switch of a light. Without human beings, the society, the universe and wind and rain are in the free movement, attempting nothing and accomplishing nothing.

With existence of human being, the nature will be full of vitality and goes all lengths. What we are studying is not how the nature will be but the existence of the human being and various legal issues arising from.

What we mentioned above are from the angles of biology-human beings-

social medicines and medical ethics. It will be more wider than what we mentioned above if we are talking the health and life. What it will be solved is various relations arising from the rights of health and life, the initiative relations of productivity in the production relations (occupational diseases), the initiative relations of productivity in the relations of survival (environment, epidemic diseases), the initiative relations of productivity at the self relations in the process of survival (diseases), the initiative relations of productivity at reproductive process (mother and infant care), the innate relations of productivity (heredity, mental diseases). All of these are not the traditional relations of administrative law which cannot be adjusted by the superstructure (public law) nor by the traditional civil law, equality, fair price, compensated service (private law). They must be adjusted by the new legal relations in line with the need of social development, nature remaking and the development of human reproduction. It goes without saying that it will be adjusted by the health law, a new member in the legal system indispensable in the social progress.

b) The nature of health law is the relations of integration between health and law.

The aim of taking the health law as the object of adjustment is that we

closely grasp the legal issue-issue of health and life which need to be constantly solved in the process of human existence, reproduction and development. With the turnover of medical pattern, health does not mean non physical diseases only, but with healthy mental manner, good social ethics, social habit beneficial to the public interests in order to push the civilized and healthy social development.

c) The close combination of health law and other laws form the relation of rule by laws in the comprehensive performing system in a society.

The wideness, multi-level in the social relations and the specialty and certainty of the object of health law adjustment determine the diversity of health law origin of legal system and the close relations with other laws form the rule by law in the comprehensive performance system in a society. The origin of health law not only embodies the constitution, laws, health administrative regulation and local regulations. It closely relates with administrative regulations and regulation of local governments vertically and with civil and commercial laws, economic law horizontally and also related with three legal proceedings of civil, criminal and administrative procedures, legal relations in arbitration and administrative permission, state compensation. Therefore, health law does not exist by itself but mutually

combines and interrelates with laws enacted by the government. Health law is an indispensable part in the state legal system. Without the health law, the legal branch of health law will not be complete when we take the right of health and life as the goal.

B. Science of health law

a) Science of health law takes health law as the research subject:

- the making and development
- the origin and nature
- scope and contents
- form of expression and its role
- application and legal proceedings
- status in the state legal system
- relations with other departmental laws.

In all, science of health law is a new science of departmental law studying health law as its social phenomenon and law of development.

b) Science of health law also takes the interaction of nature and the society as its research subject.

In the long history of mankind, the summing up of the existence, reproduction, progress, complex, hardship and endlessness of the human beings is to recognize, treat, solve, reform and adapt the two relations on:

- Relations of man and nature (universe, earth, mountain, water, river, wind and rain). We have to understand, adapt to and remake the relations, but we must not damage them. Other-

wise the ecology will not be balanced. Disasters of flood and drought and pollution will occur frequently. Diseases emerge rampantly. Existence and development of human being will be destroyed. Life and health endangered.

- The relations of man and the society
- Relations of man and society
- Relations of man and man
- Relations of natural man and legal man
- Relations of legal man and legal man
- Relations of the health of man and health action

What are the components of a society? In short, they are productivity and relations of production, superstructure and economic basis. If we use more common expressions, they are social structure, political system, status of laborers (productivity), ownership of means of productivity, distribution of materials, model of economic operation.

Health implies law. Laws and regulation have been meeting the constant challenges.

C. Framework of health law (in the other paper)

Professor Wu Chongqi
Vice President, WAML

December 2012 President's Letter



Thomas T. Noguchi,
President of WAML

With the end of the year approaching, I would like to wish you a Happy Holiday season. Hope that you and your family had a good and prosperous year and will continue to enjoy good health and prosperity into the coming New Year. For us looking back over this year's accomplishments, I must say, I have great satisfaction.

We have begun to see more structure and strengthening of our WAML programs. The Audit Committee is now set up to provide an important function in the WAML. The Committee audits the WAML finances for accuracy, and reviews the policies and practices of the administrative actions.

I am also delighted to make some announcements. In 2012, Shigeki TAKAHASHI, M.D., J.D., of Japan was appointed as Chair of the Audit Committee with added members to be appointed later. Since the 2012-2016 Audit Committee will consist of new WAML members, in order to give continuity with the previous Audit Committee, I appointed

Richard S. Wilbur, M.D., J.D., U.S.A., former Chair of Finance Committee to be an Adviser and Liaison Person to the Audit Committee.

Dr. Richard S. Wilbur, M.D., J.D., Newsletter Editor-in-chief has made an announcement that the following list of members will be the Newsletter guest editors for 2013:

March Issue: Governor Vugar Mammadov, Azerbaijan

June Issue: Governor Yuri Sergeyev, Russia and Co-Editor Governor Radmila Hrevtsova, Ukraine

September Issue: Vice President Berna Arda, Turkey

December Issue: Vice President Ken Berger, Canada

The Education Committee, headed by Dr. Oren Asman, Adv. is arranging multi-language translations of the WAML Newsletter as an extended service to our colleagues, who would like to read the Newsletter in their own languages. We will be starting with Portuguese and Spanish translations, and later add Chinese and Russian editions.

The WAML Meeting Manager (MM), Denise McNally, will be coming to Los Angeles in late December 2012 to inspect hotels for the 2016 WAML Congress. Unlike the past traditional selection of the WAML Congress site, beginning in 2016 the Congress will be held annually and the logistics of the meeting

site will be under the supervision of the MM. The selected Program Chair will work closely with the EC members and the Education Committee to assure a more Academic and focused Scientific Program.

The next Congress is scheduled to be in Bali, Indonesia, August 8 through August 12, 2014.

Looking forward to working with you all.

Thomas T. Noguchi
President, WAML

Secretary-General's Report



Prof. Roy Beran,
WAML Secretary General

This has been a busy time for both the World Association for Medical Law (WAML) in general but especially for me in particular. Being in full time private practice, as a medical clinician, life has been extremely busy, not only with clinical commitments but also conferencing, teaching, learning and being part of the wider legal medicine/health law community. I need a 30 hour day and 8 day week – the only problem being that one should be careful, regarding that for which

one wishes, because those wishes could come true and I would still have insufficient time but more work to fill that lack of time.

The Executive of WAML has been very active, negotiating both the 2014 and 2016 World Congresses of Medical Law (WCML), together with planning for the forthcoming move to an annual WCML. Many who attend such meetings are unaware of the amount of work that goes on behind the scenes and how difficult this can be. At times this planet of ours seems very small - I can leave Sydney, Australia, and fly directly to Los Angeles, America, and arrive 'before' I left Sydney. This is a confusing concept but the 'dateline' makes it possible, although I can assure our readers that this is definitely not the answer for perpetual youth, as one definitely feels no younger after the flight. It does demonstrate how small the world has become and yet to organise a conference in a different country, on the other side of the globe, with a different culture, expectations and way of doing things, can be most challenging. This divergence of approaches demonstrates how large the world remains. It is very complex to meet everyone's expectations and also satisfy the ethos of the WAML to foster the expansion of health law, legal medicine and bioethics around the world, often within societies in which this is a new

and emerging concept. It is for this reason that the WAML is moving towards a centralised conference organising process, being orchestrated by our meeting manager, Ms Denise McNally. It is imperative to both satisfy the needs of the WAML, for an efficient and high standard meeting that offers intellectual challenge and educative value, while concurrently respecting the local culture and expectations of the host location. This is not always an easy marriage, but one that requires constant effort and mutual respect to avoid a premature divorce. There is a fine line between what is optimal for one and devastating for another and at times demands a level of trust that is not always present. This issue underpins why the Executive have moved towards a centrally controlled management but even this will have to accommodate cross-cultural *modus operandi*.

Within the last month, quite a number of the Board of Governors (BoG) have been involved in meetings in Russia, but not restricted to Russian attendees, despite the location. Representatives from the BoG from South America, Poland, Australia and the Ukraine attended, as did other international speakers from countries like the Czech Republic and Germany, to name but a few outside visitors, who shared their experiences. From my own perspec-

tive, it was the realisation of a dream to visit Russia's capital, having previously visited St Petersburg some years earlier. The meeting, which coincided with the November 7th anniversary of the Russian Revolution, was a fabulous success for its organisers, which included two of our Governors, Radmila Hrevtsova and Yuri Sergeyev. I only wish I had their organisational skills to offer such a balanced and educative program with simultaneous translation into Russian and English. This allowed members of the audience to breach the 'cross-cultural'/'cross-language' barrier, to share ideas and debate concepts.

My Russian experience did not stop with Moscow but a week later I experienced another first in my life. I gave an invited address, in St Petersburg, from my family room at home in Sydney, Australia. I emailed my slides, negotiated the concepts via SMS on my mobile phone and via Skype from my computer and ultimately delivered the presentation in St Petersburg from my laptop, using its camera facilities. The audience could see me and I could see my image, the slides and the audience on my computer screen. That is truly the example of how small our planet has become and how amazing technology has advanced. I sincerely hope that such advanced technology does not mean the end of true

'face-to-face' meetings. While it is exciting to be able to deliver a talk in Russia, from my living room in Australia, there is still no substitute for a warm embrace, a kiss on the cheek, the sharing of a glass of vodka (or whatever other local beverage prevails) and the human touch. Still it allows far greater exchange of ideas and the expansion of the WAML concept of fostering the ethos of the WAML on an international playing field. Such experiences enrich one's life and allow a level of personal growth, which is unbelievably rewarding. It emphasises why one should make every effort to become part of the global stage, which is the international platform from which WAML operates.

As always, I conclude my contribution to the Newsletter with an invitation for you, our members and friends, to become more involved and more active within your organisation. The WAML exists for you and you should enjoy what it has to offer. The best way to do this is to become involved!

Roy G Beran
Secretary-General
World Association
for Medical Law

Newsletter Editor-in-Chief



Richard S. Wilbur,
United States

The following list of members will be the Newsletter guest editors for 2013:
March 2013 Newsletter Guest Editor



Vugar Mammadov,
Azerbaijan

Head of Azerbaijan Medical Law and Bioethics Association

Professor of Legal Medicine at the Criminalistics & Forensic Sciences Department of Baku State University

Professor of Forensic Medicine at the Forensic Medicine Department of Azerbaijan Medical University

Deputy Director on Science, Human Rights Institute of the National Academy of Sciences of Azerbaijan

Head of Azerbaijan unit, UNESCO Chair in Bioeth-

ics
Author and host of Bioethics TV program on Azerbaijan Television

Member of the Executive Board, European Association of Health Law (EAHL)

Member and Board of Governor of the WAML

Honorary member of the American College of Legal Medicine (ACLM)

Author of 157 scientific publications (75 abroad), including 2 monographs and 1 textbook, in the field of forensic medicine, medical law and bioethics; 84 newspaper articles and interviews; 310 television programs.

Consultant of 5 PhD researches and 1 postdoctoral dissertations

Managerial experience (UNICEF, UNDCP, Procter & Gamble, Hoffmann-La Roche, Les Laboratoires Servier, Ferring...)

Got education in Azerbaijan, Russia, UK (University of Dundee; University of Glasgow) and USA (American University in Washington DC); Fluent in English, Azerbaijani, Russian and Turkish
Married, has 2 daughters

June 2013 Newsletter Guest Editor



Yuriy D. Sergeyev,
Russian Federation

Member of the Russian State Academy of Medical Sciences,

Honoured Lawyer of Russia, Doctor of Medicine, Professor

Professor Yuri Sergeyev graduated with honors from Medical University (1968), and then the University of Law (1973).

Doctoral thesis focuses on an important issue of examination and medical malpractice for professional crime (1988).

In 1995, Prof. Sergeyev created and headed the first in Eastern Europe Department of Medical Law at the Moscow State Medical University. IM Sechenov, led to the present.

Prof. Yuri Sergeyev - author of over 350 scientific publications, including 17 textbooks, manuals, monographs. The main areas of research are issues of prevention, assessment and professional legal qualification of offenses by health workers, the improper refusal of medical care and the legal regulation of medical practice.

Prof. Yuri Sergeyev created a scientific school of the unique junction of the two basic sciences - medicine and law.

In 2000 he founded and became the first president of the National Association for Medical Law in Russia. Professor Yuri Sergeyev is the founder and chief editor of the Russian magazine "Medical Law", vice-chairman of the Committee on Bioethics of the Russian Federation, and a

Member of the Board of Governors of WAML since 2000.

And Co Guest Editor



Radmyla Hrevtsova,
Ukraine

Adv. Radmyla Hrevtsova, JD, PhD, is the Director of the Institute of Medical Law, Pharmaceutical Law and Bioethics at the Academy of Advocacy of Ukraine and the Assistant Professor of the Academy of Advocacy where she teaches medical law-related courses. She is the head of the Ukrainian Unit of the UNESCO Chair in Bioethics.

Having a diverse legal background, Radmyla Hrevtsova has focused her legal practice on medical law since 1999. Currently she is the managing partner of Kiev office of "Yurkraft Medical" law firm that also has an office in Moscow.

Radmyla Hrevtsova is a founder and the President of the Ukrainian Medical and Legal Association created in 2006 as the national association for medical law. She is a member of the Board of the Union of Advocates of Ukraine where she chairs the commission on new branches of law, the Deputy Head

of the Public Council at the Ministry of Health of Ukraine.

She has lectured on medical law-related issues at several local and international meetings, co-organized three all-Ukrainian congresses on medical law and conducted a great many training seminars for lawyers, doctors, health care managers, and teachers of medical law.

In 2004, Radmyla Hrevtsova started teaching medical law to law students and was one of the first lecturers on medical law in Ukraine. She is an author of the model program on medical law for medical students approved by the Ministry of Health of Ukraine in 2009.

Radmyla Hrevtsova is the author of numerous publications in Ukrainian and foreign legal, medical and business periodicals, member of the Editorial Board of a few scientific journals, including *Medicine and Law* and *The European Journal of Health Law*. She is a member of the World Association for Medical Law and the European Association of Health Law.

Radmyla Hrevtsova is fluent in Ukrainian, Russian and English.

September 2013 Newsletter Guest Editor



Berna Arda – Turkey

PARda was born in Gaziantep and finished primary and secondary schools there. Between 1981 and 1987 she studied medicine in Ankara University School of Medicine. In 1987 she entered the Department of Medical Ethics of this faculty by Medical Specialty Examination. She attained the “doctor of science” title by finishing her medical specialist degree in 1990 and also a PhD program in the same field in 1993. She became associate professor in Ankara University School of Medicine, Department of Medical Ethics in 1993 and was assigned to the full professor position in 1999.

Dr. Arda served as associate editor for the *Turkish Journal of Medical Ethics* (1994 -1999) and as a member of the Higher Council of Health between 2007 and 2008. She also worked as a member of Turkish High Council of Universities, Ethical Commission (2003 – 2009) and UNESCO Turkey National Commission, Bioethics Specialization Committee (November 2006 – March 2013). She was elected to

the Turkish Medical Association High Disciplinary Council for the 2008-2012. In August 2010, she was elected as a vice-president of WAML (World Association for Medical Law) and she has been one of the Governors of WAML since 2006. She is the chair of board of International Association of Ethics Education (IAEE) till 2016.

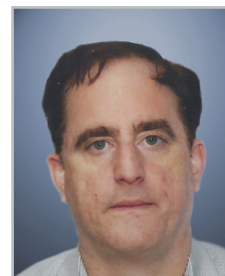
Dr. Arda has been to University College of London (UCL) as guest professor in the term of January-June 2008. She served as an expert for collecting data for Turkey on GEOBS Database4; Ethics-related legislation and guidelines (stage 1 and stage 2, Sep. 2010- Nov. 2011)

Apart from the ethics, occupational ethics license lectures she gives as an instructor at Ankara University School of Medicine and in other faculties of the university and “Medical Ethics and History of Ethics” program at her own department, “Science Ethics and History of Science” integrated lecture within the doctorate program of Ankara University Institute of Health Sciences and “Ethics” within the doctorate program of Ankara University Institute of Biotechnology and “Bioethics and Woman” within the Department of Woman Studies master’s program of Ankara University Institute of Social Sciences are some of the lectures she has been regularly conducted since the 2003-2004 academic year. She also attended

the “educators of ethics” courses as an instructor in different countries (Manheim 2006, Riyadh 2007 (Unesco), Baku 2008, Dubrovnik 2012 (Unesco)).

Research and publication ethics, medicine and human rights, gen-ethics, bioethics, ethics education, the historical dimension of the disease concept are her main areas of interest. (October 2012).

December 2013 Newsletter Guest Editor



Ken Berger – Canada

Dr. Berger, MD, JD, FCLM, member of the Ontario and New York Bar, has been a faculty member of the University of Toronto, Faculty of Medicine, for more than 15 years. He teaches law students health law advocacy skills at both the Faculty of Law at the University of Toronto and Osgoode Hall Law School, in a program administered by the Medical Legal Society and Pro bono Legal services in the form of panels of judges adjudicating mock hearings. He teaches both medical students and law students respectively in his clinical practice of medicine and at his law firm. He is Counsel for a leading health law



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litigation firm where he assists both health care professionals and clients in criminal law, constitutional law, litigation, and health law at medicallegaladvocacy.com. In his medical clinical practice he works as a stroke rehab physician and sits on the hospital ethics committee. He has participated in Congresses of the World Association of Medical Law for more than 12 years. He regularly provides Pro Bono legal services domestically to improve basic human rights, relying on the UN rights of persons with disability, in the context of health law. He is on the editorial board of Medicine and Law, on the Board of Governors of the World Association of Medical Law and is one of the Association's Vice Presidents.

Future Meeting Planning for the WAML



Denise McNally,
WAML Administrative Officer
and Meeting Planner

As the World Association for Medical Law (WAML) moves towards independent meeting management I will provide a synopsis of the responsibilities of the Meeting Manager (MM).

The MM is responsible for managing all aspects of meeting/workshop planning, coordination and logistics wherever the WAML decides to hold the WAML Congress: Ensuring that meetings and other gatherings are accomplished flawlessly while staying within the budget for the event.

1. Once the Board of Governors approves a future WAML Congress site, your MM will prepare a Request for Proposal (RFP) which includes all meeting specifics, not just the date and space needed, and send it to the Convention Bureau (CVB) at that site who will be our advocate in education about their hotels. The CVB will understand the desirability and fit of our meeting for the different types of hotels, discuss seasonality and pattern preferences of the hotels, especially if lower rates are a priority or preferred date availability is an issue, help tweak the RFP to be destination specific, distribute our RFP to the hotels we want to consider and follow up with them to be sure they are responding in a timely and complete manner, lobby on our behalf, set up our site inspections and coordinate our visit and intercept hotel questions and collect responses. In some cases the CVB will perform the same function as a site visit for WAML which has the potential of saving money for the organization.

2. The MM will educate the hotels on WAML's or-

ganization and mission, type of meeting, goals and objectives of the meeting, demographics of the group and provide priorities. The MM will also provide past WAML Congress history which includes room block flow, meeting schedule, meal function totals and any other revenue producing activities. Past Congress history determines our credit score.

3. Currently WAML does not have a credit score because we were not independently managing the meetings. Utilizing hotels with their meeting facilities, food and beverage, audiovisual and other services will build WAML credit.

4. The CVB will also educate and help coordinate WAML with any special activities that are unique to the city and with any transportation that is required.

5. The MM will review host proposals and negotiate for services and costs. Once a meeting facility has been negotiated, the MM will lay out appropriate session rooms and exhibit area, reserve and monitor a sleeping room block, confirm rates with hotel, provide set-up instructions to hotel, provide catering requirements to banquet staff, audiovisual requirements, on-site meeting management, exhibitor management and organization and the planning of off-site activities (contract with a destination management company).

6. The MM will work

closely with Exhibitors and Sponsors to ensure a pleasant meeting experience and build a rapport for future meeting support.

7. The MM will serve as the liaison with the hotel, CVB, Exhibitors and Exhibitor Service

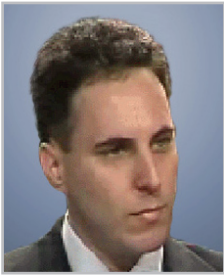
8. The MM will provide electronic marketing of meeting announcements and social events, call for abstracts, exhibitor prospectus and meeting program book.

With WAML having our own meeting management the organization is capable of multiple year planning. This means more advance booking, thus the WAML will receive better benefits with the hotel, potential discounts from hotel chains and/or cities, decorator discounts and the ability to market in advance.

The WAML Annual Congress will have the standardized procedure for Congress preparation, and the WAML will concentrate on providing a consistent, higher academic level of scientific program with our own professional meeting manager. The Program Chairperson will have support from the WAML Education Committee.

Denise McNally
WAML Administrative
Officer and Meeting
Planner

UNESCO Conference on Bioethics, Kinar ,Israel, September 2-5. 2012



Oren Asman,

WAML Educational Committee Chair

The 8th International Conference on Bioethics Education – Contents, Methods, Trends took place at the Kinar Convention Center on the Eastern Shore, Sea of Galilee, Israel September 2-5, 2012. The conference was organized by the UNESCO Chair for Bioethics, a member organization in the WAML Council of President (CoP), in collaboration with various international organizations, including the World Medical Association (WMA), the World Psychiatric Association (WPA) and the World Association for Medical Law (WAML).

Prof. Amnon Carmi, Honorary Past President of the WAML and Chairholder of the UNESCO Chair for Bioethics stated the importance of this event by saying: "Research conducted over the last decade points to various challenges in teaching bioethics. It appears that in different academic institutes, the professors find it difficult to embed the moral principles that should lead the young

doctors from early in their careers." Various groups discussed this during the conference, presented and reviewed curricula and planned modern methods for teaching bioethics. The aim of these discussions was to advance patients' rights and to focus on the humanistic aspects of dealing with health.

The Conference focused on the challenge of teaching bioethics and included about 200 presentations, held on 5 parallel sessions for 3 consecutive days. About 300 Participants from 35 countries attended, among them a large number of WAML members, including former WAML President, Prof. Amnon Carmi; Executive Vice President and Chair of the Education Committee, Dr. Oren Asman; Vice President Prof. Wu (China), Ukrainian Governor and member of the Educational Committee steering group, Dr. Radmyla Hrevtsova, Japanese Governor, Dr. Mitsuyasu Kurosu, Dr. Tal-Bergman Levy, Dr. Samuel Wolfman, Dr. Mohammed Wattad (Israel), Adv. Washington Fonseca (Brazil), Prof. Natalia Sedova, Adv. Maria Korobenkova (Russia) among the other members.

Dr. Hrevtsova and Dr. Asman both took part in sessions related to bioethics education programs and courses. As part of their involvement with the WAML Education Committee, they shared their views on integrating Bioethics

education with teaching Health Law, and are planning on constructing a WAML-based program on teaching international medical Law. This program will be connected to other international programs dealing with Bioethics.

"The connection between Global Bioethics and Global Health Law is obvious; as jurisprudence bases itself on ethical norms and practices. In order to have a deeper understanding of Health Law one needs a deep understanding of Bioethics; and in order to have a deeper understanding of the development of Global Bioethics, one should have a good understanding of its legal and political aspects – as can be understood by learning health law" says Asman. "We view the future program on International Health Law as a complementary one to the programs and curricula discussed by the UNESCO Chair on Bioethics, focusing on Bioethics education" says Hrevtsova. They say "Our aim is to introduce the Curriculum on International Health Law to our members and later to academic institutes as part of the contribution of WAML to the academic and practical field of Health and Medical Law by Summer 2013".

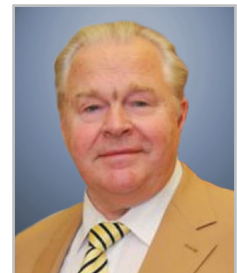
The collaboration with the World Psychiatric Association (WPA) Section on Psychiatry, Law and Ethics, chaired by WAML members Oren Asman and Tal Bergman-Levy resulted in a full day program (3

sessions) focusing on Psychiatry, Law and Ethics. Following the success of this topical session, the WPA Section is planning to hold its next international event as part of the November 2013 UNESCO Chair for Bioethics conference to be held in Milan, Italy.

The Congress in Israel was very successful both academically and socially. We are happy to have WAML involved in such high level meetings and view this as another building block in our long lasting international collaboration with professionals and associations world-wide for the promotion of WAML's goals.

Dr. Oren Asman, Adv.
WAML Educational Committee Chair

International Congress on Health Law of the CIS Countries and Eastern Europe held in Moscow



Prof. Yuri Sergeyev,
WAML Governor (Russia)



Dr. Radmyla Hrevtsova,
WAML Governor (Ukraine)

On 7-9 November 2012 the International Congress on Health Law of the CIS countries and Eastern Europe took place in Moscow, Russian Federation. The Congress's mission was to consolidate healthcare and legal professionals from this part of Europe to contribute to resolving the common problems of health systems organization, conduct of biomedical activities and legal medicine and to foster the development of health law. The event was organized by the Federal Union of Advocates of Russia, the National Medical Chamber, the Law Faculty of Lomonosov Moscow State University, the Kutafin Moscow State Law Academy, Russian New University, Self-regulating professional association "Law in Health Care" and others. It was supported by a number of higher educational establishments, bar association and other organizations, including the ones associated with the World Association for Medical Law – the National Association for Medical Law of Russia and the Ukrainian Medical and Legal Association. A significant contribution to the success of

the Congress was made by the World Association for Medical Law the officials and members of which took an active part in its preparation and conduct. The Congress was attended by experts from Russian Federation, Kazakhstan, Georgia, Ukraine, Latvia, Poland, and Czech Republic, Germany, Israel, Australia, Brazil and other countries.

The event was welcomed by the Intellectual Center of the Lomonosov Moscow State University – the top university in Russia, and the Scientific-Research Institute of Children's Urgent Surgery and Traumatology. The Congress program included plenary sessions, parallel sections, and panel discussions. Presentations of initiatives

of the National Medical Chamber of the Russian Federation, Self-regulating professional association "Law in Health Care," and the WAML Educational Committee were made at the Congress. More than 150 speeches were delivered during the three days of the meeting.

The Congress participants were inspired by video message of the WAML President Professor Thomas Noguchi and the greeting of the WAML Secretary General Roy Beran which he spoke in Russian. The Congress was opened by its President Professor Yuri Sergeyev, Head of the Chair of Medical Law of the First Sechenov Moscow State Medical University, President of the National As-

sociation for Medical Law of Russia. A number of the WAML experts spoke at the Congress: the WAML Secretary General Roy Beran (Australia), Executive Vice-President Oren Asman (Israel), Vice-President Eduardo Dantas (Brazil), Governors Yuri Sergeyev (Russia), Natalia Loyko (Poland), Radmyla Hrevtsova (Ukraine), and WAML members Washington Fonseca (Brazil) and Zoryana Chernenko (Ukraine).

Congress participants discussed the prospects of development of health law, organizational and legal issues of reforms in health care systems of the CIS and East European countries, ways of introduction of doctors' self-governance, professional standards of provision of legal services in the sphere of health care, legal issues of ensuring proper quality of medical services, expert witnesses, ways of dispute resolution, legal and ethical aspects of introducing innovations into the health care sector and many others.

The Congress work resulted in adoption of the resolution that determined the ways of cooperation for the next two years. The next meeting is scheduled for 2014

Prof. Yuri Sergeyev,
WAML Governor (Russia)
Dr. Radmyla Hrevtsova,
WAML Governor
(Ukraine)



ACLM Members Make Their Mark at the 2012 WCML



William Hinnant, MD JD,
ACLM

The World Association for Medical Law (“WAML”) held its 19th biennial World Congress on Medical Law (“WCML”) from August 7 through 11 in beautiful Maceio, Brazil at the Maceio Convention Center.

The capital and largest city of the Brazilian state of Alagoas, Maceio is largely a resort city with its beaches facing the Atlantic Ocean. The Radisson Maceio, the designated meeting hotel and most of the other meeting hotels fronted the beaches where sailing, sunbathing, fishing and preparation of traditional Brazilian cuisine could be seen and taken in daily. World-class Brazilian coffee and refreshing Caipirinha, Brazil’s national cocktail, were plentiful and indulged by many of the meeting’s participants. Everyone was awake for the meeting and relaxed at the conclusion of each day’s events with the occasional interspersed walk in the surf or pause for delicious Brazilian seafood or grilled meat.

I agree with Dick, as is my

wont, and have deleted the paragraph. Attendees from every corner of the globe gathered to learn the latest advances in the fields of health law, bioethics, regulation, alternative dispute resolution and legal medicine. Each presentation provided attendees a look into how regionalism, various national health care models and individual cultures affect the delivery of healthcare, how it is funded, how it is regulated and how its quality can be assured. Bioethical issues (including: end of life management; abortion; professionalism; human experimentation; genetic screening; and patient rights) occupied a significant portion of the program as did timely issues such as medical tourism, intellectual property protection for genomic elements and medical products, torture and care of the incarcerated and medical marijuana. A number of presentations addressed various theories as to compensation for alleged victims of medical negligence and how to assure fairness and preserve economic sanity in lieu of a “lawsuit lottery”. Most attendees were struck as to how all involved were faced with very similar concerns and how the vast majority of problems we face are now truly international, as opposed to domestic.

Our world is shrinking with the growth and availability of international travel, progressively increasing international trade, ready

availability of international communication and the continued ramifications of the World Wide Web, including particularly the emergence and growing use of social media. Attendees sharing common interests were able to stay in touch and explore their areas of expertise by way of sharing email addresses, Facebook pages and Twitter hashtags, many of which were exchanged at the meeting’s scholarly and social functions. The annual banquet notably included delicious Brazilian cuisine and a dance band that did a great job with music ranging from the Rolling Stones and Elvis to Frank Sinatra. We could have easily thought we were right at home in Chicago. Needless to say, a good time was had by all, common interests and personal interaction transcending political and ideological lines, with new friends and colleagues benefitting reciprocally from a look into how all cultures contribute to perfecting health care delivery and the eradication of poverty and disease around the world.

ACLM members are encouraged to strongly consider WAML membership, its soon-to-be annual meetings, addressing issues at the intersection of law and medicine, all well known but with a far greater international flavor and diversity of opinion than would otherwise be available. The 2014 meeting will be held in beautiful

Bali, Indonesia, and the 2016 meeting will be held in the USA, in Los Angeles. Each meeting allows participants and their guests to sample local culture, heritage and cuisine and it’s a great opportunity to combine a wonderful educational experience with a great vacation, usually in an exotic location. The WAML and ACLM leadership are exploring mutually beneficial cooperation, with an option for WAML members to access the ACLM’s scholarly publications, attend our meeting at member rates and join us at competitive pricing. There is also an interest on the part of WAML in offering American CLE and CME, potentially through co-sponsorship of its meetings with the ACLM, the latter handling the accreditation process. The availability of American CLE and CME should improve American attendance at WAML educational conferences. WAML members are as interested in the American perspective as we are in theirs.

The Global Health Law community benefits from America’s participation and we from theirs, particularly in this era of health care reform in the United States, with issues that are well-known and debated among scholars worldwide. Examination and scrutiny of how health care delivery is managed, around the globe, will educate all involved as evidence-based medicine hopefully leads all of us

to a system, or combination thereof, providing affordable, ethical and high quality care to all human beings. The WAML looks forward to seeing all ACLM members at the next WCML just as we do in welcoming them to our ACLM annual meeting.

**Willam Hinnant, MD
JD, ACLM.**



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<http://twitter.com/thewaml>

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

American Academy of Forensic Sciences 65th Anniversary Meeting "The Forensic Sciences:

February 18 – 23, 2013

Washington, DC

Website: www.aafs.org

National Association of Medical Examiners "Effecting Positive Legislative Change: The Absolute Necessity of Legislative Advocacy in Forensic Pathology and Medicolegal Death Investigations"

February 19, 2013

Washington, DC

Email: name@thename.org

Website: www.thename.org

American College of Legal Medicine 53rd Annual Meeting "Law, Medicine and Your Professional Practice"

February 21 – 24, 2013

Planet Hollywood Resort

Las Vegas, Nevada

Email: www.aclm.org

Website: www.aclm.org



WAML Newsletter Production Team

Editor-in-Chief:

Richard S. Wilbur, MD JD

Coordinator:

Denise McNally

Graphic designer:

Raul Vergara



20th World Congress on Medical Law

Indonesia

August 8-12, 2014

wcml2014.mhki.org

