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Message from the Guest Editor



Vugar Mammadov
WAML Governor

I welcome all readers to the World Association for Medical Law (WAML)'s March edition of our Newsletter. I am honored to act as a guest editor for this edition, as very distinguished scientists and specialists gave their consent to be authors in this Newsletter.

I thought it would be interesting for our readers to learn more about biomedical ethics and medical jurisprudence, bioethics and Islam, and some events which have happened or are forthcoming in the field of bioethics and medical law in different parts of world, so we shall present articles that will look into these topics and some reports that will describe WAML's activities.

Very important guest, famous specialist in world legal medicine Prof. Cyril

Wecht, MD, JD writes about biomedical ethics and medical jurisprudence and the need for the inclusion of these subjects in medical schools education. As Prof. Wecht is not a WAML member I am happy and proud to introduce him to Newsletter readers. He is Past President of the American College of Legal Medicine and of the American Academy of Forensic Sciences. He, currently works as a clinical professor at the University of Pittsburgh, adjunct professor at the Duquesne University, and distinguished professor at Carlow University. He has performed approximately 17.000 autopsies and consulted more than 36.000 post-mortem examinations, including the assassinations of President John F. Kennedy, Senator Robert Kennedy, the deaths of Elvis Presley, O.J. Simpson's wife, and Michael Jackson, as well as famous cases in several foreign countries. Prof. Wecht writes that more time and emphasis must be devoted by medical schools to bioethics and legal medicine throughout the education of students and residents. According to his opinion, bioethics

and legal medicine must no longer be perceived as incidental programs or casual electives. I sincerely share this opinion that medical schools have an academic, moral, legal, and ethical responsibility to develop these subjects in an expanded, structured fashion in their curriculum.

WAML member, Director of Human Rights Institute of National Academy of Sciences of Azerbaijan Dr. Aytan Mustafayeva reports about UNESCO Bioethics Teachers Training held in Baku last year.

Prof., Dr. Herman Nys, Governor of WAML, writes about the European Group on Ethics in Science and New Technologies (EGE), which is an independent, pluralist and multidisciplinary body advising the European Commission on ethics in science and new technologies in connection with Community legislation and policies. Using three examples he has shown that the EGE is playing an influential role in EU law-making and policy implementation.

Prof. Dr. Berna Arda, Vice-President of WAML, writes about a recent book on Islam and Bioethics. Prof. Arda submitted very

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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

interesting material on this topic that I am sure will enlarge knowledge of readers on what is meant by Islamic bioethics. Who formulates Islamic bioethical norms? How can we assess the conclusions reached by the bioethical deliberations? I would like to recommend all readers who are interested in bioethics to find this book in libraries or to read it from the web-link of Ankara University noted in the article.

Prof. Dr. Guilherme de Oliveira and Dr. André Dias Pereira inform us about the upcoming IV European Conference on Health Law to be held in Coimbra, Portugal in October 2013. For sure, this meeting, organized by Centre for Biomedical Law of University of Coimbra, will be an outstanding opportunity for lawyers and health care professionals interested in European Health Law and Patient Safety. In this informative article the authors give proper directions for potential participants about topics of the discussions and sessions at the meeting. Attendance at the conference will give participants opportunity to learn more about the pioneer model of creation of Centre for Biomedical Law at Law Faculty, which has already had 25 years history and experience. I join Prof. Oliveira and Dr. Pereira in welcoming all interested specialists to come to the Conference and enjoy all the beauties of Portugal in a nice season. Finally, you will find in-

formation from Prof. Yuri Sergeyev, WAML Governor and President of Russian Academy of Medical Law inviting medical law and bioethics specialists to attend 5th Russian National Congress on Medical Law in Moscow in November 2013.

Prof. Tom Noguchi, the President of WAML, Prof. Roy Beran, WAML's Secretary General, and Adv. Oren Asman, WAML's Executive Vice President and Chair of the WAML Education Committee, will present their reports.

Vugar Mammadov, MD, JD, FCLM, Professor of Baku State University, WAML Governor

Biomedical Ethics and Medical Jurisprudence



Cyril H. Wecht, M.D., J.D.

Past President, American College of Legal Medicine
Past President, American Academy of Forensic Science
Clinical Professor of Pathology, University of Pittsburgh School of Medicine
Adjunct Professor of Law, Duquesne University
Distinguished Professor of Pathology, Carlow University

American common law, constitutional law, and federal legislative enactments

are based upon Judeo-Christian religious beliefs and practices that have given rise to traditional ethical and moral concepts. These concepts have been influenced quite often by socioeconomic and political considerations.

A significant number of highly complex problems impacting upon these doctrines have emerged in modern times because of new discoveries and advances in science and medicine. The term "biomedical" encompasses the application of ethical theory and moral practice to medicine. Ethics can be defined as the philosophic inquiry into the nature and basic foundation of morality.

The major objective of biomedical ethics is to provide rational grounds for moral judgments, standards and rules in order to effectively and rationally deal with complex, frequently controversial medical practice and policy decisions. The basic principles, set out in various ethical codes, should serve to guide and intelligently influence decision-making by individual medical practitioners, hospitals and other health care providers. Significant sources of such bioethical medical doctrines are the International Code of Medical Ethics adopted by the World Medical Association in 1949 which was revised by the promulgation of the Declaration of Helsinki, in 1964, to accommodate significant new discoveries and philosophical

approaches to traditional physician-patient concepts. The Nuremberg Code that emanated from the trials of Nazi war criminals following World War II was the instigating event that led to the international community convening the conferences that adopted these significant codes of ethical and legal conduct.

In the past, our society afforded a great amount of freedom to physicians to make unilateral professional judgments and decisions regarding their patients in unchallenged fashion. To a significant degree, this rather one-sided relationship has changed. Patients nowadays have a different attitude concerning their medical care. They are much more sophisticated and knowledgeable as a result of the quite incredible advancements in the overall area of communication. Patients want to be active participants in their medical care.

The doctrine of informed consent arose from this revolutionary change. Physicians now are obliged to discuss such issues as their diagnostic findings, therapeutic suggestions, alternative approaches, potential advantages and pitfalls in all non-emergency situations.

The right to refuse treatment, by an adult of sound mind, is now an accepted concept that will play out more and more in future years as life expectancy continues to lengthen. Physicians who deal with such patients will be con-

fronted with difficult, professionally uncomfortable situations, especially when close family members disagree amongst themselves or with the patient as to what should be done. The dramatic case involving Dr. Jack Kevorkian highlighted the vexatious ethical question of euthanasia. Some new legislative proposals have recommended the adoption of “death review” committees in light of ever-increasing costs of health care required to keep an aging patient with serious irreversible medical problems alive.

The expanding use of organ and tissue transplants has created new questions and problems from bioethical and legal medical perspectives. Innovative developments in genetic research and treatment of some serious disease processes that utilize fetal tissue obtained in abortions have created many unanswered concerns of an ethical, as well as a legal nature.

Surrogate motherhood, including in vitro fertilization; research projects involving patients without their full knowledge and formally acquired consent; recognizing and reporting fellow physicians with alcohol and drug problems or psychological impairment; and a myriad of other problems confronting physicians in their daily practice and patient relationships will require more sensitivity and awareness than ever before.

More time and emphasis must be devoted by medical schools to bioethics and legal medicine throughout the education of students and residents. Qualified, experienced experts should be called upon from the medical, legal and religious communities to lecture and discuss these ethical problems. Knowledgeable individuals from the world of economics, business and government should be utilized for appropriate and relevant input.

Bioethics and legal medicine must no longer be perceived as incidental programs or casual electives. Medical schools have an academic, moral, legal and ethical responsibility to develop these subjects in an expanded, structured fashion in their curriculum, beginning in the first year and continuing through residency training. Modern medicine, future medical developments and an increasingly sensitive, educated and demanding society will require such a dynamic approach.

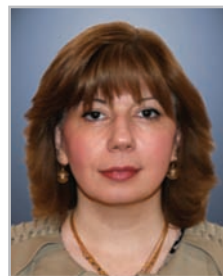
Cyril H. Wecht, M.D., J.D.

Past President, American College of Legal Medicine



<http://twitter.com/thewaml>

UNESCO Bioethics Teachers Training in Azerbaijan



Dr. Aytan Mustafayeva,
Member of WAML (Azerbaijan)

The Ethics Teacher Training Courses (ETTC) project is an important component of UNESCO's capacity-building strategy in bioethics. It targets the young generation of experts and educators engaged in teaching ethics at various academic faculties and institutions around the world, who can serve as agents for expanding and improving ethics teaching programs in their countries in the near future. For this reason, carrying out this course in Azerbaijan was of great value for further development of bioethics in the country.

Azerbaijan has been an active member of UNESCO since 1992 and issues of science and education are among the priorities of domestic policy. Development of Bioethics became possible and is implemented under patronage of the First Lady of Azerbaijan, UNESCO and ISESCO Goodwill Ambassador, President of Heydar Aliyev Foundation Mehriban Aliyeva.

Last year the UNESCO

Ethics Teacher Training Course was held in Baku, between August 20-24, at the Institute of Human Rights of the National Academy of Sciences of Azerbaijan (IHRNASA). This Ethics Teacher Training Course was a collaborative effort involving UNESCO, the IHRNASA and the National Commission of Azerbaijan for UNESCO.

Twenty-two participants, mainly teachers, from different areas such as law, medicine, philosophy, ethics and social sciences took part in the Course. The training was conducted by a team of experts with extensive international experience in ethics education, including Professor Amnon Carmi (University of Haifa, Israel), Professor Daniella Keidar (University of Haifa, Israel) and Professor Vugar Mammadov (IHRNASA).

The main objectives of the Ethics Teachers Training Course were to:

- introduce the participants to the means and resources of teaching ethics;
 - teach the participants the methodologies and methods of teaching ethics;
 - assess and provide feedback on the participants' demonstrations of teaching skills under the guidance of experienced teachers
 - and make close acquaintance with the Bioethics Core Curriculum prepared by UNESCO.
- The course lasted 5 days

with each day conducted in accordance with the pre-prepared program. Professors delivered reports, presentations and short films on various topics, demonstrating different methods and techniques of teaching, among which there were also mini-games for the purpose of creating good Class Room Communication.

The organizer of the course, the IHRNASA, provided for the convenience and comfort of participants of the course. It created all necessary conditions for carrying out training at a high level. During the course, teachers engaged students in discussions. Students freely expressed their thoughts, shared ideas, experiences, impressions and asked questions. The following topics were discussed during the course:

- Teaching ethics: approaches and methods;
- Class Room Communication – Brain, Feeling and Behavior – Emotional Intelligence;
- The Dynamics of Creating Primary Communication between the Lecturer and the Students – The power and influence of the verbal and nonverbal communication channels in the class room in teaching ethics. Skills in Interpersonal Communication (IPC);
- Human dignity and human rights;
- Coping with Various Types of Students and with Unexpected Situations in the Class Room;

• Processes and Means for Group Dynamic in the Class Room;

- Patients' rights;
- Genetically Modified Food Products;

Developing Various Didactic Means and Tools and their Roles in Teaching Ethics: The final stage of the course was followed by preparation of teaching demonstrations. Each participant prepared a 20 minutes presentation on a self-selected topic. During the closing ceremony of the course UNESCO certificates were handed over to all participants.

Dr. Aytan Mustafayeva
Director, Institute of Human Rights, National Academy of Sciences of Azerbaijan
WAML member, Ph.D. in Law, Member of Parliament

The role of the European group on ethics in science and new technologies regarding bioethics and medical law



Herman Nys,
Governor of the WAML

The European Group on Ethics in Science and New Technologies (EGE) is an independent, pluralist and multidisciplinary body advising the European Commission on ethics in science and new technologies in connection with Community legislation or policies. It can do so either at the request of the Commission or on its own initiative. The European Parliament and the Council may draw the Commission's attention to questions which they consider of major ethical importance. The EGE members serve in a personal capacity and are asked to offer independent advice to the Commission. They are appointed on the basis of their expertise and a geographical distribution that reflects the diversity in the European Union (EU).

The EGE began in 1991 as an ad hoc advisory body, the Group of Advisers to the European Commission on the Ethical Implications of Biotechnology

(GAEIB). It has grown both in size and scope, to include wider expertise and more established members. With six members at its inception, the GAEIB expanded to nine in 1994. The EGE, established in 1998, had 12 members which increased to 15 in 2005. The members of GAEIB (1991–1997) came from the disciplines of law, science, medicine, philosophy and theology. After 1998, the disciplines included sociology and informatics. Members of the GAEIB served terms of two years, the members of the EGE in 1998–2000 served three and members now serve for five years. The EGE's advice to the Commission, Parliament and Council takes the form of written Opinions. The EGE/GAEIB has issued, until now (January 2013), 27 Opinions, at the rate of one or two each year. They include Opinions on biomedical matters, such as gene therapy, prenatal diagnosis, human tissue banking, umbilical cord blood banking, nanomedicine, and matters relating to biotechnological research that might have medical applications in the future, such as genetic modification of animals, cloning techniques, human stem cell research and intellectual property rights in biotechnological inventions which cover the main areas in the field of bioethics.

It is generally accepted that the Opinions of the



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

Please contact
Denise McNally
mcnallyd@cvalley.net

EGE have played a major role in the adoption of Community legislation and policy. For instance, without the ethical stamp of approval of EGE Directive 98/44 on the legal protection of biotechnological inventions might never have been adopted. In developing its proposals for Directive 2002/98 and Directive 2004/23 on quality and safety of cells and tissues, the Commission referred explicitly to the EGE's Opinions. The Commission also stated that the EGE's Opinion will be sought and respected in future development of legislation whenever necessary. A final example concerns the EGE's influence in refining the ethical issues at stake and the limits and conditions for stem cell research, in particular human embryonic stem cell research, under successive EU-funded "Framework Programmes" for research and their processes of ethical review. These three examples show that the EGE is playing an influential role in EU law-making and policy implementation. In the first example, on the regulation of intellectual property in biotechnology, the EGE's role is no less than to validate EU-level legislation. The EGE has significant influence over the substantive content of the legislative text, which was eventually adopted. The second example, concerning medical uses of human tissues and cells, shows some influence on

EU legislation, but perhaps more importantly, influence on the development of a policy community, which then uses the EGE's Opinions as an interpretative reference point in practical contexts at the national level. In the third example, through developing substantive criteria for review of proposals for EU research funding, the EGE mediates between the European Parliament, representing civil society constituencies that are concerned about development of human embryonic stem cell research, and the European Commission, concerned to develop the "European Research Area". In all three examples, the EGE mediates between the economic growth that the EU seeks to achieve through new technologies and the acceptance by Europe's populations of these new technologies as not only safe, from the point of view of consumer protection, but also valid from the point of view of ethical values. The EGE is more than the provider of technical ethical information to the EU's legislative and executive institutions.

Herman Nys

Professor of medical law
KU Leuven (Belgium)
Member of the EGE
(2011-2015)
Governor of the WAML

Book Review: "Islam and Bioethics" Edited by Arda and Rispler-Chaim*



Prof. Berna Arda,
Vice President of WAML

The book contains twenty-two of the papers presented at the 3rd Islam and Bioethics International Conference held April 14 - 16, 2010, in Manavgat, Antalya, Turkey. The Conference was a product of a collaboration between Ankara University and University of Haifa. Despite the different scholarly disciplines of the contributors to this book, the main message, emerging from the presented papers, is that the scope of Islamic bioethics is wide and ever-expanding. This means that all the topics that interest "consumers" of bioethics in the Western or the Eastern worlds are equally relevant to Muslims and to "consumers" of Islamic bioethics. Islamic bioethics demonstrates awareness of, and acquaintance with, the latest developments in medicine, be they of scientific innovation or bedside manner, in daily life of medicine. Three main questions pre-occupied contributors;
1. What is meant by Islamic bioethics?

Ethics is a broad field, stretching over the prohibited and the permitted, and draws the general tendencies of any given ethical system (contrary to law, which provides exact answers to specific cases/scenarios). In Islamic scholarship, the ethical domain resounds with terms such as *akhlaq* (virtues), *istihsan* (equity), *maslaha* (the public interest or welfare), and *al-amr bil-ma'ruf wal-nahy 'an al-munkar* (the duty to command the right/moral and forbid the wrong/immoral). True, it leaves much room for debate as to what is "right" and "wrong", what does, or does not, foster the best interests of the public and what is a "juristic preference". It becomes clear, through the many presentations, that these debates are influenced by cultural as well as by religious and philosophical factors. In the case of Muslims, ethical debates draw basically on Islamic theology and the Shari'a -Islamic law. Islamic bioethics does not differ in this regard from other Islamic ethics (of commerce or marital life). That is, any position on Islamic bioethics, on the part of supporters or opponents of any given moral dilemma, will still rely, to this very day, on Shar'i sources, and/or on Islamic theology. The consumers of Islamic medical ethics today are physicians and academics, medical institutions, bodies that decide medical policy, and religious

leaders. The lay patient looks up to all of them, not necessarily in the order mentioned, when (s)he is uncertain as to whether a medical procedure offered him/her suits the general guidance of the Sharia and Islamic theology. A devout Muslim wants to be assured that the treatment being offered will not violate any religious dogma. This harmony is expected to prevail at all costs, since G-d created the world in harmony and equilibrium. To violate this harmony would be considered a rebellion against G-d's will and planning, namely heresy.

2. Who formulates the bioethical norms?

This is an important question, since those who formulate the bioethical norms exert profound influence on patients, physicians, other consumers of bioethical guidelines and definitely on the quality of life or life expectation of those who follow these norms. Bioethical norms, within Islam, are pronounced mainly via fatwas, but fatwas are non-binding juristic consultations (proclamations rather than consultations).

In a paper, presented at the conference (not published in the book), it was noted that a major shift of authority has occurred in the last two decades on the question of authority. The shift has been from individual muftis (ijtihad fardi), who were the main source of fatwas until the 1990s, such as Jad al-Haq, al-

Qaradawi, al-Sha'rawi, the Saudi muftis, Ibn Jabarin and Ibn Uthaymin, and previously Shaltut, Rida and many more famous, especially Egyptian religious scholars, to groups of muftis of many nationalities, who nowadays belong to institutional bodies. These have become the leading source for bioethical fatwas since the 1990s. Notable among the institutional groups are the IOMS (Islamic Organization for Medical Sciences, established 1994), the IFA (Islamic Fiqh Academy, centered in Mecca since 1977), the IIFA (International Islamic Fiqh Academy, centered in Jedda since 1981), the ECFR (European Council for Fatwa and Research, based in Dublin since 1997 amongst others).

An abundance of fatwas are readily found today in the media, and their spread is worldwide; hence the issue of authority becomes crucial. The reader may find more than one fatwa on the same topic—sometimes contradictory: Which is to be followed? This is important especially due to the non-binding/consultative nature of the fatwa. The choice of which mufti to follow is sometimes a matter of fashion or of local preference. In Egypt, until twenty years ago, the Azhar scholars were almost the only recognized authority. The political-religious inclination of any Muslim undoubtedly drives them to follow a “liberal” or a “conserva-

tive” mufti, a “fundamentalist” or a “modern” one; again, it all depends on the interpretations and understandings associated with such labels (which themselves are subject to vague popular definitions and to an abundance of academic research). Most people would follow their relatives, their neighbors, and their colleagues in deciding on their revered religious leader. In the end, whoever one follows remains a personal matter; each person him/herself bestows authority on the mufti of choice, simply by following the latter's opinion.

Today one encounters more legal activity, on the part of groups of religious scholars, while in the past more emphasis was placed on individual muftis, the significance of which remains unclear. In the past, the names of the leading muftis were well known while today it is the title of the organization, such as the IFA, IIFA or IOMS, rather than the names of their members. A collectively reached ijtihad may be viewed as more authoritative by some and as too flexible or accommodating by others. In any case, the authority is vested from below, bottom-up, not top-down. Islamic bioethics is seldom imposed by governments or by officials (with few exceptions, such as the Turkish “Presidency of Religious Affairs” surveyed in this volume by Dr. Güvercin). Bioethical guidelines remain dy-

namic and relatively flexible and adaptable to the changing circumstances.

3. How can we assess the conclusions reached by the bioethical deliberations?

The conclusions reached for any bioethical topic are ad hoc; they may soon change in time and place. Ethical questions should be continuously re-examined and re-assessed, as suggested by Prof. Kenan Gürsoy, the Turkish Ambassador to the Vatican.

The difference between Sunni and Shi'i attitudes to sperm donation may serve as a good example. While the Shi'is (Khamena'i, for example) permit it, because no illegitimate sexual contact is involved in the process, the Sunni muftis view any sperm donation from a man to a woman, other than a husband to his wife, as fornication. No one can foretell whether mutual influences will approximate these two presently contradictory views but it will definitely be worth monitoring them. The urgent need of childless couples to produce offspring, as explained by Shirin Karsan regarding the Emiratis, suggests that motivation to ease the ethics on sperm donation may exist; the flight of other Emirati childless couples to Artificial Reproductive Therapy clinics abroad is also indicative that the present Sunni position may expect some amendment.

The topics of the papers in the book are diverse,

as the participants at the conference were from varying disciplines including: medicine, history, law, Islamic studies, anthropology, religion, sociology and medical ethics. The papers are classified into the four groups;

A. Historical aspects of Islamic bioethics

B. Methodology of Islamic bioethical decision-making, and Islamic ethico-religious attitudes to certain topics in bioethics

C. Bioethical positions in specific Islamic communities or in certain countries

D. Miscellaneous

As informative as the papers presented at the second international conference were, the participants sensed that much more needs to be discussed in Islamic bioethics, and that additional meetings and conferences will soon be in order.

The first edition of the book is available through libraries such as British Library, Wellcome Library, Washington DC Library of Congress or Alexandria Library. When the first edition issue went out of print at the end of 2012, the editors preferred preparing an e-book as the second edition which is available on the web page of Ankara University <<http://kitaplar.ankara.edu.tr/detail.php?id=846>>

* This article is based on the preface of the book written by Prof. Arda and Prof. Rispler-Chaim, *Islam and Bioethics*, Ankara, 2011. ISBN 9789754829303

Prof. Berna Arda

Ankara University Faculty of Medicine Medical Ethics Department, Ankara Turkey Vice President of WAML

Patient Safety & Health Law: Coimbra, 9-11 October 2013



Prof. Dr. Guilherme de Oliveira,

Centre for Biomedical Law, University of Coimbra, 3004-545 Coimbra, Portugal



Dr. André Dias Pereira,

Centre for Biomedical Law, University of Coimbra, 3004-545 Coimbra, Portugal

The IV European Conference on Health Law will take place in Coimbra, Portugal, from October 9th to 11th, 2013. The European Association of Health Law and the Centre for Biomedical Law invite you to submit abstracts until May 31 2013 for an oral presentation to be considered for inclusion in the program. The major theme is European Health Law & Patient Safety. (<http://eahlconference2013.org>)

Top Scholars were invited as keynote speakers. Moreover, the scientific level of the conference follows the high standards of previous sessions in Edinburgh and Leuven. This meeting will be an outstanding opportunity not only for lawyers, but also for health care managers, doctors and other interested professionals to be updated in all relevant issues concerning Patient Safety in a broad sense, which include:

1) Preventive measures, such as the role of informed consent and advance directives; legal relevance of guidelines; data protection; protection of the weakest (e.g.: the mentally ill, the children, the survivors of cancer, elderly patients); electronic records; the Directive on the Mutual Recognition of Professional Qualifications and regulatory models of health-care professions.

2) Malpractice and patient compensation trends will be analyzed in detail, including no-fault systems and the mixed systems that are being adopted in several European countries: Scandinavian countries, France, Belgium, Poland and others. By the same token, new trends in medical criminal law will be presented.

3) Learning how to handle errors: the role of disciplinary law to improve patient safety; the applicability of 'apologize laws'; the evolution of Alternative Dispute Resolution in medical malpractice; and a special emphasis

will be placed on medical error reporting systems and laws.

The scientific committee is open to a broad range of themes, but the papers or posters must deal with patient safety and have valuable and detailed information about this theme which is of high priority to the World Health Organization, the Council of Europe and the European Union.

During the Conference we will also celebrate the 25 years of existence and work of the Centre for Biomedical Law, at the Faculty of Law - University of Coimbra. This Centre is the pioneer and leading research and education institution in Portugal in the field of Medical Law. It provides post-graduate education in Medical Law and Pharmaceutical Law. Our attendees are both lawyers and health care professionals, including doctors, pharmacists and nurses. The interaction among the different views offers a dynamic insight and an unforgettable experience of learning these very delicate legal subjects. Since 2004, the Centre has edited the Portuguese Health Law Journal and has published more than 20 reference books in the field.

Moreover, we will commemorate the 5 years of the European Association of Health Law that was established in 2007 by a group of health lawyers in academic institutions from around Europe to provide

a forum for health lawyers from countries in the Council of Europe and beyond to discuss and collaborate on issues of importance in the development of health law and related policies. The EAHL has a special link with the European Journal of Health Law, which focuses on the development of health law in Europe: national, comparative and international. Each issue contains articles, selected legislation, judicial decisions, a chronicle of events, and book reviews.

We invite you and your colleagues from all over the world in October 2013, with a temperature from 12° to 22°, to enjoy the warm hospitality of Portugal and the old cultural and academic traditions of Coimbra!

Welcome!

Prof. Dr. Guilherme de Oliveira/ Dr. André Dias Pereira

Centre for Biomedical Law, University of Coimbra, 3004-545 Coimbra, Portugal
guilhermedeoliveira@me.com
andrediaspereira@hotmail.com

5th National Congress on Medical Law of



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

Russian Federation



Prof. Yuri Sergeyev,
WAML Governor,

On November 20-21 2013, the 5th National Russian Medical Law Congress organized by the National Academy of Medical Law and National Health Law Institute of Russian Federation will be held in Moscow. The name of the forum will be "Medical Law – a fundamental base for the formation of legal medicine in the Russian Federation"

Main topics will be:

- Medical law and bioethics. Legal problems of medicine and healthcare.
- Legal medicine in the Russian Federation: formation, problems, perspectives.
- Legal regulation of medical and pharmaceutical activities.
- Legislative support of compulsory and voluntary health insurance.
- Patients' rights. Rights of health care workers. Insurance of professional (civil) liability.
- Problems of improper provision of medical care: expert examination, liability, judicial practice, prophylaxis.
- Special medical-legal knowledge – for physicians and lawyers: educa-

tional programs.

Publication of the abstracts is planned for the opening of the Congress under the name "Research papers of the 5th All Russian Congress (National congress) on medical law". Deadline for submission of abstracts/articles: October 1, 2013. Address for submission of articles via e-mail and correspondence: association@med-law.ru

Thank you for your interest and understanding! All WAML members are cordially invited to participate and present their papers. See you at the Congress!

Prof. Yuri Sergeyev
WAML Governor,
President, National Health Law Institute of Russian Federation,
Corresponding member of the Russian Academy of Medical Sciences
Chairman of the Organizing Committee of the Congress

Secretary-General's Report



Prof. Roy Beran,
WAML Secretary General

It is 6 months since the last World Congress on Medical Law (WCML), or alternatively 1½ years before the next WCML. The Executive Committee

(EC) has met, via Skype, on numerous occasions, with video conferencing. We have also communicated, almost on a daily basis, via email. The world is becoming smaller, day-by-day. As per earlier Newsletters, quite a number of the Board of Governors have also met face-to-face at co-sponsored meetings and will continue to do so before Bali.

The Education Committee has realised the goal of producing multi-language versions of the Newsletter. We must thank those who have selflessly given of their time to translate the Newsletters into different languages. We plan to expand the number of non-English language versions of the Newsletter. Should anyone want to offer a service of translating the Newsletter into a favoured non-English language, please contact either me or Oren Asman, the Chair of the Education Committee. We are always on the lookout for how we can improve our lines of communication. As a World Association, the more we can become global, with multi-language Newsletters, the more likely are we to spread our sphere of influence. Any contribution our members are willing to offer will be gratefully accepted.

We have been actively encouraging exchange of ideas and co-sponsoring meetings. We did so with the meetings in Portugal, Moscow, St Petersburg and the UNESCO Chair

Meeting in Israel. We have also agreed to co-sponsor the next UNESCO Chair Meeting in Italy. The American College of Legal Medicine has allocated a specific time slot to the WAML, to emphasise our position as an umbrella organisation. I have been in regular contact with Professor Nasser Muh, the Chair of our Bali WCML in 2014, and he assures me that planning is on target. We have negotiated prizes for younger colleagues or students, funded by the WAML. This will include up to four cash prizes for top abstracts, assessed by a judging panel, and free registration for the meeting. The EC decided that we owe it to our younger colleagues to both recognise and reward high calibre work. We want to encourage youngsters to devote their focus to our areas of interest, be it legal medicine, health law or bioethics. The EC thought that offering a prize may provide motivation for commitment to submit abstracts and to aim for high quality research. While the amount of the prize may not be as much as we would like, we hope that the kudos generated from these prizes will be exciting and career boosting. The EC has also discussed a move towards annual WCML meetings with the possible start thereof being in 2015. This will be after Bali but before the 2016 meeting in Los Angeles. Professor Noguchi

and Denise McNally have been very active planning towards 2016 but we need to consider the timing and orchestration of a WCML in 2015. If anyone feels they are capable of organising a WCML in 2015, please advise either me, as Secretary General, or Oren Asman, as Executive Vice President and Chair of the Education Committee, and he will pass it on to me.

As a devout technophobe I am advised that, after some technical problems, the abstracts from the 2012 WCML are now on the website. We plan to be far more proactive so that this delay will not occur in the future. Part of the problem is the need for comprehensive abstract submission, evaluation and publication before, not after, the meeting. This will necessitate a tighter timeline, more compliance with that process and a commitment from all concerned. The provision of the prizes for high calibre submissions will require an assessment panel, which will have access to the abstracts, long before the meeting and should facilitate the process.

One of our initiatives has also been the consideration of workshops to function as mini-satellite meetings in conjunction with the WCML. We hope to start the experiment with the 2014 Bali meeting. We are looking at the possibility of three such workshops, specifically coordinated by a workshop/

satellite Chairperson who has to sponsor the meeting, organise the speakers and topics and to dovetail the workshop into the overall WCML program. This will necessitate close co-operation between the workshop Chair and the program Chair responsible for the overall organisation for the WCML. The workshop will attract a nominal additional fee, to underwrite costs, but should provide value for money. It will supplement the conference program with very specific, focused additional educative experience for which a committed individual has taken responsibility. Should anyone want to volunteer to host such a workshop please make contact with either Oren Asman or me. As you can see from this report, much of our focus has been to widen the net to enable members of the WAML to make a greater commitment and contribution. One of the hallmarks of Professor Noguchi's Presidency has been to try and get the level of involvement to transcend those with fancy titles – like those on the EC or Board of Governors. We want the membership to truly take over ownership of the WAML. The best way to demonstrate ownership is to become a more active and interactive member of the family. The WAML is such a family of highly intelligent, well educated, globally distributed relatives in the worlds of legal medicine, health

law and bioethics. We, on the EC, want to hear more from you and to be more responsive to your needs. We also want to take advantage of your expertise, so please contact us with any of your thoughts, ideas for improvement of our family dynamics and concepts, which might be adopted to value-add to the benefits which we can provide both to you and our wider constituency. Should you want to contribute information to the Newsletter you should contact Dr Richard Wilbur (<rwilbu00@sbcglobal.net>) the editor of the Newsletter. I am sure he will be receptive to any constructive ideas. If a suggestion is considered radical he will seek the input of the EC. Be assured that working with Dick is a pleasure rather than a chore.

Our WAML official journal "Medicine and Law" also provides a vehicle for more sophisticated research publication. It is peer reviewed and offers the opportunity to have work recognised internationally. This journal complements the Newsletter and is an added benefit to membership of the WAML, as its subscription is heavily subsidised within our WAML family. Other WAML merchandise, such as neckties and scarves, are also available through our treasurer, Andre Pereira.

As Secretary General I feel it is part of my 'job description' to highlight and emphasise the WAML pro-

file. To do this effectively I need your help. I encourage you to 'spread the word'. I want you to stand up and to be counted as part of our WAML family. Only with your support can we ensure that the WAML is offered its rightful position as the peak body in legal medicine, health law and bioethics on a truly global scale.

Yours,
Roy G Beran
 Secretary-General
 World Association for
 Medical Law

Presidential Message



Thomas T. Noguchi,
 President of WAML

I have noticed that there are several national associations requesting the WAML to review and endorse their meetings and programs. We encourage such collaborations with the regional and national meetings. Please contact us for more such collaborations. We would like to assist. This collaboration would be mutual. The organizers should be WAML members and other WAML members should participate in such programs. We now have almost doubled the paid memberships in the past three

years. In order to continue to grow and increase our membership, each governor and member needs to consciously and actively interact with national associations. I would like to share with you the exciting experience I had on a recent trip to the Washington DC, where I attended the

Annual Meeting of the American Academy of Forensic Sciences (AAFS) and the Interim Meeting of the National Association of Medical Examiners (NAME). The Administrative Officer for WAML, Denise McNally, is the Executive Director for the NAME.

Two colorful posters for the coming 2014 WAML Congress in Bali, Indonesia and the 2016 Congress in Los Angeles were posted.

After the Washington DC Meeting, I flew to Las Ve-

gas to attend the Annual Meeting of the American College of Legal Medicine (ACLM), where the same two posters were displayed and small hand-out announcement for the coming Congress was distributed. As the WAML National Affiliated Organization, the ACLM accepted WAML by providing annual program space for the WAML update presentation, which generated more interest among the attendees in becoming members of WAML and getting involved in the coming Congress program.

Preparation for the Coming the Indonesia Congress

We are looking forward to attending the coming Bali Congress. The Congress preparation now is in progress. Prof. Roy Beran has been designated from

the Executive Committee to work with Dr. Nasser Muh, the Host of the Indonesia Congress in 2014. WAML has hosted a congress in South America in 2012 and will meet next in Indonesia in 2014.

Starting in 2016, the WAML Congresses will be held annually. At the 2014 Board Meeting, we will be choosing the Program Chair for the 2017 and the 2018 meetings, who will be working closely with the WAML Executive Committee and the Education Committee.

The WAML Meeting Manager (MM) will play a major role in planning the future meetings. She will study suitable congress sites and determine the best venue for future congresses. For future meetings, the Program Chair may not reside in the same city as the meeting site,



World Association for Medical Law




World Congress will be held in
BALI, INDONESIA
ON AUGUST 26-28, 2014
 JOIN THE INTERNATIONAL FORUM

Contact: Denise McNally,
 WAML Administrative Officer:
 worldassocmedlaw@gmail.com

Thomas T. Noguchi, M.D.
 President WAML
 noguchitt@aol.com



World Association for Medical Law



World Congress will be held in
MILLENNIAL BILTMORE HOTEL LOS ANGELES
LOS ANGELES, CA
ON AUGUST 7-11, 2016
 JOIN THE INTERNATIONAL FORUM

Contact: Denise McNally,
 WAML Administrative Officer:
 worldassocmedlaw@gmail.com

Thomas T. Noguchi, M.D.
 President WAML
 noguchitt@aol.com

which will be determined by the WAML.

Denise McNally and the Program Chair have inspected many hotels in Los Angeles, based on finding what is the best for the WAML and is attractive to the international attendees, The Historic Biltmore Millennium Hotel, where early Hollywood functions were held, and which is now newly renovated in Los Angeles downtown was selected. A brief tentative program and details of theme sessions will be announced during the WAML Congress in Bali in August 2014, and at the end of the 2014 Congress, the 2016 Program Chair will call for abstracts on specific selected themes and subjects. Each day of the Congress, the morning program will be a series of plenary sessions on a theme subject. In the afternoon, there will be individual oral presentations based on the theme subject will. There will be a new forum emphasizing scheduled networking sessions.

The registration fee will include the networking breakfasts. At noon and afternoon for one and half hours, time will be reserved exclusively for poster networking sessions. Each day, the poster presentations will be new and the authors will be in front of their posters for networking.

The future WAML Congresses will 1) be of an academically higher level of presentations, 2) feature

plenary sessions by invited keynote speakers on specific subjects, 3) have panel discussions, and 4) be more focused. Instead of being held in many parallel rooms where attendees are scattered, there will be more network oriented programs.

For WAML Congress, there will be Continuing Medical Education (CME) credits, and certifying credits for the other related professions.

Video link for presidential message

<http://youtu.be/WVeAPT-LyZTcRaul>

Thomas T. Noguchi
President, WAML

Azerbaijan Bioethics and Medical Law Association

Name of the organization:

Azerbaijan Bioethics and Medical Law Association

Address and contact information:

Huseyn Javid str., 31, Institute on Human Rights of National Academy of Sciences of Azerbaijan, AZ1143, Baku, AZERBAIJAN

Telephone:

+99 412 5372079

Fax: +99 412 537 20 80

Email: info@ihr-az.org; vumammadov@yahoo.com; vugar.mammadov@ihr-az.org

Total number of mem-

bers:

103 - mostly in Baku, capital

85 Medical, 7 Dental, 9 Honorary Fellows, 94 Members

Name of Officers:

Head — Prof. Dr. Vugar Mammadov, MD, JD, FCLM

Deputy Head (Academic) Dr. Aytan Mustafayeva

Deputy Head (Administration) Doc. Kerem Mammadov

Treasurer Mr. Fizuli Kerimov

Secretary Ms. Lala Jafarova

Administration Senior Executive Officer Mr. Mubariz Hajiyev

Brief description of the history etc:

The Azerbaijan Bioethics and Medical Law Association (ABMLA) was inaugurated in Baku on 27 May 2010 by the Ministry of Justice of Azerbaijan Republica. It provides a network for doctors, lawyers, scientists and dentists who are interested in development of bioethics and medical law in Azerbaijan. We have a few members with dual qualifications in law and medicine. Most members are medical specialists, fewer are lawyers. The aim of our Association is to promote bioethics and medical law in the country to the specialists, authorities and public, and to provide

the medical profession and the community with a better understanding of the legal and ethical implications involved in the practice of medicine.

The Association is based at the Institute on Human Rights of the National Academy of Sciences of Azerbaijan and closely cooperates with WAML and the Azerbaijan Unit of the UNESCO Chair in Bioethics (Haifa). We also cooperate with the American College of Legal Medicine, European Association of Health Law, Russian, Chinese and Ukrainian Health Law Associations.



18th session of International Bioethics Committee in Baku in May 2011, where Prof. Boris Yudin (Russia), Prof. Vugar Mammadov, Head of ABMLA, Acad. Vagif Farzaliyev, Vice-president of National Academy of Sciences of Azerbaijan, Ms. Dafna Feinholts, Head of Bioethics section at UNESCO Headquarters, and professors from USA and Australia - members of IBC - chairing session.



Regional training of UNESCO together with Association for Bioethics teachers in Baku in August

2012 (UNESCO trainers: Prof. Amnon Carmi, Prof. Daniella Keidar and Prof. Vugar Mammadov).

The Association conducts educational programs on Bioethics and Medical Law for medical, dental and law students at the main universities of Azerbaijan: Law Faculty, Baku State University and Azerbaijan Medical University. During the last 2 years the Association invited 2 WAML fellows — Prof. John Conomy and Prof. Dean Harris - to visit Azerbaijan to give lectures to Azerbaijan students. Prof. Conomy gave lectures about Medical Law in USA, Obamacare and why it is important for law students to know Health Law, Prof. Harris lectured about Medical Malpractice and Negligence.



Presentation of Prof. Dean Harris to the members of Association on Medical Law and Medical Malpractice in October 2011. Academicians, members of Parliament, professors and young researchers in the room



Pictures from 2 lectures of Prof. Dean Harris on Importance of Medical Law and Medical Malpractice to the students of two groups

of the 4th year at Law Faculty of Baku State University



Lecture of Prof. John Conomy to the students of the 4th year at Law Faculty of Baku State University in October 2012

The Association initiated registration of «Bioethics and Medical Law» specialty as a new branch of science under the Legal Sciences category of the List of Scientific Specialties under Supreme Attestation Commission of the President of Azerbaijan in 2010 and succeeded in 2011. The Head of Association, Prof. Mammadov, was invited in 2011 to become a member of the Expert Council on Legal Sciences of the Commission until 2015. At present 5 young PhD researchers perform scientific work under this specialty. This was recognized by UNESCO top officials as a pioneer step in the region. Another pioneer step of the Association was creation of a TV program «Bioethics» on central TV Channel «AzTV» once every 2 weeks in the format of public discussions by 4 invited experts and 20 representatives of different spheres.

The Association has participated in drafting 4 legislative documents discussed in National Parliament — Laws «About Patients Rights», «About

Food Products», «About Palliative Care», «About Social Aid».



Meeting of Association in December 2010 when we launched Azerbaijan Unit, UNESCO Chair in Bioethics. Members of Association - Acad. Mahmud Kerimov, President of National Academy of Sciences, Prof. Amnon Carmi, Head of UNESCO Chair in Bioethics, Dr. Aytan Mustafayeva, Director of Human Rights Institute, Dr. Gunay Efendiyeva, Head of UNESCO Commission in Azerbaijan, Prof. Saday Aliyev, Prof. Zakir Aliyev, Prof. Yaqub Gurbanov, Prof. Qoshqar Aliyev, Prof. Nadir Huseynov from Azerbaijan Medical University, Prof. Rovshan Halilov, Prof. Namik Aliyev, Prof. Faik Agayev, Doc. K. Erem Mammadov from Baku State University in the conference room



Head of Association makes opening and speech at the same meeting of Association in December 2010 when we launched Azerbaijan Unit, UNESCO Chair in Bioethics. Members of Association - Acad. Mahmud Kerimov, President of National Academy of Sciences, Dr. Aytan Mustafayeva, Director of Human Rights Institute, Dr. Gunay Efendiyeva, Head

of UNESCO Commission in Azerbaijan, Ms. Ganiira Pashayeva, Member of Azerbaijan Parliament



Round Table organized by Association and Police Academy on implementation of Decree of the President on Training and Education in the field of Human Rights when Head of Association gives a speech about UNESCO Sustainable Development Decade and UN Human Rights Education Program that are components of President's Decree The Association has implemented about 30 conferences, round tables, training courses and seminars together with UNESCO, National Academy of Sciences, Baku State University, etc. on topics of bioethics, medical law, human rights, made more than 100 interviews in media, and prepared dozens of TV shows, etc...



TV Program «Bioethics» at Azerbaijan Television, main TV channel of the country, issued once in 2 weeks. Guests are members of parliament: Prof. Rabiyyat Aslanova, Head of Human Rights Committee of the Parliament and Prof. Rafiq Mammadhasanov, Member of Parliament and Vice-Rector of Azerbaijan

Medical University

The Association has one general meeting — assembly — every 2 years when members elect the Board. The Board meets twice a year. At the last assembly it was decided to apply to host the r WAML Meeting in Baku in 2016. Next year the assembly will decide on making an application to WAML about meetings of 2017-2018.... Two members of ABMLA are members of the WAML. Head of ABMLA, Prof.Dr. Mammadov is a WAML Governor, member of EAHL Board and honorary fellow of American College of Legal Medicine. Significant progress has been made, but there is still much to achieve.

**Vugar Mammadov,
MD JD FCLM**

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

International Scientific and Practical Health Law Conference "Protection of Rights of Health Care Professionals as a Prerequisite for Patients' Rights Protection"

April 26-27, 2013

Kiev, Ukraine

Email: radmila.hrevtsova@gmail.com

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

Summer School on Health Law and Ethics

June 24 – July 5, 2013

Rotterdam, The Netherlands

Website: <http://www.erasmusobservatoryonhealthlaw.nl/en/>

European Association of Health Law - 4th Conference

October 9-11, 2013

Coimbra – Portugal

Email: cdb@fd.uc.pt

Website: www.eahlconference2013.org

UNESCO Chair in Bioethics 9th World Conference

November 19-21, 2013

Naples, Italy

Website: www.isas.co.il/bioethics2013



WAML Newsletter Production Team

Editor-in-Chief:

Richard S. Wilbur, MD JD

Guest Editor

Vugar Mammadov, MD JD

Coordinator:

Denise McNally

Graphic designer:

Raul Vergara



20th World Congress on Medical Law

Indonesia

August 8-12, 2014

wcml2014.mhki.org





World Association For Medical Law

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Message from the Guest Editors



Prof. Yuri Sergeyev,
WAML Governor (Russia)



Dr. Radmyla Hrevtsova,
WAML Governor (Ukraine)

The World Association for Medical Law (WAML) is expanding, getting more new members both from the old democracies and from the newly emerged states. We are honored to serve as the Guest Editors of this edition introducing the latest developments of legal medicine/ health law education in different parts of the world and presenting the views of experts on some burning issues falling within the domain of health and medical law. We hope it is interesting for the reader to get

acquainted with both the best practices of professionals from the countries we are from and with the experience of those from the states recognized as being leaders in medical/ health law, legal medicine, science, education and practice.

Georgetown University, from which the article is offered for your attention, is known as an innovator in legal education. The O'Neill Institute for National and Global Health Law is a place where many medical law-related concepts were born.

Another center for medical law and bioethics education and science is located in Israel. The reader of this Newsletter will be able to learn about educational initiatives in Israeli Forensic Psychiatry, the interrelation of which with Medical Law, has become increasingly important.

It is also worth learning about research and educational activities at the Center for Biomedical Law of the University of Coimbra, Portugal.

Medico-legal science has also been developing in Eastern Europe. The Educational Committee report describes the meetings that were held in Kiev

(Ukraine), St. Petersburg (Russia) and Warsaw (Poland) as well as the topics on which they were focused.

The article, written by Dr. Kamenslaya, offers some insight into health care quality assurance and liability, for the provision of health services of proper quality, in Russia.

The paper by Dr. Pospelova is devoted to legal risks associated with the donation and transplantation of human organs and tissues in the Russian Federation. There are different approaches to a person's consent, to the removal of organs and tissues for transplantation after his/her death in various countries, so the reader may find the discussion useful. The reader will also receive information about future meetings endorsed by the WAML that serve as platforms for sharing experience and exchanging ideas.

We wish you good reading!

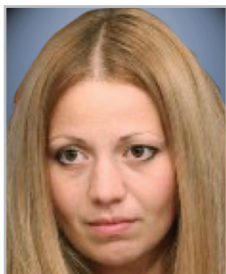
Prof. Yuri Sergeyev,
WAML Governor
(Russia),

Dr. Radmyla Hrevtsova
WAML Governor
(Ukraine)

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

Some Facts and Thoughts on the Measures Required for Improving Health Care Quality by Health Care Institutions in the Russian Federation



Dr. Natalya Kamenskaya,

Senior Lecturer of the Chair of Medical Law of the First Moscow State Medical University named after I.M. Sechenov;
Executive Director of the National Institute of Medical Law

According to the World Health Organisation (WHO) experts, the problem of causing harm to patients' life and/or health, as a result of improper health care delivery, is one of the major problems for national health care systems. In 2011, the WHO envoy for patient safety, Sir Liam Donaldson, said the following at the press conference: "If you were admitted to hospital tomorrow in any country ... your chances of being subjected to an error in your care would be something like 1 in 10. Your chances of dying due to an error in health care would be 1 in 300". In 2002, the WHO member states adopted the Resolution of the World Health Care Assembly for Patient Safety urging member states to pay the closest possible attention to the problem of patient safety. The latest developments in

health care in Russia are marked by a reforming of the system of legal regulation in the sphere of health care. Starting in 2010, new legislative acts of primary importance were adopted. The Federal Law "On the Fundamentals of Public Health Care in the Russian Federation", of 21 November 2011, No. (the "Fundamentals") made the first attempt, at the legislative level, to define the quality of medical care that is a core concept of health care. According to the definition offered by the law, the quality of medical care is an aggregate of characteristics reflecting the timeliness of medical care delivery, correctness of the choice of prevention, diagnosis, treatment and rehabilitation methods, in the process of medical care delivery, and the degree of achieving the expected result.

Being the contractors of medical services, Russian health care institutions face the same problems and risks in the process of their activity as those faced by healthcare institution worldwide, including the issue of defining the quality of health care services and ensuring the highest standards of its provision. There have not been universal approaches to this problem, so the experience of every country is worthy of discussion.

Patients' claims arising from the quality of medical aid delivery

In the Russian Federation, there has been a steady

increase in the number of claims against medical institutions related to the quality of medical care. Independent experts estimate the possible number of claims of harm to patients' life or health, as the result of medical care delivery, is approximately 320 thousand cases per year. Based on the data from the Federal Health Care Supervisory Agency, there has been a high level of citizens' claims during the last ten years (over 65% of written claims) regarding issues of delivery and quality of medical care.

The last 10 years have been characterized by a considerable growth of new criminal, civil cases and pre-investigation checkups of medical personnel all over the country – 4 to 13 times on an average. Based on the data of the Russian Center of Forensic Expert Examinations, the amount of expert examinations regarding inadequate medical care delivery has been growing steadily since the year 2000.

Factors impeding enhancement of the quality of medical care delivery and influencing the frequency of conflicts

Though many of the factors impeding the health care services quality improvement are similar for many health care systems, there are differences between countries.

The Russian health care system does not have a comprehensive approach towards resolving the issues connected with caus-

ing harm to patients' life or health as a result of improper medical care delivery. The major issues that need to be addressed are as follows:

- lack of funding for special research to analyze the risks of causing harm to patients' life or health in the process of medical care delivery, as well as for programs of risk management in the field of health care
- the need for information, clarification and educational development programs for the issues of quality and safety of healthcare activity for the consumers and contractors of medical services;
- the lack of regular monitoring of data on unfavorable outcomes of medical care delivery, their frequency, types, reasons, severity and consequences;
- the absence of a unified methodical approach towards gathering, codification and classification of information and the keeping of a system of reports regarding the causes of harm to patients' life or health;
- the lack of monitoring of law-enforcement practice(s) in cases of compensation for harm caused by inadequate medical care delivery and evaluation of cumulative economic consequences of inadequate medical care delivery;
- the absence of a system of legal and organizational mechanisms assuring effective consideration of patients' complaints and resolution of conflicts arising in the process of medical care delivery.

Legal consequences of improper medical care delivery in Russia.

The Fundamentals establish the patient's right to compensation for harm caused to health in the process of medical care delivery.

According to Russian laws, health care institutions and professionals shall be held liable for causing harm to life and/or health in the process of medical care delivery to Russian citizens. Harm caused to citizens' life and/or health, in the process of medical care delivery, shall be subject to compensation by the health care institutions, according to the procedure established by laws. Compensation for harm caused to life and/or health of citizens will not exempt healthcare employees from also being liable under the laws of the Russian Federation.

Traditionally, there are four forms of legal liability for the breach of healthcare laws, depending on the types of a breach in Russian Federation:

- Disciplinary liability;
- Administrative liability;
- Civil liability; and
- Criminal liability.

Statistical data, presented by experts, show that there is a considerable prevalence of civil liability in the breaches of law in the field of health care:

- criminal liability- 14,8%
- civil liability- 75,9%
- other forms of liability - 9,3%.

At the present time, there are many judicial pre-

cedents on the cases of causing harm to patients' health and life. Defendants in such proceedings are medical institutions and medical employees as the actual causers of harm.

Pre-trial procedures for resolving conflicts arising in the process of medical activity

Pre-trial settlement of disputes between health care institutions and patients has been known as the best possible option for resolving the conflicts in that sphere. It saves patients' time and money, as compared to court trials.

An important instrument to be used in the process of resolving conflicts, between a patient and a health care institution, is the conclusion of a Health Commission consisting of the institution's doctors and chaired by the institution's head or his/her deputy. According to the Fundamentals, such health commissions shall be created for the purpose of improving the process of medical care delivery, decision-making in the most difficult and conflict-generating cases on the issues related to medical aid delivery, quality assessment, feasibility and efficiency of curing and diagnosing activities and for decision-making on other medical issues.

It is also important to involve, in the process of alternative dispute resolution, legal specialists and professional mediators.

Elaboration of a system of comprehensive mea-

sures aimed at preventing conflicts.

Programs aimed to enhance quality and safety of medical care, and, as a result thereof – to reduce the amount of conflicts shall be implemented in several mutually complementary areas:

1. Preventing the causes of harm to patients' life and health:

- Risk analysis and risk management in the field of health care
- Informing and training the consumers and contractors of medical services.

2. Revealing and analyzing data on unfavorable outcomes of medical care delivery:

- Evaluation of cumulative economic consequences
 - Systematization of reports and classification of data;
3. Reducing the level of adverse consequences as a result of inadequate medical care delivery:
- Effective resolution of conflicts
 - Recommendation for the improvement of medical care delivery processes.

Dr. Natalya Kamenskaya

Educational Initiatives

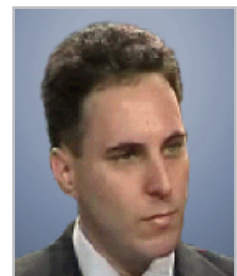


<http://www.facebook.com/thewaml>

in Forensic Psychiatry in Israel



Tal Bergman-Levy



Oren Asman,

WAML Educational Committee Chair

Forensic Psychiatry is a unique field of Psychiatry. It is a clinical field dealing with diagnosis, evaluation, treatment and research regarding mental health patients who are encountering the legal system in some way. This interaction of psychiatry and the legal system can occur within criminal law as well as other fields of law including such areas as damages or family law.

One of the main challenges of Forensic Psychiatry today relates to the processes by which patients who are considered mentally ill are directed into the legal system and the development of treatment methods that will potentially improve the patients' condition and reduce recidivism (of the mental health patients commit-

ting crimes). In order to do so, one needs to investigate the interaction of the psychiatric system and the legal system and the possible influences of psychiatry on legislation and court decision and vice versa.

Forensic Psychiatry is an example of a legal medicine field that raises various ethical conflicts and dilemmas. Ethical challenges appear in regards to patients with severe mental illness, who present limited or non-existent insight into their psychiatric state; patients that present low compliance with medical treatment or medical consultation. Ethical Dilemmas revolve around the concepts of autonomy and its correlation with the patient's well-being. The doctor's loyalty to the patient may conflict with his/her commitment towards society. These ethical dilemmas and conflicts are part of the forensic psychiatrist's daily work.

The clinical, ethical and legal conflicts that arise in relation to the mentally ill seem to have attracted the interest of judges in the psychiatric system in recent years.

In the last 4 years, Dr. Bergman-Levy coordinated seminars on forensic psychiatry for judges at the Bee'r Yaa'kov Mental Health Center.

Dr. Oren Asman dedicated a large portion of his Doctoral Thesis to the evaluation of mental competence in Israeli Courts, including the Jewish (Rabbinical)

and Islamic (Shar'i) court. A specialized seminar is now in preparation for Religious courts judges in related to forensic psychiatry in their courts together with the Zefat Bioethics Forum at the Zefat Academic College.

The Israeli Forensic Psychiatric system includes hospitalization facilities specializing in complex patients, such as the maximum security division at the "Sha'ar Menashe" Mental Health Center, treating patients that were not criminally liable for their mental illness and the division for Forensic Psychiatry in the Israeli Prison Services specializing in the treatment of inmates with psychiatric illnesses. Two relevant associations dealing with forensic psychiatry in Israel are the Israeli Forensic Psychiatry Association, dealing with professional advancement of forensic psychiatrists, and the Israeli Psychiatry Association, which is involved with legislative matters and represents the interests of psychiatrists before various policy and decision makers in the country.

Over the years, various academic courses were conducted regarding forensic psychiatry in Israel for psychiatrists as well as advocates. In January 2013, the 7th year of the Psychiatry and the Law course for LL.M students given by Dr. Oren Asman was completed at the Haifa University.

In June, 2013, a special-

ized course on Forensic Psychiatry was directed by Dr. Tal Bergman-Levy and was completed under the academic supervision of Prof. Peter Selfen and Prof. Shmuel Fenig. The course took place as part of the Continuing Medical Education Program at the Tel Aviv University Medical School. Various experts in forensic psychiatry (Medical Doctors, Jurists and other professionals) lectured in this course, including our WAML members: Dr. Shmuel Wolfman, Dr. Tal Bergman-Levy and Dr. Oren Asman. The topics of the course included, among other issues, 'Psychiatry in the Prison Setting', 'Mental Health Legislation', 'Patients' Rights', 'Legal Competence', 'Psychiatric Expert Witnesses' and 'Damages for Psychiatric Symptoms'. An important focus of the course was on Ethical Behavior of the forensic psychiatry specialists and an emphasis was put on the importance of developing an ethical sensitivity for the mental health experts while making decisions.

On the international level, The World Psychiatric Association Section on Psychiatry, Law and Ethics, which we are fortunate to be chairing together, in collaboration with the Israeli Psychiatric Association conducted a full day mini-seminar as part of the 8th international Conference on Bioethics Education held on the eastern shore of the Sea of Galilee, Israel, by the UNESCO

Chair for Bioethics in September 2012. Following the successful Psychiatry, Law and Ethics day we are now planning the next International Meeting on Psychiatry, Law and Ethics, which will take place on the first day of the 9th World Conference on Bioethics of the UNESCO Chair in Bioethics, to be held in Naples, on 19-21 November 2013. We have already received a large number of high level abstracts for the Psychiatry, Law and Ethics sessions, to be held during this meeting, and call for more interested experts wishing to take part and to present their work in this meeting to send us their abstracts in the near future.

Dr. Tal Bergman-Levy
Dr. Oren Asman

Report from the Georgetown University Kennedy Institute of Ethics



Thomas T. Noguchi,
President of WAML

I have long wanted to take my time to review the bioethics subjects. This year, the Kennedy Institute of Ethics of the Georgetown University, in Washington D.C. sent me an invitation



Georgetown University Kennedy Institute of Ethics

to join the Intense Bioethics Course. This is the 39th year and the course on Bioethics: “Never More Relevant” was given from June 3 to 7, 2013. Five (5) solid days of intense lectures, discussions, question and answer sessions of philosophical discussion and comparisons with one’s own clinical experience. There was ample time for networking at the welcome reception, and another reception for international attendees. We really enjoyed our breakfasts and lunches together in the same dining room, and the closing dinner was so nice, we really did not want to part. There was a total of 120 registrants who came from all over the world, representing 33 countries. There were scholars from Kenya, Brazil, Japan, Korea, China, Australia and New Zealand. Major lectures were given

at the Intercultural Center (ICC), followed by small group meetings where a group moderator asked for any questions, Major lectures were given by nationally and internationally recognized speakers. Opening remarks were given by the Director, Prof. Maggie Little, Librarian of the Bioethics Library which is the largest and most comprehensive library for Bioethics. A small breakout group discussion followed each major lecture. Professor Jim Childress gave the first of four major lectures, Principalism and its Critics followed by a small group discussion. Our small group was moderated by Prof. Robert Veatch., On Tuesday, the lecture on autonomy was given by Prof. Rebecca Kukula, Beneficence and Non-maleficence by Prof. Tom Beauchamp; Emerging

Issues in Justice by Prof. Madson Powers. The Special topics were given on Wednesday. Devaluing the Vulnerable Patients, Organizational Ethics, Feminist Bioethics, Religious Ethics were discussed. On Thursday, the major lecture was given by Prof. Alexander Capron from the University of Southern California on Law, Ethics and Medicine. And in the afternoon, Prof. Robert Veatch spoke on Death and Dying. In the late afternoon, Prof. Laura Bishop gave a series of videos related to bioethics which were very interesting. The last day, on Friday, Research Ethics was given by Maggie Little, and in the afternoon Dr. Edward Pellegrino gave the most inspiring lecture on Bioethics in Master Class. His video tapes of the lectures to the first year medical students on occasion of the white gown ceremony were very moving. I would like to recommend to all our members who are interested in bioethics, that you might consider attending this annual intense Bioethics course.

Thomas T. Noguchi

President’s Message

Thomas T. Noguchi

Historically, the World Association for Medical Law (WAML) held triennial meetings from 1967 until 1994, after which time they became biennial. The Board of Gov-

ernors (BoG) Meeting was always held during the World Congress. During the non-congress year, the Governors travelled to a European city where the next Congress was to be held. The Executive Committee met one more time mid-year. Now, we use modern communication technology, and the EC members communicate by email, almost daily. The Executive Committee meets by Skype monthly with the Administrative Officer and the Meeting Manager who prepares the minutes. Starting in 2013, the WAML BoG participated in online meetings, at least twice a year, most recently in April 2013.

1. April 2013 Board of Governors Meeting

Prior to the Meeting, the Administrative Officer provided the members with the agenda and supporting material in the “Board Package”. The meeting was held online, and votes were cast from April 15 – 19, 2013. The Board approved:

- 1) The minutes of the 2012 Board of Governors Meeting in Maceio, Brazil
- 2) The Revised WAML Articles of Incorporation
- 3) President’s Report including the Executive Committee (EC) decision to hold an annual Congress starting the year after the 2014 Indonesian Congress. Prof. Andre Pereira will be the 2015 Program Chair in Portugal. Currently, the EC and Meeting Manager are

coordinating the 2015 program and Congress site.

4) The Education Committee was officially appointed by the EC. The Chair of the Committee is Dr. Oren Asman.

History of Medical Law and Bioethics. I have been interested in starting documentation of the early development of the Medical Law, legal medicine and bioethics in the World. I will be working with our Secretary-General Roy Beran as Co-Editor. We are interested in finding out from every country, when Medical Law and Bioethics began, how they developed, who were the people responsible for the activities and what were the names and founding dates of the national associations.

As we will be using the information technology, the Board approved communication by digital means (Go Green). The WAML will still use paper documentation for those who do not have good access to the internet.

2. The 2014 World Congress on Medical Law will now have a new website, The EC and the Education Committee along with the Meeting Manager are working with the host, Dr. M. Nasser. We are especially interested in developing a more effective abstract approval process

Thomas T. Noguchi
President, WAML

World Association for Medical Law Secretary- General's Report



Prof. Roy Beran,
WAML Secretary General

We are almost up to the one-year milestone prior to the next World Congress on Medical Law (WCML), which will be held in Bali in 2014. The website is prepared and things are starting to heat up. The Executive Committee (EC) of the World Association for Medical Law (WAML) is exploring new methods for Abstract submission for the WCML and is working together with the local organising committee to ensure that this will provide an exciting and enticing program. Having been to Bali, on a number of occasions, I can truly recommend that all who read this newsletter should pencil in a trip to Bali in August 2014.

Bali will be the start of a new road for the WAML. Already we have identified Portugal as the venue for the WCML in 2015 and in 2016 we are heading to Hollywood in America. It is exciting to think that we are planning three WCML's at the same time. We, on the EC, have made a commitment to ensure

that all of these conferences will offer high academic content as well as providing an opportunity to network with some of the world's leaders in our fields of legal medicine, health law and bioethics.

Professor Nasser Muh, the Chair of our 20th WCML in Bali next year, has collected together the leaders of Indonesia's health law and legal medicine fraternity to ensure that our World Congress also has a unique Indonesian flavour. The EC are delighted to be working with him and his team. There will be a prize for the best student contribution within the Scientific Program and the Indonesian organising team are actively encouraging the younger members of our disciplines to stand up and be counted within this World Congress. The WAML is proud to have Indonesia as the venue of our next meeting.

Bali will be the last time that the WAML will be using a strictly local organising committee to act on its behalf. Professor Nasser Muh, one of the Vice Presidents of the WAML, is our local representative on the ground and within the structure of the meeting he has a relatively free hand within the constraints set by the EC. We are keeping in close contact with him, the aim being one of co-operation and mutual respect. From what we have seen thus far, we are confident that the level of excellence will be self-evident to all who

attend and will adequately complement the exotic intrigue that is Bali.

After Bali the modus operandi for organising the WCML's will dramatically change. The EC, through our meeting manager, Ms Denise McNally, will have a more direct "hands-on" approach to the orchestration of the conference. The scientific committee will be established by means of a Program Chair working in concert with both the EC and the Education Committee of the WAML and will be responsible for a high-level scientific content for the meeting. The meeting manager will, in consultation with the EC, deal directly with local venues and organise the appropriate facilities. This will translate into the WAML being in the driver's seat of the conference but it will also result in the WAML assuming total responsibility and hence also accepting the complete risk for the financial management of the conference. Bali will act as a testing ground in which Professor Nasser Muh will work closely with the EC, and with Ms McNally, to help us better appreciate some of the organisation which he has put in place and to capitalise on the excellent groundwork that we anticipate will be generated from the Bali meeting. The local organising committee and the EC have established a clearly enunciated understanding, which accepts that the Indonesian team is acting

on behalf of the WAML and will allow cross-fertilisation between our organising team and that which is on the ground, so that we can lay further foundations towards a path of success for the meetings in Portugal and the US.

It is exciting to see how the WAML is growing in stature and in experience. Over the last few years we have had meetings in Australia, Korea, France, China, Croatia and Brazil and future meetings will be in Indonesia, Portugal and America. In 2014 we will explore opportunities for the meetings in 2017 and possibly even 2018, so the future path of the WAML is laid out in a transparent fashion. It can be seen that it is truly a world organisation holding its scientific meetings in all four corners of the world.

On a personal note I have been actively involved in the preparation of a Textbook on Legal and Forensic Medicine to which many of the members of the WAML have contributed. It is my pleasure to advise all of you that the editing is now complete, the compilation has been organised with cross-referencing of chapters, and the book has moved into production with the hope that it will emerge within the next few months. Professor Noguchi, the President of the WAML, has written one of the Forewords to the book, thereby giving a uniquely WAML flavour. I take this opportunity to thank each

and every one of you who contributed to the book for your hard work, your tolerance and patience to see the gestation and finally parturition of this, our combined child. It is my sincere hope that this book will be seen as one of the jewels in the crown of literature within the arena of legal and forensic medicine and will be a credit to each and every one of you as individuals and to the WAML, which served as a network to bring us all together. The WAML, together with the Australasian College of Legal Medicine, served as the springboard to make this book a reality and it has been my absolute pleasure to act as the fulcrum about which each of you laboured towards what I hope will be a very successful project.

I finish this Secretary-General's message as I always do, pointing out that the WAML belongs to you, its members. It is only as strong as you make it and only as vibrant as the energy you instil into it. The EC are your servants and the WAML your association. I ask each of you to work towards making it the type of organisation that all of us can, and are, proud to say belongs to us.

Yours,

Roy G Beran
Secretary-General
World Association for
Medical Law

Future Meeting Planning for the WAML



Denise McNally,
WAML Administrative Officer
and Meeting Planner

As the World Association for Medical Law (WAML) distributes conference management responsibilities I will ensure the venues meet the needs of the WAML membership along with its financial considerations. As of April, 2013, the WAML has gone Green so all handouts/information will be sent electronically.

Save the Date!

Following the 20th World Congress on Medical Law (WCML) in Bali, August 25-29, 2014, the system for organizing WCML's will change with the WAML assuming greater managerial control. This should not be interpreted as any form of criticism of the current system and the Board of Governors (BoG) and the Executive Committee (EC) are very excited about the planning for Bali. Planning for Bali is well advanced and I am sure you have already penciled in the dates and are planning your trip to this exotic location so I won't dwell further on our forthcoming 20th WCML.

Following the Bali meeting the WAML will move to annual WCMLs with the first of these being:

The 21st Annual WAML World Congress

Lisbon, Portugal

August 2 – 6, 2015

The Congress will commence with a Welcome Reception Sunday evening August 2, 2015. The Welcome Reception is the perfect venue to meet with colleagues and visit the exhibits. We encourage everyone to attend. The Opening Ceremony will be the morning of Monday, August 3, 2015. The Congress will conclude Thursday, August 6, 2015, followed by a Gala Dinner. André Dias Pereira will be your Program Chairman and we look forward to seeing you in Lisbon, Portugal.

The 22nd Annual WAML World Congress

Los Angeles, California (USA)

August 7 – 11, 2016

The Congress will commence with a Welcome Reception Sunday evening August 7, 2016, followed by the Opening Ceremony the morning of Monday, August 8, 2016 and concluding August 11, 2016 followed by a Gala Dinner. We encourage everyone to attend.

WAML has secured the Millennium Biltmore Hotel <http://www.millenniumhotels.com/millenniumbiltmorelosangeles/> as your Congress venue. Congress attendees will receive a special room rate of \$199 single or double

and complimentary guest room wireless internet. WAML recommends staying at the Millennium Biltmore Hotel where the program and all functions will be provided. Everyone enjoys meetings in a comfortable conference venue, offering quality service and support, not to mention you will be in the center of the conference activity. Hotel rates are negotiated based on the number of the expected attendees and the meeting space, to ensure the best value per dollar for the conference and those attending. If the conference does not meet the sleeping room commitment, WAML will incur additional expenses, so please plan to support the conference and WAML by staying at the conference hotel.

Thomas Noguchi will be your Program Chairman and we look forward to seeing you in Los Angeles, California (USA).

Denise McNally
WAML Administrative
Officer and Meeting
Planner

Report of the WAML Education Committee

Oren Asman,
WAML Educational Committee Chair

In this report I would like to relate to The World Congress for Medical Law and its management and to several international meetings with WAML members' participation and involvement that

were conducted recently in Ukraine, Russia and Poland.

I. World Congress for Medical Law management

In order to take the congress organization one step forward, the EC decided to divide the conference management into 2 elements: Scientific management and organizational management.

1. The Scientific management is mainly focused on:

- a. Choosing the theme, sub-themes
- b. Reviewing abstracts and selection of the ones fitting for oral or poster presentation.
- c. Planning of sessions and workshops
- d. Planning the students competition and appointing the international judges panel
- e. Submitting relevant parts of the conference for accreditation as Continuing Medical and Legal Education, etc.

2. The meeting management is mainly focused on:

- a. Choosing the venue
- b. Negotiating with the hotel
- c. Planning the social events
- d. Planning the organizational matters relating to ceremonies, gala dinner etc.

As we are now using the services of our meeting manager, Ms. Denise McNally, who is dealing with the selection of the Congress Venue, and negotiating with various con-

ference management companies and hotel to find the most suitable, trust worthy and cost-beneficial venue for WAML, I would like to focus here on the scientific element of the conference and the role of the Education committee in its advancement:

1. Choosing the Scientific Conference Chair:

In the past, The BoG used to vote for a congress president that dealt both with the scientific and with the organizational management of the congress. The new congress management system separates these 2 roles.

The Education committee will discuss various candidates for the role of the chair of the scientific committee of the WCML based on the candidate's experience with leading local and international scientific committees and other relevant criteria and present its recommendations to the EC which will submit its recommendation to the BoG members for their choice.

2. Managing the abstract submission and review with an automated abstract submission system.

We have reviewed several automated online abstract submission systems and have decided to use the Oxford Online Abstract Submission system for the WCML meetings. This system will allow an effective, timely and easy to use platform for abstracts submission, review, acceptance or rejection, and also

for producing an updated online Abstract book of the conference. This may be a real step forward with the level of the service we provide to our conference registrants and will allow us to keep a regular standards in all our World Congresses.

3. Conducting a Students Competition

In order to encourage participation and further interest of early career scholars in the fields of medical law, forensic and legal medicine and bioethics, the call for papers for the congress will also include an option to submit an abstract to the students/early career competition. WAML will allocate funds for the first, second and third prizes. The participation fee in the congress for the 3 winners will be reimbursed or covered by the WAML.

II. Several Meetings and conferences held lately In Europe with WAML representatives participation and involvement

26-27 April International Conference in Kiev, Ukraine

Ukrainian WAML Governor and Member of the Education Committee, Dr. Radmyla Hrevtsova, organized the International Conference "Protection of Rights of Health Care Professionals as a prerequisite for Patients' Rights Protection" sponsored by the Academy of Advocacy of Ukraine in Kiev on 26-27 April 2013. The meeting was endorsed by the

WAML and supported by the Public Council at the Ministry of Health of Ukraine, the Union of Lawyers of Ukraine, the Ukrainian Doctors' Association, the Ukrainian Medico-Legal Association and other organizations.

The conference was attended by over 200 participants from various countries. Among them, WAML Vice President Dr. Eduardo Dantas, Ukrainian members Dr. Zoryana Chernenko, Dr. Sergii Antonov, Ms. Inna Golovanchuk and Israeli Governor, Dr. Oren Asman.

The topic of the conference attracted a lot of attention as the challenge of balancing the promotion of patients' rights with the protection of the rights of health care providers seems to be a relevant concern in various countries around the world.



The speakers at the plenary and parallel sessions discussed the status of pro-

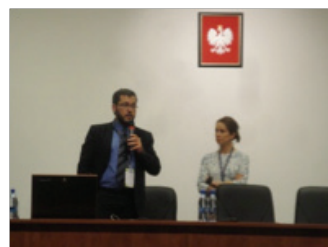
tection of social and professional rights of medical workers, especially in the course of provision of certain types of medical services, the measures taken in this direction within the framework of healthcare system reforms, the activities aimed at educating patients and healthcare professionals and many other burning issues.



15-18 May 2013 International Legal Forum in St. Petersburg

More than 2,500 participants from 63 countries attended the 3rd St. Petersburg International Legal Forum, including 21 official delegations, heads of international courts and authoritative international organizations. This year, for the second time already, WAML had several representatives presenting in the congress. In The Session on "Legal responsibility of doctors and other medical professionals" we had 4 WAML members presenting, including Dr. Andre Den Exter (Netherlands), Dr. Alexei Goryanov (Russia), Dr. Igor Akulin (Russia) and Dr. Oren Asman (Israel). The session provided a comparative platform for the discussion on Medical Negligence, Insurance, Criminal and other liabilities of medical professionals and its influence on

Risk Management, health care management and administration. Another Session of interest to our WAML members related to Forensic evidence from an international perspective.



Health Law Seminar, 8-12 May 2013, Gdansk, Poland (Brazilian Governor, Dr. Dantas; Polish Governor, Adv. Lojko).

A health law conference was organized in Poland together with The European Law Student's Association (ELSA). 2 of our Governors attended this meeting, and apart from the WAML endorsement for this meeting, and lectures of our governors, Dr. Eduardo Dantas drafted an draft MOU with the ELSA board regarding various fields of cooperation with the WAML.

These 3 congresses, held in East European countries, may be an example of the rapid development

of Health Law, Medical Law and Forensic Medicine in this part of the world and the constant support and role of WAML and its members in these developments. The Education Committee and the Executive Committee strive to strengthen our involvement further more and support such meetings and projects in the future as well.

Dr. Oren Asman, Adv.
WAML Educational Committee Chair

CENTRE FOR BIOMEDICAL LAW UNIVERSITY OF COIMBRA PORTUGAL



Dr. André Dias Pereira,
Centre for Biomedical Law,
University of Coimbra, 3004-545
Coimbra, Portugal

The Centre for Biomedical Law is the oldest and most dynamic research institution in the field of Health Law in Portugal, editing the *Lex Medicinae* – Portuguese Journal on Health law and providing a monographic collection, with 20 publications on Medical Law, Health Law and Pharmaceutical Law.

The Centre for Biomedical Law (CDB) was created by the Academic Board of the

Faculty of Law, at the suggestion of Prof. Guilherme de Oliveira, in May 1988.

Research

The Centre is a scientific institution devoted to research on the vast field of Health Law, promoting research and education in Health Law (not only among lawyers but also among doctors, nurses and all people working in the Health system). Members of the CDB collaborate with other organizations, namely, with the Faculties of Medicine, Psychology and Education Sciences and Economics, in the University of Coimbra, the National Institute of Legal Medicine and Forensic Sciences the Coimbra Centre for Bioethical Studies and the Medical Association.

Internationally, academic and scientific links are maintained with some International and European institutions, such as the World Association for Medical Law (WAML) and the European Association of Health Law, as well as some intense bilateral relations with a number of European institutions, including, among others: the Institut für Medizin- und Arzneimittelrecht (Göttingen, Germany); the Institut für Deutsches, Europäisches und Internationales Medizinrecht, Gesundheitsrecht und Bioethik, of Heidelberg and Mannheim (Germany); the Center for Etik og Ret (Copenhagen, Denmark); the Sheffield Institute of Biotechnological Law and

Ethics (England), the Interfacultair Centrum voor Biomedische Ethiek en Recht Leuven (Belgium) and the Catedra Interuniversitaria Genoma y Derecho (Bilbao, Spain), the European Centre on Tort and Insurance Law (Vienna, Austria) and the Association pour la recherche droit medical (Toulouse, France). The CDB is also well-known in Brazil and has close academic ties with several academics and institutions.

The CDB has been a member of several interdisciplinary projects funded by the European Commission in many areas related to the Health Law. The CDB also has received grants for several projects funded by other national and international institutions such as: Foundation for Science and Technology, Council of Rectors of Portuguese Universities, British Council, private entities and others.

Education

In 1998, the CDB became a non-profit organization and the Centre opened its doors to other members. It is now proud to number, among its membership, some distinguished professionals from the fields of Law and Health in Portugal and abroad.

Postgraduate studies in Medical Law

This course aims to provide its students with specialist legal training in Medical Law. The course is divided into several modules: Medical Liability; Informed Consent; Medical

Confidentiality and Medical Records; Clinical Trials and Law; Genetics & Law; and Assisted Reproductive Techniques & Law.

Postgraduate studies in Pharmacy and Medicinal Products Law

Since 2002, the CDB has had one of the few Postgraduate Courses in Pharmacy and Medicinal Products Law in Europe, including topics such as: Economics and Management of Medicinal Products; Clinical Trials on Human Beings and Research with Animals; International and European Law on Medicinal Products; Biotechnological Patents; Publicity of Medicinal Products; and Civil Liability of the Pharmaceutical Industry. With respect to Pharmacy Law, the course teaches, for example, the Ownership of Pharmacies; Pharmaceutical Deontology, Confidentiality and Data Protection; Pharmacist's Civil, and Criminal and Disciplinary Liability. Colloquiums and Short Courses

The CDB has organized public discussion on the major topics of advances in medical science at interdisciplinary colloquiums on Assisted Reproduction, Transplant, Analysis of the Human Genome, HIV and AIDS, Mental Health Law, Clinical Trials and Medical Liability. Its members are also regularly invited to take part in debates organized by other institutions interested in Biomedical subjects.

In September 2001, the CDB hosted the Intensive

Course on Medical Law / Cours Intensif de Droit Médical, bringing some of the most distinguished Professors from the finest Universities and Biomedical Law Research Centers to Coimbra. The course was attended by a large number of undergraduate and postgraduate students from Europe, Brazil and Africa. It comprised about 50 hours of classes and was designed to explore the various branches of Medical Law in depth.

The Coimbra International Symposium: "Convention on Human Rights and Biomedicine: updated or outdated?" took place at the Faculty of Law of the University of Coimbra (Portugal) in July 2011. It was undertaken in association with the European Summer Course on Health Law and Bioethics of the University of Toulouse -. The Executive Committee of the WAML has endorsed and co-sponsored this program and several Governors and members of the WAML participated in this Symposium. Moreover, President Noguchi gave a speech (by video), introducing the role of the WAML.

As a symbol of the high respect that the CDB has been afforded among its peers in Europe, the IV European Conference on Health Law will take place in Coimbra, Portugal, from October 9th to 11th, 2013. The CDB is honored to host the Conference of the European Association of Health Law, under the

general theme of European Health Law & Patient Safety (<http://eahlconference2013.org>). So far the organization has received over 100 abstracts and has distinguished keynote speakers and other high profile academic participants.

The Centre for Biomedical Law is developing a close cooperation with the WAML and is happy to assist WAML in its connection with European Partners as well as with Portuguese Speaking countries, namely Brazil and some African countries (Angola, Mozambique, and others), whose development will also bring new challenges and achievements in the field of Health Law.



Prof. Dr. Guilherme de Oliveira, Director of the Centre for Biomedical Law Coimbra International Symposium, July 2011: in the photo there are 3 Governors of the WAML (Prof. Anne-Marie Duguet, Adv. Radmila Hrevtsova, Adv. André Pereira) and Prof. Guilherme de Oliveira.

Dr. André Dias Pereira
Centre for Biomedical Law, University of Coimbra, 3004-545 Coimbra, Portugal

WAML President's Message

Thomas T. Noguchi,
President of WAML

From the four corners of the earth we will make our bi-annual pilgrimage to Indonesia, to the beautiful city of Bali, impelled by our reverence for, and devotion to, the services of Legal Medicine, Health Law, Bioethology, Ethics and Bioethics. We hail from scores of countries; our cultures vary, we worship different Gods, our medical law rules are far from uniform; our medical ethics norms are separately distinctive; but as supporters and developers of medical law, we are all of one mind. We realize and are convinced that the rule of law, in general and inclusive of medical law, is an essential component of social harmony, whenever people live side by side.

Moreover, bioethics, in general and inclusive of medical ethics, supplies the very foundation stone on which every individual's behavior, within his or her society, must be firmly cemented. Our biennial congresses present members of the medical, legal and ethical professions with golden opportunities to strengthen the ideas which we share in common, to evaluate contradictory points of view and to exercise tolerance, open-mindedness and scholastic acumen.

Our stay in Bali will afford us an opportunity to

exchange knowledge and ideas, to strengthen ties with our younger members and to re-unite with our life-long friends. It is my fervent hope that this, our Twentieth Congress, will inspire us with the will and determination to devote even more time and labor to the propagation of medical law in the many of the world's environments to which we shall be returning.

It gives me great pleasure to express our appreciation and thanks to our In-

donesian colleagues for the excellent preparation of this meeting. There can be no doubt that the beauty of Bali and the generous hospitality of our hosts will inspire us with the will to achieve the objectives which have brought us from afar to what I believe will be a highly productive happening.

Thomas T. Noguchi
President, WAML



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

Please contact
Denise McNally
mcnallyd@cvalley.net



[http://twitter.com/
THEWAML](http://twitter.com/THEWAML)

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

V All-Russian Meeting (National Congress) on Medical Law

November 20-21, 2013

Moscow, Russia

Email: association@med-law.ru

Website: <http://www.med-law.ru/>

Summer School on Health Law and Ethics

June 24 – July 5, 2013

Rotterdam, The Netherlands

Website: www.erasmusobservatoryonhealthlaw.nl/en/

European Association of Health Law - 4th Conference

October 9-11, 2013

Coimbra – Portugal

Email: cdb@fd.uc.pt

Website: www.eahlconference2013.org

UNESCO Chair in Bioethics 9th World Conference

November 19-21, 2013

Naples, Italy

Website: www.isas.co.il/bioethics2013

WAML Newsletter Production Team

Guest Editors:

Prof. Yuri Sergeyev,
WAML Governor (Russia)

Dr. Radmyla Hrevtsova,
WAML Governor (Ukraine)

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

Coordinator:
Denise McNally

Graphic designer:
Raul Vergara



20th World Congress on Medical Law

Indonesia

August 25-29, 2014

www.2014wcml.com





World Association For Medical Law

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Message from the Guest Editor



Prof. Berna Arda,
Vice President of WAML

WAML aims to encourage the study of health law, legal medicine and ethics. Since 1967, WAML also has worked to create an international platform to discuss ethical and legal issues related to health sciences. In the light of these activities, this newsletter offers a great opportunity to promote the study of the consequences in jurisprudence, legislation and ethics of developments in medicine, healthcare and related sciences.

The topics of the papers in this issue are variegated, as the contributors were from diverse backgrounds and countries. This issue contains eight papers from different scholars who work on medical ethics and bioethics in Iran, Italy, Kyrgyz Republic, Saudi Arabia, Turkey,

USA and Uzbekistan. For convenience, I preferred to classify all these valuable opinions in alphabetical order based on country name. I am grateful to all colleagues who wrote and expanded our knowledge. Prof. Bagheri introduces in detail the relation of bioethical principles and Islam. Relevant discussions on main topics like organ donation, assisted reproductive technologies and abortion may be followed. This paper also covers information on the actual situation in Iran.

Prof. Pegoraro, President of the European Association of Centres of Medical Ethics, writes on the EACME, introducing the association's founding aims and activities from 1986 till today.

Prof. Tilekeeva writes about the current condition of bioethics in the Kyrgyz Republic, and the acceleration of relevant developments in the very short period since its independence.

Prof. Kashmeery emphasizes that there is an enormous concern about bioethics in Saudi Arabia. The paper summarizes the framework under the three topics; "Governance

and Ordinance", "Education" and "Public Awareness", in a clear informative style.

Two of my colleagues- Prof. Demirhan Erdemir and Prof. Yalim- from Turkey, introduce us to the relevant approaches of two different non-governmental bodies; "Society for Medical Ethics and Law" and "Turkish Bioethics Association".

Prof. Silverman offers an article on the Middle East Research Ethics Training Initiative (MERETI), as an initiative for research ethics. His paper informs us about the training program; goals, contents, challenges and future activities. I believe that this will be very helpful and eye-opening, especially for young academics in the region.

Prof. Mukhamedova writes about Uzbekistan's current situation. Her paper introduces a picture of the health situation of the country and also gives us some clues about Uzbek biomedical ethics' priorities.

Prof. Berna Arda,
Vice President of WAML

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

Legalization of Bioethical Issues in Iran



Alireza Bagheri MD, PhD,
As. Prof. of Medicine and Medical
Ethics, Tehran University – Iran

Vice-chairman of the UNESCO
International Bioethics
Committee (IBC)

Introduction

The Islamic Republic of Iran is in the Middle East region with a land area of 1,648,000 km² and a total population of 74 million. The per capita gross domestic product (GDP) was about 4,530 USD in 2010. In Iran, in the field of bioethics, there are several laws, such as the Brain Death and Organ Transplantation Act (2000), authorizing organ removal from a brain dead patient for transplantation; the Act of Embryo Donation to Infertile Spouses (2003), and the Therapeutic Abortion Act (2005), which have been passed into law by the Parliament (Majless), providing legal support in biomedical practices.

The legal system in Iran is based on Islamic Shari'a and the legislative system of the country encompasses religious considerations. According to the country's constitution, the Guardian Council must approve all laws passed by the Parliament. The Guardian Council is the responsible body

to check all laws passed by the Parliament to avoid any contradiction with Islamic Shari'a. Not all biomedical practices have been legalized. There are several applicable new biotechnologies, which have caused bioethical debates, such as sperm donation, surrogacy and stem cell research, which are not supported by the law. Some other topics and issues, such as biomedical research and patient rights, are regulated by national ethical guidelines and codes. There is a growing tendency, especially from health professionals, to legalize bioethical issues in the country.

Brain Death and Organ Transplantation

In Iran, the Organ Transplant Act (2000) allows organ removal from a brain dead patient for transplantation to another patient whose life depends on transplantation. The significant value of saving life in Islam provided the foundation for this ruling and the religious teachings encourage people to donate their organs for transplantation to save human lives.

The first attempt to legalize organ removal from brain dead patients failed in 1996 because the members of the Parliament were concerned about religious permissibility, the probability of mistakes in brain death diagnosis and the possibility of misuse, hence, the bill was voted down. After a long debate, the Ministry of Health and Medical Education (MHME) convinced them that the concerns are

manageable and also provided ruling fatawas that organ removal from the brain dead is not against Islamic Shari'a. As a result, the second attempt was successful and the Act was ratified in 2000.

The Act has one Article and one provision, which assigned the MHME to provide the bylaws of the Act. According to the Act and its bylaws, organ removal is legalized for the purpose of transplantation by either: the donor's prior consent or family agreement. Donor's prior consent can be in a written statement or oral consent. In case of oral consent, one of the members of the family must confirm it in writing. If there is no donor declaration, the family has a right to make a decision on behalf of their loved one in his or her best interest. An expert committee must diagnose brain death in a public university hospital. The members of this diagnosis committee should not be associated with the transplant team. Selling and buying of organs are absolutely prohibited.

It is important to note that the Act is applicable to organ removal from brain dead, as well as dead people, and does not cover organ donation from live patients.

There is no law covering live donation, resulting in the MHME regulating live donations. The program of live donation was started by organ donations from relatives (LR donors). Because of the need for or-

gans, the Living Unrelated (LUR) kidney donation program was started in 1997. Trade in organs is officially banned and a regulation, which states that the "organ donor and recipient must be from the same nationality", has helped to prevent the country from being seen as a haven for international organ traders. The regulation prohibits non-Iranian citizens from participating in the country's LUR transplantation and the associated compensated donation program.

Assisted Reproductive Technologies

Between 10–15% of couples in Iran are infertile and many of them seek assisted reproductive technologies. The first infertility centre, providing IVF treatment, was established in 1986. Since 1990, when the first test tube baby was born in Iran, there have been major technological achievements in the area of infertility treatment. Currently, infertile couples do not have any legal barriers to taking advantage of these technologies. There are fifty IVF clinics across the country, which is one of the highest numbers in the Middle East. Based on the religious permission - fatwa, a non-binding legal opinion expressed by an Islamic jurist, assisted reproductive technologies have been in practice since 1989. None of the techniques, such as eggs and gamete donation, nor surrogacy have been governed by legislation. In the

absence of a legal regulatory framework for assisted reproductive technology, infertility clinics were able to practice all forms of gamete donation and surrogacy to benefit infertile married couples, based on the existence of religious permission (fatwa). Although, all assisted reproductive techniques, such as IVF, surrogacy, embryo donation and sperm donation, are available in the country, only embryo donation has a legal basis in Iran.

The Act of Embryo Donation to Infertile Spouses was ratified by the Parliament in 2003. Among Islamic countries, Iran is the only one in which assisted reproductive technology, using donor embryos, is supported by legislation. The Act has five articles. Article 1 of the Act states that the donors should be legal or canonical spouses. It also requires that the donated embryo should be obtained through IVF procedure. In order to donate an embryo, a written spousal consent is necessary. Article 2 is about the prerequisites for receiving the embryo. Article Three explains the duties and responsibilities of the spouses adopting the embryo. Article Four, covers the role of the Family Courts and the legal process to approve an embryo donation. Article Five obliges the Ministry of Health and the Ministry of Justice to provide bylaws for embryo donation. The Cabinet Council passed

the executive bylaw of the Act in March 2005. There is a lack of legislation on the other forms of gamete donation or surrogacy as the Act addresses only embryo donation. The Act of Embryo Donation to Infertile Spouses can be instrumental in helping infertile couples but, its inherent vagueness has caused some confusion and lack of clarity. The Act has been criticized for several reasons: it does not restrict the donated embryos to surplus embryos; it is silent about the number of embryos that could be transferred; and it is silent about the issue of heritage which can be a challenging issue under the anonymity policy in embryo donation.

Abortion

Abortion is a very sensitive ethical and legal issue everywhere. In a conservative, Islamic society, such as Iran, the issue becomes very critical. In Iran, as a Muslim country, the Shari'a law is the basis of the ruling fatwas on abortion and it influences public attitudes and practice. Based on Islamic jurisprudence, a fetus is considered a full human being after ensoulment, which takes place after 120 days of pregnancy. Thus abortion is not permitted after ensoulment but, it is permitted before 120 days of pregnancy, under very restricted conditions, for example if the mother's life is in danger. In Iran, the Therapeutic Abortion Act was passed by the Parlia-

ment in 2005.

The Act reads, "Therapeutic Abortion is permissible with definite diagnosis by three specialist physicians and approval of the Legal Medicine Organization before ensoulment (four months of pregnancy). It approves abortion for cases in which the fetus suffers from congenital anomaly or retardation which causes hardship to the mother, or if the mother suffers from a life threatening disease, Mother's consent is necessary and there is no penalty for consulting a physician. Violators of this Act will be punished based on the Islamic Punishment Act. Critics believe that because the Act provides a wide range of maternal, as well as fetal, indications for abortion, it is subject to misuse. The condition of "hardship", as referred to by the Act, is a vague concept and subject to interpretation.

A Critical Challenge

In the legalization of bio-ethical issues, the relationship among ethics, law and Islamic jurisprudence (fiqh) is an important challenge. Being a religious country, it is very important to define the position of Islamic Shari'a on the questions raised by ethical dilemmas.

In practice, the priority of the religious position is evident by the fact that in case of any question on the application of a new biotechnology, questioning whether it is permissible or should be prohibited,

scientists and physicians are very keen to explore the opinion of Islamic scholars (faqih) on the issue. In order to deal with these issues, a physician or a group of physicians who face an ethical dilemma in their practice would explain the problem to a faqih or to a committee of Islamic jurists in order to obtain the religious opinion on that issue. After approval by the religious authority, the issue would be taken to the health authority for the development of national guidelines or to the Parliament for policy-making, if necessary. In the next step there will be room for ethical deliberation and discussion to explore ethical dimensions of the issue. For instance, first the religious authority accepted the notion of brain death and organ removal for transplantation from brain dead cases and then, based on this acceptance, the Act was passed to allow using brain dead cases as a source of organs for transplantation. When organ procurement became part of medical practice, there was an opportunity to discuss related ethical issues such as organ sale in transplantation. The same pattern can be seen in case of abortion. Because of this

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methodology, there are several topics, such as sperm donation and surrogate motherhood, which are permissible according to the ruling fatwa, but have no legal support and therefore, ethical issues have not yet been fully discussed.

Alireza Bagheri MD, PhD

As. Prof. of Medicine and Medical Ethics,
Tehran University – Iran
Vice-chairman of the UNESCO International Bioethics Committee (IBC)

EACME: A European Contribution to Research and Education in Bioethics



Prof. Renzo Pegoraro,
Scientific Director of Fondazione Lanza,
Padova-Italy President of EACME

The European Association of Centres of Medical Ethics (EACME) was founded in 1986 as a Network of Centres with the aim of promoting research, education and consultation in the field of bio-medical ethics by way of the exchange of information, support of students, teachers and researchers and organization of annual conferences.

In the light of one of the basic concepts of the birth of bioethics, namely “bridge”, the Association has promoted meetings and collaboration among academic and non-academic institutions involved in the field of bioethics and medical ethics.

Particularly, it has developed during these years a “Mission Statement EACME” which is articulated in the following points:

The EACME aims to promote and reinforce debate on moral values and ethical theory in relation to health care practice, biomedical research and healthcare systems, from an individual, social and legal point of view. This includes the development of methods and concepts to implement ethical deliberation in daily medical and health care practice.

It strongly endorses cooperation with other societies and associations in the field of bioethics, philosophy of medicine and social medicine, both at a national and international level, particularly in regard to ethical deliberation and policy-making.

The EACME places particular emphasis on supporting and promoting young talent and junior researchers in the field of (bio)-medical ethics, for example by having special meetings of post graduate students at the annual conference and by small grants for international exchange.

The EACME focuses on the development of the de-

bate about, and in, the development of institutional forms of (bio)-medical ethics especially in Eastern and Southern Europe. To achieve these aims, it has promoted:

- a continuing exchange and sharing of information regarding Conferences, Courses, research projects and job opportunities, at European and international levels, through two instruments: EACME News, a short email weekly containing brief information; and EACME Newsletter, three times a year, with articles, comments and book reviews.

- support for young researchers through the Visiting Scholarship Exchange Program which helps the junior researchers to broaden their personal and scientific horizons and, enrich their academic vision.

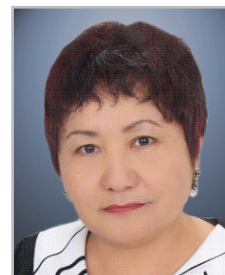
- Annual Conferences, open to everybody, as precious occasions of meeting other persons involved in bioethics, exchanging opinions and having discussions about projects. It is an added value to the personal search for a more rich and qualified development of bioethical reflection.

With its history of more than 25 years, the EACME tries to develop its motivations and goals, accepting the challenges coming from medicine, healthcare, and bio-medical ethics, through the support of the Executive Committee and the Executive Office. For more information, see:

www.eacmeweb.com

Prof. Renzo Pegoraro,
Scientific Director of
Fondazione Lanza,
Padova-Italy
President of EACME

Current Condition of Bioethics in the Kyrgyz Republic



Professor U.M. Tilekeeva,
Doctor of Medical Sciences

Chairman of Committee on Bioethics
under Ministry of Health of the Kyrgyz
Republic,

Head, Department of Basic and Clinical
Pharmacology, I.K. Akhunbaev Kyrgyz
State Medical Academy (KSMA)

In 2007, the Commission on Ethics of Clinical Research and Clinical Pharmacology, within the Department of Pharmacological Support and Medical Equipment, was transformed into the Committee on Bioethics under the Ministry of Health of the Kyrgyz Republic.

Since this transformation to the Committee, all international research must pass ethical review taking into account national, cultural and mental values. Since 2007, an ethical review of 100 research projects has been conducted. This Committee is a member of the Forum for Ethics Committees in the Commonwealth of Independent

States (FECCIS). In the framework of this Forum, representatives of the Committee have presented the results of studies to several international conferences and other events, such as: the International Conference “Physicians of the XXI Century and Bioethics” (Almaty, Republic of Kazakhstan, 2005); the International Conference “Ethical Aspects of New Biotechnology in Biology and Medicine” (Tashkent, Republic of Uzbekistan, 2006); and the programme “Recognition” (Minsk, Belarus, 2006)

Our research has been carried out in close cooperation with regional and international organizations, including the World Health Organization (WHO) Country Office in Kyrgyzstan, the National Commission for UNESCO of the Kyrgyz Republic, the European Forum for Good Clinical Practice (EFGCP) and representatives from different national ethics committees, particularly from Belgium and CIS countries.

The Committee was involved in implementation of the Project for all CIS member states which focused on the creation and publication of the book “The development of the ethical review of biomedical research in the CIS states (social and cultural aspects)”, published in 2007. The Project was based on the results of Expert Consultations on networking in the sphere of ethics and bioethics

(in CIS and Baltic states), which took place in March 2005, Minsk, Belarus.

Research bioethics, applied aspects of health care system(s) and medical education are among the scope of activities of the Committee.

This Committee was awarded a grant from UNESCO for publishing the book “The Current State of Bioethics Education in the System of Medical Education in the CIS Member Countries: Analytical Review”. There is a separate part of the book, which is devoted to Kyrgyzstan: historical and cultural background, legal regulations, education in bioethics, the system of ethical review, perspectives and forms of international cooperation.

The concept of present work is based on the implementation of the global trend in UNESCO activity on the development and unification of bioethics education in universities. This book is the first presentation of a detailed analysis, with results and conclusions concerning bioethics education in the system of higher medical education in the CIS countries.

Since 2009, the interdisciplinary subject, Bioethics, has been introduced to undergraduate students of the Kyrgyz State Medical Academy (KSMA). Curricula for this subject designed for students of different specialties have been elaborated and include: general medicine,

pediatrics, public health, dentistry, advanced nursing and pharmaceuticals. In each program, special attention is paid to priority issues of that specialty.

Two conferences have been organized and conducted:

“Good Clinical Practice is the Ethical Standard of Clinical Trials” which was organized and conducted in Bishkek (September, 2008) and the Central Asian Conference “Clinical Trials in the Kyrgyz Republic: Current Condition and Aspects of International Collaboration” (Grant from European Forum ‘Good Clinical Practice’). Among participants were heads of health care organizations, representatives of the Ministry of Health of the Kyrgyz Republic, practitioners, representatives of pharmaceutical companies, and faculty members of the KSMA.

It is hoped that this introduction to the work of the Committee will provide an opportunity to expand cooperation and establish links with colleagues involved in bioethics from different countries.

Professor U.M. Tilekeeva

Chairman of Committee on Bioethics under Ministry of Health of the Kyrgyz Republic,
Head, Department of Basic and Clinical Pharmacology, I.K. Akhunbaev Kyrgyz State Medical Academy (KSMA)

Atlas of Bioethics in Saudi Arabia



Amin Kashmeeryi,

Professor of Physiology; Head, Bioethics Section

King Abdullah International Medical Research Centre

King Saud Bin Abdulaziz University for Health Sciences

National Guard Health Affairs, King Abdulaziz Medical City

Jeddah – Riyadh, Saudi Arabia

Introduction

There is growing concern over ethics and its applications in both healthcare and biological research, world-wide. Saudi Arabia is no exception.

In Saudi Arabia, the concern has been brought about by internal, as well as external, factors. A major event, where things went badly wrong following a uterine transplantation operation in the year 2000, triggered a wide debate across the country. In the aftermath, a royal decree ordained establishing the first national bioethics committee. Sporadic efforts to formulate bioethical guidelines have also been evolving in several healthcare institutions. External factors that geared the sentiments of healthcare professionals and institutions, as well as clinical and biological researchers, towards bioethics advocacy include International Publication

and Accreditation.

All these combined factors collectively helped in creating a paradigm shift in bioethics perception, eventually resulting in multi-level actions and initiatives.

The following essay offers a depiction of these events in that country, as seen through three main gaugeable components: Governance and Ordinance; Education; and Public Awareness, being a reflection of the status of bioethics evolvement in any given community.

I) Governance and Ordinance:

A) King Faisal Specialist Hospital and Research Centre (KFSH-RC):

KFSH-RC established an Ethics Committee in 1997 to serve the purposes of the Research Centre. The Committee is considered one of the earliest initiatives taken to enforce ethical principles in a healthcare institution in the country.

B) Centre for Biomedical Ethics (CBME) at King Faisal Specialist Hospital and Research Centre in Riyadh

The CBME was established in 2001 to be the first entity in the country to reach out to jurisprudential bodies of International prominence.

The centre established strong ties with the Fiqh Council of the Mecca-based Muslim World League and that of the Jeddah-based Organization of the Islamic Conference. The centre also initiated

international channels of collaboration to the USA & the UK.

This Centre focused on hot issues, where ethical decisions intersect with Islamic law, conducting forums and debates involving Shari'a scholars and healthcare providers. A consultative Women's Council was set up to address ethical issues in healthcare that concern women in particular. For some reason the Centre ceased to exist.

C) National Committee of Medical and Bioethics (NCMBE)

The NCMBE was formed by a Royal Decree in 2001, as part of King Abdulaziz City for Science and Technology (KACST) in Riyadh, tasked with affirming sound Ethics and Morality in medical and biological work.

The NCMBE consists of several sub-committees, each was designated a certain role such as: legal, human research, flora and animal, education & media.

The NCMBE focused on the role of local committees and called for a landmark meeting. Eighty government and private bodies were invited, where actions were set in operation, for the first time in the country, on local committee and researcher registration and researcher licensing.

D) Institutional Review Board (IRB) of the National Guard (NG) Health Affairs

This (IRB), established in

2008, functions to maintain high ethical standards in human investigational studies.

E) Saudi Commission for Health Specialties (SCHS)

Established by Royal Decree in 1992, SCHS's main engagements include, inter alia, one item pertinent to Ethics:

- To set up principles and standards including ethics for the health professions.

The commission issued a document, which mainly concerns doctors and dentists, covering a wide spectrum of biomedical ethical issues. The document does not represent any authority, nor is it binding. It is of a guidance nature and draws heavily on Islamic Jurisprudence.

F) Ministry of Health

The ministry formed an ethics committee directed towards research conducted on its premises, followed by Medico-Legal Committees.

1) Research Ethics Committee

The Research Ethics Committee was formed within the ministry, under the auspices of the General Directorate for Medical Research (GDMR). The committee's duties include reviewing and applying ethical rules and regulations issued by the NCBME on research performed within the Ministry's facilities.

2) Medico-Legal Committees (MLC):

These are Legal Tribunals set up by the Ministry of

Health in the main cities of Saudi Arabia, totaling 14 committees by 2006, all intended for settling healthcare disputes. These are composed of members with diverse backgrounds, but mainly medical, legal and Islamic judiciary (two physicians and a counselor appointed by the Minister of Health, two university faculty members appointed by the Minister of Higher Education), chaired by a chief judge.

Records of MLCs reveal a sharp increase in reported claims and law suits over the years.

There is an unmistakable conflict of interest in the process: MLCs appointed by the Ministry of Health settling law suits and medical liability claims filed against the same Ministry.

G) Jurisprudential Bodies and Biomedical Ethics:

The challenge facing ethicists, whenever new dilemmas in healthcare surface, is not only to produce adequate codes but also to secure vehicles for their implementation.

There is a strong conviction that faith is an appropriate vehicle for enacting acceptance and implementation of ethical principles by its followers. Muslims are no exception. Followers of this religion, whenever faced with medical decisions, raise the question, as to its permissibility according to Islamic Shari'a. Healthcare providers would find it difficult to persuade the public

to implement guidelines or procedures, unless these are supported by a legal opinion issued by a scholar/Jurisprudential opinion (namely a 'fatwa').

The obvious outcome was the involvement of Islamic viewpoints in biomedical ethics decision-making. The following profiles attempt to depict the main jurisprudential bodies that have an impact on ethically sensitive, healthcare-related issues, within Saudi Arabia and beyond:

1. Islamic Fiqh Council (affiliated to the Muslim World League):

Established in 1977, under the auspices of the Mecca-based Muslim World League, the Council encompasses scholars from different Muslim countries.

One of the main objectives of the Council is to address new developments, offering jurisprudential opinions and judicial injunctions and Fatwas.

2) International Islamic Fiqh Academy (IIFA)

The Jeddah-based IIFA was established in January 1981 in fulfillment of a resolution of the Third Islamic Summit held in Mecca.

One main objective of the IIFA is to study contemporary problems from the Sharia point of view and to try to find the solutions in conformity with its injunctions.

Members of both Councils are eminent scholars. These two Councils function on order-on-petition in response to request(s)

submitted by individuals and/or organizations from different parts of the world. This is in line with the Shair'a definition that a Fatwa is a legal opinion that is non-binding, explaining the discrepancy in application of any given Fatwa. Fatwas issued by councils of highly reputable affiliation, such as the Mecca-based Fiqh Council, still carry great weight and influence.

II) Education:

Apart from sporadic undergraduate courses run at various universities, a Master's Degree Programme, claimed to be the first of its kind in the region, was launched in 2008 under joint auspices of the King Abdullah International Medical Research Centre and the King Saud Bin Abdulaziz University for Health Sciences. Its vision maintains that healthcare and human welfare are better served in an environment where ethics and morality are observed as common values by both provider and recipient.

As a Case-Based Learning programme, it aims to train students how to efficiently deal with ethical dilemmas in clinical practice and research, and to identify cultural sensitivities therein. Students get acquainted with a blend of local culture and international guidelines to analyze, discuss and reflect upon such dilemmas.

III) Public/Professional Awareness

1) Hussein Al Amoudi

Chair for Medical Conduct Ethics:

Established in 2009 at the King Abdulaziz University in Jeddah, the Chair strives to develop an operational model system to promote and monitor priorities of and compliance with the ethics of medical practice and professionalism of healthcare providers. The Chair also advocates publication of pertinent material.

2) Expats' Bioethics Acquaintance Programme

The programme, run by the Bioethics Section at King Abdulaziz Medical City, addresses expats working in Saudi Arabia, and attempts to abate the friction of cultural differences and incompatibilities.

Amin Kashmeery,

Professor of Physiology; Head, Bioethics Section King Abdullah International Medical Research Centre

King Saud Bin Abdulaziz University for Health Sciences

National Guard Health Affairs, King Abdulaziz Medical City
Jeddah – Riyadh,
Saudi Arabia

Aims of the Society for Medical Ethics and Law on Medical Law, Research Ethics and Medical Ethics Education



Prof. Dr. Ayşegül Demirhan Erdemir,

President of the Society for Medical Ethics and Law

Istanbul- Turkey

The aim of this Society is to develop scientific research, to support education of medical ethics and law and to provide international scientific relations in the field of the medical ethics and law. The Society has international characteristics. In order to achieve these objectives, it performs the following activities:

To follow and encourage scientific research on medical ethics and medical law in Turkey and in the world.

To help solve the problems of medical ethics and medical law in the health foundations.

To provide assistance to the official authorities and educational institutions about the subjects indicated above in the aims section.

To help to provide post-graduate education in the



Please contact
Denise McNally
mcnallyd@cvalley.net

fields of medical ethics and medical law with the aim of helping the people working in the health professions to deal with the problems they may face when they are providing health services.

To perform national and international scientific projects and research in the fields of medical ethics and medical law.

To publish an international scientific journal if a financial source can be found.

To train researchers in the fields of medical ethics and medical law and to support the scientific projects of the researchers from abroad on Turkish medical ethics and medical law.

To hold national and international congresses, symposia, panels and meetings in the field of medical ethics and medical law.

To initiate scientific relations with foreign societies, institutes and universities and to coordinate international meetings in the fields of medical ethics and medical law to transfer scientific developments in this field in foreign countries to Turkey and the related developments in Turkey to other countries when necessary.

To cooperate and coordinate scientific relations with other relevant and similar national and international entities and to invite guest researchers in accordance with conditions of the 5th Article of the Law for Associations and in the order prescribed by the regula-

tions.

We know that the primary concern of the investigator should be the safety of the research participant. This is accomplished by carefully considering the risk/benefit ratio, using all available information to make an appropriate assessment and then continually monitoring the research as it proceeds. The scientific investigator must obtain informed consent from each research participant. This should be obtained in writing (although oral consent is sometimes acceptable) after the participant has had the opportunity to carefully consider the risks and benefits and to ask any pertinent questions. Informed consent should be seen as an ongoing process, not as a single event or a mere formality. The investigator must enumerate how privacy and confidentiality concerns will be approached. Researchers must be sensitive to not only how information is protected from unauthorized observation, but also if and how participants are to be notified of any unforeseen findings from the research that they may or may not want to know. The investigator must consider how adverse events will be handled; who will provide care for a participant injured in a study and who will pay for that care, all of which are important considerations.

In addition, before enrolling participants in an experimental trial, the investigators should be in a

state of “equipoise,” that is, if a new intervention is being tested against the currently accepted treatment, the investigator should be genuinely uncertain which approach is superior. In other words, a true null hypothesis should exist at the onset regarding the outcome of the trial. To study all these points are among the aims of this society.

Another aim of our Society is to give a great emphasis to medical ethics education. Ethics courses and workshops are required by the Society. Doctors in training must consider the importance of the Hippocratic Oath. This basically states that they must do no harm to their patients. Ethics courses and workshops at this level will also deal with informed consent, organ transplant issues, and patient confidentiality. Our Society seeks to foster empathy by a better understanding of the human aspects of illness.

The Society seeks to improve the philosophic understanding of the problematic issues of modern medicine and biology. It seeks to help our organization make ethically appropriate institutional decisions and to improve communication and negotiate conflicts between patients, families, friends and healthcare providers. It undertake some studies and organizes workshops on medical ethics education..

This Society studies both medical ethics and law..

The moral conscience is a precursor to the development of legal rules for social order. Ethics and law share the goal of creating and maintaining social good and have a symbiotic relationship as expressed in the quotation, “Ethics begins where the law ends”.

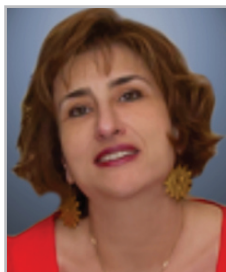
The role of lawyers and risk managers are closely linked in many health care facilities. In some hospitals, the administrator with the title of Risk Manager is an attorney with a clinical background. There are important distinctions between law and risk management. Risk management is guided by legal parameters but has a broader institution-specific mission to reduce liability risks. To better understand the significant overlap among these disciplines in the health care setting, consider the sources of authority and expression for each.

Prof. Dr. Ayşegül Demirhan Erdemir,
President of the Society for Medical Ethics and Law
İstanbul- Turkey

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The Evolution of Research Ethics in Turkey and Turkish Bioethics Association's Perspectives



Neyyire Yasemin Yalim; MD, PhD,
Professor, Ankara University Faculty
of Medicine, Department of Medical
History and Ethics

President of the Turkish Bioethics
Association Ankara- Turkey

The necessity for ethics education and regulations on research activities was continuously stated by bioethicists in Turkey for more than a decade, starting in 1980. Although the Medical Deontology Charter, which was issued in 1960, mentioned research on patients to a certain extent; its main concern was regulating the relationship between research and treatment. The very first legal document on research ethics, in the modern sense, in Turkey, was issued in 1993: the Statute on Drug Research. The Statute's scope was limited to drug research and, shortly after coming into force, serious criticisms were raised about it. After numerous unsuccessful attempts to enhance the scope and the ethical consideration of the Statute, an overhaul of the regula-

tion of medical research was achieved in 2009 when the Statute was revised due to pressures applied on the legislators by the pharmaceutical industry. The last revision of the legislation reduced the time allocated for ethical assessment of research protocols, broadened the area of exempted research and left the research on the biological specimens out of the scope of the Statute. One of the criticisms of the new regulation is the capacity for unethical conduct due to the abbreviated time for ethical analysis. Another serious issue with the last version is that it has not incorporated regulations for the recruitment of biological specimens for research purposes in Turkey.

The new legislation was widely discussed on the Turkish Bioethics Association's online network, "Bioethics Platform". Some of the main topics from the correspondence are as follows:

1. In Turkey, ethics education for researchers is far from adequate. There are a few certificate programs for ethics committee members, but when taking the dimensions of research endeavor for the entire country into consideration, these are inadequate. Without a comprehensive research ethics education, any kind of regulation, whether restraining or more permissive, is subject to being ineffective.
2. The relationship be-

tween the government and the university is somewhat complex in Turkey regarding biomedical research. The Ministry of Health is the central regulating body and the major employer for the medical professionals. It is also the legislator for research ethics and executes the follow-up. All the ethics committees in the country are either directly or indirectly dependent on the Ministry. Universities in Turkey are theoretically autonomous in their scientific endeavor and they are the main medium of biomedical research. With the latest legislation, the Ministry of Health now controls the universities' scientific activities. According to the Turkish Bioethics Association, this is against the autonomy of the university and unacceptable. The Ministry of Health has no legal right to apply sanctions on university members, so the legal outcomes of unethical research remain unregulated.

3. The new Statute authorizes the applicant, which is usually a pharmaceutical company in Turkey, to apply to an ethics committee. As the ethics committees are located at the universities and the application for a biomedical research project is generally directed to the ethics committee at the university where it will be executed, an ethically doubtful situation exists. Ethics committees have to deal with pharmaceutical companies

rather than researchers, who are university staff members.

4. The number of bioethicists and medical ethicists is insufficient to staff all of the ethics committees. According to the Statute, a member of one ethics committee cannot participate in another. As a natural consequence there are ethics committees devoid of ethicists or professionals with legitimate ethics education.

These criticisms and some others were listed by the Board of Directors of the Association and brought to the attention of the legislature. In Turkey, it takes time to revise and change the legal texts, especially the time when they come into force.

Ethics education and regulations about research involving animals has been executed much more competently in Turkey. The first ethics committee for animal research was established in 1996. The Statute on the Working Procedures and Principles of Animal Research Ethics Committees was issued in 2006. This Statute obliged



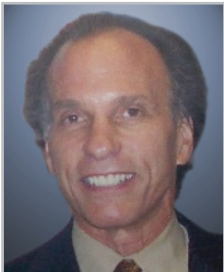
<http://www.facebook.com/thewaml>

researchers to attend and receive a certificate from a specific program on animal research which provides ethics education in the relevant field as well as theoretical and practical education. It is hoped that ethics for biomedical research on human subjects will equate to the justifiable level of animal research, despite all the pressures and conflicts of interests.

Neyyire Yasemin Yalim; MD, PhD

Professor, Ankara University Faculty of Medicine, Department of Medical History and Ethics
President of the Turkish Bioethics Association
Ankara- Turkey

Description of the Middle East Research Ethics Training Initiative (MERETI)



Henry Silverman, MD, MA,
Professor of Medicine, University
of Maryland, Baltimore, USA
Director, MERETI

The number of clinical trials performed in the Middle East has increased during the past decade, as pharmaceutical companies have enhanced their activities in many countries in the Middle East,

much of which involves multi-institutional, multi-country clinical trials. The number of clinical trials in Egypt has nearly tripled between 2008 and 2011. Since clinical research requires the participation of human subjects, functioning ethics review systems must oversee the conduct of such research to ensure the protection of their rights and welfare. Commentators have expressed concerns with the functioning of research ethics committees (RECs) and the ethical practices of investigators and their research staff. Accordingly, commentators agree that research ethics capacity needs to be promoted in developing countries.

The focus of the Fogarty-sponsored training program, entitled the Middle East Research Ethics Training Program (MERETI), is to enhance the skills of individuals who will then have distal effects on institutional and country capacity in research ethics. The goal is for trainees to develop curricula in research ethics for their institutions, engage in scholarly activities and become leaders in their institutions (serving as members and chairs of RECs) and countries (serving on national ethics committees). To accomplish these goals, the MERETI program offers the following programs: 1) a Master's of Science in Clinical Research with a concentration in research ethics that consists of face-to-face and

online graduate courses at the University of Maryland Baltimore (UMB); 2) a year-long advanced training in research ethics that consists of one month of training at UMB during the summer followed by online courses; and 3) a totally online 12-credit Certificate Program in Research Ethics.

In addition to research ethics, MERETI also provides trainees with skills in research methodology, writing a grant proposal, teaching and analyzing research publications. Trainees are expected to organize workshops in research ethics at the institutions, perform research on research ethics (such as surveys and investigators, REC members, and research participants regarding their attitudes towards research and research ethics).

The MERETI program selects trainees from countries in the Middle East defined by the World Bank as "low-income", "lower-middle-income" and "upper-middle-income" and has provided scholarships to more than 80 professionals from Egypt, Jordan, Sudan, Yemen, Libya, Syria, Lebanon and Morocco. These trainees have consisted of physicians, dentists, nurses, scientists, pharmacists and research coordinators.

The MERETI faculty are sensitive to the charge that US-based programs might inadvertently transmit Western bioethics concepts that might not be

applicable to different cultures in developing countries. To address this issue, academic sessions are devoted to universalism and pluralism and case studies and research protocols are relevant to the trainees' home regions.

The accomplishments of our trainees have included development of curricula in research ethics at their universities, leadership roles on their RECs, publications in international journals and presentations at national and international conferences.

The MERETI program encourages trainees to develop networks among themselves. Two trainees established a network of RECs in Egypt: the Egyptian Network of Research Ethics Committees (EN-REC), whose membership now includes more than 40 RECs. This network organizes periodic meetings that provide continued educational activities and discussions of difficult issues in the review of research. There is also a MERETI network site where trainees can keep up to date with each other's activities, share ideas and communicate issues that arise in their institutions as they attempt to enhance research ethics capacity. This network consists of a blogging site and incorporates an online discussion forum.

Challenges that have been encountered include: a) lack of support of trainees from their top officials to incorporate research eth-

ics in their curriculum; b) the inability of junior trainees to serve on RECs that only accept senior faculty on their membership; c) adjustment of the trainees to the educational learning styles in Western universities; and d) the lack of national regulations in many countries in the Middle East.

Future activities include: a) an expansion of our distance learning programs in the Arab Region by having former and current trainees develop skills in distance learning and develop their own online training programs; b) development of diploma and master's programs in research methodology and research ethics in institutions in the Middle East; and c) pursuit of alliances with regional pharmaceutical companies and contract research organizations to coordinate synergistic efforts at training in research ethics on many levels.

Henry Silverman, MD, MA

Professor of Medicine,
University of Maryland,
Baltimore, USA



Please contact
Denise McNally
mcnallyd@cvalley.net

Director, MERETI

A Population Based Bioethical Approach: Healthy Mother - Healthy Child - Healthy Generation



Prof. ZM Mukhamedova,
Tashkent Medical Academy
Member of National Ethical
Committee
Tashkent- Uzbekistan
Director, MERETI

It is very important to consider modern biomedical ethics in Uzbekistan as its openness to world trends and the powerful influence of globalization impact on scientific endeavour within the Republic.. These influences have encouraged achievements in various scientific fields, such as informational agreement on reproductive behaviour. The defence of human and traditional values is the prevailing methodology of modern Uzbek biomedical ethics.

Modern bioethical consideration comprises a complementary role of international influences and the impact of local cultural and legal parameters. Nothing demonstrates social reality and achievement of fairness better than does women's status in society. From the first years of in-

dependence, healthcare of mother and child was promoted to the rank of national policy . This status is consolidated in the Constitution, in a number of fundamental government documents and in State programs reforming the system of Healthcare.

Special attention, in Uzbekistan, is paid to the concept -"Healthy mother - healthy child - healthy generation". In the Republic, projects focusing on the healthcare of both mother and child are successfully carried out in conjunction with WHO, UNICEF, UNFPA and the European Union. The Government of Uzbekistan was one of the first, among Central Asian countries, to ratify the UN Convention on the elimination of all forms of discrimination against women. In the years since independence, Uzbekistan has recognized more than one hundred international agreements on human rights, including women's rights, children's rights, against discrimination in the field of labor and employment, all forms of intolerance on the basis of religious beliefs, World Declaration on the guarantee of children's lives, protection and maturity, the convention on mother's health protection, the Hague convention on civil aspects of kidnapping to other countries to name but a few.

About 35 % of the population of Uzbekistan are children under 16 years old, and more than 62%

are - young people under 30 years of age.

Much responsibility for children's health and bringing up is taken, first of all, by women. The proper response to this situation was "The conception of improvement of women's status in the Republic of Uzbekistan" which was elaborated and adopted by the Cabinet for social defence of family, motherhood and childhood in 1996. 1999 was proclaimed "The Year of Women" and State programs strengthening the role of women in family, national and social formation and perfecting the protective system of their legal, social, economic and spiritual interests were adopted and have become the crucial point in the women's lives in the Republic. In 2007, Uzbekistan joined the four countries of the region, in implementing the programs of European strategy determined by WHO "Health and maturity of children and adolescents". Uzbekistan was recognized as a regional model because of the adoption of the program in the field of mother-and-child health institutions, by the regional UNICEF office.

In 2009, the Resolutions by the President of Uzbekistan "About further steps in the field of mother-and-child health institutions, formation of health generation" and about the program of steps in the further intensification and increasing effectiveness of the work conducted

at the strengthening the population's reproductivity, birth-rate of healthy children and bringing up developed and mature generation for 2009-2013 were adopted. Preservation and strengthening of women's health is one of the tasks of Healthcare in Uzbekistan. Much attention is paid to the matters of reproductivity and development of the institutions of family planning, mother-and-child health institutions, and reducing the disastrous influence of environmental pollution on women.

Special attention also is paid to assisting rural women medical care. About 60% of population of Uzbekistan inhabit the countryside. Since independence, the death-rate of mothers and children has decreased by more than 3.5 times. In the world rating of 161 countries, compiled by the international organization «Save the Children» in 2011, Uzbekistan was ranked ninth among the countries where children receive better healthcare.

Within the framework of global reforms, the unique national model of Healthcare has been created, an integral part of which is the complex of steps for realization of the concept "Healthy mother - healthy child". Legal regulations in Uzbekistan are able to protect man and society on the whole from undesirable, and sometimes disastrous, consequences of the inculcation of new

medical-biological technologies into practice.

Prof. ZM Mukhamedova

Tashkent Medical Academy
Member of National Ethical Committee
Tashkent- Uzbekistan

Brief Introduction to the China Health Law Society



Professor Chongqi Wu

The China Health Law Society (CHLS) began in 1988 and received formal approval from the government in March 1993. It is a national professional organization mainly composed of academic and nonprofit legal social organizations and medical, jurist and theoretical workers.

The work of the CHLS is under the supervision of the China Law Society. The CHLS elected its members for the 4th councils, including 26 President and Vice Presidents. Prof Gao Chunfang was elected as the President. Prof Wu Chongqi was reelected as Vice President and Secretary General. Former President Sun Longchun was appointed as an Honorary President.

The objectives of the

CHLS are:

To unite the medical, jurist, theoretical and legal professionals,

To carry out jurist study, consultant training, legal service and exchange of ideas,

To encourage the development of jurist, medical and ethical education and the building of the discipline of health law,

To train personnel in the combined disciplines of medicine and law,

To provide theoretical and policy support for the socialist rule of law of the country,

To contribute actively in the construction of the country's prosperity and the protection of its people's right of living and health.

Over the last 20 years, the CHLS has hosted, organized or co organized over 100 courses, seminars and forums, attendance at which produced over 10 thousand participants. It has collected over 2000 papers and edited dozens of books of various kinds, totaling in all about 30 million words.

The CHLS also organized a special session of the 22nd World Conference of Law in 2005, hosted the 17th World Congress on Medical Law in Beijing in 2008 and collaborated with other institutions to host various sessions. It jointly created bimonthly <Medicine and Jurisprudence> courses with a medical college and established the International Institute of Health Law with the

Southern Medical University.

It is editing a series of Books on the Science of Health Law, of which eight books already have been published, and three more currently are being printed. Articles for other books are being collected. Since the 12th World Congress on Medical Law in 1998, the CHLS has organized, contributed papers and sent experts to subsequent Congresses.

The CHLS has sent experts to health law conferences in Korea, Spain and Portugal, the 1st Asia Pacific Conference on Health Law in Indonesia and the UNESCO Chair in bioethics education conferences in Israel.

It induced Paul Sabatier University of France to establish cooperation with 4 Chinese Universities including Shandong University and now is discussing cooperation in education and training of Master and Ph D students with universities in Spain, UK and Holland.

It will also send delegation to the United States to discuss cooperation with the American College of Legal Medicine.

China Health Law Society
9 Dong Dan San Tiao
Beijing 100730, China
Tel:86-10-67644185
Fax:86-10-67698931
Email:wsfxh@sohu.com

Recommendations

The China Health Law Society puts forward the following recommendations to the World Association for Medical Law:

To create the discipline of health law,
 To name the discipline of health law,
 To define the direction, content, and teaching methodology of the health law discipline,
 To establish the hours of teaching,
 To build the discipline of bioethics.
 To establish the principles and a system for judging the necessary achievements for the qualification certificate,
 To have the medical ethics committee award the qualification certificate for bioethics after evaluation.,
 The CHLS is ready to contribute all its efforts to work together with the WAML.

President Sun

Professor Chongqi Wu

Presidential Message



Thomas T. Noguchi,
 President of WAML

As the year has passed the half way mark, I, hope that you are well and have had an enjoyable vacation. We now have a renewed interest in building the World Association for Medical Law (WAML). I am happy to report that we, four members of the Executive

Committee (EC) and your Administrative Officer-Meeting Planner-Manager meet regularly every month on Skype. Minutes are taken and filed in the Corporate Office of the WAML.

The WAML was incorporated as a not-for-profit membership organization in 2011 in the State of California, and received a tax-free status from the Internal Revenue Service (IRS). It means the membership fee will be deductible in your country. The Corporate officers must file an annual report, including the accounting, to maintain the not-for profit status. The documentation and filing is done by Denise McNally, Administrative Officer (AO) and Meeting Manager (MM), and WAML Corporate lawyers, Mr. Albert S. Golbert, Esq., and Ms. Tiffany Heah, Esq. in Los Angeles.

The WAML Corporate Office is maintained at Mr. Albert S. Golbert's Office in the Bunker Hills Building, Los Angeles. He is the Assistant Secretary who will prepare and file tax returns to the State of California as well as to the IRS. Mr. Golbert provides all legal and strategic advice, including drafting contracts, and looking after the bylaws (Statutes), so that they are consistent with the statement of incorporation. I further would like to mention all this support is done on a volunteer basis. We deeply appreciate Mr. Albert

Golbert's generosity.

EC Meeting monthly and Board Meeting three time a year.

The Executive committee consists of the President, Secretary General, Executive Vice President and Treasurer who meet monthly by Skype Video Meeting. They are joined by the Administrative Officer - Meeting Planner. Because the EC members reside all around the world, the meeting is generally started by the President at 5 AM, Prof. Andre Pereira at 1 PM, Dr. Oren Asman, Executive Vice President in Haifa, Israel at 5 PM, and Secretary General Professor Roy Beran at 10 PM and our Administrative Officer, Denise McNally at 7 AM. Denise takes minutes and files them following approval by the EC Committee.

The Online Board Meeting with the members of the Board of Governors is generally held three times a year in addition to the regular face-to-face Board meeting during the now biennial WAML Congress and scientific meeting.

2014 Indonesia World Congress

Less than one year from now, we will be meeting you in world famous beautiful Bali. Dr. Nasser Muh assured us of another successful congress. Please join us and click the website for more information. <http://www.2014.wcml.com>. Look forward to welcoming you in Bali.

The WAML EC will direct future scientific

meetings

the EC has decided to have the WAML directly manage future Congress scientific program and venue selections. We will rely on the EC, Education Committee and the Meeting Planner for successful meetings. Starting in 2015, the WAML EC along with Education Committee and our Meeting Planner will plan, promote, and run the meeting. In August 2015, Andre Pereira has already been appointed as WAML Program Chair, and will work directly with the WAML EC and the Meeting Planner. On August 7-11, 2016, Tom Noguchi will be the WAML Program Chair, and the WAML Scientific Meeting will be held in the Millennium Biltmore Hotel in downtown Los Angeles. The WAML has already signed the contract with the hotel. Early advance planning gets the best "deal".

EC members are concentrating on several things

I would like to share with you what our EC Committee is doing and thinking about for WAML's immediate future.

1. Preparing for the 2014 Board of Governors Meeting,
2. Consideration of prerequisites for new Governors
3. Program priorities
4. The EC has consulted with the Education Committee about planning the scientific **meeting with, more academic planning, panel discussions**

and, more effective session moderators.

5. The Bylaws amendment to establish an Annual WAML Scientific Meeting

6. The WAML Newsletter began in 2009., In the past, not all required articles were submitted on time, so that some issues were delayed in publication. The Editor-in-Chief Dr. Richard Wilbur is now having guest editors be appointed well in advance of the publication date and guest editors will be required to submit their reports in a timely fashion.

7. EC is considering closer collaboration with the WAML Journal Editor.

One of the ways in which each WAML member could participate in building the WAML, is for you to promote the value of the WAML and bring more members into the WAML. The WAML is a recognized membership educational organization.

Wishing you the best and looking forward to seeing you at one of our WAML scientific meetings, Bali in 2014, Lisbon in 2015 or Los Angeles in 2016.

Thomas T. Noguchi
President, WAML

WAML Secretary General's Report



Prof. Roy Beran,
WAML Secretary General

It is hard to believe that it is again time for a further newsletter and hence a Secretary General's report. I am sure I am not alone when I say that life seems to be moving ever faster and the world seems to be ever shrinking.

As life moves faster, so too do developments in legal medicine, health law and bioethics. The World Association for Medical Law (WAML) has acknowledged this and has accepted the need to have greater access to exchange of ideas and an enhanced need to foster collaboration to encourage the educational role of the WAML. While we work towards a great World Congress on Medical Law (WCML) in Bali in 2014, concurrent activities are in train for annual WCMLs in Portugal in 2015 and USA in 2016. The call has gone out for anyone nominating for 2017 and beyond.

At the time of preparing this report I am involved in a Basic Law Intensive (BLI) orchestrated by the Australasian College of Legal Medicine (ACLM), which runs a

number of educative programs, including the BLI, an advanced or Practical Law Intensive (PLI) and Expert Witness Training (EWT). Lines of communication are becoming more inclusive, with such tools as facebook, twitter and linkedin. These musings of my current activities are akin to twitter and facebook, just less immediate. As a committed technophobe, I have tried very hard to avoid being sucked into the vortex of technology, but I am losing the battle. Luckily the WAML, through the foresight and forward thinking of our President, Professor Thomas Noguchi, has encouraged younger colleagues to become more active in the WAML. Our Executive Vice President, who is also the Chair of the Education Committee, comes from the younger generation. For him, the fears attached to technology, are far less daunting and the WAML has embraced the electronic era. Oren Asman is also our current webmaster. Nowadays, people complain when the electronic lines of communication do not function seamlessly. Our members expect the internet to be active and faultless but I must apologise that there have been some hiccoughs with the website related to the Bali WCML. I ask you all to be patient, as I know we are actively trying to correct those problems. The Executive is also exploring a more efficient and effective way

for participants to submit abstracts for the WCMLs, using the Oxford system. This should allow a better way for the organisers and those contributing to the WCMLs, to interact, produce a more exciting and responsive program, and for you, our members, to become more involved in a transparent and peer-reviewed acceptance of abstracts for the meeting.

This does not fully explain why I shared with you my musing regarding the BLI, PLI and EWT run by the ACLM. My reason was to encourage other like-minded members to consider how they can encourage their local organisations to foster educative programs in their areas of interest. To demonstrate just how exciting this can be, I have elected to share the program of the current BLI in which I am participating in a most beautiful part of the world, Noosa, Queensland, in the north of Australia. The topics covered included: the local legal framework; consent; negligence; adult substitution of decision-making; confidentiality; assisted reproduction; withdrawal of life supports; doctrine of double effect; and clinical forensic medicine. Each lecture was supplemented by small group discussion and problem-solving, based on a prepared scenario relevant to the application of the preceding lecture. Such courses can be highly productive and the complementary didactic format, supplemented

by small group discussion, was highly educative and encouraged full participation by all attendees.

The ACLM course, outlined above, is offered over a weekend, as an out-of-hours educative program for which participants need not be ACLM members. This mirrors the ethos of the WCML, which is not restricted to WAML membership, and the WAML is happy to publicise any bone fide educative courses run by affiliated organisations, which are also invited to join the Council of Presidents. This effectively leads into the latest move of the WAML to encourage closer relations with similar organisations to foster cross-fertilisation. The WAML wants to strengthen educative bonds between organisations. WAML members often contribute to the educative programs from similar organisations from around the world. I have been very fortunate to be personally involved in meetings in Russia and Korea over the last year, above and beyond the WCML, which were co-sponsored by WAML. Each of the Executive have similarly been involved in national and international educative programs, as have others on the Board of Governors, as exemplified by Eduardo Dantas, who seems to be at conferences all the time! Should you want WAML endorsement for your local or international meeting, please contact the WAML

to arrange this. There is a need to establish that the meeting is correctly aligned with WAML values and ethics but this is usually just a formality, as our experience demonstrates that only those who hold similar values seek WAML endorsement.

Along with the Bali WCML will be the General Assembly of the WAML at which membership of the Board of Governors is open for election of half its membership. The Executive Committee has formalised Standard Operating Procedures, which will also be the subject of consideration as we continuously try to tighten and clarify how we do business. We regularly meet on-line and between such meetings Denise McNally makes sure we are doing that which is expected of us. It is time to expand our capacity and that relies on our membership regularly communicating with us, the Executive and your local Board of Governors representative, to ensure we are what you want us to be.

We have now adopted the approach of having an honorary legal advisor, Albert Goblert, who is my Assistant Secretary, to ensure that any memoranda of understanding are in concert with our best interests. If you or your local organisation wants us to create a closer relationship, please let us know. Be assured our "doors are open" and, if you find it easier, you can always make contact

via Denise McNally, our Administrative Officer and Meeting Planner, whose contact details are: worldassocmedlaw@gmail.com.

As always we are here for you. How that works is up to you.

Roy G Beran

Secretary-General
World Association for
Medical Law

Treasurer's Report



Dr. André Dias Pereira,
Centre for Biomedical Law,
University of Coimbra, 3004-545
Coimbra, Portugal

I am honored to serve as the Treasurer of the World Association for Medical Law. Being treasurer is greatly assisted by the help of our President, Prof. Thomas Noguchi and by the daily work of the Assistant Treasurer, Ms. Denise McNally.

This report will focus on the financial situation of the WAML in August 2013 and is provided to assure all members absolute transparency of the functioning of the WAML.

The main expense of the Association is the cost of the -Journal: **Medicine and Law**. This is the most important item: \$ 9.200,00.

Members of the WAML **are strongly** encouraged to pay their dues as the WAML now has an annual membership.

Being a member of WAML offers us several services and goods for little money:

- You receive the Journal Medicine and Law
- You receive the quarterly Newsletter of the WAML
- Registration has reduced fees in the World Congress

- and you profit from a worldwide network of partnership and academic relations

- More information on membership can be found: <http://wafml.member-lodge.org/Resources/Documents/WAML-New-Member-Brochure.pdf>

The financial situation is improving and gives the organization a basis for continuing to improve through a safe and cautious management. However, in order to have a true professional organization, we must constantly rethink the value of the dues for the products and services included.

Dr. André Dias Pereira

Centre for Biomedical
Law, University of
Coimbra, 3004-545
Coimbra, Portugal

Future Meeting Planning for the WAML



Denise McNally,
WAML Administrative Officer
and Meeting Planner

As the World Association for Medical Law (WAML) distributes conference management responsibilities I will ensure the venues meet the needs of the WAML membership along with its financial considerations. As of April, 2013, the WAML has gone Green so all handouts/information will be sent electronically.

Save the Date!

The 20th World Congress on Medical Law (WCML) in Bali, Indonesia will be held August 25-29, 2014. The WAML has been communicating with the organizers to provide more information and a valid website of www.2014wcml.com. You will find information about the Congress including abstract information. Please refer to the WAML website www.thewaml.com for updated information and mark your calendar. Following the Bali meeting the WAML will move to Annual WCMLs with the first of these being:

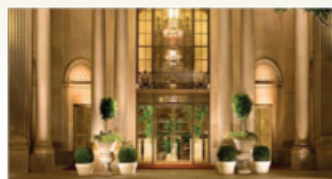
The 21st Annual WAML World Congress Lisbon, Portugal August 2 – 6, 2015

The Congress will commence with a Welcome Reception Sunday evening August 2, 2015. The Welcome Reception is the perfect venue to meet with colleagues and visit the exhibits. We encourage everyone to attend. The Opening Ceremony will be the morning of Monday, August 3, 2015. The Congress will conclude Thursday, August 6, 2015, followed by a Gala Dinner. André Dias Pereira will be your Program Chairman and we look forward to seeing you in Lisbon, Portugal.

**Stay Tuned
More Information
Coming Soon!**

The 22nd Annual WAML World Congress Los Angeles, California (USA)

August 7 – 11, 2016
The Congress will commence with a Welcome Reception Sunday evening August 7, 2016, followed by the Opening Ceremony the morning of Monday, August 8, 2016 and concluding August 11, 2016 followed by a Gala Dinner. We encourage everyone to attend.



WAML has secured the Millennium Biltmore Hotel <http://www.millenniumhotels.com/millenniumbiltmorelosangeles> as your Congress venue. Congress attendees will receive a special room rate of \$199 USD single or double and complimentary guest room wireless internet. WAML recommends staying at the Millennium Biltmore Hotel where the program and all functions will be provided. Everyone enjoys meetings in a comfortable conference venue, offering quality service and support, not to mention you will be in the center of the conference activity. Hotel rates are negotiated based on the number of the expected attendees and the meeting space, to ensure the best value per dollar for the conference and those attending. If the conference does not meet the sleeping room commitment, WAML will incur additional expenses, so please plan to support the conference and WAML by staying at the conference hotel.

Thomas Noguchi will be your Program Chairman and we look forward to seeing you in Los Angeles, California (USA).

Denise McNally
WAML Administrative Officer
and Meeting Planner



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



<http://twitter.com/thewaml>

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

47th Annual Meeting of the National Association of Medical Examiners

October 11-15, 2013

Milwaukee, Wisconsin

Email: name@thename.org

Website: www.name2013.org

European Association of Health Law - 4th Conference

October 9-11, 2013

Coimbra – Portugal

Email: cdb@fd.uc.pt

Website: www.eahlconference2013.org

UNESCO Chair in Bioethics 9th World Conference

November 19-21, 2013

Naples, Italy

Website: www.isas.co.il/bioethics2013

66th Annual Scientific Meeting of the American Academy of Forensic Sciences

February 17-22, 2014

Seattle, Washington

Website: www.aafs.org

54th Annual Meeting of the American College of Legal Medicine

February 27 – March 2, 2014

Dallas, Texas

Website: www.aclm.org

2nd International Conference on Ethics Education

May 21-23, 2014

Ankara, Turkey

Website: www.iaee2014ankara.org

20th WAML World Congress

August 25-29, 2014

Bali, Indonesia

Website: www.2014wcml.com



WAML Newsletter Production Team

Editor-in-Chief:

Richard S. Wilbur, MD JD

Guest Editor:

Prof. Berna Arda

Vice president of WAML
(Turkey)

Coordinator:

Denise McNally

Graphic designer:

Raul Vergara



20th
**World Congress
on Medical Law**

Indonesia
August 25-29, 2014





World Association For Medical Law

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"World Congress Report" by the Secretary General



Prof. Roy Beran,
WAML Secretary General

It is only eight months until the Bali World Congress on Medical Law, which will cover the latest developments in Legal Medicine, Health Law and Bioethics. The Conference Chairman has provided an overview of the arrangements, which appears as a separate article in this Newsletter. Professor Muh's article should allay any fears that there will be anything other than an impressive, high calibre meeting. This should provide a most stimulating exchange of ideas, knowledge, motivation and satisfaction. It is the last of the old format World Association for Medical Law (WAML) conferences before we go into the annual meetings centrally co-ordinated by our Meeting Management

Team.

For those of you who have not been to Bali, you are in for a treat. Bali is a gem and offers something for everyone. As someone who has been there a number of times, I can fully recommend it and encourage each of you, reading this Newsletter, to plan not just an educative and enlightening trip but combine it with a holiday that you will remember for a lifetime.

The natural beauty of Bali is breathtaking and the shopping should mean that all accompanying partners will thank the WAML for choosing such a great destination. Nusa Dua, where the Conference will take place, is an oasis of tranquillity with a level of peaceful calm that our bustling world has trouble remembering. The food in Bali is both exquisite and cheap. The people are friendly and helpful and always happy to bargain. The facilities are world class and the mood conducive to a great environment, to combine learning with pleasure.

Before you make any decisions you should read Professor Muh's summary of his organising committee's

plans for the conference. It includes all the relevant topics within the mantle of a humanitarian approach, which epitomises Professor Muh's attitude to life. This venue and its location combine the best of all worlds: top programs; great speakers; excellent venue; unbelievable location; and an opportunity to network with the best minds of Legal Medicine, Health Law and Bioethics. Treat yourself to the ultimate conference within our discipline and share your research, knowledge and expertise with like-minded individuals in a setting where even the hardest and most arduous exchange will be remembered as a holiday of a lifetime.

See you there.

Roy G Beran
Secretary-General
World Association
for Medical Law

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

Message from the Guest Editor



Kenneth J. Berger, M.D., J.D.
Vice President of WAML

Health has been defined in 1948 by the World Health Organization “as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

Is it individual governments’ role to achieve Health for all or is there a need for Courts to act with the adoption of Constitutional rights to Health or an implementation of International Human Rights Law approach?

This Newsletter will highlight the plight of right and access to health and the approaches to a Constitutional Right to Health by three very different Countries and health care systems; South Africa, Canada and the United States of America.

Four Professors of Law, Professor Charles Ngwena, Professors Colleen Flood co-authored by Bryan Thomas, and Professor John Blum that give their perspectives and opinions on the advantages and perils of a legal or Constitutional solution to the right to Health.

South Africa has a Constitutional right to health;

Canada and the United States do not.

The South Africa contribution thoughtfully speaks to the development of a Constitutional democracy from apartheid, yet inequality and poverty remain.

Canada has a Universal Health care system, but no Constitutional right to health. The contribution eloquently speaks to benefits, but also perils leading to inequality of health.

The United States of America has one of the most expensive health care systems in the world and had a large segment of their population without health care coverage until Obamacare. The author nicely brings Obamacare into focus for our readership.

Nothing is clearer, the World Association of Medical Law and the leaders of medicine and law should continue to advocate for the rights of all persons and patients across the globe’s to solve problems and create solutions.

I am sure the readers will be inspired and enjoy the contributions in this Newsletter.

Kenneth J. Berger, M.D., J.D.
Vice President of WAML

20th
World Congress
on Medical Law

Constitutionalising the right to health: South Africa



Professor Charles Ngwena*
Centre for Human Rights, University of Pretoria South Africa

1 Introduction

In 1996, for the first time in its legal history, South Africa inscribed into its Constitution, a universal right to health. The right to health finds its clearest expression in section 27 which states that:

(1) Everyone has the right to have access to-

(a) *health care services, including reproductive health care;*

(b) sufficient food and water; and

(c) social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

(2) *The state must take reasonable legislative and other measures, within its available resources, to achieve a progressive realisation of each of these rights.*

(3) *No one may be refused medical treatment (emphasis added).*

This commentary provides brief overview of the significance of section 27 for South Africa as well as an appraisal of its implementation.

2 Significance

Section 27 is part of the country’s transformation from apartheid to democratic governance. Historically, income, geographical location and, above all race, have been the arch determinants of the quantity and quality of health care received by South Africans. Similar to other sectors, health care was used by the State as an instrument for shoring up the political doctrines of white supremacy and racial segregation which were nurtured during colonialism but reached their zenith under apartheid. The idea of equality for all was anathema to colonial and apartheid dispensations precisely because they drew their sustenance from the political oppression and economic exploitation of black Africans in particular. In 1991, the South African Medical Research Council’s described the South African health care system as ‘a bureaucratic entanglement of racially and ethnically fragmented services; wasteful, inefficient and neglectful of the health of more than two thirds of the population’. Against this backdrop, section 27 brings to the health care sector values of egalitarian social justice that ultimately coalesce around the objective of achieving substantive equality in access to health care services within a broader political transformation.

In three respects, section 27 acknowledges that access to health care is a fundamental right. Firstly, everyone is accorded a right

of access to health care services. Secondly, the State is under an ongoing obligation to take positive measures to achieve a progressive realisation of the right to access health care services. Thirdly, everyone is accorded a right not to be refused emergency medical treatment. By conferring on everyone a right of access to health care services, section 27 lays the constitutional edifice for an inclusive health care system which seeks to ensure that the poor and historically vulnerable social groups are not excluded from the promise of the Constitution.

Significantly, section 27 takes the form of a justiciable socio-economic right rather than a directive of state policy which would otherwise be vulnerable to being interpreted restrictively by the courts as merely exhortatory. Early in the life of the post-apartheid dispensation, the South African Constitutional Court confirmed that socio-economic rights in the Bill of Rights are justiciable. It underscored that socio-economic rights impose positive obligations and not merely obligations of restraint on the State. Despite their budgetary implications, they are no less justiciable than their civil/political counterparts. Moreover, the Court does not regard the justiciability of socio-economic rights as necessarily incompatible with the principle of separation of powers. Indeed, section 27

itself, has been the subject of litigation and adjudication.

3 Implementation

Section 27 has served as a constitutional mandate for a wide range of major policy, legislative and programmatic reforms in the healthcare sector. At a policy level, the White Paper for the Transformation of the Health System of South Africa has been the flagship policy for overhauling the apartheid health care system. The White Paper is premised on creating a unified health care system. It is a system organized around district-based primary health care (PHC) and a package of essential services that draw from the World Health Organisation's Alma-Ata Declaration.

PHC reforms entail ongoing redistribution of health resources in favour of equitable geographical allocations. In a juridical sense, the reforms prepare the ground for fulfilling the constitutional guarantee of universal accessibility of services along the lines envisaged by General Comment 14 of the Committee on Economic, Social and Cultural Rights. The policy goal is to ensure that PHC is rendered not only in a non-discriminatory manner. The services it provides must also meet the requirements of availability, geographical accessibility, economic accessibility, information accessibility, cultural acceptability and good quality.

Until the adoption of the National Health Act of 2003, the White Paper was the main domestic source for practical guidance on standards for implementing the constitutional right to health. The National Health Act gives legal effect to the policy reforms in the White Paper. Above all, it provides a legal framework for a restructured and unified health system. The Act sets out the rights and duties of health care providers and commits to respecting, protecting and fulfilling the fundamental right to health in line with the provisions of the Constitution.

The National Health Act aside, a plethora of other legislation has been passed since 1994 to respond to section 27 as well as other provisions of the Bill of Rights that guarantee rights which intertwine with section 27. A notable early example is a presidential decree issued in 1994 giving children under the age of six and pregnant women entitlement to free health services. Another example is the Choice on Termination of Pregnancy Act of 1996. This Act radically reformed abortion law, including recognising a woman's right to abortion on request in the first trimester. Abortion services are free at the point of access. Furthermore, to assure equitable access, in addition to doctors, abortions in the first trimester can also be performed by mid-level providers who have undergone a pre-

scribed training. In this way, the Act seeks to ensure that lack of means or scarcity of doctors do not serve as veritable barriers to services in the public sector, especially.

4 Current Challenges

For a country seeking to make a decisive break from the legacy of colonialism and apartheid and its impoverishing effects on the majority of South Africans, the language of constitutional rights, including the right to health is patently in keeping with collective national aspirations. However, the constitutionalisation of the right to health, as with all socio-economic rights, requires assiduous nurturing, commitment of resources and efficient implementation to avoid becoming mere rhetoric. South Africa offers a mixed picture on the effective implementation of the right to health. On the positive side, the country has instituted an admirable constitutional, legal and policy framework for the respect and protection of the right to health. However, what is missing is sustainable fulfillment. This is partly because the gains that were made in the first ten years or so, following the transition from apartheid in 1994, have been considerably compromised by a heavy burden of disease and health systems that are largely weak and poorly managed so as to result in poor health outcomes.

While significant strides

have been made in redressing the legacy of unequal distribution of health care resources in the public sector, the gains have been increasingly offset by a high burden of disease. One of the country's many health challenges is an extraordinarily high prevalence of HIV. An estimated 6.1 million people are living with HIV in South Africa. The government's initial unwarranted skepticism over the efficacy of antiretroviral therapy (ART) and 'AIDS denialism' under President Mbeki's leadership needlessly accentuated the burden of HIV/AIDS. But above all, it is the legacy of structural inequality inherited from apartheid that remains deeply rooted and manifests in highly discrepant health status and health outcomes for different social groups. Major discrepancies in access to health care remain between the public and the private sectors, the poor and the economically better endowed, the urban and the rural populations, and between genders and the country's racial groups. Black Africans, who account for 79% of the population that is poor, bear the highest burden of diseases associated with poverty and exhibit the worst health outcomes.

Redressing abiding socioeconomic disparities implicates much more than guaranteeing a fundamental right to health in a constitution. Even in the post-apartheid era, South

Africa remains a deeply unequal society. At best, section 27 and other complementary provisions in the Constitution can play a catalytic juridical role in promoting health but cannot supplant the more immediate political struggle for distributive justice. Redressing inequalities in health requires lasting political commitment to reducing gross inequality and improving the standards of living of the poor and marginalised sections of the population who happen to be the majority of South Africans.

Professor Charles Ngwena*

Centre for Human Rights,
University of Pretoria
South Africa

Courts as Gatekeepers of Equitable Access?



Colleen M. Flood, BA, LLB
Doctor of Medical Sciences

Professor & Canada Research Chair
in Health Law and Policy
And Dr. Bryan Thomas

The Office of the U.N. High Commission for Human Rights reports that at least 115 constitutions around the world speak to the right to health or health care; but they can have varying degrees of legal force. This global popular-

ity speaks to the hope that a rights-based approach will accelerate advancement in equity, particularly in countries where there have been great disparities in access to health care (for example, in South Africa). Global experience with health rights to date has not unequivocally confirmed this wishful thinking. So much depends on how health rights are interpreted by courts, who can afford to exercise the right to health, how courtroom victories and defeats translate at the level of policymaking and so on.

Perhaps surprisingly, countries with robust health care systems in developed countries generally do not have a constitutional right to health. Countries that do have such constitutional rights are frequently more middle-income countries. This correlation does not speak to the negative effect per se of health rights but likely reflects the fact that establishment of a constitutional right to health is part of so-called "second generation" rights, which appear mostly in newer constitutions of emerging democracies.

The key question is whether enshrining health care rights in a constitution will move a country more quickly towards equity in access to health care. Although it is virtually impossible to answer this question, given the paucity of existing social science evidence, there are some warning signs that litigation

of health care rights may not be unequivocally beneficial. The difficulty with a right to health, focused on an individual right, is that it can be readily divorced from the larger social goal of ensuring a robust public health care system that provides security to all citizens. Thus, litigation of health care rights, in countries like Brazil and Colombia, has resulted in a swath of individual rights claims for costly and at times unproven pharmaceuticals, using up scarce resources, skewing overall equity and/or imposing unsustainable costs on strained health systems. The regressive effect is worsened inasmuch as the poor lack the resources or wherewithal to litigate their access challenges. Columbia solved, to a significant extent, this access to justice problem through employment of the tutela system (offering a quick and cheap means by which to assert one's constitutional right to health care)—but the resulting torrent of claims almost bankrupted the public health care system. Apart from the dislocation effects of health rights litigation, in some countries constitutional rights are being used to directly challenge commitments to universal public health care. In Canada, interpretation of s. 7 of the Canadian Charter and the right to life, liberty and security of the person has favoured a 'negative' reading of the right to health

– intervening only where government blocks access to privately-financed care. Such cases predominate the ‘win’ column for Canada’s health rights jurisprudence, as the courts have upheld patient freedoms with respect to abortion services, medical marijuana, safe injection sites and so on. The impact of these rulings on equitable access is effectively nil: a negative right is of no use to someone who lacks the resources to exercise it. This negative-rights focus has an insidious effect, where it severs legal supports for (what Europeans call) ‘solidarity’ – regulatory structures that join citizens in a community of interest as they pursue quality health care. A notorious example here is the Canadian Supreme Court’s Chaoulli decision, which found a right to purchase private health insurance, where care within the public system involves long wait times. Private health insurance had previously been prohibited in the province of Quebec, for fear that a parallel private tier would divert resources from the public system. Analogous regulatory instruments have been used in other provinces to suppress privatized care—such as bans on physician ‘extra-billing’ above the amounts paid by public insurers—and are now facing challenge under the Chaoulli precedent. What are the rough parameters of a defensible ‘right to health’ jurispru-

dence? Ideally, courts will conceptualize the right to health as a collective right, realized primarily through the establishment and maintenance of a universal health care system, along with supports for broader social determinants of health. Judicial attention should focus on sustaining these institutions and scrutinizing changes that impact accessibility, particularly for vulnerable populations. In countries with comparatively well-functioning universal health care systems, such as Canada, a key target of judicial scrutiny, under this approach, would be government actions that threaten access at a systemic level— attempts to introduce user fees or copayments, or to withdraw coverage for vulnerable populations, such as refugees. As regards individualized claims for coverage of expensive or experimental therapies, there is a role for courts to review for reasonableness, verifying that rationing follows a fair process and accounts for any relevant extenuating factors facing individual patients. An individual’s right to health would not serve a ‘trump’ under this approach: scarcity is inherent in health systems and thus ‘reasonableness’ demands that each person’s right of access be interpreted in a manner commensurate with equal access for all. Denial of expensive and/or unproven treatments can be reasonable.

The examples just offered contemplate the right to health being used to safeguard accessibility and ensure accountability for rationing decisions within established universal health systems. In countries that lack universal health care, right to health jurisprudence will ideally focus on holding governments accountable for this very failing. Particularly in low-income countries, governments may reply that resource constraints stand in the way of universal health care—a justification that in some cases may meet a standard of reasonableness. (Though it bears noting that the cost savings and health benefits of universal health systems do scale down to developing economies.) Short of nudging towards universal health care, courts might also, within the scope of reasonableness review, scrutinize governments’ efforts to provide a ‘minimum core’ of care, or its efforts to establish programs targeting particular epidemics (such as the HIV/AIDS epidemic). On its face at least, this would be consistent with the purposive approach to interpreting the right to health, proposed above, which focuses on upholding health systems, ensuring their accessibility and promoting accountability and transparency in rationing. Even where these considerations are addressed, courts will be poor guard-

ians of accessible health care, if their own services suffer from systemic problems of accessibility. There are familiar strategies for overcoming barriers to access to the courts, including, funding for public interest lawyers or affordable forums of adjudication, such as a Health Services Ombudsman. Finally, assuming access to justice issues are addressed, and courts adjudicate in a manner that supports the right of universal access to public health care, there remains the issue of enforcement. Paradoxically, court rulings that correct systematic barriers to access may be at greatest risk of under-enforcement. Canada has seen only one Charter victory, securing a positive right of access to health care at a systems level: in *Eldridge v. British Columbia* (1997) the Supreme Court of Canada ruled unanimously, under the Charter’s s.15 equality guarantee, that sign language translation services must be provided to deaf patients where necessary for the delivery of medical care. Yet this resounding victory at the country’s high court has been a disappointment on the ground: to date, only British Columbia and Ontario have complied with the ruling and there have been complaints of chronic under-funding of translation services, even in these provinces. The promise of health

rights is contingent on a variety of contextual factors – some very hard to gauge in advance. It may be possible to hedge these risks, as through precise language in crafting a right to health, and linking the enactment of health rights to measures ensuring access to justice. If these variables are not carefully strategized, the entrenchment of a right to health will deliver little by way of improved access, or worse, impede equitable access to universal health care.

**Colleen M. Flood,
BA, LLB**

Professor & Canada Research Chair in Health Law and Policy

Dr. Bryan Thomas

Reflections on Reform and the Right to Health in the American Context



John D. Blum,

Professor of Law, Beazley Institute
for Health Law and Policy, Loyola
University Chicago School of Law

Within one month of each other, two significant events occurred in American health policy. One event was widely heralded, the October 1, 2013 opening of the regional, state health insurance exchanges, so-called marketplaces

where an estimated 15 million uninsured Americans can purchase health care coverage with government subsidies. The second event was a vote by the U.S. Congress on September 24, 2013 to cut \$40 billion dollars from federal food support payments to 15 million Americans, a far less publicized event. These two events were not linked in US health policy circles, but individually and collectively demonstrate both how disjointed public health decision making has become and more fundamentally, raise the need for a legal framework that rests on a recognition of health as a fundamental right. The United States stands out in the world community as the lone developed nation that has not recognized health as a legal right. The siloed, and overly politicized nature of American health policy, typified by the two noted events, underscores a need for promotion and adoption of such a right to recognize individual liberty, and to serve as a guidepost for public policy.

The October 1st opening of the health insurance exchanges is only one of many noteworthy events that represents America's latest foray into health reform. The Affordable Care Act (ACA), so-called, Obamacare, is the crowning domestic achievement of the presidency of Barack Obama, representing a 75-year struggle to pass an American universal health plan. Obamacare is

first and foremost a health insurance program; it creates an elaborate webbing of public/private insurance coverage, a scheme in four parts tying together expansions of Medicare (elderly), and Medicaid (poor), with a large overhaul of private sector small/individual market insurance, combined with a continued reliance on large employer health coverage. The ACA health insurance reforms, supported by individual and employer mandates to purchase health insurance, were broadly directed to providing health care coverage to America's 32 million uninsured and more specifically were targeted to correcting abuses in health insurance, such as denial of coverage due to pre-existing medical conditions or arbitrary termination in the event of illness. Accompanying the health insurance reforms in the ACA is an elaborate array of measures directed at reducing costs, improving quality and reinventing the health care delivery system through promotion of more unified formats for providing health services within structures that strongly link provider reimbursement with clinical performance measures. While population health does not lie at the heart of Obamacare, there are a series of initiatives in the law that mandate insurance coverage for health promotion and prevention activities.

While the ACA will en-

hance access to health insurance, addressing one of America's biggest social problems, and in doing so attempt to reframe the health care delivery system, it is by no means a perfect piece of legislation. The U.S. health reform law reflects many tortured compromises and acquiescence to powerful special interests that have promoted the commercialization of American medicine. The law itself is complex, disjointed and anything but transparent, as the provisions of reform are embedded in over 1200 pages of legislation and to date, 8000 pages of accompanying regulation. On the political side, Obamacare, by its very name, can trigger vitriolic criticisms, so bitter that they go beyond the need for any reasoned discourse, much less any expectation that such criticisms be accompanied by constructive proposals for more meaningful health reforms. The ACA, passed by a majority composed only of Democrats, has been under continual challenge, as it has been the subject of opposition Republican efforts aimed at repeal, and defunding, as well as an unsuccessful legal challenge to have the law overturned on constitutional grounds. The vigor of the opposition to the ACA has not subsided with its roll out, but if anything, each new implementation measure serves as a springboard for renewed attacks.

Food stamps in the United

States have had a long history and are now used by 47 million people a month, a benefit that goes to 1 in 7 Americans, fluctuating with food prices, inflation and income. In 2009 the Congress, in the face of a severe recession, increased the Supplemental Nutrition Assistance Program (SNAP) by 45.2 billion dollars but is now in the process of letting the expansion lapse, and adding onto that, recommending deeper cuts. With more Americans living in poverty food insecurity has becoming an increasingly serious and pervasive reality among poor populations. With reduced access to food support, low-income people are inevitably pushed into a world where choices are limited to cheap processed foods, high in energy and low in nutritional value. There are many anecdotes about poor children whose only real meals are eaten at school and whose parents are forced to choose between rent, transportation and food. Political opponents of food stamps see such supports as perpetuating dependence on public aid and sparking massive fraud. One high ranking state official, the Secretary of the Human Services Department of New Mexico, publically stated that hunger is a non-issue in her state, contrary to national statistics demonstrating that jurisdiction is the most food insecure place in America. The SNAP program, and

other public food aid initiatives, are not just welfare support programs, but are long-standing human nutrition initiatives, central to individual and public health. Health prevention and promotion are integral to meaningful health reform, and are more critical to the cost, quality goals of the ACA than reimbursement machinations. The failure of politicians to see the food stamp issue, as first and foremost, a matter of public health does a disservice to human needs and ignores this major lever in the fight against the doubled sided epidemic in the ranks of poor people, hunger and obesity.

A fundamental problem with both the ACA and SNAP that is not being captured in the related political debates lies in the fact that these laws, either in substance or implementation, lack a central guiding vision of health. Undoubtedly there are many visions for health care in the ACA. Intrinsic to certain of its reforms are initiatives to direct future medical delivery into integrated structures such as accountable care organizations (ACO) or patient centered medical homes (PCMH). The core ACA provisions drive a cost/ quality equation by enhancing the role of the insurance sector, as well as strengthening the businesses of medicine and the pharmaceutical industry. The ACA does not offer a long-term vision of health, nor is it a law that is driven by a commitment

to basic human rights. In the case of SNAP, it maybe argued that the legislation has unfolded, and developed, with a keen awareness of its role in hunger and nutrition. But where the SNAP story falls short is in the current climate of governance, in which the links between food support and the success of health reform are not seen as interrelated efforts that will play critical roles in the ultimate success of the ACA.

It would be naïve to think that adoption of a legal right to health would resolve overnight the American conundrums of health and food insecurity, in the face of daunting economic realities, and a gauntlet of special interests. Nevertheless, the adoption of a foundational right to health impacting all citizens from cradle to grave is a valuable and necessary effort. Establishing health as a legal right could drive a more efficient policymaking process, resulting in a more cohesive set of reforms. A legally enforceable right to health would force the U.S. Congress to do better than create a patchwork of insurance options, and hopefully push the legislature to craft a more unified national plan. The U.S. Supreme Court's deference to individual states to accept or reject broader government sponsored health care coverage under the ACA leaves large numbers of the most needy people without care, an unac-

ceptable reality in a rights based initiative. Not only would a right to health result in uniform coverage, but such undertaking would need to be clearly defined in a way that is realistic and sustainable. It may be a tall order, but a rights-based health reform, would invariably lead to a system more focused on population health and less on sustaining and justifying high cost, technical medical interventions.

Establishment of a universal, basic right to health would force policy makers to consider health more broadly, and to use this legal mandate to eliminate the silos within which this enterprise has been entrapped. Adopting a broader, more fundamental vision of health would not mitigate the pressures of cost and quality, but the requisite need for universal access would force policy makers to be more creative in approaching health issues and less willing to simply rearrange the deck chairs of the current biomedical system. Driven by an individual rights imperative, public authorities ought to consider interdisciplinary solutions. The American Affordable Care Act is ambitious and noteworthy in many regards, but it is not an easy platform on which to improve population health and achieve individual equities. Genuine health reform requires integrated approaches along the lines of the European Health in All Poli-

cies (HiAP) movement in which health reform is not left solely to traditional actors, but is both an opportunity for, and obligation of, those engaged in other social arenas that influence the human condition. In the case of SNAP, a rights based view of health would require that decisions, particularly those affecting human development, such as food insecurity, be weighed from a public health perspective, and be focused on children where the return on investment is the greatest. Health reform must be driven by more global concepts that act as a force to unify decisions in areas such as health insurance, nutrition, education and beyond. Recognition of a right to health is inherent to individual liberty and can be a primary mechanism to empower creativity and inclusiveness. Achieving the highest degree of health for all citizens is a matter that needs to be elevated beyond the next election cycle and the recognition of a legal right to health is an essential step in accomplishing a more lasting health reform than what is offered by the ACA.

John D. Blum,
Professor of Law, Beazley
Institute for Health
Law and Policy, Loyola
University Chicago
School of Law

President's Message



As the holiday season is approaching, Hisako, my wife, and I wish a happy holiday to you and your family.

For the next year,
Bali, Indonesia World Congress in 2014

I recommend that you visit the 2014 Congress Web site www.2014wcml.com

The proposed program lists the following:

The registration begins in the afternoon of **Thursday, August 21, 2014** while the WAML Board of Governors is meeting. The registration desk will be open from 1400 until 1800 at the Bali Nusa Dua Convention Center,

Friday, August 22, 2014 registration will begin at 0700 – 0830 followed by all day scientific meetings with plenary sessions, debates, and symposia and then from 1900 – 2100 there will be the Welcome Reception open to all delegates.

Saturday, August 23, 2014, begins with the Indonesia class during the poster session followed by daylong scientific sessions.

Sunday, August 24, 2014, begins with the Indonesia class during the poster session with scientific meetings and the closing ceremony scheduled at 12 noon followed by a half day city tour. There will be a spectacular culture night beginning at 1900. We anticipate an outstanding performance.

Monday, August 25, 2014 is devoted to an all day tour. We will enjoy beautiful Bali. The theme for 2014 is “Does Health Law Protect Dignity and Save Lives”. Abstracts are being solicited. We encourage all attendees to submit abstracts which represent your current interests and research and let us discuss these during the Congress.

The WAML formally enters collaboration agreements
The WAML is interested in strengthening collaboration with WAML affiliated associations. We have begun to exchange specific agreements with a number of affiliate Associations. We realize that it is a more formal approach, but we feel it is appropriate to exchange a specific ‘Memorandum of Understanding’ and agreement between a particular affiliated association and the WAML. The Center of Law and Bioethics of the University of Coimbra offers a perfect example of this. Further, we also are interested in having collaboration with medical and law students who are interested in medical law, legal medicine and ethics. In this regard we have investigated the establishment of a formal agreement with the

European Law Students’ Association (ELSA). Periodically we will review the results of these formal collaborations. We encourage all affiliated associations to consider specific proposals with the WAML to foster greater collaboration.

Seeking Collaboration with German Associations
Our affiliated associations and WAML members are looking for closer affiliation with the German medical and law association as there is a program being planned in Germany. Please contact me if you have any suggestion for a contact person(s) in Germany, as we are interested in establishing collaboration in that region.

WAML established the WAML Journal Committee
In order to improve our journal, I appointed our Secretary General, Prof. Roy Beran, to chair the WAMLJournalCommittee. In addition to Roy Beran, the Committee members include Dr. Mohammad Wattad, Editor-in-Chief of Medicine and Law, Education Committee Chair, Dr. Oren Asman, Dr. Richard S. Wilbur, Editor in Chief of the WAML Newsletter, Prof. Andre Pereira and Adv. Admila Hrevtsova. I am sure that all members enjoy reading the articles which appear in our journal ‘Medicine and Law’. Some members are interested in having a digital version of articles and the Journal Committee is looking

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ing into this. If you have any suggestions, please let us know and we will convey these to the Journal Committee, for their attention.

WAML Newsletter Guest Editors for 2014

The quarterly WAML Newsletter publication is now in its fifth year. Every issue carries significant new information. We would like to express our appreciation to the following guest editors of the publication:

March 2014 - María Luisa Arcos - Tenured Professor of Civil Law, Faculty of Legal Sciences, Public University of Navarra, Spain

June 2014 - Ms. Rosa Teresa Meza Vasquez and Mr. Giancarlo Jimenez Bazan, ASOLADEME PERU, Peruvian Affiliate of the Latin American Association of Medical Law

September 2014 – Dr. Tal Bergman-Levy, Senior Psychiatrist, General Secretary of the Israeli Psychiatric Association, WPA Section of Psychiatry Law and Ethics, Israel

December 2014 – Dr. John Conomy, Health Systems Design, Cleveland, Ohio, USA

Bioethics for Forensic Pathologists

After I took the Intensive Bioethics Course (IBC39), offered by the Georgetown University Kennedy Institute of Ethics, in June 2013, I was accepted as Visiting Researcher at the Kennedy Institute. Vice President Oren Asman joined me for our collaborative study of bioethics

for forensic pathologists. We acknowledge that there has been very little literature on bioethics for forensic pathologists and believe the time is ripe to rectify this.

Should you have any suggestions to improve the services of the WAML, I look forward to hearing from you and working with you.

Thomas T. Noguchi
WAML President

WAML Secretary General's Report



Prof. Roy Beran,
WAML Secretary General

As we approach the holiday season, we say goodbye to Diwali and approach other festivals of lights, with Chanukah and Christmas just around the corner.

The Executive Committee has been meeting regularly on Skype and I still marvel at the technology, which allows us to see our friends around the world, share our ideas in real time and plan for the future of the World Association for Medical Law (WAML). I thank Oren Asman, our computer literate Executive Vice President, for ensuring that the technology works and that he

can make contact with me in the middle of the night (Sydney time).

Reading and editing this newsletter has reinforced my impression of how fortunate and rich we all are. The contributions to this newsletter are very appropriate for a final edition in 2013. The overarching theme is one of equality and mutual respect in healthcare and access to services.

We take so much for granted, especially in my home country of Australia, where we have universal health coverage, which provides for the whole community. With informative articles from Hong Kong, Canada, South Africa and the USA, we learn how important it is to respect our fellow human beings and to provide for each other. As a healthcare professional, I am so fortunate to be able to give that healthcare as well as to receive its benefits when I need them.

Professor Noguchi decided that I really needed something extra to fill my free time and created a Journal Club, which he asked me to chair. The purpose is to assist Dr Wattad to promote the stature and interest in our journal, Medicine and Law. Dr Wattad, as editor-in-chief of the Journal, has done a great job ensuring that articles are peer-reviewed and of sufficient standard. Those on the Journal Committee: Oren Asman – Israel; Andre Pereira – Portugal; Richard Wilbur - United States of America; Rad-

mila Hrevtsova – Ukraine; Mohammed Wattad and I are going to actively seek to have the Journal recognised with a credible “impact factor” so that it becomes even more enticing for academic authors. An “impact factor” is an important consideration for those for whom their funding institution seeks adequate recognition.

We are also looking at publishing all the abstracts of journal articles for open access on the WAML web pages, while concurrently publishing a protected full electronic version of the whole journal which will be sequestered to dues paying members of the WAML and will be accessed only via using a password. This should further enhance interest and raise the Journal's profile and hopefully also its citation index.

You can see that the Executive has not been idle in trying to provide for your needs. We have actively created Memoranda of Understanding with a number of national organisations. This should ensure cross-fertilisation and is the way forward for the Council of Presidents. The WAML is seeking continuing medical and legal education accreditation for its educative programs for our members. We are also trying to establish reduced registration fees for our members, not only for WAML's more specific activities, but also for those activities of affiliated organisations. This

is seen as an effective step forward to establish better networking and educative experiences. We are always open to overtures from interested parties and actively encourage feedback.

When attending the recent Annual Scientific Meeting of the Australasian College of Legal Medicine, I was encouraged when Dr Allan Hunt, the ACLM President, actively promoted the WAML meeting in Bali in August 2014. It can be seen that affiliated organisations are the backbone of the WAML with our members belonging to more than a single organisation.

“Time waits for no man” (or woman) and it is a pleasure to realise that the WAML is going from strength to strength. Not a week goes by without the Credentialling Committee reviewing applications from highly qualified individuals wishing to join our WAML family. I must publicly thank Denise McNally for her great organisational skills in maintaining the momentum of the WAML. Now it is up to you, our members, to stand up and be counted. This is your WAML and the more you contribute then the better WAML will be and the more you will get out of it.

I wish you all the very best for the festive season and for the calendar year ahead. Whether you are celebrating Chanukah or Christmas or another festival that is part of your

religion, we in the WAML respect it and wish you a safe journey through life.

Roy G Beran
Secretary-General
World Association for
Medical Law

WCML Indonesia Update



Muh Nasser, M.D.

The 2014 WCML meeting is coming closer and the Organizing Committee is working hard to offer all WAML members and attendees an unforgettable experience. The Congress' website (www.2014wcml.com) is operational and we expect to start accepting registrations next month, in January, 2014. Registrations will be accepted online through credit card or Paypal. An alternative option will be to pay by wire bank transfer and in rare cases, on-site registration will be possible but this would be more expensive, to encourage early registration. For those interested in submitting an abstract, the abstract submission deadline is June 28, 2014.

Please note that the dates for Bali have changed

from the 25th of August to the 22nd of August. This was unavoidable due to the high demand for occupancy in Bali at this time and my wish to offer all the delegates to the Bali meeting the great experience that is possible on our wonderful island. Conference dates are 22-24 August, 2014.

The Congress program will be held at the BALI NUSA DUA CONVENTION CENTER which is where the APEC CEO Summit took place and delegations from more than 20 nations joined last October. We are investigating a number of hotels of differing standards, from 3 to 5 star rating, to offer various alternatives to accommodate all financial brackets.. These hotels will be within a close distance of the congress venue and shuttle bus arrangements will be provided each morning and evening. Hotel rates will range between 80 – 250 USD/night.

The Scientific Program Theme is “Does Health Law Protect Dignity and Save Lives?” Topics will include: A new era of health law: exploring the connection with human rights and health care; Public health law; Patient safety, health professional and hospital credentialing; Woman, gender and reproductive health issues; AIDS, HIV, epidemic and ethics; Bioethics, health law in relation to pediatrics; Medical dispute resolution and restorative

justice; Health victims, crimes and protecting patient rights; Health professional misconduct, medical negligence, omission and penal code; Doctor's autonomy versus patient rights; Medical error, medical negligence and law; Hospital law; Nursing law; Dental law; Stem cell, genetics and health law; Mental illness law; Food and drugs law; Children rights and health law; Ethical codes and health law and Health care in welfare system relating to law.

This Congress will invite 6 speakers to talk in plenary sessions, 2 (two) guest speakers, 108 parallel symposia will take place in 7 – 8 rooms and will include Indonesian language sessions, poster presentations and also young scientific award.

The organizing committee has prepared 6 rooms for presentations, and each has capacity of 250 people. Sessions will begin every day at 8:30 AM and end by 5 PM.

A Congress Promotional tour will be arranged for the first 200 registrants. We will offer a free half day congress around Bali at the end of the WCML. Information about different interesting sites in Bali will be available on the website from the very moment it is launched (under “tourism in Bali” or something similar. This is to show the wonders and beauty of Bali to our international guests for them to experience what we have to offer.

Social events during the Congress will include: 2 Gala dinners: a welcome reception on August 22 and cultural night on August 24.

Congress Fees will be decided within a month. WAML members will receive a 100 USD registration discount, there will be extra discounts for big groups from specific countries and all registered participants will be covered with basic health insurance in Indonesia for accidents should a problem occur. It is recommended that participants also get their own basic travel health insurance as accepted world-wide.

In order to facility visa's in Indonesia it is vital to have the names and details of participants a few months before the event. The Committee believes it will be possible to get visa's to all WAML members and guests wishing to participate in the Congress.

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

Muh Nasser, M.D.



Denise McNally,
WAML Administrative Officer
and Meeting Planner

WAML 2014 Membership Dues

Membership in WAML is Annual and for 2014 the fee is \$100. Benefits received are a discounted registration rate to the Congress Meetings which include voting rights, quarterly Newsletters and a quarterly Journal "Medicine and Law". You recently received a notice that your 2014 membership dues were owed by January 1, 2014. We encourage you to log into the WAML website www.thewaml.com and pay.

As the World Association for Medical Law (WAML) assumes conference management responsibilities, I will ensure the venues meet the needs of the WAML membership along

with its financial considerations. As of April, 2013, the WAML has gone Green, so all handouts/information will be sent electronically.

SAVE THE DATES!

The 20th World Congress on Medical Law (WCML)

NEW DATE - August 22-24, 2014

Bali, Indonesia

The World Association for Medical Law invites you to submit your abstract for the 20th World Congress on Medical Law scheduled for August 22 – 24, 2014 in Bali, Indonesia. Abstract submission is now open and can be found at www.2014wcml.com. The Theme is "Does Health Law Protect Dignity and Save Lives?" The abstract submission deadline is June 28, 2014.

Registration will begin January 2014 and WAML members will receive \$100 registration discount.

The Congress will commence with an opening ceremony August 22, 2014 at 8:30 AM. The conference will close on August 24 at 7:00 PM followed by

the Gala Dinner.

The Congress venue is Bali Nusa Dua Convention Center and hotel information will be forthcoming.

Following the Bali meeting the WAML will move to Annual WCMLs with the first of these being:

The 21st Annual WAML World Congress

Lisbon, Portugal

August 2 – 6, 2015



The Congress will commence with a Welcome Reception Sunday evening August 2, 2015. The Welcome Reception is the perfect venue to meet with colleagues and visit the exhibits. We encourage everyone to attend. The Opening Ceremony will be the morning of Monday, August 3, 2015. The Congress will conclude Thursday, August 6, 2015, followed by a Gala Dinner. WAML has secured the Lisbon Marriott hotel <http://www.marriott.com/hotels/travel/lispt-lisbon-marriott-hotel/> as your Congress venue. Congress attendees will receive a special room

Future Meeting Planning for the WAML



Do You Have an Idea, Comment, or Suggestion?

Please contact
Denise McNally
mcnallyd@cvalley.net



rate of EUR85.00 Single, EUR97.00 Double, and EUR205.00 Junior Suite which includes a buffet breakfast at the restaurant located in the hotel and complimentary internet.

André Dias Pereira will be your Program Chairman and we look forward to seeing you in Lisbon, Portugal.

The 22nd Annual WAML World Congress Los Angeles, California (USA)

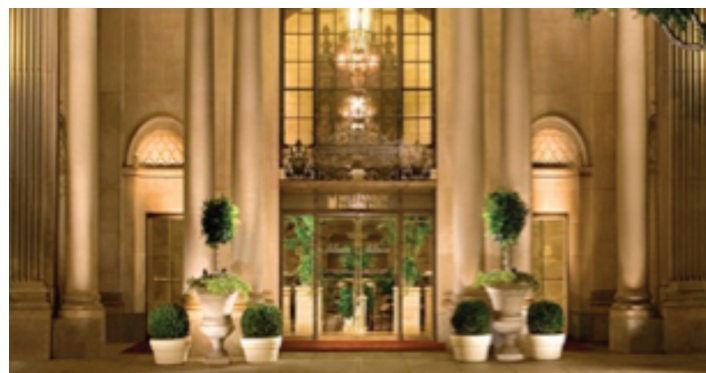
August 7 – 11, 2016

The Congress will commence with a Welcome Reception Sunday evening

at the Millennium Biltmore Hotel where the program and all functions will be provided. Everyone enjoys meetings in a comfortable conference venue, offering quality service and support, where you will be in the center of the conference activity.

Thomas Noguchi will be your Program Chairman and we look forward to seeing you in Los Angeles, California (USA).

Congress hotel rates are negotiated based on the number of the expected attendees and the meeting space, to ensure the best



August 7, 2016, followed by the Opening Ceremony the morning of Monday, August 8, 2016 and concluding August 11, 2016 followed by a Gala Dinner. We encourage everyone to attend.

WAML has secured the Millennium Biltmore Hotel <http://www.millenniumhotels.com/millenniumbiltmorelosangeles/> as your Congress venue. Congress attendees will receive a special room rate of \$199 USD single or double and complimentary guest room wireless internet. WAML recommends staying at the Mil-

lennium Biltmore Hotel where the program and all functions will be provided. Everyone enjoys meetings in a comfortable conference venue, offering quality service and support, where you will be in the center of the conference activity.

Denise McNally

WAML Administrative Officer and Meeting Planner

Hong Kong Community Psychological Medicine Association



Aaron Lee Fook Kay, M.D.

Our Group is a government registered organization set up in year 2003 with the following purposes:

Objectives of the HKCPMA:

1. To further our clinical knowledge of psychiatry through continuous medical education seminars and workshop.
2. To disseminate knowledge of Community psychiatry to fellow primary care doctors through joint meetings with other associations like the Hong Kong Society of Biological Psychiatry, Society for the Advancement of Bipolar Affective Disorder, Institute of Brain Medicine, Lundbeck Institute, Hong Kong Medical Association, Hong Kong College of Family Physicians, etc.
3. To promote awareness of mood disorders and common psychological problems to the public through talks to schools, teachers, Non-government Organizations, etc.
4. To inform the public that mood disorders and mild to moderate psychiatric problems can be adequately dealt with by their

family doctors with further training in psychiatry.

5. To alleviate the pressure of long waiting time in Public Psychiatric Specialist Outpatient clinics by offering better public-private partnership Programmes with Hospital Authority.

6. To promote communication between the specialists of psychiatry and general practitioners.

7. To advise the Government on relevant issues in community mental problems.

Our members are mainly private practitioners with special interests in community psychological medicine and received postgraduate training in psychiatry at the Family Medicine Unit (FMU) of Hong Kong University (HKU).

After one year of part-time teaching programme, with a vision to provide high quality continuing medical education for practising doctors to upgrade their knowledge and skills in areas relating to their day-to-day practice, the Family Medicine Unit of Faculty of Medicine, HKU has launched this pioneering postgraduate course attended by over 200 doctors since 2000. Not only does the course aim to provide practical and update medical knowledge and skills, but it also emphasize how to help practitioners understand their patients better and improve their practice which in turn enhances treatment outcomes.

To achieve these, FMU of HKU adopted an interdisciplinary approach to conduct the course which draws together the expertise of different specialties including family physicians, psychiatrists, and clinical psychologists. Moreover, by substituting traditional campus-based group teaching with individual self-study/distance learning component as well as interactive seminars, workshops, electronic forum and small-group clinical teaching at various districts in Hong Kong, The course is hoped to allow flexibility and maximum opportunities for students to engage in reflective thinking of past clinical experience and developing insights into new frontiers.

The course is committed to offer the best and most up-to-date postgraduate teaching that meet the training needs of primary care doctors and doctors of different specialties including Chinese medicine practitioners and healthcare professionals.

Hong Kong Community Psychological Medicine Association will work to promote patient privacy and confidentiality, as our Government is going to implement city-wide electronic patient record by the year 2014, It is our belief that by protecting psychiatric patients' sensitive personal health data from being disclosed to unrelated hospital staff would be an important step in maintaining patients' trust in

their healthcare providers. Only with informed consent from these patients suffering from mood disorders could allow his or her healthcare provider to disclose essential patient health data to those people involved in the direct care of them in the community. For this important legal aspect, we believe the World Association for Medical Law (WAML) could assist us by writing to the Food and Health Bureau of the Hong Kong Special Administrative Region, China, on this urgent topic and express your support of patient autonomy and privacy in our region by the year 2014, so that Human Rights could be respected in terms of drafting the legislation concerning electronic sharing of patient information in the coming years.

As an affiliated organization of WAML, we would like to support you in organizing future activities and meetings to be held in Hong Kong or the Asia-Pacific Region in the coming years, We believe a healthy development of Legal Medicine in Hong Kong is essential to maintain the relationship between doctors and people of Hong Kong, as we have witnessed more clinical negligence lawsuits for the past ten years here.

Your active participation in organization of educational activities to promote legal medicine as a new specialty in Hong Kong would be very much appreciated and we could be

a middle-man to liaise with other disciplines in our healthcare profession in Hong Kong.

Dr Aaron LEE Fook Kay,
MBBS, MSc, LLM
Chairman of HKCPMA



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



<http://twitter.com/THEWAML>

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

66th Annual Scientific Meeting of the American Academy of Forensic Sciences

February 17-22, 2014

Seattle, Washington

Website: www.aafs.org

National Association of Medical Examiner's Interim Meeting

February 18, 2014

Seattle, Washington

Website: www.thename.org

54th Annual Meeting of the American College of Legal Medicine

February 27 – March 2, 2014

Dallas, Texas

Website: www.aclm.org

2nd International Conference on Ethics Education

May 21-23, 2014

Ankara, Turkey

Website: www.iaee2014ankara.org

9th International Symposium on Advances in Legal Medicine

June 16 – 20, 2014

Fukuoka, Japan

Website: www.c-linkage.co.jp/isalm2014

20th WAML World Congress

August 22-25, 2014

Bali, Indonesia

Website: www.2014wcml.com



WAML Newsletter Production Team

Editor-in-Chief:

Richard S. Wilbur, MD JD

Guest Editor:

Kenneth J. Berger,
Vice President of WAML

Coordinator:

Denise McNally

Graphic designer:

Raul Vergara

2014 Guest Editors



Rosa Teresa
Meza Vasquez



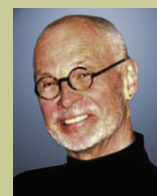
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Bazán



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Indonesia
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