



World Association For Medical Law

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WAML Newsbulletin: Five Years Old!



Richard Wilbur

The World Association for Medical Law (WAML) has been in existence for 47 years. From its quiet academic origin it has, at first slowly, but now at an ever increasing pace developed into a vibrant global enterprise with a network of national affiliates. As an integral part of this expansion, the WAML Newsbulletin/Newsletter was established five years ago. To put this in perspective, first some History: WAML was founded in 1967 at Ghent University (then Ghent State University) Belgium by Professor R. Dierkens. For the first 35 years, Prof Dierkens served as Secretary General (SG) and, virtually singlehandedly, ran WAML. World Congresses were held triennially until 1994 when they became bien-

nial. These were almost the only WAML activity in those years. Scholars interested in medical, legal and ethical issues gathered together to listen to papers, to discuss issues, meet colleagues in the field from different countries and then they returned home for another 2 or 3 years. Except for SG Dierkens, and a few of his colleagues, there were no permanent WAML members at first and then, later, a multinational Board of Governors was formed whose principal activity was the site selection of the next Congress. Attendees of each Congress were considered WAML members until the succeeding Congress, but paid no dues after leaving a Congress and were dropped if they did not attend the next one. There was no permanent membership and no interim member activities.

While the Congresses were valuable as a place for scholars and practitioners of law and medicine from around the world to meet periodically, they left a multiyear gap in any information exchange. The Journal "Medicine and Law" edited by Judge

Ammon Carmi allowed for a presentation of learned papers on a periodic basis. However, there was a great desire for more frequent collegial and informal exchanges. Therefore, beginning five years ago, the WAML leadership, led by President Thomas Noguchi and the current SG, Prof. Roy Beran, determined to make WAML an active, year-round organization promoting a constant international exchange of news and views. WAML has established a permanent, professionally staffed headquarters directed by Denise McNally and supported by annual dues from long term qualified members. Starting in 2015, after the 20th World Congress of Medical Law, in Bali, Indonesia, these WCMLs will occur yearly in alternate parts of the

20th
World Congress
on 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

Earth and be managed from this office with the Programs developed by expert committees. WAML has developed an ongoing liaison with National Medical, Legal and Ethical organizations around the globe. It has promoted interchange among these organizations and, through multiple presentations by its leaders, with WAML itself.

To enable this lively interchange of new and evolving ideas throughout the period between World, and National, Congresses and as part of this WAML initiative to develop a year-round, global exchange of news and views, this Newsletter was founded five years ago. It is published quarterly, each time with a Guest Editor from a different country. That Editor selects articles describing the medical, legal and ethical views of topical issues in that country or region and also of the relevant activities of the local and regional organizations whose members also belong to WAML.

In addition, each issue features articles by WAML President Noguchi and SG Beran keeping the membership up to date on WAML's current activities and future plans. Notices of upcoming Meetings around the world allow the reader to plan where the most advantageous place will be to maintain contact with those who share similar interests in this large and rapidly expand-

ing field. The Newsletter's electronic format allows it to appear world-wide simultaneously and without any shipping delays.

The purpose of the Newsletter is to serve the Membership and so your comments are always appreciated.

Richard Wilbur
WAML Editor-in-Chief:

Message from the Guest Editor



María Luisa Arcos
Tenured Professor of Civil Law
Vice Dean of the Faculty of Legal Sciences of the Public University of Navarre (Spain)

It is an honour for me to be the guest editor of this issue. It allows me to give a succinct account of the activities undertaken in the Public University of Navarre (Spain), in the field of Health Law, and also to present interesting articles by experts from different countries and cultures who have been kind enough to accept my invitation to contribute to this edition. The Faculty of Legal Sciences of the Public University of Navarre (UPNA) has been working on Health Law for the last twelve years. Professors and researchers from different

disciplines (Civil Law, Labor Law, Bioethics, Constitutional Law, Criminal Law, Health Economics, among others), have cooperated in a PhD program on Health Law from 2004 to 2010. Since 2011, the UPNA is arranging a joint project with the Southern Medical University of Guangzhou (China) in order to hold a new PhD program in Health Law for Chinese professionals.

I have the privilege of representing a multidisciplinary team of researchers from three Spanish universities that is developing a project entitled "Rethinking the Principle of Autonomy in Health Law", reviewing its limitations especially freedom to choose and conscientious objection, funded by the Spanish Ministry of Economy and Competitiveness. In December 2013, both the Faculty and this project promoted a Conference and the publication of a collective work with almost forty articles, on the two activities dealing with 'New Legal and Ethical Perspectives on Health Law'.

The core aim of this project is to investigate the limits of a patient's autonomy from an interdisciplinary point of view. We are going deeply into: the autonomy of patients with disabilities; the freedom of decision-making in the end-of-life management; the patient's refusal to medical tests or treatments; the control of information; or the right not to know. Studying the patient's power limits will

give priority to the conscientious objection of professionals, the legitimate interests of third parties (relatives, citizens) and the scope of the employers' powers.

I am particularly interested on the so-called "right not to know". This scarcely known right is, in my opinion, a matter we need to reflect upon since it represents a very special manifestation of the patient's autonomy. As a legally enforceable right, in Spanish Law, it generates several questions, for example, who are bound to respect it, or what would be the consequences of the breach of such a duty. It is also necessary to think about how the refusal of information is going to impact on the relationship between the patient and the doctor, or what is the exact meaning of the informed consent that the Spanish Law demands. The impact of 'the right not to know' on third-parties' freedom and rights is not clear enough, especially on those of relatives who take on the responsibility of looking after the patient, during and after the medical assistance. Probably, their rights must be identified as a limit for the latter's rights and obligations. Autonomy doesn't justify selfishness.

While it is time to reconsider some aspects regarding the autonomy of most patients, that of people with disabilities is still far from its limits. The Article 25 of the UN Convention on the Rights of Persons with Dis-

abilities (CRPD) remind all of us of their right to enjoy the highest attainable standard of health without being subjected to discrimination, on the basis of their disability, which implies requiring health professionals “to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent”. Patients with disabilities should be empowered to the extent of their competence, avoiding the excesses of a well-meaning and understandable tendency of relatives and healthcare professionals to overprotect them, which could be seen as a sequel of medical paternalism.

Finally, I would like to introduce the following articles and to thank their authors for such interesting contributions.

Prof. Oliveira and Prof. Pereira inform us of the history to and the present standing of the Centre for Biomedical Law –CDB- in Coimbra (Portugal), the oldest research institution in Health Law in Portugal. The celebration of the 25th anniversary of the CDB took place in the context of the IV European Conference on Health Law, organized under the auspices of the European Association of Health Law with the theme European Health Law and Patient Safety. Prof. Oliveira, President of the CDB from its beginning, was also the Chairman of the Conference. All of us who attend-

ed enjoyed the opportunity of listening the lectures and communications from experts attending from all over Europe.

During this Conference, Dr. Solvita Olsena was elected as the new President of the European Association of Health Law, replacing Prof. Graeme Laurie who had been the President since its founding. Her article explores the indispensable European point of view on the current challenges of Health Law and the aims of this Association for the next years.

A complementary perspective, that of Latin American countries, is offered by Eduardo Dantas in a thought-provoking article resulting from years of activity in the field of Health Law both as lawyer and as researcher.

It is also my pleasure to count on the article of Prof. Jiang Hong Deputy Party Secretary of SMU and Executive Dean of International Institute of Health Law of China's Health Law Society - Southern Medical University and Prof. He Shan, representing the Southern Medical University of Guangzhou (SMU), and the International Institute of Health Law, respectively, the latter being cofounded by SMU and the China Health Law Society, and closely linked to WAML as its Honorary President is Prof. Noguchi, who is also the President of the WAML. I am sure that our cooperation will be fruitful.

Finally, I wish to thank Dr. Oren Asman for giving me the opportunity to come into contact with all of you, the readers of this Newsletter, and to inform you about our work, interests and projects.

María Luisa Arcos

Tenured Professor of Civil Law Vice Dean of the Faculty of Legal Sciences of the Public University of Navarre (Spain)

IV European Conference on Health Law Coimbra, Portugal, October 9th to 11th, 2013



Prof. Dr. Guilherme de Oliveira



Prof. Dr. André Dias Pereira

The Centre for Biomedical Law (CDB) hosted the IV European Conference on Health Law, in Coimbra, Portugal, from October 9th to 11th, 2013. Simulta-

neously, the Centre for Biomedical Law celebrated 25 years since its foundation. This celebration was part of the Conference, which honoured the Centre with a brief presentation of the history of the Centre and the research projects planned for the next seven years, in the field of genetics and law, the status of chronic patients and patient safety.

The Centre for Biomedical Law (CDB) was created, at the suggestion of Prof. Guilherme de Oliveira, in May 1988. The CDB is a scientific institution devoted to research within the vast field of Health Law. Initially, the members of the Centre were lecturers from various specialties in the Faculty of Law: - Constitutional Law, Administrative Law, Civil Law, Criminal Law and Labour Law. After it became a non profit- organization, , the CDB 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. The CDB 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 monograph collection, with 23 publications on Medical Law, Health Law and Pharmaceutical Law.

Its activities spread from organizing public debate on Biomedical Law topics

to improving the bibliographical resources of the Faculty of Law and promoting education in Health Law (not only among lawyers but also among doctors, nurses, and all people working in the Health system). CDB's researchers collaborate with other national organizations, such as the Portuguese Medical Association and National Health Regulatory Board. Internationally, academic and scientific links are maintained with some institutions, including the European Association of Health Law and the World Association for Medical Law. The CDB is also well known in Brazil and has close ties with several academies and other institutions.

The CDB has been a member of several interdisciplinary projects funded by the European Commission in many areas related to the Health Law. It 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 and private entities.

The IVth Conference on European Health Law, including the celebration of the anniversary of the CDB, counted many prominent guests and was a high-level scientific meeting.

Approximately 120 abstracts were accepted, a record number, and a sign of the dynamic work be-

ing done in patient safety worldwide, from Portugal, Spain, Belgium, Netherlands, UK, Poland, Czech Republic, Turkey, Russia, Brazil, United States, and the Republic of Korea, among many others.

There were around 200 attendees discussing the following themes: Preventive environment and measures such as: informed consent; fundamental rights; advanced directives; legal relevance of guidelines; data protection; protection of the weakest, e.g. the mentally ill, the children, and the survivors of cancer); electronic records; the Directive on the mutual recognition of professional qualifications and patient safety; and regulatory models of health-care professions; reaction against malpractice, patients compensation, and learning with errors (the role of disciplinary law to improve patient safety; the question of ending tort law in medical malpractice; national systems of compensation for 'medical hazard'; apology laws; Alternative Dispute Resolution/Mediation and Arbitration; the prohibition of self-incrimination; and the notification systems).

The general feeling was of great satisfaction for a three-day conference in a quiet academic town, where everyone had the time to establish scientific links and professional contacts.

The European Association of Health Law also celebrated its 5th anni-

versary, and elected a new President, Dr. Solvita Olsena from Latvia. The Conference and the spirit of partnership of national and European associations was considered a success and will foster further research and education in the field of medical law.

Prof. Dr. Guilherme de Oliveira

Prof. Dr. André Dias Pereira

The Challenges of Health Law in Europe From the Point of View of the European Association of Health Law



Solvita Olsena Dr.iur, MD.

President of the European Association of Health Law Assistant professor at the University of Latvia

Year 2013 and the fourth conference held from 9th to 11th of October in Coimbra, Portugal marked the 5th anniversary of the European Association of Health Law (EAHL). No doubt, this initiative is unique - it is the only association of health lawyers that focuses on the achievements and development within Europe now and into future. EAHL adds considerable value to the national and international

bodies in our area using different tools - professional networks, international research and educational projects complemented by well-established personal contacts and networking amongst individual members.

Looking at the challenges in European Health Law from the Association's point of view, I would like to talk about three dimensions - firstly, at the EAHL itself; secondly, European states; and thirdly - common themes in European health law.

Challenges of EAHL are directly related to the daily life of our members. In the last decades, our life as academics, lawyers and members of professional associations has been changed substantially and our life today is quite different to that of 20 years ago and even slightly different to that of only 5 years ago. We have been adjusting quite well to new technologies, social networks, easy travelling and other advantages of human development. The life of an association requires the same way of adjustment in order to respond to present life style of academia, as do students and researchers. I believe that any professional association, and the EAHL in particular, should develop its flexibility and be dynamic in all its activities. We should be open to use modern technologies in organisation, communication and research. The most challenging task is to implement and to use

innovative approaches to organise the professional community where members are located all over Europe who are quite different in their culture, background, age and other relevant factors. At the General Assembly of the EAHL, held in Coimbra, a new Strategy for 2014-2019 was adopted. The Strategy is aimed at strengthening both, the EAHL as an organisation and health law as a legal discipline in the whole of Europe.

The members of EAHL, teaching and researching at universities, preparing legal statements in their law offices, developing health policies or drafting laws for governmental bodies are playing an active part in the development of health law in their individual countries. Therefore membership in EAHL is valuable to them, due to the many tight relations created with their counterparts in other European countries. However, development of health law in individual countries is challenging although the legally mind-set basically is aligned. European countries differ substantially in their geographical size, origin and density of populations, level and experience of democracy, understanding of freedom, culture, legal systems, economic development and even the law language is written and practiced differently. Development of health law in some countries, like the UK, has a long and consistent history, but in

some countries, like Latvia, health law was non-existent just a decade ago. Smaller European states, where the number of health lawyers is small, are more limited due to their human, financial, research and academic capacities. Legal challenges, faced by national health systems and national health law, are getting more complex and multidimensional, due to such factors as globalisation, intensive migration of health care users and providers and cross border flows of medical products. Therefore a regional professional society, such as the EAHL, is the right place to meet and to exchange knowledge and expertise. This is a place to establish various future collaborations and cooperation's to achieve a more sustainable progress in each European country and to, develop a long term and secure a more unified approach. One of the most challenging objectives in the new EAHL strategy is to bring European health law knowledge, tradition and debate to each European country. I believe that our society, in the next 5 years will contribute substantially to this challenging task.

This year is important for European health lawyers in a historical perspective. We are celebrating the 20th anniversary of the World Health Organisation Declaration on the protection of patients' rights in Europe (Amsterdam, 1994). This document has played

an important role in the development of patients' rights protection systems in many European countries. In this respect, I would like to send my particular greetings to two of our distinguished members, Henriette Roscam Abbing and Sjef Gevers (Sjef being a Past Vice President of the WAML) who took an active part in the preparation of this important legal text.

The EAHL is providing a forum for health lawyers from around the Council of Europe countries and beyond to discuss and collaborate on issues of importance in the development of health law and policies in Europe and globally. Most interesting and challenging, European health law topics have been chosen as main themes for the conferences organised by the Association and its members. For example, the 4th EAHL conference (2013) in Coimbra was on patient safety and the 3rd conference (2011) in Leuven on challenges related to the aging society in Europe. These conferences are improving scientific excellence of our individual members and, through them, they are bringing necessary contributions to health law in a broader sense. The Association has a successful collaboration with the European Journal of Health Law, ensuring high quality scientific reflections on actual health law matters in Europe. Health is a value in itself and is also a pre-condition

for economic growth and social cohesion in Europe and beyond. The discourse on human rights greatly impacted the rapid evolution of health care law in Europe. Continuing debates rage over how to balance citizens' growing demands for universal access to health care according to UN development goals. The challenge of recognizing the right to health care, while at the same providing access to same creates problems and delays during the implementation, especially in the less wealthy countries.

On behalf of the University of Latvia, I have the honour to invite you to the European Health Law Conference „Access to health care: looking for a legal road map” in Riga on the 28th and 29th of April 2014. This event, supported by the EAHL, will gather together health law and policy experts to examine and to discuss today's critical challenges in European health law. It is an opportunity to share scientific knowledge and to stimulate the development of innovative tools for meeting modern demands.

I look forward to meeting you in Riga, Europe Capital of Culture 2014!

Solvita Olsena Dr.iur, MD

President of the European Association of Health Law, www.eahl.eu

Assistant professor at the University of Latvia

The Development of Health Law in Latin America – What are the Bridges to the Future?



Eduardo Dantas
Vice-President of WAML

It would not be possible to start an article about perspectives for Health Law in Latin America without making references to the past that built the foundations of this work in progress. One must establish connections with bioethics and the contribution of van Rensselaer Potter that started it all. The reason is quite simple: health law cannot survive without bioethics.

The vast majority of Latin American countries inherited legal systems based on Roman Law. Changes in statutes and codes are much harder to achieve than in Common Law based societies. Health law requires speed and responsiveness.

The law used to regulate issues of life and death, as unmovable marks of human existence. This is no longer the case. New definitions of individual rights have extended the boundaries of law from before birth to long after death. We are still learning to cope with a future that knocked down the

present.

The sciences of medicine – medicinal products, assisted reproduction techniques, genetics, medical devices, high technology treatments, transplants, surgery techniques, nanotechnology and a countless number of other fields – have evolved more (and faster) in the last four decades than in any other known period of mankind's history. This (r)evolution brought new dilemmas, raised new questions and changed our way of life so deeply that regulations had to be created, in order to adapt and adjust social relations to these changing times.

The law, specially a relatively new field like health law, requires time, thinking and consideration. This is a time that society – and medicine – does not have. This “time gap” between scientific developments and the answers provided by the law is not supposed to exist. Bioethics takes over a crucial position, serving as the bridge between law and medicine, providing a common language that allows coexistence.

Health law has gained importance over the years, as solutions needed to be found and implemented. The legal systems had to provide answers for issues like patient's rights in a scenario of paternalism being replaced by autonomy. Civil responsibility is now a current and important issue in many countries, with specific proce-

dures to analyze the cases, sometimes even shifting the burden of proof. The clash between doctors and patients requires the development of a new model of shared decision making that is not yet ready.

End of life, advance directives and living wills are now regulated by statutes in countries like Argentina and Uruguay. Mexico is developing an important debate on the regulation of stem cells and research on human beings.

Technology now allows the existence of what was merely science fiction not so long ago as a fact of life. A clear example is the possibility of post-mortem reproduction. Answers must be given to issues that affect other areas of law. Family Law and heirloom, for instance. How can the law restore safety to the relations that arise from the possibilities of science? What is the statute of limitations that defines what is legal, and differentiates it from what is moral? These are answers still waiting to be written.

A clear message is sent by the legal systems in cases involving cloning, the trading of human body parts and experiences with human subjects. Can the same be said about rationing health care by age? The grey area in the debate is on the boundaries to determine whether promoting public health warrants overriding values as individual liberty and autonomy?

To what extent can genet-

ic enhancement be considered acceptable? The question of gender selection is complex and vexatious. Will it ever be possible to converge national legislations into a unified code of conduct?

Other countries, like Brazil, have other problems to solve: the growing judicialization of health issues, due to the ineptitude of the public sector to provide minimum services, forcing citizens to seek the protection of courts to protect and enforce their constitutional rights to healthcare; a highly regulated private healthcare sector that constantly disrespects contracts, therefore creating juridical uncertainty.

The Brazilian legal situation is aggravated by the fact that legislation does not cover most of the new issues. The gap is filled with Resolutions from the Federal Council of Medicine, sometimes adding more doubts to the process of regulating health, with contradictory ethical commands that should be defined by statutes.

This article was purposely filled with question marks. The reason is to show that although health law has built a strong body of doctrine in the last few years, these discussions haven't produced a solid system of norms that can provide solid and safe solutions to the legal issues arising from the evolution of medical sciences.

When it comes to health law, the only thing that can be taken for granted is

constant change. Answers that usually lead to more questions are a sign that there is still a long way before we learn to properly deal with the legal conflicts, generating discussions that may prove that it is wrong to assume that there is only one way. How to harmonize cultural differences, creating and providing a system that proves to be fair and functional among so many uncertainties is the challenge that Latin America jurists, scientists, researchers, politicians and philosophers have yet to face. Future? Imperfect. Present? Tense

Eduardo Dantas,
Vice-President of WAML

Southern Medical University (SMU)



Jiang Hong

Founded in 1951, Southern Medical University (SMU) was originally named the First Military Medical University. In August 2004, the University was handed over to the local government of Guangdong Province and renamed as Southern Medical University. As a key national university, SMU recruits full-time stu-

dents from China and overseas regions and countries. SMU ranks 58th among over 2000 Chinese universities in comprehensive academic strength and third among Chinese independent medical universities. SMU possesses 10 first-level disciplines with Doctoral Degree Authorization, 8 of which are in medical sciences. In these it is ranked number one in Guangdong Province and second among all of the independent Chinese medical universities. It has 7 academic postdoctoral research stations, 75 M.D. programs and 98 Master degree programs, 5 State-level key and prospective State-level subjects, 6 key subjects of National Traditional Chinese Medicine Administrative Bureau and 16 State-level key clinical specialties. The university has a faculty staff of over 6000, more than 1200 of whom are full and associate professors distributed among 17 schools. Supported by a team of qualified professionals, SMU has 2 academicians of the Chinese Science Academy and 1 academician of the Chinese Engineering Academy out of the total of four academicians in Guangdong.

SMU houses a series of laboratories including the National Key Laboratory and National Clinical Research Center. In the past decade, the university has undertaken 3704 research projects with funding of more than RMB 1.1 billion. SMU possesses 6 af-

filiated hospitals. Among them, Nangfang Hospital is one of the Best 100 Chinese Hospitals and houses several disciplines which rank in the Top 10 in China. Overall, our affiliated hospitals stand high in Gastroenterology, Nephrology, Orthopedics, Prenatal and Reproductive medicine, Hematology and Transplantation, Digital minimally invasive therapy, Brain Tumor Interventional Medicine and Integrated tumor treatments by combined traditional Chinese - Western Medicine. SMU has partnerships with more than 40 universities, research institutes and hospitals worldwide.

Health Law International Institute (HLII)

In cooperation with the Chinese Health Law Society, the Health Law International Institute (HLII) was established at SMU in 2010. This is a precedent in cooperation between a national academic society and a university in China. The President of the World Association of Medical Law (WAML), Professor Thomas Noguchi, acts as the Honorary President of HLII. Prof. Amnon Carmi the chairman of the UNESCO Ethics Committee and previous President of WAML, and other well-known experts have been invited as distinguished professors or visiting professors. With global perspectives, HLII has hosted international symposiums on issues in health law and bioethics to promote the

integration of local with global health law, to build a China-characterized health law discipline system, and to form a new educational pattern for interdisciplinary talents with both medical and legal background. Now HLII of SMU is planning to launch a joint Doctor Program of Judicial Science (S.J.D with the Public University of Navarre (UPNA).

Jiang Hong

President's Message



Thomas T. Noguchi
President of WAML

SEE YOU IN BALI, INDONESIA! As we are beginning to finalize our travel plans to attend the coming World Congress, I can assure you that we will enjoy our scientific sessions with many presentations from an international point of view all over the world. This Congress will be held in beautiful Bali at the Bali Nusa Dua Convention Centre hosting national and international high level events.

We should plan to arrive early enough to participate in the Opening Ceremony/Welcome Reception Thursday, August 21,

2014. The Registration Desk will also open Thursday, August 21, 2014. Dr. Nasser Muh, Chairman of the Host Indonesia Organization and we, members of the WAML Board of Governors are looking forward to welcoming you to the WAML 20th World Congress in Medical law, bioethics and legal medicine. The theme is health care law.

At the reception, we would like to welcome all WAML members and attendees. I am very enthusiastic about our successful Congress in Bali, so I would like to request to you that you make contact and tell your colleagues and friends to attend the coming WAML Congress in Bali. Specially, there will be a membership discount when you register, so it should be an incentive to join the WAML.

WAML GOES GREEN

Please note the WAML has gone “green” to reduce paper usage. Starting first in the administrative meetings, Board of Governors, Council of Presidents, agenda packet and background material will be an electronic record. I encourage you to view your packet during the meeting via lap top or e-reader/pad/tablet. Or you may print it prior to your arrival. The Board of Governors Meeting has been scheduled on Thursday, August 21, 2014. The WAML General Assembly Meeting is scheduled on Friday, August 22, 2014. I urge all members to at-

tend it. We will have a few Bylaws Amendments (Statutes), the WAML members will receive a list of recommended board members and will receive notification prior to coming to Bali.

DEADLINE FOR ABSTRACT SUBMISSION IS MAY 1, 2014

It is less than 2 months to the deadline for you to submit an abstract. The abstract should be your summary of your presentation, rather than what you want to speak about. Those not accepted for oral presentation will be considered for the poster session. The poster session is an excellent opportunity to network with those who are interested in the subjects presented there.

The WAML is a strong defender of Human Rights. Whenever we have major political conflicts, especially ones with violent demonstrations and strikes, they too often escalate into armed conflict and therefore many injured persons. The WAML takes a firm stand for human rights for those treating the injured despite political position. Several weeks ago, I received a plea from the Ukraine Medical Volunteer Organization from Ukraine and asking the WAML to take a stand. The Executive Committee discussed how we could support the plight of the medical team in Ukraine. We also contacted our Governor in Ukraine, Radmyla Hrevtsova. The EC decided to prepare an open

letter strongly supporting human rights. The statement will be on the WAML website.

MEMBERSHIP FEEDBACK REQUESTED:

We would like to invite you to tell us your recommendations, even “complaints”, so we can serve you better. Please contact Denise McNally at worldassocmed-law@gmail.com.

Thomas T. Noguchi
President of WAML

Secretary-General's Report March 2014



Prof. Roy Beran,
WAML Secretary General

It is time for another Secretary-General's report, which generates significant trepidation as that means we have already passed one-quarter of 2014 and it only seems like yesterday that we were celebrating New Year's Eve. It is only about five months until we have the next World Congress on Medical Law (WCML). Everything appears to be progressing smoothly for the WCML and Professor Nasser Muh has advised that all plans for the Congress in Bali, in August

this year, are on track and from all accounts it will be a very exciting and worthwhile meeting. This WCML is going to be very international and of high calibre with the indications being that Professor Muh is inviting keynote speakers from Australia, USA, Europe, Asia and local Indonesian authorities, covering the various disciplines of Legal Medicine, Health Law and Bioethics, as are relevant to the World Association for Medical Law (WAML).

Having been to Bali on a number of occasions in the past, I am excited to think that we have the beauty of this Indonesian paradise island, combined with the exotic location of Nusa Dua, which is a little out of the Kuta hustle and bustle yet sufficiently close to allow shopping expeditions and trips to savour the Indonesian lifestyle, complemented by luxury accommodation with the Nusa Dua tranquillity and calm. This, together with the superior academic program, should ensure that everyone attending the WCML will be fully rewarded with a most memorable experience.

This is the last of the old format for WCMLs and from 2015 the WCML will be an annual affair, run exclusively in-house by our Meetings Manager, in conjunction with the Executive Committee and the President of the Conference. From what I hear, Professor Nasser Muh is going to set the bar very

high so that we will really have to work hard to maintain standards to ensure that future WCMLs compare favourably with the Bali meeting.

The WAML is going from strength to strength, with continuous flow of new membership applications, the start of another year of our informative newsletters, organised by guest editors under the supervision of the editor-in-chief, Dr Wilbur, and we continue to collaborate with national and international organisations to ensure that health law, legal medicine and bioethics remain the focus of intense scrutiny and awareness.

If you, our readers, feel that the WAML can assist you in any way or provide added value, for you or your local organisation, please do not be afraid to contact any member of the Executive, including me, and we will do our utmost to ensure that the WAML meets your expectations. I wish you a very successful 2014, with this being the first newsletter for the year, and I look forward to welcoming each and every one of you to the WCML in Bali in August this year.

Roy G Beran
Secretary-General
World Association for
Medical Law



WAML Administration and Meeting Planning



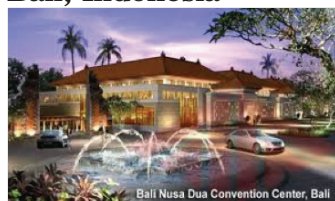
Denise McNally,
WAML Administrative Officer
and Meeting Planner

WAML 2014 Membership Dues

If you have not yet remitted payment for your 2014 membership dues, please do so immediately to ensure that you continue to receive all of the benefits of membership with the WAML, including discounted meeting registration. We encourage you to log into the WAML website www.thewaml.com and pay. Your 2014 membership dues are \$US100. Our dues are critical in supporting the WAML organization. For those who have already paid, thank you!

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 21-24, 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 21 – 24, 2014 in Bali, Indonesia. Abstract submission and registration is now open and can be found at www.2014wcml.com. The online registration deadline is August 17, 2014. The deadline to submit an abstract is May 1, 2014. Please review the website for registration fees and travel/accommodation information.

The Congress will commence with an opening ceremony Thursday, August 21, 2014 from 7:00 PM – 9:00 PM. The conference will close on Sunday, August 24, 2014 followed by Closing Ceremonies/ Gala Dinner from 7:00 PM – 9:00 PM.

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

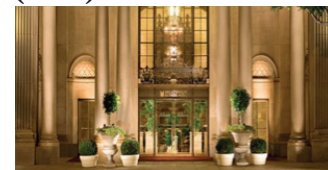


The Congress will commence with a Welcome Reception Sunday evening August 2, 2015. The Welcome Reception is the perfect venue to meet

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 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 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 Ho-

tel <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.

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 value per dollar for WAML and those attending. If the Congress does not meet the sleeping room commitment, WAML will incur additional expenses, so please plan to stay at the convention hotel selected.

Denise McNally

WAML Administrative
Officer and Meeting Planner

The “Ukrainian Medical and Legal Association”: Developing Medical Law by a Team of Committed Professionals



Dr. Radmyla Hrevtsova, Adv.,
Co-founder and President of the
Ukrainian Medical and Legal
Association

The idea of an association bringing together medical and legal professionals was generated by a few of them who felt the need for synergy while practicing, teaching and undertaking research..

In 2006 the All-Ukrainian Non-Governmental Organization “The Ukrainian Medical and Legal Association” (the “UMLA” or the “Association”) was established as the national association for medical law.

The UMLA activities are aimed at bringing together lawyers, medical professionals, health care managers, patients’ representatives and other experts connected with health care and law, to support the development of medical law in Ukraine and to contribute to solving problems in the Ukrainian health care and legal systems..

Shortly after its creation, the Association had branches in 17 regions. Some of the branches (in

Kiev, Lviv, Kharkiv) contributed to the scientific schools of medical law in Ukraine. It is notable that about 30 members of the UMLA hold a PhD degree in Law, Medicine or Healthcare Administration. Many of the Association’s members are practicing lawyers or doctors. There are several members with both medical and legal degrees.

Having attracted such a valuable asset, with such highly professional members, the Association has done a lot to achieve its aim.

The benchmark was the First All-Ukrainian Congress on Medical Law and Social Policy initiated by the UMLA and co-organized with the Ukrainian Medical Association and the Academy of Advocacy of Ukraine that took place on 14-15 April 2007 in Kiev. The Congress was the first national gathering of the medico-legal/legal medicine community of which approximately 300 professionals participated. The Congress resulted in raising interest in medical law, identifying major problems of medicine and law in Ukraine and creating the “road map” to the development of the means of solving them.

To meet the need for a platform, for the exchange of thoughts and experience among the professionals who dealt with medical law, UMLA continued co-organizing such congresses. The Second All-Ukrainian Congress on Medical

Law, Bioethics and Social Policy with international participation which took place on 14-15 April 2011 in Kiev, and the International (Third All-Ukrainian) Congress on Medical and Pharmaceutical Law, Bioethics and Social Policy was conducted there on 19-21 April 2012. It even exceeded the success of the first gathering. This is largely due to the endorsement of their scientific programmes by the World Association for Medical Law (WAML) and a great contribution by a number of the WAML members both from Ukraine and from many foreign countries.

The “Ukrainian Medical and Legal Association” also co-organizes or otherwise supports national and international conferences devoted to burning issues of medicine and law,, for example, the International Scientific and Practical Health Law Conference “Protection of Rights of Health Care Professionals as a Prerequisite for Patients’ Rights Protection” conducted on 26-27 April 2013 in Kiev.

The UMLA has supported a number of round tables on medical law. The International Round Table “Ethical and Legal Issues of Obtainment and Fixation of Informed Consent: Experience of Various Countries” on 22 September 2010 in Kiev and the Round Table “Practical Aspects of Patients’ Will Determination” on 16 May 2011 in Kiev are examples. Apart from discussion of



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

Please contact
Denise McNally
mcnallyd@cvalley.net

medical law issues, among those who are specialized in them, the UMLA activities are also aimed at promoting awareness of such issues among healthcare professionals and raising the expertise of lawyers on medical law.

Since 2007, it has conducted a series of traveling seminars on the legal issues of providing medical services in the cities of Poltava, Lviv, Rivne and other regional centres. It is worth mentioning that the speakers visited the cities and lectured there pro bono, without being supported by any grant programs. This is not common in Ukraine. This is testimony to the significant commitment of the UMLA members.

The interaction between patients and patients' leaders and health care professionals, institutions and organizations was the focus of the seminar for neurosurgeons in August 2011 and the seminar for oncologists and for oncologic patients' organizations representatives in February 2012.

The UMLA has also co-organized or supported, training and workshops for lawyers, designed to improve their medical law-related skills, for instance, the workshop "Burning Issues of rendering legal support to health care providers and of handling "medical" cases" organized by the UMLA, together with the Union of Advocates of Ukraine and the Academy

of Advocacy of Ukraine, in December 2007, and the practical seminar for advocates "Application of Ukrainian Health Care Legislation. Methods of Legal Protection of Rights and Lawful Interests of Patients, Healthcare Professionals and Healthcare Institutions", organized in November 2011, by the Academy of Advocacy and supported by the UMLA of which many members lectured at that meeting which was attended by more than 140 advocates and councillors.

The UMLA is also active in the field of facilitating the teaching of medical law to law and medical students. In 2007, the UMLA initiated the creation of the working group on developing the teaching programs and techniques of medical law. Its recommendations were taken into account while working up and revising the program on medical law for medical students (authors: prof. V.Moskalenko, prof. T.Gruzeva, ass. prof. M. Banchuk, ass. prof. R.Hrevtsova) that was approved by the Ministry of Health of Ukraine as a model for others to follow, in 2009.

Encouraging research, in the sphere of medical law, is also among the tasks of the UMLA. Its members have become co-authors of collective monographs on medical law and bioethics, authors of numerous articles on medical law issues in Ukrainian and foreign scientific and profes-

sional legal and medical press. They also serve on the editorial boards of several periodicals.

The UMLA is active in researching and teaching as well as in organizing events on bioethical issues that are now closely linked to medical law. It took an active part in conducting scientific events within the framework of the Ukrainian National Congresses on Bioethics in 2010 and 2013. The UMLA Honorary President, Professor, Dr. Yuri Kundiev, the First vice-President of the National Academy of Medical Sciences of Ukraine, is known as the founder of bioethics in Ukraine.

The Association has also supported events at the congresses of patients' organizations and of physicians, for instance, The First All-Ukrainian Congress of Patients' Organizations "Unity" on 14-15 October 2010 in Kiev, and XXI Congress of the Ukrainian Medical Association on 5-7 September 2013 in Kiev.

The UMLA contributes to public discussion of acute problems of health care and of the legislation required to resolve them, thereby adding to the public debate.

The Association is represented at the Public Council of the Ministry of Health of Ukraine. The UMLA ex-Vice-President Oleh Musiy is the Head of the Public Council, and the UMLA President Radmyla Hrevtsova is the deputy Chairperson –in charge

of its legal affairs. She is also a non-staff adviser to the Committee on Health Care of the Ukrainian Parliament. The UMLA members have been members of various working groups on drafting laws and sub-legislative acts in the sphere of health care.

The Association maintains close relations with different NGOs functioning in the sphere of health care and jurisprudence (the National Bar Association of Ukraine, the Ukrainian Medical Association, the Ukrainian Nurses Association, the Union of Advocates of Ukraine, the Council for the Defence of Patients' Rights "The Health of the Nation", to name but a few), as well as with scientific-research institutes and higher educational establishments (such as the National Medical University named after O. Bohomolets, the National University "Kyiv-Mohyla Academy").

The UMLA provides free legal aid to its members having medical but not legal background that is highly appreciated by practicing medical doctors.

Much has already been

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done, and much more is planned. The support of the WAML and cooperation with its members is a good incentive to continue actively working in our field and provides active proof of the close working relationship that the WAML has with local and regional organisations on a practical basis.

Dr. Radmyla Hrevtsova, Adv.,
Co-founder and President
of the Ukrainian Medical
and Legal Association

Standing up for the right of health care professionals to provide health care



Prof. Roy Beran,
WAML Secretary General

“Ukraine has survived hard times. Approximately 100 persons were killed and many people seriously injured”.

Over the last couple of years, Oren Asman, our Executive Vice President, and I have met Dr Oleh Musiy, the President of the Ukrainian Medical Association and Coordinator of the Medical Service of the Headquarters of National Resistance (the “Maidan”). Oren has met him in both Kiev and Mos-

cow and I had the pleasure to meet him in Moscow. The Ukrainians refer to those who died at the “Maidan” as the “Heavenly Hundred” and those who lived through the experience say, “...now we have learnt how war looks...”. My contact in the Ukraine advised that, “...It is still not safe to walk alone along the streets or to leave a car without the driver because of marauders...”.

Those of us who live without such experiences cannot properly imagine how frightening it must be to try to do good and yet fear for one’s life. While my contact in the Ukraine tells me, “... now we have learnt how war looks...”, let us hope and pray that they really do not find out the true meaning of war. The WAML is not a political organ and it is not our place to comment on international diplomacy or politics but we do stand up for our colleagues in legal medicine, health law and bioethics and we cannot stand silent while colleagues are being threatened and harmed for simply doing what our ethics dictate we must do, namely stand up for the injured and hurt, the sick and the frail.

There are a number of conflicts around our globe, such as the ongoing civil war in Syria, but what has happened in the Ukraine has hit closer to home because of our ties to a number of committed WAML people in the Ukraine. I will take this opportunity

to also defend the rights of our Syrian colleagues to administer health care to those affected by conflict and brutality. Whether it be the Red Cross, the Red Crescent or the Red Star of David, we, on the Executive Committee, have a duty to stand up and be counted.

We, at the Executive feel that WAML has a mandate to defend all those involved in health law, legal medicine, and bioethics. We hold the position that the WAML has to defend the rights of doctors, around the world, to care for the sick and injured without fear of retribution.

We do so now and apologise for not doing so sooner. Sometimes it takes ‘the straw to break the camel’s back’. Our ‘straw’ was the heartfelt appeal from the Ukraine for WAML to stand up and be counted. We can no longer ignore the plight of so many dedicated healthcare professionals. We are so proud of all of you.

On behalf of the WAML Executive Committee,

Roy G Beran
Secretary-General
World Association for
Medical Law

WAML HONOUR

The World Association for Medical Law (WAML) received a great compliment in that it was invited to take up a Chair at the Advisory Board of the International Criminal Court in the Hague and President Thomas Noguchi has accepted this honour on behalf of the WAML. He will attend the Advisory Board meeting in June 2014.

It is my sincere belief that the WAML was afforded this recognition as a measure of both the high standing of the organisation as a whole but even more relevant is the international reputation of our President, who will be representing us at this meeting.

Roy G Beran
Secretary-General
World Association for
Medical Law

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

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

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

48th Annual Meeting of the National Association of Medical Examiners

September 19-23, 2014

Portland, Oregon (USA)

Website: www.thename.org

International Council of Nurses

June 19-23, 2015

Seoul, Republic of Korea

Website: www.icn2015.com

21st Annual WAML World Congress

August 2-6, 2015

Lisbon, Portugal

Website: www.thewaml.com

50th Annual Meeting of the National Association of Medical Examiners

October 2-6, 2015

Charlotte, NC (USA)

Website: www.thename.org

22nd Annual WAML World Congress

August 7-11, 2016

Los Angeles, CA (USA)

Website: www.thewaml.com



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20th
**World Congress
on Medical Law**

Indonesia
August 21-24, 2014



World Association For Medical Law

June Issue

April - June 2014

www.thewaml.com

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President's Message



Thomas T. Noguchi
President of WAML

About two months from now, we will see each other at the 20th World Congress on Medical Law in Bali, Indonesia. Dr. Nasser Muh and his committee is busy working to make sure the delegates will enjoy beautiful Bali and the Congress, with post congress tour. The WAML Secretary General Roy Beran and Executive Vice President Oren Asman have been busy reviewing some of the abstracts, rushing to finalizing the 2014 Program.

WAML Journal of
Medicine and Law

The Executive Committee (EC) learned that our journal publisher, ProBook has changed ownership. They informed us that they

will no longer publish our journal, and further the last issue will be the March 2014. This came so sudden and unexpected but the EC has been working to preserve the journal and retain our existed editorial staff. Initially, we planned to look for a substitute publisher and until then the WAML will take over the executive role for the journal. The EC started planning the how to continue our journal and appointed Oren Asman to coordinate the transition, so members and individual and institutional subscribers will not miss issues. The June issue is now in the process of layout and will be distributed soon.

The WAML members will continue to receive the journal as a part of the membership benefit. The WAML declared, a few years ago, that it would go "green", so it is an excellent chance to have an electronic journal, however some members or institutional subscribers still want to have a printed version. We will be using the 'print-on-demand'

approach to produce the 'hard copy' and will mail out those copies of the Journal. There will be an additional fee to obtain the printed version of the Journal but this will be essentially the fee to cover the at cost expenses, as determined, from time-to-time, by the EC and economic circumstances at that time. Our graphic designer, Raul Vergara, has begun laying out the electronic journal as well as the printed edition. Starting from the Congress 2015, electronic journal may be able to have abstracts and program and abstract in an extra edition.

As we continue to walk into our future, there will be no doubt many challenges and crises will come our way, let us handle them appropriately and look forward to manage and build the WAML to be the true leader within our areas of interest, be it in Legal Medicine, Health law and/or Bio-ethics. We are counting on your support to make this happen.

Thomas T. Noguchi, MD
WAML President

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

World Association for Medical Law



Prof. Roy Beran,
WAML Secretary General

It is only three months until we meet face-to-face in Nusa Dua, Bali, Indonesia, for the World Congress on Medical Law (WCML). The momentum towards the WCML is gaining pace every day and we are now into the task of evaluating abstracts and sorting out the final program. Professor Nasser Muh, and his organising committee, seem to have overcome all the obstacles. The worries regarding visas for those who previously had troubles entering Indonesia appear to have been overcome and we can anticipate the usual large contingency of participants to represent Israel at the WCML. This is a very positive sign and one that bodes well for the Congress.

On a personal note, Professor Muh approached many of the contributors to the textbook, Legal and Forensic Medicine, and I believe many of them have taken up his invitation to present their latest works, within their specific

areas of expertise, at the WCML. I look forward to hearing the current news within our various areas of expertise, be it legal medicine, health law or bioethics.

I recently attended the Annual Scientific Meeting of the Royal Australasian College of Surgeons (RACS) in Singapore. There was a significant interest from this specialist group, particularly interested in legal medicine, to attend the Bali WCML. The RACS has a very active group within the domain of legal medicine and it would be great to see many of them attend the Bali meeting.

For those of you who have not yet decided whether you will come to Bali, stop procrastinating and book your passage! Bali is an exotic location that is most beautiful. Don't just attend the conference but also plan some extra time to take in the wonders of this once-in-a-lifetime location (more than that for me!!). I thoroughly enjoyed my stay in Nusa Dua. The tranquillity of the area was rejuvenating and yet it is only a short ride to Kuta, the main shopping area. You will not only learn from the WCML but you will also recharge your batteries. Consider a side trip to Ubud in the mountains or the blue lake of the volcano or enjoy seafood on Jimbaran Bay. See the glorious landscape and enjoy the happy people

who are the majority of Bali's population. There is something for everyone, both young and old, and I am reliably advised that Nusa Dua has become very "family friendly", so bring the whole family to this oasis. Again, on a personal note, if you know how to ride a surfboard and are an accomplished teacher, then come and teach me!!! They tell me one is never too old to learn! I have a saying, life is too short not to enjoy every minute and what better place to enjoy it than the peaceful setting of Bali at the WCML.

If it is academia, rather than location, that you crave, then the WCML is also the place to be. Rub shoulders with colleagues, hear world-class presentations, share ideas with colleagues and network with world leaders in the field. Be stimulated both intellectually and culturally at this 20th WCML, the last to be run under the old format, before the World Association for Medical Law (WAML) takes the ultimate control and responsibility of running these meetings and does so on an annual basis.

Having waxed lyrically about Bali, the work now starts in full gear to ensure that the 20th WCML will be both an intellectually stimulating conference and a great cultural experience. I have absolutely no doubt

that this WCML will be a signpost for the future of the WAML. Remember the WAML is your Association and its success is your success. I often paraphrase those immortal words from JFK with reference to the WAML, "Ask not what the WAML can do for you but rather what you can do for the WAML!".

See you in Bali!

Roy G Beran
Secretary-General
World Association
for Medical Law

WAML Administration and Meeting Planning



Denise McNally,
WAML Administrative Officer
and Meeting Planner

Membership Dues
The purpose of the World Association for Medical Law (WAML) is to encourage the study and discussion of health law, legal medicine, ethics and forensic medicine, for the benefit of society and the advancement of human rights. Membership in WAML is Annual and dues are \$100/year. WAML members enjoy many benefits which include access to quarterly E-Newsletters, discount registration fees to the

WAML Congress, notice of upcoming events, active website information and the “Medicine and Law” Journal. Much information on WAML activities can be found on our website www.thewaml.com and please note that, under Educational Activities and also Publications, you will find where members of WAML have taken their own time to produced newsletters translated into Spanish and Portuguese. Please renew your membership today. To finalize the renewal process please login to www.thewaml.com, username is your email address and, if you have never logged into the system, you will need to choose ‘Forgot password’ and follow the instructions to set your own password. Once you have logged in choose ‘View Profile’ (upper right hand corner) and click ‘Membership’ and then ‘Renew’.

WAML thanks the members who have already paid their membership fees. If you are attending the 2014 Congress in Bali, Indonesia and would prefer to pay there please let me know.

As the 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 distributed electronically.

SAVE THE DATES!

The 20th World Congress on Medical Law (WCML) August 22-24 2014 Bali, Indonesia

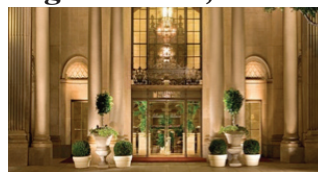


The WAML invites you to submit an abstract, register and attend the 20th World Congress on Medical Law (WCML) scheduled for August 22 – 24, 2014 in Bali, Indonesia. The Theme is “Does Health Law Protect Dignity and Save Lives?” The abstract submission deadline is June 28, 2014. WAML members will receive a \$100 registration discount on the registration fee which already covers dues. The Congress will commence with an opening ceremony on August 22, 2014, at 8:30 AM, and close on August 24th at 7:00 PM, followed by the Gala Dinner. The Congress Venue is Bali Nusa Dua Convention Center. Information can be found at www.2014wcml.com and the WAML website www.thewaml.com. Following the Bali meeting the WAML will move to Annual WCMLs with the first of these being:

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

The Congress will commence with a Welcome Reception on 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 and the Congress will conclude on 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 Coimbra, Portugal.

The 22nd Annual WCML, will be in 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 conclude on August 11, 2016, followed by a Gala Dinner. We encourage everyone to attend. WAML has secured the Millennium Biltmore Hotel <http://www.millenniumhotels.com/niumbiltmorelosangeles/> 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.

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

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 selected.

Denise McNally

WAML Administrative Officer and Meeting Planner



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

Bosnia and Herzegovina and WAML



Sanjin Dekovic

The Republic of Bosnia and Herzegovina (B&H) was a central territory within the former SFR Yugoslavia, with a multi ethnic and multi religious population until the late eighties of the 20th century, when, in all of the Yugoslavian republics, there was a strengthening of nationalism and secessionism. This severely affected the multi ethnic B&H. The summer of 1991 marked the beginning of conflicts in Slovenia and Croatia, setting in motion the formal disintegration of Yugoslavia as a joint state. In the spring of 1992, the war moved to Bosnia and Herzegovina, where it lasted, with full intensity, until the end of 1995. The result of the war in B&H was 100.000 casualties and 2 million refugees. It ended, without a victor, by a peace accord which represented a difficult compromise between the warring factions and left a state consisting of two entities. Today, B&H is a country that is healing its wounds and seeking its place in the European

Union. Although a young state, ever since the end of the war, B&H has had a continuity of active participation of its doctors and jurists in the World Congresses of Medical Law dating as far back as the Congress in Hungary in 1998, through the Congress in Brazil. It will be continued this year in Bali. In 2006, the author of this text was appointed to the Board of Governors of the WAML, at the Congress held in Toulouse, France. B&H is a country with a complex internal organization, being divided into two entities: Federation of B&H and Republika Srpska, and is having difficulties forming institutions at a state level, and thus associations as well. With the aim of preserving its integrity, we did not want an association at the level of one entity only, and therefore the name in the COP, Bosnian and Herzegovinian Medical Law Association in Establishment. Year after year, medical law in B&H has been more and more interesting for doctors, lawyers and jurists alike. To date, two medical law conferences with international participation have been held in the city of Mostar, in 2008 and in 2012. At these conferences, eminent B&H experts from the field of medical law were informed about

the WAML and invited to become more active within the Association. It can be said that in B&H there is an interest in taking a more active involvement in WAML congresses and its bodies alike, which has been missing to some extent, because the Congresses are held during the summer in the month of August, the time reserved for vacations in this part of Europe. What B&H desires from WAML is assistance in providing guidelines for the future work of the Association, as well as the participation of the members of the Board of Governors and the

Executive Committee in one of the next medical law conferences in B&H. As a representative of B&H who has a continuity of participation in WAML Congresses since 1998, I will invest all my knowledge in favour of the future progress of the Association and its place in the global scale that it deserves. In all this, I emphasize that it is particularly important that we work together on the popularization and growth of membership as well as with experts, who, once they lose their functions in the Association, very often stop their active participation in congresses and WAML



Dr. Braco Hajdarević President of Organizing Committee on Congress in Mostar



Presentation of WAML during Congress in Mostar

activity as well. In front of us is a period in which we will have annual congresses and I hope that by working hard, under the leadership of our President, Secretary General, and our boards, we will do many good things and that we will welcome the 50-year jubilee of the establishment of WAML stronger than ever. I believe, B&H experts in medical law issues will help. Once the transition period towards Europe is over, B&H would be proud to host one of the next Congresses.

Sanjin Dekovic

IAEE 2014 Ankara International Conference



Berna Arda

The 2nd International Conference on Ethics Education was held in Ankara, the capital of Turkey, between May 21st and 23rd 2014. The Conference was an activity of the International Association for Education in Ethics (IAEE) and Ankara University. After the inaugural conference at

Duquesne University Pittsburgh- USA in May 2012, the Ankara Conference continued the development of the IAEE. The Conference chair was Prof. Berna Arda and scientific secretariat members were Assoc Prof. Ahmet Acıduman and Dr. Onder İlgili.

The Conference has a broad impact on ethics education all over the world. More than 180 scholars from 23 different countries participated (including: Japan; Colombia; USA; India; Israel Ireland; Bangladesh; Uzbekistan; Brazil; France; Saudi Arabia; Bulgaria, Azerbaijan, Kazakhstan, Krygyzstan, Malta, South Africa, Portugal and Spain to name a few and demonstrate the truly international nature of the meeting).

I am really grateful to all the colleagues who flew for many hours to reach Ankara to share their academic experiences with us.

Conference Program; There were four Keynote speaker sessions and eight plenary conferences. The topics and keynote speakers were as follows: "The Principle of Vulnerability in Present-day Global Bioethics" by Henk ten Have; "Ethics Education From Unesco's Point of View" by Dafna Feinholz; "Tackling 21st Century Ethical Challenges: The Role of Education,

Legislation and Moral Enhancement" by Bert Gordijn, "Medical Futility: The Importance of Public and Professional Education" by Alireza Bagheri ; "Education In Medical Ethics And Medical Law, The French Model", by Anne Marie Duguet; "Making Bioethics Everyone's Business: Origins of Respect for Human Vulnerability and Responsible Conduct of Research" by Kerim Munir; "Ethics, Non-Discrimination and Non-Stigmatization in the light of Article 11 of the Universal Declaration on Bioethics and Human Rights of " by Volnei Garrafa; and "Patients Rights Legislation in Azerbaijan: Current Situation and New Proposals" by Vugar Mammadov)

There were a number of panel discussions, including feedback from PhD students which examined postgraduate teaching of bioethics and ethics in the health sciences, together with 16 parallel sessions conducted in 4 halls plus 2 poster sessions, thereby demonstrating the

amount of material that was covered during this exciting meeting.

I am grateful to Ankara University and Ankara University School of Medicine, both of which always supported and encouraged me during my academic career. I also wish to thank the Turkish Cooperation and Coordination Agency (TIKA), The Scientific and Technological Research Council of Turkiye (TUBİTAK), Turkish National Commission for Unesco and the Gurkale Group for their valuable support of the Conference.

The IAEE General Assembly was held on the second day of conference. The next conference will be in Natal- Brazil, in 2015. At the end of the closing session, a conference dedication to the Mausoleum of Atatürk and a trip to the Anatolian Civilizations Museum were held.. A tour to Cappadocia was scheduled for the participants on May 24th . "The Journal of Medicine and Law", the official journal of the World Association for Medical





Law, asked for the accepted and presented studies in this conference and the participants were informed that they should submit their full texts by the end of June 2014.

With best wishes from a very fruitful conference in Ankara, “world capital of ethics for three days”

Sincerely

Prof. Berna Arda
(MD, Med Spec, PhD)

IAEE Chair of the Board,
Vice President of WAML

Ankara University School
of Medicine



WAML Newsletter Production Team

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

Coordinator:
Denise McNally

Graphic designer:
Raul Vergara

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

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

June 16 – 20, 2014

Fukuoka, Japan

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

20th WAML World Congress

August 22-24, 2014

Bali, Indonesia

Website: www.2014wcml.com

48th Annual Meeting of the National Association of Medical Examiners

September 19-23, 2014

Portland, Oregon (USA)

Website: www.thename.org

Australasian Association of Bioethics & Health Law Conference

October 2-4, 2014

University of Western Australia, Perth, Australia

<http://www.conferencedesign.com.au/aabhl2014/>

International Council of Nurses

June 19-23, 2015

Seoul, Republic of Korea

Website: www.icn2015.com

21st Annual WAML World Congress

August 2-6, 2015

Coimbra, Portugal

Website: www.thewaml.com

50th Annual Meeting of the National Association of Medical Examiners

October 2-6, 2015

Charlotte, NC (USA)

Website: www.thename.org

22nd Annual WAML World Congress

August 7-11, 2016

Los Angeles, CA (USA)

Website: www.thewaml.com

20th
World
congress
on
medical
law



Indonesia
August 22-24, 2014



World Association For Medical Law

September Issue

July - September 2014

www.thewaml.com

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The Twentieth World Conference on Medical Law Convenes in Beautiful Bali



C. William Hinnant, Jr., MD JD

From August 21 through August 24, attendees from all corners of the globe convened on the tropical "Island of the Gods", Bali, Indonesia, to hear the latest updates and original presentations on Health Law, Legal Medicine, Bioethics and Health Policy from academicians and practitioners at the forefront of those disciplines.

Bali, and specifically its Nusa Dua locality, provided an unparalleled backdrop of tranquil natural beauty, five-star hotels and wonderful Indonesian cuisine and culture. Meeting Coordinator, Professor Mua Nassar, his staff and the members of the Indonesian Health Law

Society were gracious hosts and the Bali Nusa Dua Convention Center was top notch for comfort, accommodation and functionality. The meeting was well-organized with flawless registration procedures, diverse learning opportunities, excellent audio and visual quality and wonderfully-prepared lunches provided on a daily basis to attendees. The opportunity to share a meal provided a unique forum for attendees to exchange ideas and opinions.

While the meeting included a number of interesting presentations, highlights included: President Thomas Noguchi's "Patient Safety for the United States as Viewed from the Forensic Pathologist's Perspective," highlighting a viewpoint not often addressed, by a specialty not generally associated with direct patient care; Ken Berger's "The Dangers of Expert Evidence in Legal Proceedings – Can this be Mitigated?," reviewing how expert testimony can potentially be adulterated and prejudicial with suggested

potential solutions; and Sjeff Gevers' "Hunger Strikes: The Physician Between Ethics and the Law," a clearly interesting topic posing a unique medical and legal ethical dilemma. Professor Berna Arda, in her presentation "Legal Medicine in Turkey", provided an interesting review of that country's historical health jurisprudence transitioning from its Sharia roots to a secular system, while Indonesian Health Law Society members, Professors Adrianus Meliala and Sjamsuhidajat, provided interesting presentations on the host country's progress in protecting patient's rights.

An entire session was devoted to controversial issues involving the intersection of Public Health Law and criminal liability and the differences among various countries' jurisprudence in addressing alleged medical negligence. Likewise, international issues concerning AIDS law, the right to die and patient safety were discussed in separate individual sessions. Many

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

presentations addressed relevant pros and cons of fault versus no-fault medical liability systems around the world.

Professor Wu Chongqi in addition to his presentation “Law, Health Law and Science of Health Law,” announced further cooperative efforts between the China Health Law Society and the WAML. An International Conference on Health Law and Bioethics will take place in Beijing next month with members cordially invited to attend. Bill Hinnant, Secretary of the American College of Legal Medicine, announced that the College will very shortly be making all of its publications available online at no charge to WAML members, while additionally providing registration at all its meetings at ACLM member rates. The American College’s next meeting will be in Las Vegas next February with interested WAML members encouraged to visit www.aclm.org to get the details.

Balinese Police Official, Bakti Suhartono, presented an in depth presentation on the Indonesian National Police Force’s aggressive cutting edge policies addressing terrorism identification and prevention, which have seemingly been quite effective since their implementation several years ago, following night

club bombings in Djakarta. With due consideration of cultural factors, these policies clearly deserved, at a minimum, contemplation by other law enforcement agencies, as a tool to preclude violence towards innocent citizens worldwide.

WAML members from the West and East were well-represented with the conference being attended for the first time by a significant contingency from central Africa. One of the articles in this newsletter focuses on Health Law in Nigeria, a rapidly progressing and growing country in Central Africa, the world’s preeminent emerging continent. While making steady progress on epidemic illnesses, human rights and poverty, Africa stands at the precipice of economic and political power, not previously seen in human history. WAML and its individual members have a unique opportunity there to contribute and potentially play a defining role in the development of Africa’s emerging body of health-related jurisprudence and public policy.

On the whole, the 20th World Conference was a rousing success, blending a unique educational and networking opportunity with social functions allowing attendees to grow in cross-cultural understanding and taste the warmth and hospitality of the host country,

Indonesia. The same will no doubt apply in Coimbra, Portugal, and in Los Angeles, California, USA, in 2015 and 2016, respectively. All members are encouraged to mark these future meetings on their calendars, submit a presentation for consideration and review the WAML website at www.thewaml.com for further details. Please plan to attend. *Obrigado!*

C. William Hinnant, Jr., MD JD

The development of medical law in nigeria



Olaolu A. Osanyin LLM

Historically, Nigerian doctors were equated to the status of healers - sophisticated herbalists who could do no wrong. They appeared immune from liability because negligent mishaps from the treatment of patients were seldom linked to the actions of these doctors . Hence Nigerian doctors, practiced unfettered, with patients hardly ever instituting malpractice actions against them.

This assertion is evident in the fact that, until recently,

very few malpractice cases were reported in Nigerian law books , with fewer than fifty malpractice cases decided by Nigerian Courts between 1960-2005. Also the Medical and Dental Council of Nigeria’s Disciplinary Tribunal (MDCN Tribunal) which sanctions professional misconduct of medical practitioners presided over only 92 petitions from 1963-1999 .

SOME OF THE REASONS FOR THE “PERCEIVED IMMUNITY” OF NIGERIAN DOCTORS

Patients’ ignorance due to largely an illiterate population.

The years of military dictatorship in the country restricted access to justice. Belief in “Act of God” .

Apathy toward the courts, leading to lack of faith in judicial process.

The reverence patients had for their doctors.

REGULATION

There are existing laws regulating medical practice in Nigeria. The primary law is the Medical and Dental Practitioners Act, 2004. Others include: the Code of Medical Ethics 2008; the Criminal and Penal Codes; and other laws regulating other allied professions relevant to medical practice in Nigeria .

Regardless of these existing laws, there were a paucity of malpractice suits and sanctions, in

contra-distinction to the plethora of allegations of malpractices by doctors from patients.

THE RECENT DEVELOPMENTS

In recent years, there has been a steady and consistent increase in litigation and petitions against Nigerian doctors with a total of 190 judgments of professional negligence delivered between the years 2000 and 2007, representing a 200% increase from the previous records .

It is strongly believed that this official record is already outdated as there is evidence of far more petitions currently before the MDCN Tribunal .

SOME REASONS FOR THE INCREASE IN PATIENTS' AWARENESS

The Nigerian patients' sudden consciousness of their rights has brought about a new medicolegal/legal medicine environment. Some of the reasons for this new trend include:

The increase in literacy level and the advent of the internet and telecommunications which has made the average patient better informed of his medical condition with fewer allusions of negligent treatments being the "Act of God".

New democratic dispensation and access to the courts has rekindled belief in the

judicial system.

Medical Tourism:

About 30,000 Nigerians spend \$1b annually on medical tourism in other jurisdictions . The comparative analysis of treatments received from both home and abroad, has empowered patients to demand better treatment and to assert their rights.

The establishment of the department of SERVICOM which gives hospital patients the right to demand better services. Pecuniary considerations with respect to litigious patients anticipating monetary compensation.

The restructuring of the MDCN to effectively sanction erring practitioners.

Increase in the living standards of middle class Nigerians and their readiness to challenge infringements of their rights.

A REVIEW OF SOME RECENT MALPRACTICE CASES IN NIGERIA.

THE CASE OF NAVY CAPT/DR. OLOWU : who failed to personally examine his patient who was having complications of her pregnancy for 15 hours. He merely wrote a letter of referral when the situation had become bad as she was already bleeding profusely from the vagina. She was later operated upon in another facility where

it was discovered that the baby had died about 24 hours earlier with severe complications. The Federal High Court, Lagos, awarded N100 million (\$600,000) damages against the Nigerian Navy and Captain C.T Olowu, for negligence.

The Case Of Dr. Samuel Wokoma : who neglected to monitor the management of the patient who was severely ill , thus conducting himself infamously in a professional respect. He was suspended from practice for a period of three (3) months.

R v Ozegbe : A nursing orderly paraded himself as a doctor and proceeded to surgically excise a lump. The court convicted him of manslaughter.

The Case of Dr. Robert Akintade: He carried out a major surgery on a 65 year old obese patient without testing the patient for diabetes. The patient developed post operative complications arising from her diabetic status and died afterwards. The Doctor's license was suspended for 6 months.

The case of Dr. Henry Awani: He was accused of attempted sexual assault on a patient. The doctor was admonished to always have a female nurse present whenever he examined a female patient.

CASE of Dr.

AfamEzendiugwu : He performed a caesarian section on a patient without the necessary consent form. The tribunal held that payment of surgical fee and knowledge of operation are not enough evidence for consent. He was suspended from practice for 6 months.

SANCTIONS WITHOUT DOUBLE JEOPARDY

Nigerian doctors can be sanctioned severally without the defense of double jeopardy being applicable, as follows:

Administrative Panels of Organizations.

The civil courts which can award compensation.

MDCN disciplinary organs can sanction practitioners.

Criminal Prosecution.

CONCLUSION

Nigerian patients have become aware of their rights and are willing to assert them, particularly with the prospect of monetary compensation.

RECOMMENDATIONS

Compulsory professional indemnity insurance for doctors.

Continuous Medical Education with more focus on medicolegal/legal medicine issues and quality care issues.

Introduction of medicolegal/legal medicine courses into the curriculum of medical

schools and colleges.

Adequate regulations protecting doctors from frivolous allegations and vexatious suits by patients.

Olaolu A. Osanyin LLM

"What's Up, Doc?" How Doctors and Patients Communicate in the E-Health Era



Vera Lúcia Raposo

Nowadays, patients and doctors tend to communicate in many different ways, thus, the telephone and the e-mail are being widely used. The evaluation of those contacts, and the correspondent liability, largely depends on the identification of a duty of care owed by the doctor, which, in turn, is based on a previous relationship between doctor and patient. That relationship can be demonstrated by the fact that the doctor had the chance to previously personally examine the patient and consult his/her clinical file complemented by the existence of a payment for the service provided. The identification of the

duty of care is not always easy. In a famous case, from North-American case law, the patient contacted the physician by telephone, complaining of back pain, and the doctor asked him to come to the office immediately. The patient only showed up after several hours, eventually suffering a heart attack in the waiting room. In this case, the court did not establish a doctor-patient relationship sufficient to create a duty of care that would make the doctor liable for the patient's injury (arguably, the logic should be different because there was no medical liability because the injury was due to the patient's lack of diligence). In other court cases, it has been held that a telephone call was sufficient to establish such a relationship. A similar criterion is used to evaluate patient-doctor contacts affected by e-mail. The e-mail presents a risk related to evidence in an eventual malpractice lawsuit: what is once written in the internet never really disappears. Supposing that the patient used the e-mail to relate his/her symptoms to a physician and in response the latter undervalued the patient's problem, thereby leading the patient to disregard those symptoms in future contacts with that doctor and with other doctors, because he assumed they were irrelevant. If the patient suffers serious

damage and brings an action against the doctor, it is likely that (s)he will present as evidence, in the legal proceeding, the e-mail in which the doctor undervalued the health problem. The aggravating factor is that this evidence would not be presented if it had been only an oral conversation and not a written document. Therefore, in order to avoid lawsuits, doctors should refrain from answering patients' e-mails, especially the ones from people with whom they have never had a prior personal contact. In those situations, the safest action will be to refer the patient to a personal medical consultation. Even the request for additional information can be tricky insofar as it creates the idea of a doctor-patient relationship in which the patient can trust. Furthermore, the physician has no guarantee that the information provided is accurate (a risk also present in personal consultation, but at a reduced level) and, though the responsibility for misinformation rests with the patient, the doctor can be held accountable for providing medical answers, based on such doubtful information. Even if the information, provided by email, is correct, there are other hazards, such as the risk of misappropriation of electronic data. Hence,

e-mail should not be used to communicate sensitive data. If there is a privacy breach, the physician can be held liable for having suggested the use of such an unreliable mode of communication. Telecommunication services involve other risks, such as internet interruptions, destruction of data caused by viruses or technical failures and misunderstandings resulting from the absence of immediate feedback from the questioner. The foregoing does not completely prohibit communications by e-mail, which can be very useful in the follow-up of known patients, the monitoring of chronically ill patients or for booking future consultations. Whenever e-mail is accepted as a mechanism of communication, it should follow certain rules: i) the patient should be informed of all the risks involved; ii) it should be implemented cautiously in terms of security with proper hardware, software, antivirus protection and firewalls; iii) all contacts must use the same electronic address, always properly identified as to the patient's identification and the topic, which must be included in the subject line; iv) each response should be sent as a reply (in order to keep a track of the conversation and appraise its full content),

with delivery and recorded receipts; v) the response time should be pre-determined with the patient; and vi) all e-mails must be archived in the patient's clinical file. Physicians are using the web to practice medicine in more complicated forms than the e-mail. Some conversations, between doctor and patient, take place in Skype, Facebook and What's Up. All these mechanisms present the fragilities encompassed with e-mail. . They are so informal that it is difficult for the participants to distinguish their professional relationship from their hypothetical friendship, nor the medical act from the mere advice of a friend. The short period of time that separates each interaction (which is the main reason why it is used: speed); the tendency to use abbreviations, not always understandable by the other party; and the obvious risk of privacy breach, are all factors that strongly discourage their use in the doctor-patient communication. It is doubtful that insurance policies cover medical acts carried out by email, but it is almost certain that insurers will not cover such acts when performed in social networks. "What's up, doc?" "Nothing much. I don't use the smartphone for medical acts".

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¹*Miller v. Sullivan*, 214 A.D.2d 822, 823, N.Y. App. Div. 3d Dep't 1995.
²*Bienz v. Cent. Suffolk Hosp.*, 557 N.Y.S.2d 139 (N.Y. App. Div. 1990);
Cogswell v. Chapman, 249 A.D.2d 865 (3d Dep't 1998).

Health Care Compels Scotland to Remain a Part of Great Britain



John P Conomy, MD JD

John P Conomy, MD JD is a practicing Neurologist who studies and writes about health care reform. A WAML Member who serves on the WAML Council of Presidents, he resides in Cleveland, Ohio, USA

Much of the world, particularly that part located immediately to the west of the English Channel, held its collective breath as 90% of the eligible voting public of Scotland endured a chilly, misty day to march to voting places where that nation, by a popular vote of 55% to 45% acted

to remain an integral part of the United Kingdom. This was somewhat a larger majority of voters than pundits, national and extra-national, had anticipated. In the lead-up to the vote, much of the world was entertained not only by televised views of Pipers, some with spouts of flame coming from their "made in Pakistan" bagpipes, fishermen hauling trout and salmon from bucolic streams and people of all callings and inclinations offering their positions regarding nationhood while sipping the Scots national beverage in front of the fireplace of the local public house. The usual issues cited for Scottish independence had largely to do with 300 years of perceived offensive treatment by the English and the inherent need of the Scots to have their own land and flag, and to have it their way. In opposition to Scots national aspirations, those who held the day saying "No Way, We Will Stay" cited the practical issues of personal relatedness, the lack of compelling circumstances, jobs, off-shore oil and the great practical necessities of the banking system, currency, international trade and national security (what would be done with those British nuclear submarines stuck in the crevices of Northern Scottish Loch's?). The issue of health care for the people

of Scotland, an important issue "on the ground" in Scotland, received little international attention, yet it was extraordinarily important to the Scot's voting public.

The component nations of Great Britain (England, Wales, Scotland and Northern Ireland) have individual national health systems. All of them function reasonably well, are saddled with the same set of general challenges, and all are tied to England and the British National Health Service, the famed NHS. Not only are the functions of medical education and professional standards intertwined, but the connections go far beyond the professional realm. Like persons throughout the United Kingdom, the Scots are fundamentally proud of their system of health care. Like the other component countries, they do not support the selling-off of medical institutions to private corporations, an activity that is global and relieves governments of the support of capital health care needs at the possible expense of derogation of health outcomes for people along with rising costs of care. Beyond this is the matter of real money. Edinburgh, and the people of Scotland, are subsidized by Westminster, and the people of England, to the tune of 200 Pounds Sterling per capita more

the individual Englishman south of Hadrian's wall. The new nation of "Free Scotland" would suffer an immediate subsidy reduction of 450 Million Pounds Sterling in its budget for health as the price of independence.

My perpetually insomniac internet connection tells me that Alex Salmond, Scotland's First Minister and leader of the movement for Scottish Independence, announced his resignation from Scotland's government 24 minutes ago. Perhaps the majority of Scots thought that health care was more important than control of North Sea Oil. And one of the oldest historic national unions on earth has been preserved.

John P Conomy MD JD

WAML President's Report



Thomas T. Noguchi
President of WAML

We really enjoyed the 20th World Congress on Medical Law in Bali, Indonesia. The Congress was held in a lovely venue, and had an excellent facility. We observed delegates

actively networking during the Congress.

The WAML made decisions at the Board of Governors and General Assembly Meetings. I would like to share these with you.

The Board of Governors met prior to the Congress. Attendees at the Meeting were:

1. Dr. Berna Arda (Turkey)
2. Dr. Oren Asman (Israel) via Skype
3. Dr. Kenneth Berger (Canada)
4. Professor Roy Beran (Australia)
5. Dr. Sanjin Dekovic (Bosnia and Herzegovina)
6. Dr. Mitsuyasu Kurosu (Japan)
7. Dr. Vugar Mammadov (Azerbaijan)
8. Dr. Muh Nasser (Indonesia)
9. Professor Andre G. Dias Pereira (Portugal)
10. Dr. Thomas Noguchi (United States)
11. Professor Chongqi Wu (China)

Invited Guests:

Professor Chunfang Gao, President of the China Health Law Society, Dr. Richard Wilbur (United States) – Guest and Chairman of WAML Finance Committee representing the Audit Committee

Board of Governors Actions:

1. Approved the President's Report -

The WAML is fortunate and grateful to have Attorney Albert Golbert as legal counsel of the Association serving gratis. **The WAML** President was invited to sit on the International Criminal Court Advisory Board. This is both an honor and an achievement.

2. Approved the Secretary-General's Report

RESOLVED recognition of Dr. Richard Wilbur for continued work for the WAML on the Newsletter and Finance Committee.

FURTHER RESOLVED recognition of Raul Vergara for graphic design of the WAML newsletter

3. Approved the Treasurer's Report

Due to rather sudden transfer of responsibility for continuing to publish the WAML Journal, **Medicine and Law**, we have now incurred additional expenses. However, we are trying to meet the membership's need for this publication. A proposal to increase the membership dues for 2015 from \$100/year to \$150/year was made by the Board and approved by the General Assembly.

4. Approved the Finance Committee Report

RESOLVED: The reduction in expenses was managed admirably. There has been a threefold increase in membership in the WAML without, however, a commensurate increase in dues payment. Receiving payment of delinquent membership dues would financially benefit the WAML. In the future WAML will be providing meeting management for each Congress which should stabilize the budget

5. Approved the Audit Committee Report

RESOLVED Dr. Richard Wilbur represented the Audit Committee Chairman Professor Shigeki Takahashi who was unable to attend the Congress due to passing of his wife. President Thomas Noguchi sent a letter of condolences to Professor Takahashi. It was noted that the Audit Committee has been very productive and involved in monitoring the finances and operations of the WAML.

6. Approved the Education Committee Report

The WAML International Journal of Medicine and Law is now directly produced and managed by the WAML. Production Operation Procedures were developed by WAML Administrator Denise McNally in collaboration with the journal production team. The

21st WCML in Coimbra, Portugal next year will include an Islamic Bioethics Session and will use the Oxford Abstracts System. The WAML Executive Committee will discuss providing a monetary student award. The WAML Newsletter has been translated into Spanish, Portuguese, Russian and Chinese. The BOG felt this to be a success which should continue.

7. Approved the Administrative Officer and Meeting Manager Report - Membership in the WAML has increased by 250% since 2010 and the WAML has filed the necessary tax documents for the United States and State of California to remain a registered Non-Profit Organization.

General Assembly Actions:

1. Approved Board of Governor Candidates requirements -

Board of Governor candidates must:

- a. be paid WAML Members for two (2) consecutive years,
- b. have attended two (2) WAML Congresses,
- c. present a sponsorship letter from an active WAML member
- d. meet with the Executive Committee during the Congress where the application is to be considered.

Also WAML only allows one governor from any

single country on the Board of Governors.

2. The General Assembly approved these Board of Governors actions:

a. The Board of Governors approved Berna Arda from Turkey and Sanjin Dekovic from Bosnia and Herzegovina for extending their term for another four years on the Board of Governor.

b. The Board of Governors approved a second four year term on the Board of Governors for Oren Asman (Israel), Kenneth Berger (Canada), Andre Pereira (Portugal) and Muh Nasser (Indonesia).

The following Governors remain active through 2016: Roy Beran (Australia), David Collins (New Zealand), Eduardo Dantas (Brazil), Terhi Hermanson (Finland), Thomas Noguchi (USA), Yuriy Sergeyev (Russia), Chongqi Wu (China), Ann-Marie Duguet (France), Radmyla Hrevtsova (Ukraine), Mitsuyasu Kurosu (Japan) and Vugar Mammadov (Azerbaijan). Natalia Lojko (Poland) did not request a second term.

3. Approved WAML Statutes Amendments

a. The Board of Governors unanimously approved amendments to the following Articles: Four, Six, Ten, Eleven, Twelve, Thirteen, Fourteen, Sixteen,

Seventeen, Twenty, Twenty-Three, and Twenty-Four.

b. The BOG unanimously approved removal of Articles Twenty-Five and Twenty-Six and adding Articles Twenty-Six, Twenty-Seven, Twenty-Eight, Twenty-Nine and Thirty-One.

c. The Board of Governors approval of an amendment to Article Nineteen was not unanimous. It was felt Board of Governor was losing power. The Assembly also approved this amendment.

WAML collaborations:

1. China Health Law Society - Professor Wu and Professor Gao would like to collaborate with the WAML in supporting the upcoming Congress in Beijing, China October 19-21, 2014

2. Shared Discourse on Ethics and Promotion of Ethical Environments in Turkey

RESOLVED the organization is looking for WAML to endorse the organization and the WAML Executive Committee will review and make a decision by the end of August. The President signed the document of endorsement.

3. American College of Legal Medicine

Bill Hinnant, ACLM Secretary, informed WAML that the WAML

members were granted complementary access to the ACLM online publications at its BOG meeting. He and President Tom Noguchi made this announcement last month in Bali to the rousing approval and enthusiasm of the WAML members present. ACLM President Tom McLean and WAML President Tom Noguchi have discussed a reciprocal membership arrangement as to the publications of both organizations.

We are looking forward to such collaboration with other national associations.

Thomas T. Noguchi, MD
WAML President

Secretary General's Report



Prof. Roy Beran,
WAML Secretary General

It seems so long ago since we were in the tropic oasis of Bali for the 20th World Congress on Medical Law (Aug 22-23). It was a very full meeting, serving both the international community and a separate stream designed to enhance Legal Medicine, Health Law and Bioethics for the

local consumption of the Indonesian delegates. The conference centre was most impressive and the meeting most rewarding. It was the last of the old format World Congresses on Medical Law and the next meeting in Coimbra, Portugal, will be the first World Congress to be fully controlled and managed in-house by the World Association for Medical Law (WAML).

The meeting in Bali saw the re-election of the Board of Governors and the Executive, who will remain in position for the next 2 years. It saw a reinforcement of more stringent requirements for people to join the Board of Governors, requiring a clear demonstration of commitment to the WAML. Anyone who may wish to nominate someone for membership on the Board of Governors is advised to make sure that they meet these requirements before nominating. There was also a reinforcement of the adopted position that those who want to contribute to the WAML need not do so via being on the Board. The concept of Guest Editors for the Newsletter will continue and anyone wanting to submit something for the Newsletter is also encouraged to do so. People can also make offers and suggestions as to how they can enhance the WAML, what they

feel they can contribute and how they would like the WAML to be more responsive to their needs.

Bali maintained the broad scope of topics, as has been traditional for our World Congresses, but as we move into annual meetings the need to have a more focused agenda has been adopted. There will only be 3 focus areas for the 21st World Congress on Medical Law to be held in Portugal in August 2015. The idea is to enhance the calibre of discussion on 3 topics per meeting rather than dilute the focus with so many varied topics. This might obviate attendees wanting to attend lectures in several different meeting rooms at the same time by avoiding simultaneous presentations of material within the same area of interest.

People wishing to present in Portugal will have to have registered for the meeting so that we will avoid non-attendees appearing on the program. Abstracts will have to be submitted according to the timeline with limited scope for late breaking news. The plenary sessions will seek out influential experts in the fields under discussion and set a high standard for all accepted presentations. Participants are also invited to submit poster presentations which will be judged re their contribution merit.

Bali was also a time to renew acquaintances, re-establish friendships and enjoy the local culture. I have witnesses who can attest to the fact that I actually tried to ride a surfboard while I was there and stood up on more than one occasion – it was great fun even if I did take some unfortunate tumbles. It is important when attending these meetings to take in some of the local ethos and flavour – and let me say I also enjoyed the local cuisine, although my waistline was less pleased.

Being on the Executive, these Congresses also represent hard work and Bali was no exception. I gave a number of talks, as did my colleagues, and was rewarded with good interchange of discussion and ideas. The call was made to allocate more time to question time and to participation of the audience of the lectures. This relies on the speakers raising points for discussion and involvement of the audience with strict time allocation and control from the Chairperson. These are all good goals, which we plan to achieve in Portugal in August 2015.

Having been the President of the Congress in Sydney in 2004, I understand how demanding it is to run such a conference. No-one should be surprised to realise that it is a great

relief when the Congress proves to be such a success as was Bali. We all need to thank Nasser Muh, the President of the 20th World Congress for his hard work, and that of his team. Our Indonesian hosts really made Bali a most enjoyable meeting. They set the bar very high and achieved a great deal more than some sceptics thought possible. We thank not only Nasser Muh and his team of hard workers on the Organising Committee but I cannot remember a conference when there were so few problems with the AV equipment and where there were not only allocated chairpeople, but also local staff time keepers to ensure things ran smoothly.

We have a lot to live up to in Coimbra but I know we can achieve it. Make sure you mark off the first week of August 2015 to come to Europe and join us for the 21st World Congress on Medical Law.

Roy G Beran

Secretary-General
World Association
for Medical Law

WAML Administration and Meeting Planning



Denise McNally,
WAML Administrative Officer
and Meeting Planner

Membership Dues

The purpose of the World Association for Medical Law (WAML) is to encourage the study and discussion of health law, legal medicine, ethics and forensic medicine, for the benefit of society and the advancement of human rights. Membership in WAML is annual and has always been reasonably affordable. WAML members enjoy many benefits which include access to quarterly E-Newsletters, discount registration fees to the WAML Congress, notice of upcoming events, active website information and the "Medicine and Law" Journal. Much information on WAML activities can be found on our website www.thewaml.com and please note that, under Educational Activities and also Publications, you will find where members of WAML have taken their own time to produce newsletters translated into Spanish, Portuguese and Russian. At the recent

WAML Business Meeting held in Bali, Indonesia, the Board of Governors approved an increase in membership dues. The yearly membership dues will now be \$150 starting in 2015.

The 20th World Congress on Medical Law (WCML) was held August 21-24 2014 in Bali, Indonesia. During the Congress twenty-two (22) attendees applied for membership in WAML. Welcome new members! Following the Bali meeting the WAML will move to Annual WCMLs with the first of these being held in Coimbra, Portugal.

Denise McNally
WAML Administrative
Officer and Meeting Planner

Finance Committee



Richard S. Wilbur MD JD

The Finance Committee Chairman reported to the Board of Governors in Bali that the organization was financially sound, but that the Committee was concerned about the number of Members who had not paid their dues for the year, but were still receiving benefits. The Committee urges

all members to become current, since many seem to still believe that dues are only paid at the time and place of World Congresses. While this was true in the past, it is no longer. WAML is now a continuing year-round activity with access to the Bulletin and the Journal throughout the interCongress period. In particular, there is more access to information about the increasing number of National and Regional Meetings on Medical Law and Ethics in which WAML and its Members participate between World Congresses.

Richard S. Wilbur
MD JD

Some impressions from a professional (and also – a very personal) visit in Peru



Dr. Oren Asman
WAML Educational Committee

During the 19th World Congress on Medical Law in Maceio, Brazil, I had the wonderful opportunity to meet for the first time with 2 Peruvian professionals: Giancarlo Jiménez Bazán and Rosa

Teresa Meza Vásquez. Giancarlo and Rosa are Partners in a Law office specializing in Medical Law and also serve as lecturers in this field at the University of San Marcos, in Lima Peru. From the very first moment we met, they shared their enthusiasm to promote the field of Medical Law in their country. They introduced me to ASO-LADEME PERU (The Peruvian affiliate of the Latino-American Association of Medical Law) and their intention to increase the collaboration with the World Association for Medical Law. They also expressed a wish to increase the accessibility of the WAML to Spanish speakers.

During the following 2 years, we communicated regularly on these matters. Giancarlo and Rosa translated some of the WAML newsletter into Spanish, joined as WAML members and shared several of their ideas and projects with me. We kept discussing the idea of conducting either a regular or an online course in Peru, related to the sphere of Health Law, Bioethics and Legal Medicine, though we never got to actually realize it.

At beginning of 2014 I was invited to join a voluntary, humanitarian project in Cusco, Peru. This project focuses on the training of Family Therapists with an emphasis on family violence and is led by Dr. Mi-

chal Finkelstein (Israel), Dr. Lleni Pach (USA) and Dr. Janet Castro (Peru). My personal role in the project was to conduct a 5 day workshop on "Ethical Aspects in Family and Marital Therapy for Domestic Violence" (more on this important project on another occasion perhaps). Obviously I was excited about this project, and also – this was a wonderful opportunity to take the WAML activity in Lima to the next level by personally visiting and conducting some professional activities with our local members there.

Together with my institution, Zefat Academic College, which supported the travel costs; The Israeli Embassy in Lima, which supported the publication of the events and the translation; and the University of San Marcos, which provided the location and hosted the event, we conducted a WAML supported event, which is described in more detail in this newsletter.

During the visit in Lima, I also had the opportunity to give a talk at the Peruvian National Academy of Medicine in Lima. With the assistance of a highly qualified translator, I presented a practical ethical decision-making model initially constructed by 3 members of the Israel Psychological Association Ethics committee (based on their experience). The discussions and debates following the talk were

lively and deep, reinforcing to me the importance of international deliberation and experience sharing. The high relevance of this model to the local audience also reinforced to me the importance of an international community for the discussion, deliberation, and exchange of ideas, concepts and thoughts in the sphere of bioethics, health law and legal medicine.

The professional activities in Peru are now stepping up and on 14-15 November 2014, The IX Latin America Congress of Medical Law will be held in Lima. Several WAML members have already confirmed their participation, and we are very happy to support this event and encourage the participation of more members. The event's Page can be found at: <https://www.facebook.com/asolademeperu>

On a personal note, The Peruvian visit left me with very strong impressions: The meeting with professionals, students and laymen of different cultures and heritages, all of whom seem to share the wish to act morally and ethically led in various cases to highly personal, emotional and sincere discussions and deliberations. This happened in all the events: talks, lectures and workshops I took part in both in Lima and in Cusco. The strong impact of these meetings and experiences is surely

an experience that left its mark on my personal approach to Health Law and Bioethics. The words of the Jewish sage Rabi Hanina come to my mind in this regard: "I have learnt much from my teachers, more from my colleagues, and most from my students".

Dr. Oren Asman.

WAML is stepping up its abstracts submission system for the annual World Congresses

WAML is stepping up its abstracts submission system for the annual World Congresses

As part of the new Congress management system, the WAML has started using the Oxford Abstracts Management system. This is an online system that facilitates the submission of Congress abstracts, their evaluation by referees, handling communication with authors and among the referees and the scientific committee, planning the scientific sessions and symposia, providing information to chairs of sessions, before the Congress, in order to facilitate the Congress management and finally allowing an automatic and easy production of the Congress abstracts book and CD.

The system is now customized for the WAML

Coimbra 21st World Congress and will soon be available for submissions at <https://waml.conference-services.net/authorlogin.asp?conferenceID=4386&language=en-uk>

We would love to hear your impressions from using this new system, after submitting your papers to the Congress, as we are in a continuous effort to offer the most professional and comfortable experience to our members and Congress attendees.

I would like to personally thank our most talented and dedicated office manager, Ms. Denise McNally, for setting up the system for our use.

Dr. Oren Asman

WAML Educational Committee



Do You Have an Idea, Comment, or Suggestion?

Please contact
Denise McNally
mcnallyd@cvalley.net

Bioethics Roundtable at Universidad Nacional Mayor de San Marcos- Peru



Dr. Rosa Teresa Meza,
Dr. Oren Asman and
Dr. Giancarlo Jiménez.

The auditorium of the Faculty of Biological Sciences at Universidad Nacional Mayor de San Marcos was crowded on the evening of July 16th, 2014 as the roundtable on “Morality and its impact on Bioethics, Health and Medical Law” began. This collaboration of The National University of San Marcos (Lima, Peru) and The World Association for Medical Law was also supported by the Israeli Embassy in Peru since Dr. Asman arrived in the country as a part of a humanitarian project endorsed and supported by the Israeli Ministry of Foreign Affairs.

All the main speakers in the round table were WAML members: Dr. Oren Asman, Executive Vice- President and Member of the Board of Governors, Dr. Rosa

Teresa Meza, President of The Peruvian affiliate of The Latin American Association for Medical Law-ASOLADEME PERÚ and Dr. Giancarlo Jiménez, Vice-president of ASOLADEME PERÚ.

The speakers were received by The Principal of the Post-graduate department of The Faculty of Biological Sciences, Dr. Armando Yarlequé, and by other University officials.

Dr. Oren Asman gave the opening lecture focusing on the concept of “Moral Policy”. He gave several examples – some outside of the regular bioethical discourse, in order to widen the moral deliberation. He also related to the public discourse on abortion and euthanasia.

Dr. Rosa Teresa Meza and Dr. Giancarlo Jiménez talked about abortion and euthanasia and explained the context of Peruvian laws, in the light of the



recent legislative changes regarding therapeutic abortion protocols.

Dr. Oren Asman during his lecture with Dr. Giancarlo Jiménez who made the translation to Spanish

The audience was very responsive and some thought provoking questions were asked relating to the ethical, religious and legal status of the unborn. Both members of the audience and university officials were pleased with the high level of the

lectures and requested more academic events with WAML members.

Dr. Armando Yarlequé, Dr. Rosa Teresa Meza, Dr. Oren Asman, Dr. Giancarlo Jiménez, Mg. Inés Gárate and Dr. Rolando Estrada (three WAML members and the Authorities of Post Graduate Faculty of Biological Sciences of Universidad Nacional Mayor de San Marcos).



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<http://twitter.com/thewaml>

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

Australasian Association of Bioethics & Health Law Conference

October 2-4, 2014

University of Western Australia, Perth, Australia

Website: <http://www.conferencedesign.com.au/aabhl2014/>

International Conference on Health Law and Bioethics

October 19-21, 2014

Beijing, China

Website: www.ichlb.org/en

IX Latin America Congress of Medical Law

November 14-15, 2014

Lima, Peru

Website: <http://www.asolademe.org.pe/>

<https://www.facebook.com/asolademeperu>

2014 International Conference of Japan

November 23-24, 2014

Tokyo, Japan

Website: <http://www.toyo.ac.jp/site/english-about/campuses.html#hakusan>

10th World Conference on Bioethics, Medical Ethics and Medical Law

January 6-8, 2015

Jerusalem, Israel

Website: <http://www.isas.co.il/bioethics2015/>

American College of Legal Medicine

February 26 – March 1, 2015

Las Vegas, Nevada

Website: www.aclm.org

International Council of Nurses

June 19-23, 2015

Seoul, Republic of Korea

Website: www.icn2015.com

21st Annual WAML World Congress

August 2-6, 2015

Coimbra, Portugal

Website: www.thewaml.com

49th Annual Meeting of the National Association of Medical Examiners

October 2-6, 2015

Charlotte, NC (USA)

Website: www.thename.org

22nd Annual WAML World Congress

August 7-11, 2016

Los Angeles, CA (USA)

Website: www.thewaml.com

21st

World congress on medical law

Coimbra, Portugal August 2-6, 2015



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World Association For Medical Law

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Newsletter – Editor's Note



John P Conomy MD JD
Guest Editor

This issue of the WAML Newsletter surveys the status of health care reform in several nations of the world. Its contributors include WAML members and several noteworthy guest contributors myto this periodic, international health law news update. In addition, a noted Medical Psychologist and a consumer of Health Care in the Republic of Indonesia have joined our editorial staff to bring this issue to life. The commentaries of our writing group emphasize several commonalities in contemporary health care challenges throughout the world, such as the rising competitive presence of private, for-profit health care efforts challenging national health systems,

the rising need to place human rights at the heart of medical care and global efforts to restrain national health expenditures. To these daunting issues are added the provision of reasonable compensation for medical services, the expansion of needed services across populations, efforts to restrain rising health costs associated with new drugs and new technologies and to address the medical needs of expanding, ageing populations. Some issues are unique, such as the extreme political polarities arising out of the embryonic efforts at national health care in the United States of America, the outbursts of street violence in Peru over health care delivery and the extraordinary efforts of the People's Republic of China to bring modern health care to a rapidly urbanizing and increasingly complex and prosperous society. With modernization of health care is universal theme, the old plagues remain. Maternal and childhood mortality, the persistence of old and appearance of new infectious diseases,

like Ebola Fever, remain a very human problem and accessing reasonable care at a reasonable cost is everyone's problem. Health Care about the planet finds itself living in exciting and challenging times and the need for harmonization and mutualization of law and medicine has never been greater than now, nor has the challenge to WAML to see that global, human needs are served.

John P Conomy MD JD

Obama Care Update

John P Conomy MD JD

John P Conomy, MD JD is President of Health Systems Design, Inc. and is a Practicing Neurologist. He is a faculty member of Case Western Reserve University in Cleveland, Ohio, USA where he teaches Medicine and Law. An author and lecturer, he has a particular interest in health care reform and human rights.

Obama Care became the law of the land in the USA in March, 2010, when the Democratic Party Congressmen passed the Affordable Care Act without a single Republican Party vote. That action permitted access to reasonable health care for up to 50

Disclaimer: This December Newsletter contains discussions of various national health plans. The statements made are the opinions of the individual contributors and not of their respective national organizations, WAML, or this Newsletter

million Americans who were either under-insured for health care, or not insured at all. Its passage was another step after the 1960's plans for the aged and the poor in the nationalization of a large segment of American health care. Under the Act, medical insurers could no longer exclude people suffering "pre-existing conditions" and children, such as students provided for by their parents, who could be insured up to the age of 26 years. Employers, the primary and sole source of health insurance payments for many American's, would be obliged to pay health insurance premiums for most workers and health insurance policies would have to provide benefits for children, women and for general health protections not previously covered. Medicaid, a conjoint state and federal insurance program administered by the fifty individual states, for the poor and disabled, would be expanded and Medicare, a federal health care program for the elderly and disabled, fortified. The USA had a 100 year legislative run-up to the Obama Care program. Obama Care is an expansion of previously existing private and governmental health insurance programs to include more people, reduce costs of care and assure fundamental adequacy of the care provided. Obama Care

appears, in spite of confounding public and political opposition, to be accomplishing its goals. The immediate public effect of the implementation of the Affordable Care Act was to cause the greatest political upheaval and public turmoil the nation had seen since the Civil War (1861-1865, ending Negro slavery, and culminating in the assassination of President Abraham Lincoln). The nation is no stranger to such government-led public polarization. It has characterized the emancipation of Black Slaves, the temporary prohibition of alcohol, and the institution of public works after the Great Stock Market Crash of 1929. It differs in this respect: the effort to further nationalize health care, partial as it is, was led by a Black Man, adding the hot coal of racism to the public tinderbox. Obama Care is still challenged to survive a public and private assault to kill it by a mechanism of Death by a Thousand Cuts. The public response is different. Thirteen million people are actively enrolled in Obama Care and five million more are in the process of application. Most of these Americans are people with no prior health insurance which, in the USA, means no effective access to health care, unless you are rich. Most of those

who are disenfranchised are young and many are the heads of families and the parents of children. Not only they, but the vast majority of Americans, simply cannot afford to get sick, whether they have health insurance or not. Illness, simply enduring the inevitability of getting sick (not job loss, investments gone bad, crop failure, house burned down, or the like.) is the leading cause of personal bankruptcy in the USA. Obama Care has come to its moment of initial implementation against a background of competing national issues, including war, terrorism, immigration, employment, progressive division of wealth, racism, an irrational public reaction to the real threat of Ebola Fever and a degree of public and political division as severe as has ever been seen in the country's history. The future of Obama Care is hopeful and for this reason: never in the history of the USA has the electorate marched to the polls to renounce a federal benefit. It certainly is a benefit to American men, women and children. There is the inevitable expectation of future modification, refinement and adjustment along the way. These challenges do not obviate the timely dawn of necessity, that being the opportunity for reasonable access to reasonable health care for everyone in the USA.

The day will dawn when the descriptor "Obama Care" is not an invitation to public turmoil but a designator of respect for the American public's recognition of a basic human right. The essence of Obama Care is this: the Act, now the nation's law, provides transposition in the acquisition of health care by citizens. Historically, access to health care for Americans has been based upon employment, which in turn is a matter of the caprice of economic determinism. The USA health care "system" has come to be dominated by private sector, for-profit entities. Obama Care begins the transposition to a rights-based system, still with plenty of space for private sector participation, but with regulatory efforts to provide reasonable access, reasonable quality and control of intolerable health costs.

John P Conomy MD JD

Difficult Rollout and Unintended Consequences of Obama Care

John P Conomy MD JD

The rollout of Obama Care, starting in 2012, has suffered a number of serious impairments. The language of the Affordable Care Act, and the seemingly endless legislative and legal commentary regarding

it, have served to make health care reform far more difficult than is warranted. The American Public is poorly educated or prepared for its activation. The provisions of the Act are extraordinarily complex, and it is difficult to find people, authoritative or not, who understand either its provisions or intent.

The computer-based systems, designed to bring the Act and the American public together, were fatally flawed and had to be junked and redesigned, causing a delay of several months in the roll-out of initial subscription. Several the individual states (22 of them currently), largely located in the “Old Confederacy” of the nation’s South,, but extending elsewhere, have refused to cooperate in enrollment programs or in the expansion of Medicaid Programs, thus disabling citizens, mostly the poor and children, from having access to health insurance. Hundreds of private insurance companies entered the competition to vend insurance under Obama Care, and not all were successful. Others took advantage of the unsettled state of the health insurance industry to raise rates. Having been mistakenly assured by President Obama that all could retain the services of their private doctors and hospitals,

many people were stunned to find that this was not the case. Many inexpensive insurance policies were found wanting regarding their content as they would not provide coverage for mandated health services. Some health service providers and institutions simply refused to accept the care of those who were insured under “Obama Care,” generally citing infringement of freedom of choice as the reason. Small businesses employing 50 or less people were given a year of administrative relief in establishing compliance with the insurance mandate of the Act, and the restrictions on the use of federal funds in providing woman with certain contraceptives, based upon the employer’s religious belief, were put in place. Measures such as these were stated by some as exposing “fatal flaws” in Obama Care. Currently, the ability of the federal government to provide registration assistance and funding to those in states with a federal Obama Care registration program is set to be attacked in the Supreme Court of the United States. The Supreme Court of the United States has become an arbiter of health care in America. It is not clear how long that Court’s continuing amusement with health care and the efforts to annihilate the Affordable

Care Act will last, given the record of legal assaults on the Act to date. Promises of future constitutional challenges to American health care reform are not empty and the continuing tsunami of legal assaults to Obama Care show little sign of abating.

Making the effectiveness of the nation’s attempts to reform health care additionally difficult is the lack of a global budget for health care. Costs of care are only known, with reliable certainty, about two years after the fact of health expenditures, although more timely rough indices of cost trends are available. Creating cost savings for health care are not reflected in the cost analyses of component entities, such as doctors’ offices, hospitals and health technologies. What is stated as a savings for one component of the health care system is often brought about by shifting expenses into another sector, creating a false sense of cost reduction when none exists. Piecemeal expense reporting also encourages price and profit competition, an acknowledged bane of American health care. It is quite impossible to track reported cost savings into lesser costs for the American patient. The sort of global health budgeting which exists in many countries of the world (such as France,

England, Japan and Italy) would reduce and make more manageable this American problem.

John P Conomy MD JD

Peruvian Doctors Strike Over Pay and Privatization Leads to Street Riots

John P Conomy MD JD

The Peruvian health care system is nationalized and its doctors and other health care workers are unionized to a large degree. Citing unfulfilled promises, on the part of the Peruvian national government, to pay bonuses to health workers, promised two years ago, the continuing meager wages of hospital workers (doctors paid the equivalent of \$22 for an 8 hour shift), the meteoric rise in the growth of the discrepancies in wealth (government representatives receiving up to \$10,000 per month USD) and the tendency of the government to



Peruvian Medical Personnel Object to Hospital Sale to For-Profit Entity
foment the privatization of Peruvian hospitals by national and international business enterprises, many of the nation’s

doctors and other health care workers went on strike, leading to street marches and clashes with armed riot police in the nation's capital, Lima. The strike, which started in February, 2014, was "suspended but not ended" in the words of medical leaders when wage and bonus demands were met in May, and other issues put "on hold."

John P Conomy MD JD

Roles for Health Care Professionals Expand with Health Care Reform

The Expansion of Comprehensive Mental Health Care in Health Care Reform



Jill Mushkat Conomy, PhD

Jill Mushkat Conomy, PhD, is Director of Pain Management Psychology at the Cleveland Clinic Regional Hospitals in Cleveland, Ohio, USA. A recognized expert in instrumental, physiological and psychological treatment of chronic pain, she is a member of the World Association of Medical Law and a contributor to its educational programs.

Mental health parity, in health care reform, is finally attaining the recognition and inclusion

it merits by health law organizations. It has been a slow and gradual process and it is far from complete. There remains a paucity of attention focused on the importance of mental health care in a comprehensive approach to health care reform. This is certainly evidenced by the inclusion, or lack thereof, of mental health issues in presentations at meetings and in written format. Healthcare issues cannot be addressed fully without identifying the necessity and the value of providing mental health services as a critical component of comprehensive health care reform. The field of pain management, in which I have worked for more than 33 years, has long recognized the need to integrate a biopsychosocial approach to the treatment of chronic pain, recognizing that illnesses that may be chronic and severe have a great impact on the emotional, psychological and social well being of an individual. These illnesses reflect concerns for assessing and treating, not only the medical ramifications and addressing diagnostic categories, but for caring for individuals in their entirety, recognizing that one cannot isolate the medical problem from the spillover into quotidian life. Dealing with chronic illness can create frustration,

anxiety, depression, fear, anger, feelings of hopelessness and helplessness, desperation and a plethora of other emotions that can wear at the person and adversely affect the ability to manage the medical problems. Social factors reflect concerns for family, friends, work, recreation, legal matters, among other considerations, that also may bear the brunt of the medical problem. Medical diagnosis of pain, cancer, heart disease, diabetes, multiple sclerosis or other serious illnesses may set off a chain of events that affects all aspects of a person's life. It is critical that health law organizations recognize the inter-relatedness of these issues and address them.

At a recent international human rights conference, the only psychological/psychiatric content was offered by a psychologist whose contention was that some day psychological and behavioral issues would be managed by implanting a computer chip into the brain. This appears to be a bit extreme. Current technology does utilize implanted electrodes in the brain to manage extremely severe, debilitating and intractable cases of major depressive disorder and obsessive-compulsive disorder but only when all else has failed. These significant issues need to

be addressed in national consideration of mental health and its place in comprehensive health care reform. For most people, mental health issues are not extreme and respond quite favorably to "talk therapies," and in some cases medications. Incorporating these issues in health care reform is not just beneficial, but essential. Mental health concerns must be recognized and included in discussions of healthcare throughout the world.

Jill Mushkat Conomy, PhD

Health Care Reform in the Peoples Republic of China

John P Conomy MD JD

Like so much else that is breathtaking about the degree, rapidity and sheer massiveness of national change in the planet's most populous nation, the transformation of health care in the People's Republic of China is literally stunning. The nation is faced simultaneously with huge challenges at every level of health care, ranging from the geographical through to the technological, and including the economic, educational, cultural, ethical and medicolegal aspects of health. Not only is overall change in

China breathtaking but it leaves both observers and participants breathless in view of its pace, its scope and the very formidable distance between national aspirations and reality regarding the health of the Chinese people. Try searching “health care in the Peoples Republic of China” on your computer’s search engine. The first thing you are likely to encounter is bald-faced advertising for investment in hospitals in China put up by Western investors and Chinese proprietors intent on serving the needs of sick and injured people via a promised medical tourism venture, or within China, medical ventures designed to serve the needs of China’s rapidly enlarging wealthy class of people. Such promissory inducements are enough to whet the appetite of an ardent venture capitalist. Yet, you will not need to search very long or hard to find reports of pressing national health problems affecting the Chinese people, including AIDS, tuberculosis, rabies, leprosy, smoking, diabetes, a rapidly aging population, outbreaks of public fury and at times violence over the mismanagement of hospitals and about one-third of the world’s infectious load of Hepatitis B. Active, corrective national health planning and performance measurement are

both well underway, prominently within sectors involving facilities planning and health insurance. The currently chaotic system of health care lags markedly behind needs and demands of the Chinese people in providing equitable medical care to a huge human population now shifting from an agrarian society in the vast countryside to an urban, industrial society living in the world’s largest collection of very large, industrial cities. The cost of health care transformation, in terms of both money and human effort, part of the country’s rush to the 21st century, is indeterminate but undoubtedly immense.



China: The Sick Man of Asia No Longer

China suffers a dearth of doctors and other medical personnel, particularly in its villages and in its rural settings. Increasing national support for medical education is a recognized, pressing need. Doctors, nurses and all types of health care

personnel are overworked and badly underpaid in China. Fraud and graft tied to the medical system in China are acknowledged problems and are being vigorously addressed. Doctors who over-prescribe medications and who are fraudulently rewarded for it, or those hospital officials who charge patients a premium to jump the appointment queue or pay exorbitant amount for drugs or care, are being dealt with by the courts, as are those who would defraud the national health system by some form of material adulteration or bribery, in a very public way. The government has executed public officials and summarily deported foreign medical suppliers who engage in criminal medical fraud. (At this point, you will want to search “Glaxo SmithKline in China” on your computer).

For much of the 20th century, China was called “The Sick Man of Asia.” While progress in many sectors of national activity outstrips that in health, the course and direction of health care reform bodes well for the Chinese people. The attainment of a truly modern, accessible and effective system for the nation is certain to be difficult, and to lie in the distant future. In the long run, it is likely that the positive evolution of health care in China will

be as astonishing as the changes in many aspects of the life of the Chinese nation has been in the last quarter century.



Hospital Parking Lot, Beijing



The New China, Shanghai

John P Conomy MD JD

Health Care in Azerbaijan



Professor Doctor Vugar Mammadov

Vugar Mammadov directs the Heydar Aliyev Center in Baku, Azerbaijan and heads the Azerbaijan Unit of the International Network of UNESCO in Baku where he holds the Chair in Bioethics. He serves upon the Governing Boards of the World Association of Medical Law and the European Association of Health Law.

The Reform of Health Care in Azerbaijan

Improvement of economic level and an increase of the state's potential in different spheres have created conditions for the successful development of health care in Azerbaijan. In recent years, significant improvement of the nation's legislative health base, harmonization of national health standards with international norms, adoption of new laws and Acts, and reforms in the operational health care system have been implemented. This effort has been led by the President of Azerbaijan Republic, Mr. Ilham Aliyev. According to the Ministry of Health, in the past 10 years the state budget for health care increased by 11 times and in 2014 consisted of about 900 million USD. Repair and construction works were carried out in more than 500 medical institutions. Reforming of the national health care system was ensured by corresponding legislative changes fulfilled at the national level.

One of the significant measures undertaken in the direction of improvement of health care system was "Project of Reforms of the Public Health Sector in Azerbaijan". This project was implemented according to the Agreement between Azerbaijan and the International

Development Association of the World Bank.

The purposes of the project were to improve management and financing of the health care system, to ensure the financing and improvement of health care indicators, medical services and to strengthen primary health care services. For the purpose of realization of reforms in Azerbaijan health care, the Center for Public Health and Reforms was created in 2006 under the Ministry of Health of Azerbaijan Republic. This Center implements numerous projects and cooperates with international organizations such as World Bank, World Health Organization, UNISEF, Global Fund and others.

In recent years, great attention has been given to public health care. It is a necessary part of the protection of human rights and the basis for future development of the nation. In accordance with the Order of the President of the Republic of Azerbaijan (2011), "Azerbaijan 2020: Looking into the Future" was prepared and approved on December 29, 2012. The main purpose of this directive was to create favorable conditions, coordinate and ensure future development of economic-social infrastructure, and to increase the well-being of the nation's population. Paragraph 1 of the

Clause 7 *Development of human capital and establishment of effective social protection system (7.1)* of the progressive directive was dedicated to the most important future tasks in the field of public health care. The concept considered an increase in the resources for development of public health. Implementation of compulsory medical insurance, preventive measures in the field of medicine, combating social diseases on a national level, improvement of health of mothers and children, ensuring access to medicine to all groups of population, improvement of training of medical personnel and development of electronic medical records are all planned according to the above-mentioned Concept. As the result of the adopted provisions of the concept, on April 24, 2014 the Ministry of Health of Azerbaijan Republic approved "Strategy Plan of the Ministry of Health of Azerbaijan Republic for 2014-2020" aimed at implementation of the "Azerbaijan 2020: looking into the future".

Some steps aimed at improvement in the medical sphere are being implemented also within the "National Program for Action to Raise the Effectiveness of the Protection of Human Rights and Freedoms in the Republic

of Azerbaijan" which was approved by the Order of President of Azerbaijan Republic in 2011. Thus, the National Program for Action indicates transmission of an extensive awareness campaign among the population, especially children and young people, for a healthy environment and healthy lifestyle, the rehabilitation of those suffering from drug-addiction, alcoholism and HIV/AIDS, training of specialized medical personnel, teachers and social workers in order to improve the quality of education, services provided to the disabled and children with restricted abilities (social services, inclusive education, etc.), the preparation of volunteers for educating the population in reproductive health and family planning. Although these measures do not directly reform the medical system itself, they contribute to development of separate fields of the public health care system.

The lack of medical personnel at health institutions was addressed by the Cabinet of Ministers in 2010.

Within the context of development of health care system, it is important to stress the activities of the Heydar Aliyev Foundation presided over by the First Lady of Azerbaijan, UNESCO and ISESCO

Goodwill Ambassador Mrs. Mehriban Aliyeva. Public Health is one of the priority activities of the Foundation and numerous projects such as building of new medical centers, hospitals, provision of necessary medicines and other activities are implemented in this direction. These activities are important for the improvement of the health care system of the country.

One of the concrete examples of reformation of health care system is implementation of computerization of numerous health care services in order to simplify access to certain procedures. With the purpose of implementation of the Decree of President of Azerbaijan Republic (2010-2012) “the State Program (Electronic Azerbaijan) on development of communication, the following measures were considered for implementation: application of the second stage of the electronic health card system of citizens, preparation of technical commission on “electronic prescription” alt-system, preparation and application of “sms warning” alt-system, development of “e-Health” portal and other e-services. The electronization process which already proceeds at present, will ensure e-services, such as

registration for medical appointments and outpatient service, home care and provision of information from medical registration for other services.

Healthcare in the UK – some current and future issues



Professor Michael Swash

Professor Michael Swash, MD, FRCP, FRCPATH, lives and works in London. He serves as Consultant Neurologist to the Royal London Hospital where he also served a Director of the Royal London National Health Service Trust. He is Emeritus Professor upon the Academic Faculty of Queen Mary's University, London. He is a widely published and noted authority in the field of Neuromuscular Diseases. He has long experience as a consultant to health insurance, governmental and legal agencies in the United Kingdom and around the world.

The NHS in Britain was set up to provide care, free at the point of use, to all citizens and eligible UK residents, funded by general taxation. It continues to be in flux, as various ‘reforms’ and alterations in its methodology are contemplated or introduced. The system remains ‘top-down’ in its orientation, but is largely devolved between the four components of

the United Kingdom; England, Wales, Scotland and Northern Ireland. The Scottish NHS is completely devolved but subsidised. This means that priorities and funding levels vary somewhat between the regions. Spending in the NHS increased considerably under the previous (Labour) administration and has continued to be protected, or even to rise under the current (Conservative/Social Democrat coalition) government so that NHS spending in the UK is close to the median of all European Union countries. The NHS in the UK consumes some £140bn annually; although not usually recognised as such, with Social Protection (£222bn) and Education (£98bn) it is therefore one of the largest businesses in the UK. The notion of separating commissioning from providing healthcare, which derives in Britain from the Thatcher administrations, has been further developed and is now an inextricable part of healthcare provision in England, although it remains virtually absent from Welsh and especially from Scottish healthcare, where there is strong political opposition to ‘privatising healthcare’ – an opposition that many would consider polemical rather than thoroughly thought through. Changes to NHS England

in the Health and Social Care Act 2012 led to the formation of 211 Clinical Commissioning Groups led by clinicians rather than local politicians, an increase in patient involvement, a renewed focus on Public Health, reliance on NICE to develop guidance and set quality standards, and establishment of a new organisation to collect and analyse data regarding health and social care nationwide. The Act allows healthcare market competition in the best interests of patients. There has been a recent focus on failures in provision of quality care, based on local concerns, or on statistical recognition of 14 NHS Hospital Trusts with persistently high mortality rates. Measures to address these issues were developed. In another enquiry, ten core themes to move toward an aspiration to provide care with an expectation of ‘zero harm’ were sought; nonetheless, payments and expenses to deal with patient complaints and allegations of medical, nursing or other negligence have continued to rise inexorably – currently to a level approaching the budget for 3 NHS Hospital Trusts annually. Clearly, aspirations are not being met, but it is unclear whether these aspirations are always realistic, or represent hopes of perfection in the

conquest of aging and disease. Much anxiety is generated by media reports of 'amazing treatments' for cancer, multiple sclerosis, stroke and heart disease etc, and it is often suggested that the NHS fails to provide some of the more exotic new therapies. In fact, this is almost always erroneous, although it is true that the NHS may be slow to change. An example of the latter, has been the slow pace of rebuilding old healthcare facilities, a process that involves a great deal of emotional distress for those attached to ancient traditions, especially if closure of much-loved institutions is suggested. The recent establishment of centralised trauma care facilities with helicopter access, and of 'tertiary stroke centres', to be followed by similar reformulations of cardiac care and cancer care, are obvious examples. But these changes, although apparently unwelcome, are expected to result in better outcomes at the expense of loss of localism.

Japanese Healthcare Issues



Hiroshi Mitsumoto, MD DSc



Toyokazu Saito, MD PhD

Hiroshi Mitsumoto is a native of Sapporo, Japan and is presently the Wesley J Howe Professor of Neurology at Columbia University, New York. Dr. Mitsumoto heads the clinical and research efforts in the field of Motor Neuron Disease at that institution.

Toyokazu Saito is Professor Emeritus in Neurology at Kitasato University, Sagami-hara, Japan. Dr. Saito is a noted teacher, clinician and neuroscientist.

Japan's problem is not unique to developed countries, but perhaps represents an extreme situation. Firstly, Japan has the highest public debt, nearly 230% of the annual GDP. The country did not borrow money from other countries, but rather from citizens who had large bank and personal cash deposits. There has also been an impending decline of Japan's birthrate and a precipitous increase of

the elderly population. For example, the number of centenarians was less than 100 a few decades ago but now exceeds 50,000. People who are over 65 years old constitute 23% of the entire Japanese population, and their numbers are rapidly rising. There are no prospects in the near future that will increase the young and productive generations, although the government created a new ministry to increase childbirth. There are a few inauspicious changes in the current economic state of Japan. To face these impending changes, the Japanese government reduced the national pension (equivalent to social security) for retired people. This change is obviously considered a threat to the elderly population. In order to reduce the debt to one-fourth of the current level in 10 to 15 years, the government imposed an increase in sales tax from 5% to 8% this past spring. Sales are expected to drop for some time in reaction to this increased sales tax but predicted to recover in six months. The government then plans to increase the sales tax further to 10% next spring. At this point, sales are not recovering after this change. It is uncertain if another tax increase can take place. Japanese industries are also moving away from Japan to obtain cheaper labor. This

change reduces National productivity. Further, Japan feels threatened by surrounding countries. In response, there is a trend of opinion among the general population that an increase in military defense is needed, potentially augmenting the country's expenses. Because of these changes, people in Japan feel that they are in crisis. In Japan, every citizen has National Health Insurance, which has enabled them to receive evaluations and care by any physician at any hospital of their choosing in the past. Now, access is limited. For example, to see a specialist at a highly specialized hospital, such as a university hospital, patients must be properly referred. When someone wants to see a specialist on their own, they must assume the costs. Since Japanese citizens have among the highest longevity in the world, the government has introduced a mandatory National Long-term care Insurance and also introduced the Elder-Elder Care program. Nuclear families have been further fragmented in recent years and family members are unable to provide care for the elderly. These programs provide daycare and rehabilitation for this population. Yet, in a society where many are bedridden, such programs may not be useful. In my field of Neurology,



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patients with amyotrophic lateral sclerosis (ALS) have been protected by a special law called the Intractable Disease Act. All costs of care for these patients have been free in the past. I admire such a compassionate program, but these benefits have been increasingly reduced.

Toyokazu Saito, MD, PhD.

Professor of Emeritus, Neurology, Kitasato University, Sagami-hara, Japan

Hiroshi Mitsumoto, MD, DSc.

Wesley J Howe Professor of Neurology, Columbia University Medical Center, New York

**Editors' Note:
A Patient's Contribution
to Our Newsletter**

It is an unusual honor for me as Guest Editor, and I know it will be a refreshing pleasure for our readers in the worlds of Law and Medicine, to hear from a patient. His anonymity and that of his family, are being preserved. I have thanked him on behalf of all of us for sending this piece along. The author of this contribution is a person now residing in Bali. He is a self-employed professional, perceptive and bright, and the father of a young child. The experience he describes

is that of a private patient with health insurance in the United States of America, and later, as a resident of Bali, receiving health care within the Indonesian national health system. His sentiments are his own, and are unfiltered by any suggestion, advice or modification. The message he leaves with us is a powerful one. He emphasizes that systems of health care make a difference, that those delivering that care are the most powerful factor in that system, and that the practice of medicine and the reception of medical care is one of life's most intimate, personal exercises.

From Bali, Indonesia

"My last experience with Western medicine went a little like this. I suffered a knee injury. I located a specialist in California via my health insurance company and made an appointment. I arrived early at the doctor's office to fill out forms, as it was my first visit. I waited over 3 hours past my scheduled appointment. I sat in the examination room for another 45 minutes until the doctor entered. Not to be bothered with any friendly greetings or eye contact, the doctor asked me what happened. Clearly not listening to my answer, he probed my knee for a few seconds

and told me I needed surgery and that I should make an appointment with his secretary as I left. Completely unwilling to answer my questions, he walked out on me, mid sentence. The office charged my health insurance company thousands of dollars for this 'privilege'. Contrasting that experience with those I have experienced while living in Bali, Indonesia, it could not be more different. When my wife was pregnant with our first child, we made an appointment with a OB/GYN doctor. When we arrived at the office, we were greeted with a smile, given a bottle of water and taken in to see the doctor. He showed genuine interest in us, asking what we do and what our plans for the future were. He listened intently and spent a great deal of time with us to explain each step, what to look for and what action we were to take. After an in depth, 40 minute conversation, he had my wife lay down on the table and performed a 4D ultrasound. It was fascinating and I did not even know this technology existed, especially in Indonesia. The entire experience, from calling to make the appointment to saying goodbye, was informative, pleasurable and meaningful. To make it even better, the entire cost for the consultation,

some vitamins, and the 4D ultrasound was just over US\$60. I'm told doctors charge insurance company thousands of dollars for a 3D ultrasound, let alone a 4D. I would like to also point out, all of this was done without insurance. We have since gone to the doctor's office, hospital and emergency room several times since then and it has always been pleasant and inexpensive. The hospital we use most frequently is one of our favorite places to go as the same building also has great restaurants, a fantastic market, a gym and some of the best pizza in Bali. Everyone is friendly, good at their jobs and treats you with respect. To follow up, it's almost a decade later and I never did have that knee surgery. My knee is just fine and felt better on its own a few days after that privileged audience with the doctor in California."



Tending a Family Shrine in Bali, The Isle of Buddha

Health Care Reform in Italy



Massimiliano Nigro, MD, DSc

Massimiliano Nigro, MD, DSc is a native of Napoli, Italy and received his MD degree at the University of Napoli. After medical training in Italy, he studied prion-mediation in human disease with Prof. Pier Luigi Gambetti at Case Western Reserve University in Cleveland, Ohio. He is now completing specialty training in Psychiatry in Napoli.

HEALTH CARE REFORM IN ITALY

The National Health Service (NHS), under Italian law, identifies the set of functions, activities and support services managed and disbursed by the Italian state. It has been inspired by the NHS in the UK. With the Law of 23 December 1978, n. 833, the health insurance system, on which the Italian health care was based previously, was discontinued and the NHS began 1 July 1980. It is implemented through Art. 32 of the Italian Constitution as a public “universalist” piece of legislation, typical of a welfare state. It provides health care to all citizens, funded by the State through general taxation and direct revenue collected by local health authorities through ticket health (namely, the shares

by which the assisted contribute to the costs) and performance fee. It comprises the various regional health services, bodies and institutions of national importance and the Italian State, to ensure health care, otherwise the protection or preservation of the health of citizens, supported by Italian law, as a fundamental right of the individual and interest of the community, while respecting each individual’s dignity and freedom.

According to the latest research of the WHO, which dates back to 2000, Italy had the second best healthcare system in the world, after France, in terms of the efficiency of public spending and access to care for citizens. The health service is organized according to different levels of responsibility and government: the central level - the state has a responsibility to ensure all citizens the right to health, through a strong system of guarantees; the Essential Levels Assistance (LEA).

Regional governments have direct responsibility for the implementation of government and spending to achieve the health goals of the country. The regions have exclusive jurisdiction in the regulation and organization of services and activities for the protection of health and the criteria for the funding by local health authorities

and hospitals, including management control and evaluation of the quality of health care services, in accordance with the general principles laid down by the laws of the State.

The “Pact for Health 2014-2016” is now at the starting line. It will not be a walk: hospital costs will be dramatically reduced; territorial care will be “fortified”; access to drugs will be simplified; and reorganization of staff will change career paths. There will also be a first revolution of the ticket and exemptions, with a reform to prepare for the end of November 2014, already focusing on income status and composition of households, but not yet on the ISEE, which is a parameter of the economic status of those requesting facilitated social services or reduced utility rates.

Innovations

The exemption from paying for the health services will no longer be automatic, but will be determined based on the tax return, in contrast to what was happening until now, which was only self-certification by the person concerned. It follows that the income range of membership for the purposes of the exemption will be determined directly by the Ministry of Health. In the prescription of the general practitioner will be shown the data on

the income of the patient and such data shall prevail for the purposes of payment of the health ticket. New categories of income in the population will be determined, in accordance with the reform of the new ISEE, which may include exemption from payment of health benefits by the NHS and for medications. The new ISEE will be the parameter to evaluate the benefits provided to taxpayers, based on their income.

The bands - The government’s plan income groups considered for visits and medications are these: R1 band for incomes from zero to € 36,151.98; R2 band for income from € 36,151.99 to 70 thousand, R3 band; € 70,001 up to 100 thousand euro; and R4 band; over 100 thousand euro. The doctor and the pharmacist have to follow the instructions given in the database of the Ministry of Health. Any malfunction by the tax system or malfunction of the medical card will result in the allocation to the higher income band with ticket payment by the patient.

Exemptions

The following are exempt based on income: children under 6 years of age or people older than 65 years with family income of less than € 36,151.98; the unemployed and the elderly (over 60 years) with a minimum pension and their dependent with

income of less than € 8,263.31, increased to € 11,362.05, in the presence of the spouse and in the presence of additional 516 euro for each dependent child ; and holders of social allowance and their dependents.

Finally, these are the words of the Minister of Health, Balduzzi, answering the question of a journalist who insisted on knowing whether or not the government intends to privatize health care: which while private, operates within the rules of the public health service.

“What do you mean open to the private: to pay more? Or otherwise support the NHS asking the wealthiest citizens to underwrite health insurance? My program is different: everything is in full transparency, so that you stop playing behind the public service. After that, there are openings in private, but in the sense of public-private partnerships in building health, for example “.

The French Health Care System



Robert O'Hara, MD

Robert O'Hara, MD resides in Chicago,

Illinois. He is a medical graduate of Michigan State University and completed his neurological training at the Cleveland Clinic Foundation. He has lived and worked in Paris, serving as a Neurologist at the Hopital de la Salpetriere. Dr. O'Hara directed the Spinal Cord Injury Unit at the Hines Veteran Administration Hospital and served upon the Faculty of Loyola Medical School, Chicago. He has been instrumental in establishing the Electronic Medical Record throughout the United States Veterans Administration Hospitals system.

I am frequently asked by medical students which health care system I would choose for the USA, having worked in the Canadian, Irish and French systems over my long career. They always seem surprised when I unhesitatingly reply “The French”. One of the oldest ‘cradle to grave’ health plans in the world, the WHO ranked it #1 in the world in 2000, while the USA was ranked #37. It currently covers 99% of people living in France, legally or illegally as well as tourists. France’s level of health care sophistication is extraordinary and in certain realms surpasses all other countries’ expertise, including the US. The system is not profit driven, strictly regulated by a single payer (Assurance Maladie), but does allow for public and private practice, choice of physician and generous medication coverage. It also will cover, if deemed appropriate, “spa” treatments called “cures” much to the ridicule of those who

do not understand the French. All this is costing more and more money each year, as more and more necessary and unnecessary testing skyrockets, soaring medication costs and an ambitious modernization campaign of their hospitals and clinics which were often housed in historic places but which can no longer support modern medicine and standards. Staff cuts, clinics and hospital closures in underused areas, co-payments for outpatient visits and medications are all new American-like approaches to their huge health care deficit which is ever escalating. Politically these changes to health care, which have led to decreases in service and coverage, have been very slow in coming and are not keeping up with the ever-growing costs. Health care in France is considered a right, unlike the US. Unlike the US, individual bankruptcies from health care costs do not exist. In a 2007 Harvard study, 62% of US personal bankruptcies are from medical expenses. In another study, 20% of Americans struggle financially due to medical expenses even if they are insured. After explaining all this to my class one day, one of the students yelled out “Vive La France”.

WAML President's Report



Thomas T. Noguchi
President of WAML

As the year is ending, I thought I would go over what the Officers and Executive Committee (EC) and the Board of Governors have done this year.

The EC members had, as a top priority, making sure the Bali Congress would be successful. As a result, we were busy finalizing the venue information and program. We spent an enormous amount of effort in catching up for lost time. Secretary General, Roy Beran, was given the task of coordinating WAML with the host organization. As a result, the World Congress in Bali was a successful meeting. I would like to express my appreciation to Prof Beran and Dr. Nasser, the Congress organizer.

For several years, the WAML has had a close collaboration with the American College of Legal Medicine (ACLM). ACLM program chairs have reserved a regular spot for a WAML ethics update presentation within their annual meeting. President

Dr. Thomas McLean, MD JD and William Hinnant, MD JD of the ACLM are working with us very closely and we will be finalizing an agreement for collaboration between the WAML and the ACLM..

We were faced with a sudden major crisis early this year. We learned that the new owner of ProBook which has been publishing our Journal, Medicine and Law, decided not to publish the Journal, ending with the March issue. The EC had to make a discussion, some thought it may be too overwhelming for the WAML to take on such a major endeavor but we thought discontinuing the Journal would be too damaging to the profession's leading international organization. After almost one year of struggle, we can say the WAML is now taking over the publication of the WAML Journal. We owe gratitude to many people dedicated to preserving the Journal, especially to Oren Asman who supported and coordinated with Prof. Amnon Carmi, Founding Editor, and with ProBook's new management. Another such person is our Administrative Officer, Denise McNally who managed the almost impossible task of calculating how we could continue the Journal. There are many institutional subscribers,

so publication is no easy task. We realize that we need more WAML members and Journal subscribers. So we will be working hard to increase the quality of Journal articles. Journal Editor, Dr. Mohamed Wattad, is now in California teaching in the University of California, so we will have frequent meetings to assist him during this transition. Your Administrative Officer, Denise McNally, undertook major organizational work, so that we could publish our journal without interruption. We owe a great deal of thanks to Denise.

In addition, I would like to express my appreciation to our Treasurer, Andre Pereira, for accepting the Program Chairmanship for the first WAML administratively managed World Congress. Starting with the Coimbra Congress in 2015, we will no longer depend on a host organization to be solely responsible for the program. Administrative Officer and Meeting Manager, Denise McNally, and Program Chair, Andre Pereira, started the program planning in August, right after the Bali Congress.

The Board of Governors will be seeking future program chairs and congress sites.

In June, I spent a week at the Georgetown University in Washington

DC for an Intense Bioethics Course, and in the following week, representing the WAML, I attended the Inaugural Meeting of the Scientific Advisory Board for the International Criminal Court in The Hague, Netherlands.

In August, we arrived in Bali, about one week before the Congress, and conducted meetings of the Executive Committee, Board of Governors and the Council of Presidents.

The presentations of papers at the Congress were conducted in an orderly fashion and we enjoyed the beautiful and modern venue.

In October, the Secretary General and the President of WAML represented the Association in co-sponsoring with the China Health Law Society (CHLS) its first International Conference including a number of selected speakers. Every paper presented by the young scientists who are selected by the CHLS was in English. They must have practiced their presentations well; all papers were presented in the allocated time. There were four judges for this young scientist competition. Secretary General Beran and I were selected from the WAML and two judges were from the China Health Law Society.

Four judges selected a top winner, two second winners and three third

winners. Roy Beran and I were very impressed by the quality of the papers.

This was not a regular Congress, it was almost entirely invited speakers. Prof. Wu said that in 2008 the majority of papers presented by the Chinese delegation were about malpractice, now it is less than 5%. Although it is only six years since the WCML Beijing, there has been a great improvement in the quality of the presentations and the young speakers now all spoke English (although the conference did offer simultaneous translations, between English and Chinese, so that all delegates could attend any paper of their choice).

I would also like to thank the members of the WAML Board of Governors, Committee chairs and members, editor, editorial staff and production team of the WAML Newsletter. In this end of the year Issue, I wish everyone a happy holiday season. Let us dedicate our efforts to the collaboration of medical law, bioethics and legal medicine. Let us bring colleagues to the Coimbra World Congress in August. We are counting on you.

Thomas T. Noguchi, MD
WAML President

Secretary General's Report



Prof. Roy Beran,
WAML Secretary General

We are coming up to the holiday period, be it Chanukah or Christmas or any other festival, depending upon one's beliefs. This provides a motivation to perform an audit on the year that has been and to assess plans for the year ahead.

The 20th World Congress in Bali was a great success and credit must go to Professor Nasser Muh for the organisation in Nusa Dua. I, for one, thoroughly enjoyed it and compliment all those who contributed to a wonderful experience.

Fast on the heels of the Bali meeting, the Chinese Health Law Society held a great meeting in Beijing to which both President Thomas Noguchi and I attended. This was another 'tour de force' in health law and it is appropriate to describe it as a 'tour de force' because there was a large French delegation at the meeting. One of the highlights at the Beijing meeting was a competition amongst young investigators

who battled it out for recognition in front of a panel of four judges, who assessed each presentation both on an educative and innovative content, together with presentation style and performance. Judging proved quite difficult but we agreed on a process of attributing points in various categories and produced a cumulative score amongst the judges to award the prizes. The meeting was simultaneously translated into Chinese and English and our Vice President, Professor Wu, should be congratulated in strengthening the relationship between the World Association for Medical Law (WAML) and the Chinese Health Law Society. For me, personally, China holds a very special relevance, as it is where my parents married, before they migrated to Australia. It follows that I feel a great bond with China and am always happy to go there and try to contribute to teaching. Perhaps the most salient 'take home' message is that one always learns more about a topic when teaching it as compared with studying it. Writing about international matters, this issue of the Newsletter has taken an international focus, looking at health law and legal medicine from different international perspectives. It invites others to contribute

their knowledge and experience of health law, legal medicine or bioethics within the parameters of that country's experiences. The WAML is a great conduit to allow each of us to learn from each other and help better develop our approaches and understanding. The organisation of the next World Conference, in August 2015, in Coimbra, Portugal, is well underway. It will be combined with a meeting looking at bioethics in Islam, which I excitedly anticipate attending. We often judge the many by the activities of the few, which can give a very false picture of the true nature of what is happening. This meeting, in Coimbra, will offer a new perspective and a better opportunity to understand Islam. I sincerely hope that many of our WAML family will come and learn about Islam and how its beliefs and practices intertwine with how we perceive health law, legal medicine and bioethics.

In concert with the new approach from the WAML, the 21st World Congress will be a more focused meeting aiming to provoke deeper analysis of selected topics rather than adopting a broad-brush approach. Topics such as: aging populations, international health and research, will take centre stage. Planning

is already well advanced with speakers locked in for the plenary sessions and social activities organised. This will be the first of the new format conferences in which the WAML has assumed the organisational responsibility in which the meeting manager, Denise McNally, and the executive, are providing the pivotal role to run the experiment, to see if central organisation can translate into an enhanced educational experience. Planning also already has started in earnest for the 22nd World Congress in Los Angeles, so the members can feel confident that we are taking the new approach very seriously. Concurrent with the planning of the World Congresses and collaborating with international and national organisations, we are still managing the Newsletter. We are in the process of assigning guest editors to each issue of the Newsletter for 2015. The Newsletter is a great opportunity for the WAML and to initiate commentary on topics relevant to our areas of interest. The Newsletter is one of the benefits afforded our membership. It is ably edited by Richard Wilbur, with whom I have had the pleasure to work for some years. Dick is one of those people whose humility is out of step

with his competence and performance and he is such a pleasure to have on the team. Should you have an idea for a themed Newsletter, please either let Denise McNally, Dick or me know about it. If you would like to act as a guest editor, that too should be brought to our attention. The journal, *Medicine and Law*, is underdoing transition so now is also the time to share your ideas about the journal. If you have any views as to how you would like our journal to evolve, please contact us and let us know your feelings. I conclude on the same theme as I started. Merry Christmas and Happy New Year; All the best for Chanukah; Season's Greetings for any celebrations you may be having; and Peace to the World.

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

WAML Administration and Meeting Planning



Denise McNally,
 WAML Administrative Officer
 and Meeting Planner

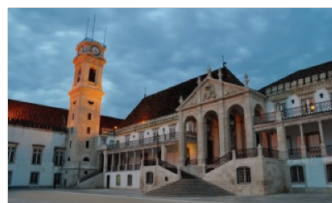
Membership Dues

The purpose of the World Association for Medical Law (WAML) is to encourage the study and discussion of health law, legal medicine, ethics and forensic medicine, for the benefit of society and the advancement of human rights.

Membership in WAML is Annual and for 2015 your membership dues are \$150. WAML members enjoy many benefits which include access to quarterly E-Newsletters, discount registration fees to the WAML Congress, notice of upcoming events, active website information and the "Medicine and Law" electronic Journal. You recently received a notice that your 2015 membership dues were owed by January 1, 2015. We encourage you to log into the WAML website www.thewaml.com and pay. You also have the option to pay by check or wire transfer. If you would like to pay by check or wire transfer please contact me at

worldassocmedlaw@gmail.com for further information.

The 21st World Congress on Medical Law (WCML) will be held August 2 – 6, 2015.



The Congress will take place at HOTEL VILA GALÉ and will commence with a Welcome Reception Sunday evening August 2, 2015. The Welcome Reception is the perfect venue to meet with colleagues. Registration is open and we encourage everyone to attend.

Register EARLY at www.thewaml.com and book your **hotel room** by completing the form online and submitting it directly to the hotel. We recommend staying at the hotel where the program and all functions will be provided. WAML negotiated complimentary meeting space, complimentary internet and breakfast buffet in your room rate of 100.00€ single room per night and 120.00€ for double twin room per night. **IMPORTANT NOTE:** *If you choose to stay at another hotel the WAML will have to charge an entry fee of \$75 on top of your registration.* So please plan on staying with us at the Hotel Vila Galé Coimbra.

The Congress will conclude Thursday, August 6, 2015 with a Gala Dinner and Awards Ceremony.

Your Full Registration Package Includes:

- Admission to the Scientific and Poster Sessions
- Admission to the Sunday Evening Welcome Reception
- Admission to the Civic Reception (Sponsored by Coimbra Mayor at City Hall)
- Admission to the Thursday evening Gala Dinner and Awards Ceremony
- Admission to all coffee breaks

Guest registration will be offered when registering.

Abstracts may be submitted now by using the following link:
<https://waml.conference-services.net/authorlogin.asp?conferenceID=4386&language=en-uk>

Deadline to submit abstracts will be April 1, 2015.

André Dias Pereira will be your Program Chairman.

The program will consist of four topics:

- Ageing and Health Law
- Information Technology & Health Law
- Migrations & Health Law
- Islamic Bioethics

Please check the website often for program updates. See



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



<http://twitter.com/thewaml>

you in Portugal!

Save the date for the 22nd World Congress on Medical Law which will be held August 7-11, 2016 in Los Angeles, California (USA).



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 conclude on August 11, 2016, with 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 President 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

21st

World congress on medical law

Coimbra, Portugal
August 2-6, 2015

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

10th World Conference on Bioethics, Medical Ethics and Medical Law

January 6-8, 2015

Jerusalem, Israel

Website: <http://www.isas.co.il/bioethics2015>

Congress of the International Academy of Legal Medicine

January 19 – 21, 2015

Dubai

Website: www.ialmdubai.ae

2015 American College of Legal Medicine Annual Meeting

February 26 – March 1, 2015

Las Vegas, Nevada

Website: www.aclm.org

International Council of Nurses

June 19-23, 2015

Seoul, Republic of Korea

Website: www.icn2015.com

21st Annual WAML World Congress

August 2-6, 2015

Coimbra, Portugal

Website: www.thewaml.com

5th International Conference on Advance Care Planning and End of Life Care

September 9 – 12, 2015

Munich, Germany

www.acpel2015.org

49th Annual Meeting of the National Association of Medical Examiners

October 2-6, 2015

Charlotte, NC (USA)

Website: www.thename.org

22nd Annual WAML World Congress

August 7-11, 2016

Los Angeles, CA (USA)

Website: www.thewaml.com

50th Annual Meeting of the National Association of Medical Examiners

September 9-13, 2016

Minneapolis, MN, USA

Website: <http://www.toyo.ac.jp/site/english-about/campuses>

Website: www.thename.org

51st Annual Meeting of the National Association of Medical Examiners

October 13-17, 2017

MScottsdale, AZ, USA

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