



World Association For Medical Law

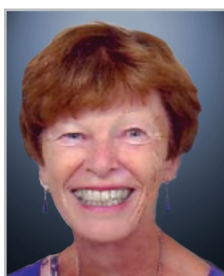
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Developments in Health Law in Europe, Strength and Weaknesses



Prof. Dr. Henrietta Roscam Abbing

The first WAML Congress (1967) took place in the European city of Ghent. It is a nice co-incidence that WAML's 50th anniversary will be celebrated in Baku, a city also located in Europe. The year 2017 is also the 20th anniversary of the Council of Europe Convention on Human Rights and Biomedicine. To quote Professor Mertens, a Dutch Professor of Social Medicine, at the inaugural WAML Congress: "in the national and international health law, the historic development of organisation of healthcare becomes placed into perspective". Enough reason for an editorial in the March 2017 WAML Newsletter on developments in health law in Europe.

Since the first WAML Congress, the 'world of health law' has changed considerably. Medical science and technology have developed, health care has globalised, and patient care individualised. The recognition of patients' self-determination has drastically changed the doctor-patient relationship. For the rights of the patient (individual and social) worldwide human rights instruments are necessary. They

bring to expression the overall common values in relation to health and health care in both their social and individual human rights dimension. Regional instruments often are more adequate because of less diverse economic, social and political circumstances, and also because of more commonly shared principles and approaches. But in Europe, as elsewhere, consensus on thorny issues like abortion, euthanasia, genetic manipulation and xenotransplantation is not always easy to reach.

The rights of the patients in their individual and social dimension have gradually developed, both at national and European scale. Thanks to the support of the World Health Organisation, Regional Office for Europe, a Declaration on the Promotion of Patients' Rights saw the light in 1994. The 1997 Council of Europe Convention on Human Rights and Biomedicine (Oviedo Convention) focuses on bio-technological and medical developments. The Convention underlines the primacy of the human being over the interests of society and science. It draws on the principles established by the European Convention on Human Rights (ECHR). Among the Convention's general principles is the right to equitable access to health care, a useful complement to the Council of Europe European Social Charter's right to protection of health and to medical assistance. The duty to follow relevant professional obligations and standards for any intervention in the health field, including research is another important principle of the Oviedo Convention.

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

The case law of the European Court on Human Rights (ECrTHR) under the ECHR also addresses subjects dealt with in the Oviedo Convention. In the absence of a consensus among the Council of Europe states, they are afforded a margin of appreciation. Examples are the right to life in relation to abortion and on end of life situations. In its judgment in the case of *Lambert v. France* (2015), the ECrTHR's Grand Chamber based part of its reasoning on the Council of Europe 2014 Guide on the decision making process regarding medical treatment in end of life situations. This Guide does not take a position on the relevance or legitimacy of one decision or another in a given clinical situation. According to Recommendation CM/Rec(2009)11 on principles concerning continuing powers of attorney and advance directives for incapacity, it is for States to decide to what extent advance directives should have binding effect. Advance directives without binding effect should be treated as statements of wishes to be given due respect.

It has become difficult to define precise and clear boundaries between the fundamental rights and freedoms enshrined in the ECHR and socio-economic rights, such as those in the European Social Charter. The Court is increasingly seized for health(care) related cases. Case law on having access to an experimental drug or treatment is but one example. The Court does not consider it a violation of the Convention when an emerging consensus towards allowing under exceptional circumstances the use of unauthorised medicine is not supported by national law. In line with this approach is the EU European Medicines Agency's policy to provide for recommendations to support the development of, and early access to medicines by accelerated assessment procedures and conditional marketing authorisations, without creating a legal framework. Compassionate use programs are coordinated by EU Member States, which set their own rules. The EU scheme focuses on medicines that may offer a major therapeutic advantage over existing treatments, or benefit patients with no treatment options (so-called priority medicines). The Standing Committee of European Doctors (CPME) is of the opinion that these 'adaptive pathways' aiming at improving timely access to medicines to address patients' unmet medical needs should be limited to situations where no other alternative is available. A strictly regulated framework based on quality, safety and efficacy standards, and integration between Health Technology Assessment and scientific approaches is considered to be indispensable to safeguard patient safety as well as the sustainability of health systems.

The European Union Charter of Fundamental Rights is the fourth European Human Rights Treaty of relevance for health law. It covers the fundamental rights protected in the Union. As human dignity and integrity of the person are legal norms in the EU Charter of Fundamental Rights they fall under the jurisdiction of the EU Court of Justice. This Court is to ensure observance of the law "in the interpretation and application" of the EU treaties by institutions/bodies of the Union and the Member States when they are implementing Union law. As with the Oviedo Convention, EU Member States may adopt more stringent rules. The EU Constitution itself brings to expression that the Union is founded on the values of respect for human dignity, freedom, democracy, equality, the rule of law and respect for human rights (art. 2). The EU must guarantee a high level of protection of human health and consumer protection (art. 168 Treaty). For instance, health products and health/medical services should meet with a high level of consumer health and safety. The EU Strategic plan 2016-2020 on Health and Food Safety stresses the importance of safety and quality, but fails to include a reference to human/patients' rights involved.

Consistent with the obligations under the EU Charter, a number of health related EU laws have recently been updated to meet with safety and quality of new developments. Regulation 536/2014 on clinical trials with medicaments entered into force in 2016. Clinical trials conducted outside the EU, but submitted in an application for marketing authorisation in the EU, have to follow the principles which are equivalent to the provisions of the Clinical Trials legislation. The new law must provide for more uniform application of the rules. In order to avoid the situation of divergent information practices under the former legislation, EU-level guidelines addressing the core elements and main principles of informed consent by the research participant are indispensable. The fact that the Regulation does not address this issue elicited from the Chairperson of the Standing Committee of European Doctors the following statement: "informed consent is one of the major achievements of the 20th century in making ethical research acceptable. It forms an integral part of the World Medical Association's Declaration of Helsinki and is the backbone principle protecting autonomy and self-determination of patients." EU law on human tissues and cells and on advanced medicinal products leave decisions about research with, and commercial uses of human embryo's, human embryonic tissues and cells to the Member States.

In an environment where health professionals and patients are encouraged to move across EU Member States, new EU legislation on the recognition of professional qualification must adequately protect the patient against poorly performing health professionals. A risk for patient safety in this respect in one Member State is a potential patient safety risk in another Member State. Revocation of license to practice or suspension are not necessarily based on the same or similar criteria. Ethical questions in particular differ among Member States.

Heterogeneity of rules among Member States may instigate cross border ‘shopping’, but it can also be a hindrance for cross border activities.

Where EU legislative instruments in the health sector do not allow for the possibility of frequent, fast revisions, or for legislation that goes further than its formal scope, the Council of Europe is well placed for filling the gaps. For instance, the Council of Europe European Directorate for the Quality of Medicines and HealthCare promotes public health by setting provisions for legally binding standards for medicines throughout their entire shelf life.

The European Directorate also develops common guidelines in the areas of blood transfusion to be used by health authorities, blood establishments and hospital blood banks. The 18th edition (2016) of the Guide to the preparation, use and quality assurance of blood components has been elaborated between the EDQM and the Commission of the European Union. The Guide provides the initial grounds for the elaboration of the good practice guidance as mentioned in the EU legislation on a quality system for blood establishments.

In the sector of transplantation, the guide to the quality and safety of organs for transplantation (6th edition, 2016) includes instructions on ‘minimum standards’ based on the relevant European Union (EU) Directives. It also refers to recent developments that may be reflected in future updates. Next to this, the EDQM regularly updates the Guide to the quality and safety of tissues and cells for human application (2nd edition, 2015). The Guide provides information and guidance for all professionals involved in donation, banking, transplantation and other clinical applications of tissues and cells of human origin. One of the advantages of the involvement of the Council of Europe in activities of this kind is that European co-operation in the field of blood and organs is not restricted to European Union Member States.

Another example of “complementarity” between both organisations is the field of genetic testing. New 2016 EU rules for In Vitro Diagnostic Genetic Tests leave it to the Member States to decide whether certain devices may be supplied on a medical prescription only, whether only certain professionals may apply certain genetic devices or that their application must be accompanied by specific professional counselling. This implies that the Regulation does not take into account divergent (internet) practices in the EU Member States. The likelihood of negative consequences for the testee of gaps of this nature in the protection afforded by the Regulation are to a certain extent compensated through the requirements in the Council of Europe Additional Protocol to the Oviedo Convention on Genetic Testing for Health Purposes. Also relevant in this respect is Recommendation CM/REC(2016)8 on the processing of personal health related data for insurance purposes, including data resulting from genetic tests where it prohibits genetic tests for insurance purposes. In order not to deter an insured person from participating in research, the transmission of health-related personal data by a third party requires consent from the insured.

EU rules for data protection have been enforced in line with an ECtHR verdict of 2008 that the protection of personal data, in particular medical data, is of fundamental importance to a person’s enjoyment of his or her right to respect for private and family life as guaranteed by Article 8 of the Convention. However, the new 2016 EU Regulation on Data Protection allows for a number of derogations from patients’ rights to access one’s own data, to have those data rectified and to seek consent for (secondary) research use, be it under appropriate safeguards. What is considered ‘appropriate’ is as yet unclear. Guidelines are necessary to ensure appropriate use of derogations. This the more so because the rather open rule for use of data without consent in research may result in different applications among member states, hampering instead of facilitating research cooperation in the European context. Noteworthy in this respect is Recital 53, stating that, although the Regulation is intended to create “harmonized conditions for the processing of special categories of personal data concerning health, [...] Union or Member State law should provide for specific and suitable measures so as to protect the fundamental rights and the personal data of natural persons.” This is particularly the case where the controller processes genetic, biometric, or health data.

Shortly after the adoption of the Data Protection Regulation, the OECD health ministerial meeting on the next generation of health reforms of 17 January 2017 adopted a Recommendation of the Council on Health Data Governance. The Recommendation identifies core elements to strengthen the health data governance and thereby maximise the potential of using health data while protecting individuals' privacy. It recognises that public trust and confidence in the protection of personal health data must be maintained if the benefits achievable through its processing are to be realised, and also that Governments have a role in fostering compliance with privacy laws and policies.

One may conclude from this brief picture of European health law that over time much has been achieved for the best interest of the patient. Yet, it remains a major challenge to achieve value based health care throughout Europe with full respect of human rights.

Some Legal Perspectives on eHealth



Titti Mattsson

Professor of Public Law, Faculty of Law,
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It is a time of major changes in the healthcare sector due to the worldwide development of eHealth – considered to be the largest change in healthcare since the New Public Management wave between 1980 and 2000. The legal application of eHealth involves many different areas of the law. Within healthcare alone, the application may comprise various legal issues involving health data, administrative routines, commercial products or direct health services. However, eHealth also raises general legal issues, such as state obligations and duties of providing healthcare in relation to the individual's personal responsibility for his or her own health and the relationship between the public and the private sector in terms of providing public services. Issues such as eHealth techniques and systems, law and regulation, equality and vulnerability, technological security, ethics, the work environment of health professionals and patient safety are currently highlighted by medical law experts around the world.

The introduction of smartphones, apps and cloud services has completely changed the way technical systems are created and developed in the healthcare sector. For example, we are facing a change in the entire diagnostics sector: many previously complicated procedures carried out by health professionals will soon be simple in-home tests. The changes have implications for the whole healthcare market, where Sweden as well as other nations see major initiatives from the private sector in the development of different types of eHealth solutions.

Recently, the Swedish government adopted a national eHealth vision which assumes that within 10 years Sweden will be a world leader in digitalization in healthcare. Even though eHealth to a large extent is a global concern, the local situation is the main platform for development and change. In Sweden, a goal-oriented healthcare legislation, an organization of 20 autonomous regions and a high levels of Internet use among Swedish citizens create certain conditions that must be taken into account when discussing the country's eHealth development. Moreover, private care providers also have a relatively free market to enter because of the flexibility that the national regulation offers in many areas of the health/healthcare sector. In addition, because freedom of movement in the healthcare sector is integral for EU citizens, there are several key European Directives resp. Regulations that facilitate the free movement of eHealth services.

This legal structure for Swedish healthcare seems to have both advantages and disadvantages for eHealth development. The positive aspect is the possibility of flexibility and unique solutions to meet local needs. The drawback is a disunited eHealth development from a national point of view. Except for this national policy-making work, local governments and private healthcare providers have so far shaped much of the eHealth landscape and it seems that they will continue to do so. One advantage is the possibility of creating a broader market, and thus an increased possibility to get individually suited healthcare according to one's own wishes and needs. However, a problem with the increased diversity of healthcare providers, products and services in different parts of the country is the difficulty of achieving quality assurance on a national basis and the subsequent risk that the national healthcare system will not live up to the main legislative goals for the nation as a whole: good health and healthcare on equal terms for everyone.

The ageing population may be a group that risks a negative outcome from this regional diversity and

the increasingly private healthcare sector – at least if eHealth producers focus more on the ‘average’ patient when producing eHealth products than on the patient with special needs. For example, current eHealth devices often require computer skills that many older people do not have, such as appointment booking online, medical records online, virtual doctor’s appointments/meetings, apps or activity wristbands. In addition, people with different impairments (visual, hearing, physical, cognitive and language) risk being excluded if the market is not forced to create alternative options for people who are not part of the larger (and thus more profitable) ‘average’ population. Thus, demographic changes demand increased efforts to integrate the ability to deal with diversity in eHealth systems from the very start. Current legislative tools in Sweden for pushing developments in that direction seem rather weak.

Paradoxically, although many areas raise potentially thorny legal problems, eHealth is still a relatively unregulated field. The legal system is not adapting very speedily to the rapid changes being experienced in healthcare. This is especially noticeable from a privacy point of view. Healthcare is one of the most sensitive and information-intensive sectors in society, and there is a significant need for a legal safety net that is adapted for the supply of personal health information at different levels and fast information transfer between different eHealth providers. For example, eHealth tools and techniques need to be designed so that products and services can provide acceptable levels of privacy. The new EU data protection regulation is a good example of the current need for safeguarding integrity and privacy issues. Given that eHealth deals to a large extent with the collection and sharing of patient data, it is important to examine how data protection and privacy laws affect healthcare practices. Some parts of eHealth – such as electronic health records and healthcare “big data” – expand the possibility of collecting, analysing and displaying registry data. During recent years, Swedish and European public authorities and entities have developed public platforms and infrastructures that provide access to large amounts of healthcare information, including data from clinical trials and patient information. In addition, other actors such as pharmaceutical companies, healthcare providers, laboratories and insurance companies have accumulated years of health data in medical databases and have digitized their patient records. Thus, there is a tremendous potential for research and quality assessment based on this vast amount of healthcare information that has been

compiled as a result of eHealth. At the same time, unresolved integrity and privacy issues remain. One such issue is the collection and use of patient data from older persons with cognitive impairments, who do not have the capacity to consent to the use of their data.

There are good reasons to argue for proactive strengthening of legal protection in the area of e-services. The EU data protection regulation reflects this need for stronger legislative awareness and proactive legislation efforts; assertive legislative initiatives are needed to ensure that the state can fulfil its obligations and guarantee citizens’ right to healthcare as well as to integrity and privacy. However, the need for increased government control through national standards in healthcare must be balanced with the need for local variations and requirements. This is a delicate and difficult task for future legislation-making, yet it seems crucial for a successful outcome.

Falsified Medicines and Global Public Health: The European Response



Stefania Negri

Jean Monnet Chair in European Health,
Environmental and Food Safety Law

The falsification of medicinal products is a major threat to public health worldwide and has rapidly become a global criminal phenomenon.

Falsified medicines raise serious concerns about patient safety, because they are not equivalent in quality, safety and efficacy to their genuine counterparts. As such, they can result in therapeutic failures, adverse side effects (including allergic reactions, drug resistance, intoxication) and even death.

Fake drugs also pose a serious security issue because the link between drug falsification and organized crime, including cybercrime, is well established. Trade in falsified and counterfeit medicines represents a multi-billion euro business for transnational

criminal groups, who are attracted by high profits associated with a low risk of interception and relatively mild penalties. Moreover, the illegal market of pharmaceutical products offers a significant additional way through which criminal groups can launder money and finance other illegal activities.

International organisations and pharmaceutical companies report that this phenomenon is on the rise around the globe, but the magnitude of the problem and its real scale are difficult to assess. The globalisation of the pharmaceutical market and the absence of harmonised regulations and controls have played a crucial role in facilitating the circulation of falsified drugs. Increasing international trade of medicinal products sets a scene which multiplies the opportunities for counterfeiters to place fake medicines on the international market. Also the circulation of medicines through unregulated channels, especially unauthorised Internet pharmacies, has facilitated the entry of unsafe products into the distribution channels. Moreover, counterfeiting techniques have become ever more sophisticated, making it harder to identify fake products and more difficult to combat the risk that they may enter into the legal supply chain.

Confronted with such a complex and multifaceted phenomenon and its rising trend globally, the international community has called for a stronger and more coordinated response. Several international players have become actively involved in combating falsified drugs, including the major pharmaceutical companies operating at a global level and key international organizations such as the World Health Organization, which launched in 2006 the International Medical Products Anti-Counterfeiting Taskforce (IMPACT), the United Nations (through its Office on Drugs and Crime), the World Intellectual Property Organization, and Interpol's Pharmaceutical Crime Unit. Each of these organizations has offered over time an important contribution through normative, operational and law enforcement activities, as well as technical support to Member States.

However, despite the global reach of the phenomenon and the commitment of these institutions in finding suitable solutions, only at the European level has a solid legal response been provided by the European Union and the Council of Europe. In recent years, these organizations have succeeded in creating an integrated legal framework aimed at achieving a certain degree of harmonisation of the rules applying to the manufacture and trade of falsified medicines.

The first important achievement was the adoption by the EU Council and the European Parliament of the Falsified Medicine Directive (Directive 2011/62/UE of 8 June 2011), which took effect 2 January, 2013. The Directive is particularly important because it represents the first EU legislative measure aimed at preventing the introduction of falsified medicinal products into the chain of legal procurement by making the distribution circuit more secure, particularly on the Internet. To this end, the Directive has imposed tougher rules with new harmonised, pan-European measures, including an obligatory authenticity feature on the outer packaging of the medicines; stricter controls and inspections of producers of active pharmaceutical ingredients; strengthened record-keeping requirements for wholesale distributors; and, most interestingly, the first common regulation of e-pharmacies. In this latter respect, the Directive has introduced a common logo, recognisable throughout the Union, to be clearly displayed on every page of the website of legally-operating online pharmacies and retailers. According to this system, the logo can be trusted only if a purchaser, after clicking it, is redirected to the entry of that pharmacy on the list of legally operating online pharmacies and retailers registered on the national authority web-page. The Directive also requires Member States to lay down rules on effective, proportionate and dissuasive penalties applicable to infringements of the national provisions adopted pursuant to the Directive concerning the manufacturing, distribution, brokering, import and export of falsified medicinal products, as well as the sale of falsified medicinal products at a distance to the public by means of information society services.

The second major achievement was the adoption, on 28 October 2011, of the Council of Europe MEDICRIME Convention, the first international treaty against falsified medical products with a clear focus on the protection of public health. This Convention, in force as of 1 January 2016, represents a significant milestone in the fight against the falsification of medicines through European criminal law and harmonised criminal legislation at pan-European level.

The core provisions of the Convention impose on States Parties the obligation to criminalise a number of offences that amount to pharmaceutical crimes: the intentional manufacturing of counterfeit medical products, active substances, excipients, parts, materials and accessories; the intentional supplying and offering to supply falsified products, including the acts of trafficking, brokering, procuring, selling or offering

for free, promoting also through advertising, keeping in stock, importing and exporting such products, their active substances, excipients, parts, materials and accessories; the intentional falsification of documents; the intentional unauthorised manufacturing or supplying of medicinal products and the placing on the market of medical devices which do not comply with conformity requirements. For these crimes the Parties are required to lay down effective, proportionate and dissuasive sanctions, such as prison sentences that may give rise to extradition in case of individual liability, and criminal, administrative, civil or monetary sanctions in case of corporate liability of legal entities.

Both European instruments are particularly noteworthy since they provide an interesting model of prevention and repression which could be usefully exported to other regional settings, or even applied as a global pattern of legal regulation.

WAML President's Report



Thomas T. Noguchi,
President of WAML

About four months from now, we will have the Baku Congress. We look forward to seeing you in Baku, Azerbaijan. The first scientific Session begins July 11 and the Congress ends on July 13, 2017. Registration opens July 10, in the afternoon.

Since we are now an annual Congress, we have established an educational congress in a part of the world where we were not able to schedule in the past. The WAML has never been in this region. The Republic of Azerbaijan is located north of Iran, east of Armenia, south of Russia, and to the east is the Caspian Sea. Baku is a very modern capital city and its surrounding regions hold many magnificent historical sites. We will be taking a Post- Congress tour and highly recommend early planning for the Congress as well as reserving tours of such a wonderful country. The Republic of Azerbaijan has maintained peace and

secularism, with many regions showing rapid progress and harmonious support.

Program Chair is our Treasurer, Prof. Dr. Vugar Mammadov who is well established as an expert in forensic medicine as well as medical law. This WAML World Congress is the 50th Anniversary Meeting since the WAML started the first World Congress in Ghent, Belgium in 1967. We are expecting the participation of many scholars and experts in Medical Law and Ethics as well as Legal Medicine from Russia and surrounding countries.

The EC has established a regular monthly meeting on the first Saturday of each month; thus far we have discussed many current topics, such as the Los Angeles Congress, preparation of the Baku Congress, WAML Finance and operational funds, and statutes (bylaws). Through excellent management, Denise McNally was able to work with the Millennium Biltmore Hotel so that the hotel completely waived the penalty charge for the LA Congress. Our deep appreciation goes out to Denise for her great work.

We'd like to increase communication with our members. Please do not hesitate to contact us directly or through Denise, so we may hear your concerns. We continually strive to improve our service to the membership.

I look forward to welcome you in Baku July 10-13 of this year.

WAML Secretary General's Report



Ken J. Berger
MD, JD
WAML Secretary General

The World Association for Medical law and its members are leaders in health law, legal medicine, medical ethics and forensic medicine.

Our affiliated organizations perpetuate our strength and drive momentum.

A group of WAML members were witness to this, at the recent annual meeting of the American College of Legal Medicine (ACLM) in Las Vegas.

Several WAML members represented their own countries with honour and distinction, participating in a global panel on Health Care Systems. The American delegates benefited, and they can now help decide from an informed basis how to replace Obamacare with a new and improved version, to serve its citizens.

Similarly, after the Golden Anniversary meeting of WAML in Baku, we will participate in the International Association of Forensic Sciences meeting in Toronto, Canada August 21-25 2017.

Layers of strength and strong foundations are not just a goal but an expectation. As leaders in this fundamentally important and diverse field of health law, we strive to improve evidence based science, justice and humanity.

Friends and colleagues, I look forward to seeing everyone soon in July to extend my gratefulness to you in participating in this wonderful journey we are on.

Very truly yours,

Ken J. Berger
MD, JD

Secretary-General, Vice President, Board of Governors
World Association for Medical Law
Scientific Chair, 2020 WAML meeting, Toronto, Canada

Message from the 23rd WCML-2017 Program Chair



Vugar Mammadov

Treasurer and 23rd WCML Program Chair

On 10-13 July 2017 for the first time in the 50 year history of WAML the World Congress of Medical Law will be held in the middle of Eurasia, at the Eastern

edge of Europe and the cusp of Central Asia, where West is bridged with East, and North with South. At the seaside of the Caspian Sea, the biggest lake of the world, many leading specialists in medical law, bioethics and legal medicine, coming from different countries and civilizations, will meet together to exchange their own experience and knowledge to start another 50 year period of WAML. This is a unique opportunity to bring together people working in the same disciplines who have never met before. Important bioethical and medicolegal issues will be on the agenda, especially those related to education, environment & biodiversity protection together with opportunities for multicultural and inter civilizations dialog.

We take great pleasure in sending all of you a very cordial invitation to attend the 23rd World Congress on Medical Law from July 10th to 13th, 2017 at the JW MARIOTT Absheron Baku Hotel, Azerbaijan.

This 23rd Congress in Baku will be a remarkable event from several points. First of all, it will mark the 50th, Golden Anniversary of WAML. This Congress is also a very important event for Azerbaijan because it is the first international scientific event on the level of World Congresses of science ever held in my country. Baku is well known nowadays as a venue for big international cultural and sport events, as a center of Multiculturalism and Tolerance, and now, our city will collect the leading world experts in Medical Law, Bioethics and Legal Medicine which will make it an important event in the history of Azerbaijan science, and I am very proud of it.

The WAML website was updated carefully in terms of the 23rd WCML promotion and let me kindly invite you to review it so that you can be on time with abstracts submission and travel reservations. Call for abstracts (deadline was 01 March 2017), abstracts information and guidelines, welcome messages of the Program Chair in English, Azerbaijan and Russian are all on wafml.memberlodge.org. The Honorable Scientific Committee (SC) consisting of 12 members, International SC of 26 members, Local SC of 12 members, and an abstracts review committee were formed. Program Brochure, Poster and Save Date Cards are prepared. They are also translated into Azerbaijan and Russian languages. Videospot «Welcome to Azerbaijan», pictures of the venue—the luxurious JW Marriott Absheron Hotel at the Caspian seaside and necessary instructions for hotel reservation are given on the website. WAML has a limited number of rooms and suites in the Marriott so

I advise you all to speed up your preparations to stay maximally comfortable in the venue of the meeting.

Leading Destination Management Company in Azerbaijan - PASHA Travel - is the exclusive Travel Partner of 23rd WCML. Thanks to this cooperation we came to agreement with TURKISH AIRLINES, the Official Carrier of the Congress which provide up to 20% discounts on flight tickets depending on class of travel for participants of WAML Baku Congress. PASHA Travel has prepared 5 pre- and post-congress optional tours to discover History, Culture, Sightseeing Places of Baku and Azerbaijan

like Old City, Shirvanshah Palace, UNESCO Heritage places like Gobustan; Ateshgah Zoroastrian Center, "Flaming Mountain" Yanar Dag, Heydar Aliyev Center, Flame Towers and Highland Park. PASHA Travel also operates a Beach tour to Amburan Resort at Caspian Sea, and tours to regions Gabala, Sheki, Lahij, Quba, Khinaliq and oldest Jewish settlements of Krasnaya Sloboda. Please, review these carefully prepared offers at the website of Association: wafml.memberlodge.org and contact PASHA Travel by email: incoming@pashatravel.az

JOIN US AT THE 23RD WORLD CONGRESS ON MEDICAL LAW (WCML) JULY 10-13, 2017

WAML Meeting Planning and Administration



Denise McNally,
WAML Administrative Officer
and Meeting Planner

Congress Registration – Pre-Registration Deadline May 15, 2017

Register today and save <http://wafml.memberlodge.org/event-332060/Registration>.

WAML Member pre-registration will be \$525, PhD / Student pre-registration rate will be \$325 (Student ID is required), Guest Registrations will be \$325 and Non-Member pre-registration will be \$725.

WAML for half a century
50th golden anniversary
Crossroads of civilizations

HISTORY
Partial listing of the World Congresses since 2000.

- Finland 2000
- The Netherlands 2002
- Australia 2004
- Seoul, Korea 2005
- Toulouse, France 2006
- Beijing, China 2008
- Zagreb, Croatia 2010
- Maceio, Brazil 2012
- Bali, Indonesia 2014
- Coimbra, Portugal 2015
- Los Angeles, U.S.A 2016
- Baku, Azerbaijan 2017

The World Association for Medical Law (WAML) was founded 50 years ago in Belgium and has sponsored biennial and later biennial congresses until 2014 when they became annual.

The membership consists of delegates from over 60 countries and 18 member State Governments from 16 countries. I am the WAML Vice President, Treasurer and the Program Chair for the 50th GOLDEN ANNIVERSARY 2017 Congress. **Look forward welcome you in Baku!**

Coming WCML will be in:
Baku Azerbaijan 2017

Coming WCML will be in:
Tel Aviv, Israel 2018
Tokyo, Japan 2019
Toronto, Canada 2020
Istanbul, Turkey 2021

23rd WORLD MEDICAL LAW CONGRESS
50th Golden Anniversary Meeting of WAML
1st time on the border of Europe and Asia, on the crossroads of the Great Silk Road

MAIN THEME:
MEDICAL LAW, BIOETHICS AND MULTICULTURALISM

The World Association for Medical Law (WAML) is bringing the World Congress on Medical Law (WCML) to Baku, capital of Azerbaijan, located on the seashore of the world's biggest Lake Caspian Sea.

Venue: JW Marriott Absheron Hotel
JULY 10-13, 2017

To present and debate by dedicated scientists and professionals the most currently troubling medicolegal issues in Environmental Health, Medical Law, Bioethics and Forensic Medicine to address multicultural and cross disciplinary aspects in the vast field of Medical Law.

Prof. Dr. Vugar Mammadov
WAML Vice-President, Treasurer

Dear international delegates, colleagues and friends, welcome to the 50th WAML GOLDEN ANNIVERSARY Congress that is first time ever held in the center of Eurasia, on the crossroads of civilizations, West and East, South and North. The 23rd WAML World Congress provides an international forum for discussion of a broad range of issues covering Medical Law, Bioethics and Forensic Medicine from perspectives of multiculturalism, different religions, cultures and traditions. Baku as one of the well-known centers of Multiculturalism, Tolerance and Intercultural Dialogue will be wonderful host city in which to discuss it.

Four subthemes will be the following topics:

- 1 Environmental Health Law
- 2 Medical Law and Bioethics Education
- 3 Challenges of Medical Law and Forensic Medicine in XXI Century
- 4 Bioethics, Religion and Multiculturalism

Registration and Welcome Reception
Monday, July 10, 2017

Key-note speeches and Oral Presentations Tuesday July 11, through Thursday July 13, 2017

Posters Presentations
New posters daily Monday July 10, through Thursday July 13, 2017

Gala-dinner Wednesday July 12, 2017

FOUR SUB-THEMES OF THE CONGRESS

Environmental Health Law
The environment is everything around us — the air we breathe, the water we drink and use, and the food we consume. It's also the chemicals, radiation, microbes, and physical forces with which we come into contact. Our interactions with the environment are complex and are not always healthy. Environmental health laws and policies are created to regulate and safeguard our environment.

Medical Law and Bioethics Education
Adoption of UNESCO Declaration on Bioethics and Human Rights with set of bioethical principles agreed upon by 191 Member States of UNESCO provides global common platform to strengthen Medical Law and Bioethics Education within each Member State. The primary target group includes medical and law students, medical staff and health workers.

Challenges of Medical Law and Forensic Medicine in XXI Century
Medical Law and Legal (Forensic) Medicine are closely related disciplines. Forensic medical experts play key roles in development of Medical Law worldwide. There are many challenges in XXI Century in further developments of healthcare systems they may achieve together.

Bioethics, Religion and Multiculturalism
Multiculturalism, cultural and religious diversity, is common heritage of humanity. This is source of exchange, innovation and creativity necessary for humankind as biodiversity is for nature. One of main bioethical principles is respect for cultural, religious diversity and pluralism. Multiculturalism is legacy for Azerbaijan. Our capital hosted annually five Baku International Humanitarian Forums, 7th Global Forum of the UN Alliance of Civilizations, World Forum of Intercultural Dialogue.

CME Accreditation: full CME and CLE credits to all qualifying attendees.

MEET INTERNATIONAL EXPERTS IN MEDICAL LAW, FORENSIC MEDICINE AND BIOETHICS

Abstract submission deadline for acceptance is March 1, 2017

Notification will be made and the final scientific program will be published May 1, 2017.

Contact Us via email:
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Full registration packages include the Scientific Program, Welcome Reception, Lunch, Coffee Breaks and the Gala Dinner.

WAML will also have a daily rate of \$200/day which will only include the Scientific Program, Lunch and Coffee Breaks during one day.

Pre-Registration rates will expire May 15, 2017 at which time the registration fee will increase.

Hotel Reservations – Deadline June 1, 2017

The JW Marriott Absheron Baku is offering a reduced group rate of \$123.83 USD for single and \$138.11 USD for double occupancy. The rates are exclusive of 18% VAT & Municipality Tax. The rates also include Breakfast and Internet in the guest room. We understand that you have many choices when making your travel arrangements. Please note that reserving your room in the WAML room block maximizes your opportunity to have a great stay in close proximity to the sessions, exhibits, events and other attendees. It also enables our staff to help should you have any issues with your accommodations, to keep registration costs lower and to negotiate the best possible hotel room rates for future annual meetings.

To book your reservations, please click on the link below. The reduced group rate is available until **June 1, 2017**. After this date you may reserve rooms at the standard hotel rate only if any are still available.



To begin the process and reserve your room click the following link: http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=WAML%20Conference%5EGYDJW%60HP1HP1A%7CHP1HP1E%60186.99-580.00%60AZN%60false%602%607/7/17%607/15/17%606/10/17&app=resvlink&stop_mobi=yes

This Congress will commence with a Welcome Reception, Monday July 10, followed by the Opening Ceremony the morning of Tuesday, July 11th. The Gala and Awards Dinner will be held Wednesday, July 12th and the program will conclude Thursday, July 13, 2017.

WAML Treasurer Vugar Mammadov will be your Program Chairman and we look forward to seeing you in Baku, Azerbaijan.

The WAML website will be populated as specific information becomes available (Program, etc.) The address is <http://wafml.memberlodge.org/23rd-World-Congress-for-Medical-Law-Baku-Azerbaijan>



Travel

- WAML is pleased to announce PASHA Travel the Official Travel Partner in Azerbaijan and TURKISH AIRLINES the Official Carrier of the upcoming 23rd WAML Annual Congress in Baku. <http://wafml.memberlodge.org/Travel>
- Participants of the Congress are invited by WAML Administration to make destination travel management and ground services (visa support, transfers, accommodation, air-tickets, pre- and post-congress tours, accompanying persons guided tours...) via PASHA Travel and be qualified for a discount of up to 20% on TURKISH AIRLINES, depending on fare and class of travel booked

Tours - <http://wafml.memberlodge.org/Tours>

Program Chair Message is available in English, Russian and Azerbaijan. The English version can be found <http://wafml.memberlodge.org/Welcome-Message-Scientific-Program-Chair>

Scientific Committee - <http://wafml.memberlodge.org/Scientific-Committee>

Hotel Photos - <http://wafml.memberlodge.org/page-1841491>

Digital Materials - <http://wafml.memberlodge.org/Digital-Materials-of-23rd-WCML>

Baku Materials and Video - <http://wafml.memberlodge.org/Baku-Information>

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. 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, the "Medicine and Law" electronic Journal and discounted access to activities of affiliated organizations.

For 2017 your membership dues are \$150, owed by January 1, 2017. The easiest method is to log into the WAML website www.thewaml.com and pay. You also have the option to pay by check or wire transfer. If so please contact me at worldassocmedlaw@gmail.com for further information.

“ This issue celebrates the 50 years of WAML, which will culminate with the Congress in Baku, with articles about many of the accomplishments in health law, particularly in Europe where WAML began. The World of Medical Law has changed immensely over that half century as these papers show and as we shall discuss in Azerbaijan this July ”



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



<http://twitter.com/thewaml>

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

UNESCO Chair in Bioethics – 12th World Conference Bioethics, Medical Ethics & Health Law 2017

March 21-23, 2017

Limassol, Cyprus

Website: <http://www.isas.co.il/bioethics2017-Limassol>

23rd Annual WAML World Congress

July 10-13, 2017

Baku, Azerbaijan

Website: www.thewaml.com

6th International Conference on Evidence Law and Forensic Science

August 14 – 16, 2017

Baltimore, MD (USA)

21st Triennial Meeting of the International Association of Forensic Sciences

August 21-25, 2017

Toronto, Ontario Canada

Website: <http://iafstoronto2017.com>

27th Congress of the International Society for Forensic Genetics

August 28 – September 2, 2017

Coex, Seoul, Republic of Korea

Website: <http://www.isfg2017.org/welcome.asp>

10th International Symposium Advances in Legal Medicine (ISALM) combined with the 96th Annual Conference German Society of Legal Medicine

September 11-15, 2017

Düsseldorf/Cologne, Germany

Website: <http://www.isalm2017.de>

51st Annual Meeting of the National Association of Medical Examiners

October 13-17, 2017

Scottsdale, AZ, USA

Website: www.thename.org



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World Association For Medical Law

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Medicalisation, Access to Care and Iatrogenic Harm



Nicola Glover – Thomas

Professor of Medical Law
School of Law, University of Manchester, UK
Guest Editor WAML Newsletter

Writing in the mid-1970s, Ivan Illich contended that health had been expropriated by a medical profession possessing 'the exclusive right to determine what constitutes sickness, who is or might become sick, and what [should] be done to such people'. At the time, Illich saw the medical profession as a threat to health: medicine itself had become the sickening agent and a cause of 'iatrogenic disease'.

Since Illich's time health care has undergone many stealth revolutions. The paternalistic doctor-centric model where it was axiomatic that a doctor-knew something the patient (and indeed other professionals) did not has moved on. The 'knowledge-gap' and the doctor's recourse to 'scientificity' to justify his superior position in the knowledge hierarchy has increasingly been undermined. Healthcare is no longer the domain of the doctor alone and various professions from nursing through to occupational therapy (and many more besides) have a recognised and central role to play. Illich's assessment that doctors constructed a

'radical monopoly' over health could arguably be said to be over. In the UK, judicial pronouncements tell us that 'paternalism no longer rules'. However, the law still does defer to the notion that clinical staff still determines therapeutic directions and what patients' best interests generally are. Medicalisation is still going strong and the expanding catalogue of 'medical conditions' suggest a thriving and buoyant market for medical authority. The employment of technical language confers a clinical imperative and this has seeped into many different areas.

In recent years, this has become particularly noticeable in the preventive or proactive healthcare field. Health permeates every facet of life: our work, play and consciousness now fall within the medical domain. Increasingly we are encouraged to take responsibility for our health. Clinical screening programmes, vaccinations and the taking of supplements is becoming the norm for us all. We are all becoming participants in a new democracy in medicracy. Governments are 'nudging' us towards making 'healthy' decisions and choices, while the 'worried well' are a very recognisable presence.

In the UK, 'nudging' has become a policy tool of choice and the Government maintains the 20 year old pronouncement that the NHS exists to 'promote good health, not just [to] treat people when they fall sick'. We now live in an 'empowered' world where patients now participate rather than are subjected to decision making on their behalf.

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

So medicalisation is very much present within our daily lives. For Illich, this means that as 'health care is turned into a standardised item, a staple,' iatrogenic harm is more likely. The inadvertent inducement by a physician or surgeon of harm through medical treatment or diagnostic procedures increases when we are exposed to or expose ourselves to greater contact with all forms of health care. In the UK, this became particularly manifest with the inception of the NHS. When looking at the first month of the NHS in 1948, the NHS issued 6.8 million prescriptions; three months after that, 13.6 million prescriptions were dispensed. It is easy to see how Enoch Powell's assessment in the 1960s that there is 'virtually no limit to the amount of medical care an individual is capable of absorbing' was accurate.

This tendency that we all possess is nurtured further in an environment where we are encouraged to think about and protect our own health. Meanwhile, the expansion of professional decision-makers has further enabled access to healthcare in all its forms. Even the layperson can quickly and easily 'educate' herself, with the rise of 'Google Health' and similar sites expounding the message that we are now all able to self-diagnose. The rise of the internet could be claimed as a valuable tool to assist us to become healthier. However, the darker elements of the internet, such as, the rise of e-pharmacies and other group sites, suggest otherwise. E-pharmacies with their 'open' 24 hours a day, 7 days a week and no need for a prescription 'thanks very much' raises the spectre of iatrogenic harm in a way that Illich could never have foreseen. It is not a surprise that 'health' is the second most popular search criterion on the internet and with this 'health information' doctors' control is increasingly compromised. The control over decisions around therapeutic interventions are likewise interfered with and questioned.

One could argue that this is no bad thing. Greater levels of information, reduction of monopolistic control and better social engagement with health benefits everyone. So, are we nearing a utilitarian utopia? Probably not. The 'corporatisation' of health has so far not proven to be a means of achieving better equality or safety. The UK is significantly behind the US on this, yet corporatisation of health has been marching on since the 1980s and an open fear of 'creeping privatisation' ever present since the 1990s. The NHS is the cornerstone of UK welfarism where universal delivery of healthcare remains a core foundation. Increased access to information, drugs via other means, such as the internet, increases that universal access – or does it? Only those who have the

means to buy drugs, equipment etc on the internet can benefit from this. Likewise, we depend on the information available to us being accurate and that we interpret it and understand it correctly. There is little to protect us should we get it wrong. Hayek believed that the 'sovereign consumer' was the autonomous, inviolable building block of a system. The market is determined by our needs and our demands. When we consider access to drugs we may argue that drugs are the new currency in which our health is bought. We could consequently argue that we have a right to drugs and access to healthcare for the purposes of the right to health under Article 12(1) of the International Covenant on Social, Economic and Cultural Rights (1966) which provides for the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. So, perhaps, corporatisation of health is here to stay.

This insidious clamour for access to healthcare, in all its guises and through all means, is a genuine response to a medicalisation bias that has become a dominant marker of modern healthcare systems. Medicalisation has been supported by both healthcare providers and related-industries. Various strategies have been used to reinforce this: i) ordinary processes or ailments are recast as medical problems (e.g., baldness); ii) mild symptoms are redefined as portents of serious disease (e.g., irritable bowel syndrome); iii) personal or social problems are relabelled as medical matters (e.g., social phobia); iv) risks are reconceptualised as disease (e.g., osteoporosis); and v) disease prevalence estimates are reframed to maximise the size of the problem (e.g., erectile dysfunction).

Illich had it right and recognised the sheer impact of what he saw as his 'medicalisation critique'. He evaluated this through a much more binary framework – doctor versus patient, than that which fits the modern model. Yet, despite this focus and the reduction of the doctors' role in the increasingly complex and holistic approach to medicine, iatrogenic harm still continues and remains a clear threat. Access to drugs on the internet and meeting the demands of the public to respond to the 'worried well' has adverse consequences. Studies performed in an attempt to quantify this have shown adverse drug reactions account for 1 in 16 hospital admissions, and for 4% of hospital bed capacity. Adverse drug reactions themselves are also thought to occur in 10-20% of hospital in-patients, and one study published in 2004 in the British Medical Journal found that over 2% of patients admitted with an adverse drug reaction died. This position was further reinforced when in

the House of Commons Health Committee in 2005, it was estimated that in the UK adverse drug reactions accounted for 3 – 5% of hospital admissions each year.

Although judicial intervention on health matters suggest that medical paternalism is no longer in fashion, we know that in the broader health policy context of proactive health care and nudging to make healthy choices, doctors still have an important protective role to play. Tallis noted in his 2004 book that doctors may not know best, but they almost certainly ‘know better’.

Protecting patient autonomy and rights to be self-determining is a goal that we continue to strive for. Providing an environment which encourages us to be responsible for our own health remains important. Recognising that all health intervention presents equal risks of iatrogenic harm is also a necessity and provides a useful means of restricting and monitoring healthcare intervention. Modern vehicles for accessing healthcare do not necessarily reduce medicalisation, but instead reinforce it and we should be vigilant, remembering Illich’s view where he said that:

A world of optimal and widespread health is obviously a world of minimal and only occasional medical intervention... Healthy people need minimal bureaucratic interference to mate, give birth, share the human condition, and die.

To Ration With Compassion – Comprehensive Care and Exceptional Needs



Professor Chris Newdick,
University of Reading, UK
Thames Valley NHS Priorities Committee

Rationing is a fact of life – the more so as austerity cuts into public welfare budgets. We hate it, but healthcare resource allocators have to do it. Otherwise, money would run out before the end of the financial year. Drug companies would charge

ludicrous prices for their medicines. We would fail to recognise health care priorities. And those with least voice would always be last in the queue - especially mental health and elderly patients.

Many understand that rationing is inevitable because demand for care exceeds the supply of resources we are prepared to invest in the system.

It is not so much rationing itself, as the unfair and inconsistent way it happens that upsets people. If you can have treatment in your locality, why can’t I have it in mine? Proper *procedures* are essential to demonstrate such a system treats everyone fairly, equally and transparently. In the Thames Valley we have an *Ethical Framework* to help keep us straight: <http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2014/05/Thames-Valley-CCGs-Ethical-Framework-for-priority-setting-FINAL-2014.pdf.pdf>.

This works at the macro-level, but “compassion,” is getting at something else. It concerns how the system responds to *individual* patients. Responsible priority setting does not mean we can disregard compassion at the micro level. A good way of understanding compassion is through “exceptional” patients.

English law has developed the notion of clinical “exceptionality.” This accepts rationing as a necessary fact of life. But it also says that patients who present with exceptional clinical merits also merit an exceptional clinical response.

Exceptionality is easier to understand in principle than in practice. Say there is a policy not to purchase a treatment because it is too expensive. In principle, if I can demonstrate I will get exceptional benefit from this treatment, then compassion requires my individual needs to be taken into account. If a QALY analysis indicates that, for me, the treatment offers value for money, compassionate ethics say I deserve to have it, even if the general policy denies it to everyone else.

But this is more difficult in practice. First, reliable Health Technology Appraisal (HTA, such as a NICE (National Institute for Health and Care Excellence)

Technology Appraisal) is essential to ensure health systems get best value for their patients. Exceptionality should not stop drug companies submitting medicines for HTA review. Let's not encourage companies to use "exceptional" patients as a way of avoiding proper HTA and getting paid for medicines that don't really work.

This is difficult because "exceptional" patients are hardly likely to have RCT evidence to support their claim. Requests are submitted on the basis of single patients only, without broad-based clinical evidence. Many exceptionality claims fail, therefore, for lack of sufficient evidence that they will work at reasonable cost. And since these decisions are often made by local committees of doctors and patients, there is still a risk of inconsistent decisions between neighbouring districts.

Second, "exceptionality" does not work for rare and orphan diseases. Say I am a patient with an illness that affects less than one in 10,000 patients. By reference to what criteria should I claim to be exceptional? I surely cannot prove I will derive exceptional benefit by comparison to the tiny numbers of my fellow sufferers of the orphan disease. Nor does exceptionality work when the treatment is so new there is no HTA to indicate which categories of patient should generally be included (and excluded) and against which a claim to be exceptional can be assessed.

NHS Wales recently held a public Inquiry into *Individual Patient Funding Requests* (IPFRs) (<http://gov.wales/topics/health/nhswales/funding/?lang=en>). The inquiry (of which I was a member) recommended that the "exceptionality" principle should be replaced by a different test of "significant clinical benefit at reasonable value for money." The report is sensitive to the opportunity costs involved in decisions like this. It urges government to insist on full HTA so that drug companies are not encouraged to use the IPFR process as a short-cut for the NHS to waste money on expensive and ineffective treatment.

Nevertheless, in cases where HTA is not available, an onus is placed on the patient's doctor to show

why the patient is likely to derive *significant benefit* from the treatment. Conceding the challenge of uncertainty, why does the doctor believe this treatment will help this patient? This approach better accommodates patients with rare diseases and treatments where guidelines have yet to be created, where the exceptionality test breaks down.

Even if there is significant clinical benefit, the cost must still be reasonable. We recommended that health authorities should evaluate the evidence of value for money in IPFR cases – bearing in mind the absence of HTA. In England, NICE says that treatments costing more than £20,000/QALY are unlikely to be approved and the same approach must surely be adopted here for reasons of opportunity costs to others.

We also recommended that the clinical outcomes of all these IPFR treatments are tracked by a central secretariat, both to encourage consistency in decision-making and so best evidence is gathered about their cost and effectiveness.

IPFRs are just part of the costs pressures confronting public health care budgets. If we cannot persuade people that their public health care system is effective and compassionate, they will lose trust in public welfare and look to private health insurance instead. But this will surely be less effective, less comprehensive and vastly less compassionate.



Police arrests under Mental Health legislation in England and Wales



Peter Lepping

Consultant Psychiatrist
MRCPsych, MSc

Betsi Cadwaladr University Health Board, Wales, UK

Police in England and Wales can arrest members of the public under section 136 of the Mental Health Act 1983. This is when they are found in a public place and appear to suffer from symptoms of mental illness. The purpose of any section 136 assessment is to determine whether a person ought to be detained in hospital under the Mental Health Act. There is a presumption that an arrest under the Mental Health Act should be a last resort and therefore conversion rates from a section 136 to another section of the Mental Health Act ought to be high. This was indeed the case in the early 2000's when conversion rates were around 85% suggesting that the police were primarily putting people on a section 136 who warranted admission. There was a reduction of section 136 use by police in the 1980s with a slight increase in the 1990s and a significant increase since 2004. This coincided with a fall in conversion rates over the last 10 years which I will illustrate using local data. The Betsi Cadwaladr University Health Board in North Wales covers an area of roughly 800,000 people. Its catchment area is semi-urban with some areas of high deprivation and some areas of low population density. I work in Wrexham where the Wrexham Maelor Hospital covers around 300,000 people of which around 20,000 live in areas of high deprivation. In 2004 there were 24 section 136 assessments across the whole year. This has steadily risen to 332 from April 2015 to April 2016. In 2016, 74% of patients were discharged from their section 136 without admission. 14% were admitted informally, and only 12% were admitted under the Mental Health Act.

The 2000's have seen a significant rise in concerns about deaths in custody. It is obvious that every death in custody is a great human tragedy for all concerned and the police have made significant efforts to try

and reduce such incidents. These attempts have been supported by The Human Rights Act 1998 which emphasises the right to life. It also triggered a number of high profile investigations outlining that a significant number of deaths in custody happen in police cells. This has no doubt sensitised police forces around the country and was combined with the use of mental health markers which alert police officers to possible mental health problems in a given person. Police officers on the ground have become more and more inclined to err on the side of caution with regards to possible mental illness, particularly when people threaten suicide or appear to be acting strangely whilst intoxicated. Whereas in the past such patients may have been arrested and seen by a police nurse or surgeon in the first instance, they are now very likely to be brought straight to a place of safety with an assessment under section 136. In addition the pressures on police resources have meant that many places now do not require police officers to stay with patients until they are being assessed. In the late 2000's and early 2010's the UK saw an increase in discussions about the suitability of police cells for the assessment of potentially mentally ill persons. Understandable concerns were expressed about vulnerable individuals being assessed in police cells which are clearly not therapeutic environments.

Consequences on the ground: The over 10 fold increase in section 136 arrests means that in Wrexham, there are now on average more than 1 assessment a day rather than 2 a month. This is highly resource intensive because one nurse needs to be freed up to sit with the person at any time. If the person is agitated or aggressive it may require more than one nurse. The Mental Health Act Code of Practice suggests that the assessment should ideally be done by a Senior Psychiatrist and an Approved Mental Health Practitioner. Whilst the latter is on call and there are rotas specific to this task senior clinicians are pulled out of their day to day work to do often lengthy assessments. This is compounded by the best practice demand to see people within 4 hours of arrival. Additional problems arise when people are highly intoxicated which is common. They then require a period of time to allow them to sober up to make an assessment possible. This puts additional demand on nursing time. NHS England has lost over 4,000 psychiatrist nurses since the recession in 2008 and resources have been diminished with increasing demand generally. The increase in section 136 assessments has therefore created another additional burden on stretched services.

Almost half of all patients assessed under section 136 were arrested because of voicing suicidal intent. In February 2017 Nielssen examined the currently available evidence for risk assessments for suicide and concluded that “mental health services cannot be reasonably expected to identify which patients will die by suicide”. Less than 5% of those assessed as high risk kill themselves whilst half of all suicides are in the low risk group.

Intended and unintended consequences:

1. For patients the increased likelihood of being assessed in a hospital rather than a police cell has clear advantages for persons with severe mental illness or high levels of distress. There is absolutely no doubt that it is more humane to be assessed in a hospital setting. Hospital settings are better placed for good assessments, appropriate care and are less stigmatising environments. They also allow for swift arrangements once a decision is made. In North Wales, only 3% of persons detained on a section 136 were not assessed in hospital in 2015/16. The overall balance of benefits is more mixed for patients with repeat acute intoxication or high levels of acting out in personality disorder crises. Whilst there is no actual data about section 136's in particular, there is literature on causing iatrogenic medium and long term harm by blurring the boundaries between unlawful behaviour and illness. There is little doubt that good care plans and firm boundaries around disruptive behaviours are essential to control risky behaviours in crises. I am concerned about causing medium and long term harm by making it more difficult for services to work effectively across different agencies to promote responsibility and firm boundaries. I have seen these harmful consequences myself with escalating risk taking behaviours and poorer engagement with treatment. The same is true for patients who persistently take drugs and get put on a section 136 if they display psychotic symptoms in acute intoxication. Hospital assessments seem to have very little therapeutic value but take up huge amounts of resources. This is particularly true in cases where people voice suicidal or homicidal ideation whilst acutely intoxicated. These patients are increasingly presenting for assessment under section 136 with no apparent added value. It is particularly worrying that there are instances where any criminal behaviour that may have occurred may be seen as part of illness by the police and therefore no charges are ever brought.

2. For the police the system has a number of clear advantages. A decision to put someone on a section 136

is much less resource intensive for the police now. This has clearly lowered the threshold for its use.

3. For Clinicians the obvious consequence is an increase in workload. Because of its unpredictable nature it is particularly disrupting work. Therapeutically, it is understandable that assessments which are theoretically about people who are particularly ill should be done by senior clinicians; however it can be demoralising when conversion rates to other sections are increasingly reduced because it makes the presence of a Senior Clinician increasingly meaningless.

4. In terms of wider deliberations about human rights and the use of force under the Mental Health Act, a more than ten-fold increase in the use of a certain section is very worrying. Europe has seen a roughly 50% increase of Mental Health Act detentions in the last fifteen years in most countries. However, this increase is disproportionately large. Any section 136 arrest is in fact an involuntary detention for an individual. Whilst the Police may think at the time that they do it for all of the right reasons and that it may facilitate access to help for that individual, it remains an involuntary detention. Any such detention has to be a last resort and requires the highest level of justification. A reduction of the use of section 136 must therefore be of paramount importance, purely on the basis that reductions of involuntary detentions for mental health purposes are always desirable from a human rights perspective.

For a number of very laudable reasons, the last fifteen years have seen a significant increase in the use of hospitals as places of safety for assessments of people who display potential symptoms of a mental illness in public places. It has caused a shift of resources from the Police to the National Health Service. However, the increase of the use of the section 136 by the Police has had a number of unintended consequences for resources and potentially treatment outcomes in a subset of patients. A very recent publication in the British Journal of Psychiatry from February 2017 examined the cost of every incident with patients the Police got involved with. It puts the cost to the system at £522 per incident. Various models calculating improved care pathways showed that improvements would not substantially increase or reduce the cost to the Police. However, substantial potential savings could be made in the NHS if unnecessary section 136 assessments could be avoided. The study was based on a realistic but assumed conversion rate of only 25% of people put on a section 136 needing Secondary

Care Psychiatric Services. This figure was based on recent conversion figures and exemplifies how much conversion figures have deteriorated from the almost 90% in the early 2000s.

In addition, any rise in the use of the Mental Health Act brings up a number of ethical dilemmas. Locally we have developed plans of how we can work with the Police to try and reduce the use of section 136s. This includes training Police Officers in mental health issues and multidisciplinary discussions which include the Police about particular patients with high uses of section 136. There has also been an increase in Street Liaison Services. These services function in the way that Mental Health Clinicians accompany the Police to be able to immediately advise on the best way forward as incidents occur. Some of these measures have been investigated in trials. Street triage has shown to be successful in some places. There is no doubt to me that further collaboration with the police is the key to success to get the best outcome for our patients, to reduce the overall use of section 136 and to avoid iatrogenic harm as much as possible.

WAML President's Report



Thomas T. Noguchi,
President of WAML

Next month, we will hold be the 50th Anniversary Meeting of the World Association for Medical Law (WAML). This WAML Congress on Medical Law and Ethics in Baku, Azerbaijan begins July 11 with the first Scientific Session and ends on July 13, 2017. Registration will open the afternoon of July 10.

I would like to share a brief history of the WAML. In the early 1960s, our founder Raf Dierkens (of Ghent State University) had a dream that would eventually come to life a few years later. Dierkens' key adviser, Prof. Frederick Thomas of the same university medical school encouraged him to take one year off to visit the key institutions. Prof. Thomas was Professor of

Legal Medicine and was the first president of the International Association of Forensic Sciences (IAFS). So Dr. Raf Dierkens came to see us in Los Angeles in 1965 and we struck up a real friendship immediately and kept corresponding regularly.

He wanted to have an international gathering where one would have the chance to freely discuss contemporary subjects pertinent to medical law. The first congress of this type took place in 1967. Throughout the next 10 years, the organizing committee established different offices, which included electing the Dean of the law school to be President while Dierkens stayed as Secretary General. The triennial congress was usually held in Europe. I call these years WAML's formative years.

The Fourth Congress was the first one in Asia. it was the 1976 Congress in Manila. At that congress I had the pleasure of meeting Prof. Amnon Carmi for the first time and have kept a friendship with him ever since. Our International Journal of Medicine and Law began in 1980, with Prof. Carmi serving as founding editor. The Journal began with an aggressive idea of reaching out.

At the 1991 Congress, Amnon Carmi was elected President and Dierkens Secretary General, and they started planning for the 1994 congress in Jerusalem. After that Prof. Carmi took a strong lead, brought a number of friends from the World Health Organization (WHO), and established a working affiliation with it through Governor Penet and Governor Sev Fluss.

Successively, Congresses took place in South Africa (1996), Hungary (1998), Helsinki, Finland (2000), the Netherlands (2002), Australia (2004), and Toulouse, France (2006). During this reaching out stage of WAML, Prof. Carmi received the position of UNESCO Chair on Medical Law and Ethics. The UNESCO chair was established in many countries with annual meetings generally held after the WAML Congress.

In 2004, the Treasurer resigned, and Tom Noguchi was selected to serve as Acting Treasurer and was working as such for the Sydney Congress. At that time, the WAML began collecting annual membership dues by credit card.

As part of our efforts to increase collaboration, WAML developed ties and became an institutional member of the International Criminal Court (Den Haag, the Netherlands), and the International Academy of Legal Medicine. Within this collaboration, we exchange scholars and we receive reciprocal consideration of

registration fees when our WAML members attend. For many years, we have continued to be affiliated with the WHO through the international medical societies.

The WAML has gone through many exciting changes, one of them being establishing the Newsletter in 2009; during this same year, our current Administrative Officer, Denise McNally, began working with the WAML. With her over 30 years of experience in association administration, she was well qualified to be appointed as the WAML meeting planner. In 2011, the WAML was established as a legal entity under the category of nonprofit organization granting it a tax-exempt status.

One of the goals related to effective congress management was the determination to raise the quality of the scientific programs. Many top papers are requested to be published in our journal, Medicine and Law. The Executive Committee has spent considerable time and effort in raising the quality of the scientific program. In the past, we were dependent on the local program chair, but this technique proved to lack consistency and academic excellence. We now assign each congress program chair in advance, and work with coordinated themes, a system that was started in 2015 at the Coimbra, Portugal Congress.

We have continued to implement this approach as was seen in 2016's Los Angeles Congress, and this year will be no different in Baku, Azerbaijan. The Program Chair has prepared an array of exciting opening speakers for this year's congress, one of them being Prof. Henry Lee from Connecticut who is popular for his investigative techniques as well as his talks on the preparation of high profile cases for trial.

The official Travel Partner for this year's Congress is Pasha Travel. They handle a wide range of traveling needs, including discount airfare, hotel reservations, visa requests, and post congress group tours.

We look forward to seeing you in Baku, Azerbaijan.

Thomas T. Noguchi
President, WAML

WAML Secretary General's Report



Ken J. Berger
MD, JD

WAML Secretary General

The World Association for Medical law continues to explore new themes and visit new countries to expand its mission and vision for a more cohesive, more tolerant health ethic and medical law.

Baku will showcase an innovative program of health law, which is a testament to the breadth and importance of health law and legal ethics in modern society.

We will have participation and presentations from all Continents of the world (except Antarctica, of course).

The World Association of Medical Law is an international organization of global importance.

Recently, there has been interest from Belgium and Peru to join and contribute to the Board and we welcome this development.

Each conference, Baku the 50th Anniversary of the WAML Conference being no different, gives us all a chance to make new friends and allows us to further solidify our ongoing friendship, with shared values and expanding ideas.

Most of all it is a learning opportunity, as without learning there is no life and time stands still.

I look forward to welcoming you to Baku as Secretary General of the World Association for Medical Law!

Very truly yours,

Ken J. Berger
MD, JD

Secretary-General, Vice President, Board of Governors
World Association for Medical Law

Scientific Chair, 2020 WAML meeting, Toronto, Canada

Treasurer's Report



Vugar Mammadov

Treasurer and 23rd WCML Program Chair

The Treasurer's report, as usual, is focused on the financial situation of the Association to provide and assure members of the transparency of WAML functioning, giving them a picture of the balance, incomes & expenditures.

The year 2016 ended with loss of \$22,309 due to excess of expenses over income of the LA Meeting. This was reported by the Treasurer in January to BoG, Financial Committee and Audit Committee of the Association. FC and AC approved the Treasurer report dated 21st of January 2017. I want to point out to WAML members that from beginning as newly appointed Treasurer at the first EC meeting in August 2016 I took a strong position without compromise that no attrition fees from WAML budget will be paid and asked the President/Program Chair to use all his influence and the Meeting Planner to find ways to avoid this. Thanks to great support from the newly appointed Secretary General, we saved the Association from a loss of about \$70k by waiving attrition fees from the Biltmore Hotel. So, the balance Sheet of BoA statement for 31 Dec, 2016 has remained stable at **\$154,496.47**.

Financial picture for the first 4 months of 2017 shows growth: Income during January-April 2017 = **\$ 55,246.8**.

January	\$10,189.6
February	\$10,072.9
March	\$11,970.21
April	\$23,014.09

This was generated from registration fees of 151+9-registered delegates/guests of Baku Congress and dues of members paid by 01st of May, 2017.

In the first part of May this amount increased significantly up to **\$76,025** due to an increase in the number of participants/guests to 200. More than 60

registrations came from Congress promotional trips to the Medical Law and Legal Medicine national meetings in Russia, China, Saudi Arabia and Kazakhstan, made by the Program Chair. Up to 40 new members joined the Association in 2017. At the same time, most of previous WAML members (156) have still not paid membership dues by 01 May 2017. There are also 42 un-paid but registered delegates of Baku Congress and still unreceived income from Journal subscriptions. We expect that expenditures of the Congress (about \$67 k) will be covered by registration fees and the Association will gain some profit.

Expenditures during last 4 months = **\$10,415, 47** (2.895,66 + 1.332,48+ 3.231.1+2.956,23) were mainly for administration and Journal:

fees of Ava van Dam	(\$3,600 = 4 x 900\$)
fees of Denise McNally	(\$2,800 = 4 x 700)
fees of Raul Vergara	\$1,067.5
travel \$958.65	(Pasha Travel and United)
Bofa Merch	\$638,44 Service providers and transfers fees

2017 BoA statements show a steady increase of balance month-by month:

\$162,352.42	by Jan 31
\$171,097.26	by Feb 28
\$179,840.41	by Mar 31
\$199,902.71	by Apr 30

Last EC approved the Treasurer's proposal to divide WAML Members with un-paid dues among Governors to persuade them to pay before the Congress as well as to attract more registrations. This is going to be discussed at forthcoming video-meeting of BoG in June 2017.

Thanks to all Governors and registered members who are coming to the 23rd WCML 50th GOLDEN ANNIVERSARY MEETING OF ASSOCIATION.

Look forward to seeing you all in Baku 2017.

Sincerely yours,

Prof. Dr. Vugar Mammadov
WAML Treasurer
Program Chair, 23rd WCLM

Message from the 23rd WCML-2017 Program Chair

Vugar Mammadov

Treasurer and 23rd WCML Program Chair

10-13 July 2017 for the first time in its 50 year history, the World Congress of Medical Law will be held in the middle of Eurasia, at the Eastern edge of Europe and the cusp of Central Asia, where West is bridged with East, and North with South. At the seaside of the Caspian Sea, the biggest lake of the world, many leading specialists in medical law, bioethics and legal medicine, coming from different countries and civilizations, will meet together to exchange their own experiences and knowledge to start another 50 year period of WAML. This is a unique opportunity to bring together people working in the same disciplines who have never met before. Important bioethical and medicolegal issues will be on the agenda, especially those related to education, environment & biodiversity protection together with opportunities for multicultural and inter civilizations dialog.

We take great pleasure in sending all of you a very cordial invitation to attend the 23rd World Congress on Medical Law from July 10th to 13th, 2017 at the JW MARIOTT Absheron Baku Hotel, Azerbaijan. More than 200 delegates from about 50 countries of 5 continents, including about 40 new WAML members joining Association in 2017, are already registered to the Congress.

This 23rd Congress in Baku will be a remarkable event from several points. First of all, it will mark the 50th, Golden, Anniversary of the World Association for Medical Law (WAML). The 23rd Congress is also a very important event for Azerbaijan because it is the first international scientific event on the level of World Congresses of science ever held in my country. Baku is well known nowadays as a venue for big international cultural and sport events, as a center of Multiculturalism and Tolerance, and now, our city will collect the leading world experts in Medical Law, Bioethics and Legal Medicine which will make it an important event in the history of Azerbaijan science, and I am very proud of it.

Thanks to support of WAML Administration, the Congress website was updated carefully in terms of the 23rd WCML promotion and let me kindly invite you to review it regularly so you can be on time with developments and travel preparations. Welcome messages of the Program Chair in English, Azerbaijan and Russian have been on wafml.memberlodge.org since October 2016. The Honorable Scientific

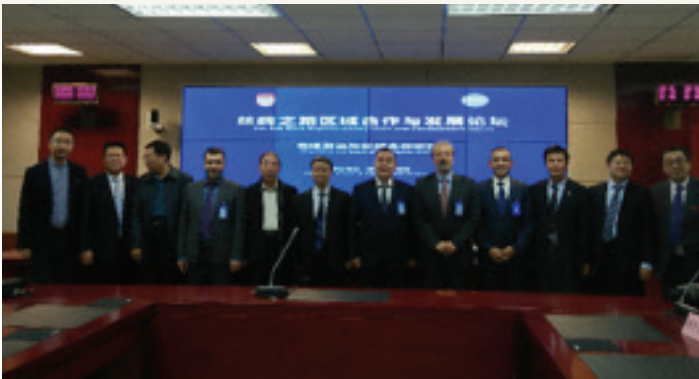
Committee (SC) consisting of 15 members, International SC of 25 members and Local SC of 15 members, and an abstracts review committee were formed. Program Brochure, Poster and Save Date cards were prepared. Videospot «Welcome to Azerbaijan», pictures of the venue—the luxurious JW Mariott Absheron Hotel at the Caspian seaside and necessary instructions are on the website. WAML still has a limited number of rooms and suites in the Mariott, so I advise you all to speed up your preparations to stay maximumly comfortable in the venue of the meeting.



The 23rd WCML was promoted at 6 National and International Conferences during recent months:

- in October 2016, it was promoted at the Silk Road Forensic Consortium Symposium at Xi'an Jiaotong University and Xi'an International Studies Universities;
- in November 2016 at 2 All-Russian national conferences in Moscow: 1/ National Conference of Medical Law of Russian Federation where on behalf of the WAML Executive Committee (EC) a Certificate of Honorary Governor with personal compliments of President Noguchi were delivered to Academician Yuri Sergeyev, Head of Medical Law Department of Sechenov' First Moscow Medical University and President of the National Medical Law Association of Russia. 136 delegates from different regions of Russia actively participated at the conference and expressed great interest in coming to Baku under the leadership of Prof. Yuri Sergeyev who is a member of our Honorable SC and confirmed his coming to Baku. 2/ National Congress of Forensic Medicine of Russian Federation chaired by Chief Forensic Medical Expert and Director of FME Center of the Ministry of Health Prof. Kovalyov who also is one of the Honorary SC members of our Congress. Having up to 100 Russian speaking participants, we plan to organize simultaneous translation into Russian at scientific sessions.
- in March 2017 it was promoted at 2nd Saudi International Conference of Forensic Medicine and Sciences in Riyadh, KSA, held under patronage of His Royal Highness Prince Mohammed bin Naif bin Abdulaziz, The Crown Prince, Deputy Premier, Minister of Interior of the Kingdom of Saudi Arabia.







- in March 2017 at the 1st International Conference on Medical Law in Astana, Kazakhstan with participation of CIS delegates.

Due to its unique geographical location on the crossroads of different civilizations on the Great Silk Road, Azerbaijan has ancient history, rich culture, natural resources, biodiversity and a delicious national cuisine. 9 out of 11 climatic zones of the world exist within a 6 hours drive. You may enjoy pre- and post-conference tours at the nearby resorts and excellent facilities on seashores, mountains, riversides, forests, etc. We will try to help you in the best way to organize your leisure time here.

Leading Destination Management Company in Azerbaijan - PASHA Travel - is the exclusive Travel Partner of 23rd WCML. Thanks to this cooperation we came to an agreement with TURKISH AIRLINES, the Official Carrier of the Congress, which provides up to 20% discounts on flight tickets depending on class of travel for participants of WAML Baku Congress. Please contact ticketing@pashatravel.az to receive the best tailored flight options to attend the WAML Annual Congress.

PASHA Travel has prepared 5 pre- and post-congress optional tours to discover History, Culture, Sightseeing Places of Baku and Azerbaijan like Old City, Shirvanshah Palace, UNESCO Heritage maximally comfortable in the venue of the meeting. places like Gobustan; Ateshgah Zoroastrian Center, "Flaming Mountain" Yanar Dag, Heydar Aliyev Center, Flame Towers and Highland Park. PASHA Travel also operates a Beach tour to Amburan Resort at Caspian Sea, and tours to regions Gabala, Sheki, Lahij, Quba, Khinaliq and oldest Jewish settlements of Krasnaya Sloboda. Please, review these carefully prepared offers at the website of the Association: <http://wafml.memberlodge.org/Tours> and select ones to your preferences by

contacting incoming@pashatravel.az.

PASHA Travel is committed to provide fast and smooth Visa services for the Congress participants. E-Visa may be issued to delegates visiting the Congress from the most countries of the world. Papers necessary for obtaining a visa include filled in application form, passport-sized colored photo and passport colored scan. Documents are submitted online to Pasha Travel and visa is issued as PDF file within 5 – 7 working days. For the detailed information and in-advance visa issue to Azerbaijan please contact:

visa@pashatravel.az

Please, don't hesitate to approach me personally at vumammadov@yahoo.com or Ms. Denise McNally at WAML Headquarters on any matters related to the Congress.

We sincerely hope that you enjoy this opportunity. We pledge our best efforts to make this scientific event a success. We look forward to the pleasure of welcoming you in July 2017.

Look forward to seeing you in Baku soon!

JOIN US AT THE 23RD WORLD CONGRESS ON MEDICAL LAW (WCML)

JULY 10-13, 2017 • Baku, Azerbaijan

WAML Meeting Planning and Administration



Denise McNally,
WAML Administrative Officer
and Meeting Planner

Congress Registration – <http://wafml.memberlodge.org/event-332060/Registration>.

Full registration packages include the Scientific Program, Welcome Reception, Lunch, Coffee Breaks and the Gala Dinner.

REMINDER that WAML does have a daily rate of \$200/day which will ONLY include the Scientific Program, Lunch and Coffee Breaks during one day.

Hotel Reservations

The JW Marriott Absheron Baku is offering a reduced group rate of \$123.83 USD for single and \$138.11 USD for double occupancy. The rates are exclusive of 18% VAT & Municipality Tax. The rates also include Breakfast and Internet in the guest room. We understand that you have many choices when making your travel arrangements. Please note that reserving your room in the WAML room block maximizes your opportunity to have a great stay in close proximity to the sessions, exhibits, events and other attendees. It also enables our staff to help should you have any issues with your accommodations, to keep registration costs lower and to negotiate the best possible hotel room rates for future annual meetings.

To book your reservations, please click on the link below. **To begin the process and reserve your room click the following link:** http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=WAML%20Conference%5EGYDJW%60HP1HP1A%7CHP1HP1E%60186.99-580.00%60AZN%60false%602%607/7/17%607/15/17%606/10/17&app=resvlink&stop_mobi=yes

This Congress will commence with a Welcome Reception, Monday July 10, followed by the Opening Ceremony the morning of Tuesday, July 11th. The Gala and Awards Dinner will be held Wednesday, July 12th and the program will conclude Thursday, July 13, 2017.

WAML Treasurer Vugar Mammadov will be your Program Chairman and we look forward to seeing you in Baku, Azerbaijan.

The WAML website will be populated as specific information becomes available (Program, etc.) The address is <http://wafml.memberlodge.org/23rd-World-Congress-for-Medical-Law-Baku-Azerbaijan>

Travel

- WAML is pleased to announce PASHA Travel the Official Travel Partner in Azerbaijan and TURKISH AIRLINES the Official Carrier of

the upcoming 23rd WAML Annual Congress in Baku. <http://wafml.memberlodge.org/Travel>

- Participants of the Congress are invited by WAML Administration to make destination travel management and ground services (visa support, transfers, accommodation, air-tickets, pre- and post-congress tours, accompanying persons guided tours...) via PASHA Travel and be qualified for a discount of up to 20% on TURKISH AIRLINES, depending on fare and class of travel booked

Tours - <http://wafml.memberlodge.org/Tours>

Program Chair Message is available in English, Russian and Azerbaijan. The English version can be found <http://wafml.memberlodge.org/Welcome-Message-Scientific-Program-Chair>

Scientific Committee - <http://wafml.memberlodge.org/Scientific-Committee>

Hotel Photos - <http://wafml.memberlodge.org/page-1841491>

Digital Materials - <http://wafml.memberlodge.org/Digital-Materials-of-23rd-WCML>

Baku Materials and Video - <http://wafml.memberlodge.org/Baku-Information>

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 2017 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, the "Medicine and Law" electronic Journal and discounted access to activities of affiliated organizations. 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 your membership dues are paid, thank you!

Professor Thomas Noguchi – 90th JUBILEE



Thomas T. Noguchi,
President of WAML

On January 4, 2017, President of World Association of Medical Law, Prof. Dr. Thomas Noguchi celebrated his 90th Jubilee Anniversary. The WAML Executive Committee, Board of Governors and all members congratulate Prof. Dr. Thomas Noguchi on this great event and wish him a Long Life, Health and Happiness!

Prof. Noguchi was born on January 4, 1927 in Japan, where he grew up in wartime before immigrating to the United States in 1952 and settling in California. He graduated from Tokyo's Nippon Medical School in 1951 before interning at The University of Tokyo School of Medicine Hospital. He worked as Deputy Coroner for Los Angeles County from 1961 to 1967 when he became Chief Medical Examiner for the County, where he served from 1967 to 1982.

Prof. Noguchi was one of the founders of WAML in 1967 and has been the President since 2010. He was Program Chair at the 22nd WAML Congress in Los Angeles in August 2016.

Known as the “Coroner to the Stars”, he ranks as one of the world's most distinguished forensic pathologists. He determined the cause of death in many high-profile cases. Most famous for performing autopsies on Senator Robert F. Kennedy and famous actors such as Marilyn Monroe, Sharon Tate, William Holden, Natalie Wood, John Belushi and Gia Scala. His 1983 memoir “Coroner” was a best-seller.

He is Former President of the National Association of Medical Examiners. He is now a Professor at both the University of Southern California (USC) and the University of California Los Angeles (UCLA). In 1999 he was honored by the Emperor of Japan who awarded him the Order of the Sacred Treasure for “outstanding contribution to Japan in the area of forensic science”.

**Do you
have an
idea,
comment,
or
suggestion?**

Please contact
Denise McNally
worldassocmedlaw@gmail.com

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

23rd Annual WAML World Congress

July 10-13, 2017

Baku, Azerbaijan

Website: www.thewaml.com

6th International Conference on Evidence Law and Forensic Science

August 14 – 16, 2017

Baltimore, MD (USA)

21st Triennial Meeting of the International Association of Forensic Sciences

August 21-25, 2017

Toronto, Ontario Canada

Website: <http://iafstoronto2017.com>

27th Congress of the International Society for Forensic Genetics

August 28 – September 2, 2017

Coex, Seoul, Republic of Korea

Website: <http://www.isfg2017.org/welcome.asp>

10th International Symposium Advances in Legal Medicine (ISALM) combined with the 96th Annual Conference German Society of Legal Medicine

September 11-15, 2017

Düsseldorf/Cologne, Germany

Website: <http://www.isalm2017.de>

51st Annual Meeting of the National Association of Medical Examiners

October 13-17, 2017

Scottsdale, AZ, USA

Website: www.thename.org



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Coordinator:

Denise McNally

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Raul Vergara



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<http://twitter.com/THEWAML>



World Association For Medical Law

September Issue

September - November 2017 www.thewaml.com

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WAML Treasurer's Report and Report of Program Chair



Vugar Mammadov
Treasurer of WAML and
2017 Program Chair

I am very pleased with the successful 23rd WAML Congress held in Baku under the main theme **"Medical Law, Bioethics and Multiculturalism"** and 3 subthemes:

- Bioethics and Medical Law Education
- Bioethics, Religion and Multiculturalism
- Challenges of Medical Law and Legal Medicine in the XXI Century

The Congress became an historical event both for WAML and my country:

- 1/ this was a celebration of the 50th, Golden, Anniversary of the Association
- 2/ this was for the **first time in the 50 year** history of the Association that the World Congress was held in this part of the world: in the middle of Eurasia, at the Eastern edge of Europe and the cusp of Central Asia, where West meets East and North with South
- 3/ this was the **first time**, that specialists from CIS (Commonwealth

of Independent States), Turkish speaking countries, Arab world, Middle East, and Central Asia had such a significant representation at a WAML congress. This stressed once again the role of Azerbaijan as the bridge between civilizations and religions, a unique place for multicultural dialogue. Multiculturalism, being one of the main objectives of WAML, is also one of the core objectives of the modern state policy of Azerbaijan.

- 4/ finally, this was an historical first international scientific event on the **World Congress level in Azerbaijan**. For the first time world professionals of certain scientific fields selected Baku as the venue for their World Congress. Baku has hosted numerous big international scientific, cultural, political, humanitarian, and sport events in recent years, but never before, neither in the Soviet period or post-Soviet independence years, a World Scientific Congress.

380 leading specialists met together to exchange their experiences and knowledge in medical law, bioethics and legal medicine to start another 50-year history of WAML here, at the seaside of the Caspian Sea. About 300 abstracts were collected and 235 of them **from 50 countries** were selected for the Program: Algeria, Australia, Azerbaijan, Bangladesh, Belarus, Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Chili, China, Croatia, Czech Republic, France, Egypt, Ethiopia, Ghana, Hong

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

Kong, Hungary, Italy, India, Indonesia, Iran, Iraq, Israel, Japan, Jordan, Kazakhstan, Macao, Malaysia, Netherlands, New Zealand, Nigeria, Oman, Pakistan, Peru, Poland, Portugal, Qatar, Russian Federation, Saudi Arabia, Slovenia, South Africa, Sudan, Tunisia, Turkey, UK, Ukraine, USA. The largest delegations of 10-50 participants were from Russian Federation, Azerbaijan, China, USA, Turkey, Israel, Saudi Arabia, Belgium, Indonesia and Kazakhstan. This was a unique and outstanding opportunity to bring together people working in the same disciplines who have never met before. To achieve this target, the 23rd WCML was promoted at 6 National and International Conferences in China, Russia, Saudi Arabia and Kazakhstan during the October 2016 – March 2017 period:

- Silk Road Forensic Consortium Symposium at Xi'an Jiaotong University and Xi'an International Studies Universities in China;
- National Conference of Medical Law of Russian Federation and National Congress of Forensic Medicine in Moscow, Russia
- 2nd Saudi International Conference of Forensic Medicine and Sciences in Riyadh, Saudi Arabia
- 1st International Conference on Medical Law in Astana, Kazakhstan.

3 Scientific Committees (Honorary, International and Local), an Abstracts Review Committee and an Award Committee were formed.

One of the world's foremost forensic scientists and founder of the Henry C. Lee Institutes of Forensic Science in USA and China, **Prof. Henry Lee** gave his friendly consent to become a key-note speaker and made an excellent talk at the opening ceremony. I am very thankful to Him and His wife Margaret for this kind decision and unforgettable time spent together in Azerbaijan.

The leading Destination Management Company in Azerbaijan **PASHA Travel** was the exclusive Travel Partner of the Congress and **TURKISH AIRLINES** - the Official Carrier, providing up to 20% discounts on flight tickets for participants coming to Baku. PASHA Travel did a great job in fast and smooth visa arrangements, organization of transfers, flights, accommodation and tours upon needs of the Congress participants. Tours to Old City, Shirvanshah Palace, Heydar Aliyev Center, Flame Towers, Highland Park, Gobustan, Ateshgah Zoroastrian Center, "Flaming Mountain" Yanar Dag, as well as to Amburan Resort, Gabala, Sheki, Lahij, Quba, Khinaliq and the oldest

Jewish settlements of Krasnaya Sloboda were enjoyed by many participants as a unique opportunity to learn more about the history and culture of Baku and Azerbaijan.

As the 2017 Program Chairman, I am very rewarded to know that most attendees felt the 2017 scientific program was successful. The overall assessment of the Congress and scientific program according to the survey organized by WAML Administrator, Ms. Denise McNally surprised me:

- **100%** of respondents said "Yes" to the Q "Did the program meet the stated objectives?"
- **90%** assessed Congress hotel JW Marriott Absheron Baku as "excellent", 10% as "good"
- **82%** of respondents assessed overall meeting room environment, opening ceremony, gala dinner, registration desk and F&B as "excellent", 18 as "good"
- **37%** of respondents assessed AV quality as "excellent", 48% as "good" and 15% as "fair"
- There were no "poor" responses for any of the requested categories.

Among responses to other Questions "What was the most important feature of this program for you?" the most liked were "emphasis on multiculturalism", "diversity of topics and papers presented", "discussion on a range of topics and learning the different perspectives from differing countries", "well planned; perfectly organized", "excellent venue", "quality of presentations", "impressive multinational and multicultural event".

Responses to Q "What was the least important feature of this program for you?" showed us ways for improvements: "we need more time for discussions after presentations", "the unusually high number of keynote speeches", "please build Q & A opportunities in each session", "please schedule fewer papers per session", "please, have more poster displays around the conference venue", "more, maybe 10 screens needed for posters", "a few moderators did not show up". I am very thankful to these objective and true wishes. They are totally correct. The main explanatory for this lack is that as Program Chair I was requested by EC to stay in budget which was agreed by WAML Administration with the hotel (3 days in one main ballroom and 1 poster screen). To have more than 1 screen for posters in Baku would have been more expensive, but definitely the need for more poster screens must be paid more attention in future. So in a way If we

respond to the mentioned wishes, we would be forced to spend more budget. To have more time for Q&A we would refuse many colleagues a place to speak, so the mentioned shortages are the result of my priorities to accommodate 135 oral presentations and 90 posters just on the one screen and 1+1 rooms. I totally agree also with feedback of some colleagues about the failure of some of the moderators and speakers to appear as scheduled. However, this year's Congress continued the implementation of an innovative e-Poster method to present research, which was started in 2016 in Los Angeles by Prof. Tom Noguchi. In L.A., two screens served. It proved convenient, eliminating the transportation of physical posters.

As Treasurer of WAML, I am glad to share with you that income from the Congress was \$92,819.11 and expenses were \$66,192.03 with a surplus of \$26,627.08, so the Association gained some money. I am happy for this because this was another priority given to me by the Executive Committee.

We were pleased to collect 148 positive feedbacks from the colleagues after their departure. President Thomas Noguchi advised me to share some of them and I do it with pleasure:

"Baku Congress of 50th Golden Anniversary of WAML was a successful meeting. People enjoyed. This was beyond our expectations!" **Prof. Thomas Noguchi, WAML President, Los Angeles, California, USA**

"Baku Congress was a very important meeting for WAML to celebrate 50th Golden Anniversary. I want specially to underline that it was the first World Congress on the territory of the post-soviet world. So the largest delegation among 400 participants from 51 countries was the Russian delegation with about 50 people. Azerbaijan does a lot for development of multiculturalism so the main theme of the congress was correctly selected. Program Chair made an outstanding job in building scientific program and organizing excellent event for all participants and guests. We enjoyed being in Baku, meeting our old friends and making new ones." **Acad. Yuri Sergeyev, Sechenov's First Moscow Medical University, Russia**

"We enjoyed attending Baku 50th Golden Anniversary WAML meeting. A long time ago, I made a talk at a WAML meeting and was pleased now to be invited and to make a presentation at the Opening Ceremony. This was a wonderful meeting; we enjoyed the Congress and your Country. Before the trip I did not know about

Azerbaijan, where it is and even how to pronounce it. Now all my friends know about Azerbaijan and want to visit your Country. You made a great job for your country having more than 300 ambassadors of Azerbaijan who participated in the Congress" **Prof. Henry Lee and Margaret Lee, University of New Heaven, Connecticut, USA**

"...The conference was a tremendous success and it received National News media coverage. That speaks volumes alone... Vugar did a great job for WAML and his Country will be remembered. Was fun to be together in Baku!" **Ken Berger, WAML SG, University of Toronto, Canada**

"Thank you for an outstanding Congress and preparations! Your very diligent work and efforts with the attractive Country and venue made the 50th Golden Anniversary Meeting a big success." **Oren Asman, WAML EVP, Tel-Aviv University, Israel**

"It was a very nice meeting you made at the bioethics conference in Baku. It was a great conference. We very much welcome you to visit China National Gene Bank (CNGB) and BGI in Shenzhen, China" **Prof. Atsun. Z. Guo, Chairman of IRB of China National Gene Bank, Chairman of BGI-IRB**

"...The conference was fabulous and it was really so well organized as an event... Everybody was cooperative and keen to help us. We enjoyed a very good scientific program and your lovely City. Your Country is so beautiful and the people are so hospitable." **Prof. Osama Al Madani, Chief Forensic of the Ministry of Health, Dr. Manal Bamousa and Dr. Suha Al-Fehaid, Saudi Arabia**

"Congratulations on an excellent Congress. This was the most well organized scientific event of the world level I have ever seen in Baku. We are proud of you. You made a great job!" **Prof. Amir Aliyev, Dean of Law Faculty, Baku State University, Azerbaijan**

"Special thanks to Professor Vugar Mammadov who did an excellent job in planning and managing the recent World Association for Medical Law Meeting in Baku, Azerbaijan. He excelled all expectations, with excellent content, a well-organized agenda, enjoyable social program and excellent complementary tours in the Baku area. It was truly a wonderful educational experience. Bravo!!" **Prof. William Hinnant, President of American College of Legal Medicine, USA**

“To be in Baku was good, the Congress was a successful one; this was not a surprise, because you were Chair. All of my young colleagues, my PhD students from Turkey were impressed and they said that they listened to very nice lectures.” **Prof. Berna Arda, University of Ankara, Turkey**

“Congratulations for an excellent job! This was a wonderful congress, perfectly organized. The importance of it is it is the first congress in the region as it never been held here in the last 50 years. This is why: Different countries of CIS, Arab world and Central Asia for the first time ever touched the WAML so WAML may have real world coverage. “**Acad. Yuri Pigolkin, Sechenov’s First Moscow Medical University, Russia**

“Thank you for responding to the challenge of WAML’s anniversary in such a wonderful way. Thank you for allowing us - participants – to admire the beauty of your Country and the architectural elegance of Baku. Baku and Azerbaijan will stay in our memory as a most fascinating place. The scientific program successfully showed the diversity of legal problems, cultural differences and the need for the future dialog... Thank you for the hospitality and all your efforts to make the Congress an unforgettable experience. I am sure you have the feeling of great success both in the international dimension and within your Country.” **Maria Sokalska, Poland**

“Enjoyed the Opening ceremony and all the Congress. This was a huge success. Appearance of the Minister of Health and awarding of the First Vice-President of Azerbaijan made the Opening very impressive. Many foreign delegates and very well organized program. Congratulations!” **Prof. Aytan Mustafayeva, Director of Law and Human Rights Institute, Azerbaijan**

“Have enjoyed the excellent meeting. We are remembering not only the successful Congress, but also the expertly guided tour of your lovely Country. We are most grateful and appreciative. Your thoughtfulness made the entire trip a delight and a memory to relish”. **Dr. Richard Wilbur, Chairman American Medical Foundation for Peer Review and Education, USA**

“...You have made big work for WAML. This was fabulous. You have made fabulous work to collect so many countries and participants. You must be proud of this.” **Prof. Roy Beran, University of New South Wales, Australia**

“...We loved seeing you in Baku (what an extraordinary city!). The WAML meeting was a great success, thanks to your efforts.” **Prof. John Conomy and Dr. Jill Mushkat-Conomy, Clinic of Cleveland, USA**

“...my compliments for the WAML 2017 conference! It was excellently organized and there were many interesting presentations... The hotel also was a pleasant place to stay, with good service. You can look back with satisfaction to this happening.” **Prof. Henriette Roscam Abbing, University of Maastricht, Netherlands**

“We have been very happy with our visit in your country and with the Congress. I can say that your event was more successful than others. This is good for the WAML” **Prof. Anne-Marie Duguet, Paul Sabatier University of Toulouse, France**

“A great job! It was wonderful. Baku is a great City! Congratulations! I hope you have the success you deserve in your country!” **Prof. André Gonçalo Dias Pereira, University of Coimbra, Portugal**

“We were very glad and happy for being in your wonderful Country and attending the so perfectly organized 50th Golden Anniversary Meeting. You have made a great job. Thank you for your efforts and attention.” **Dr. Giancarlo Himenes and Prof. Rosa Theresa, University of Lima, Peru**

“Many thanks for the wonderfully organized WAML-conference and for this memory of this magnificent event!” **Prof. Thierry Vansweevelt, University of Antwerp, Belgium**

“On behalf of our delegation I would like to thank you for excellent organization of the Congress and the possibility to attend for so many people from Russia. Everything was organized on the highest level. Thank you for your insistence on translation presentations in Russian that made it possible to bring many Russian colleagues. We will send you official thankfulness letter on behalf of the National Institute of Medical Law. You have done very serious and large scaled event with big media coverage. My sincere congratulations in this regard!” **Svetlana Pospelova, Sechenov’s First Moscow Medical University, Russia**

“Congratulations on chairing a most successful and enjoyable Congress in your home City of Baku. It’s been stimulating from an academic perspective, friendly and welcoming and facilities were excellent.

Very successful first evening and gala and first day of the conference. High standards of presentations with a good variety & the facilities are first class. Congratulations! Although my stay in Azerbaijan is brief I have enjoyed learning some of the history, visiting the Old City, Qobustan and the Flame burning for more then 4000 years is fascinating. Thank you for the attention and care of the details” **Prof. Melinda Truesdale, University of Melbourne, Australia**

“Thank you very much for organizing this amazing Congress. We were very pleased to meet you again and to participate in your excellent Congress which was an inspiring and very successful meeting. We had a great time and were very touched by your warm hospitality.” **Prof. Cemal and Prof. Ayse Guvercin, Dokuz Eylul University, Izmir, Turkey**

“Thank you very much for the unique possibility not only to attend a highly professional, super organized and very academic Congress, but also visit so warm, bright, and friendly Baku, city of such unusual beauty. Wonderful Old City and amazing Caspian Sea that reminds us of our childhood movies “Human-Amphibia” and “Brilliant Hand”. You helped me to overcome barriers and risks to send the abstracts. Now, I wish to become a WAML member and work on my English. I am planning to submit abstracts for Tel Aviv Congress. I wish to be useful for WAML.” **Dr. Yelena Pavlova, St. Petersburg City Clinical Oncology Dispensary, Russia**

“...Organization of the congress was perfect. Both scientific and social programs were very academic and excellently organized...for me it was possibility to meet my old friends and colleagues, and also to make new interesting contacts, exchange of experience and possibility to start new projects to support development of medical law in Ukraine... My colleague Dmitriy was also very happy to listen to scientific sessions. This was his first experience to attend a world congress and meet so many foreign colleagues.... We will be glad to place on the website of our Foundation information about the congress so colleagues from Ukraine may learn more about WAML. Also wish to place congress information in the October issue of our journal “Medical Law”. **Irina Senyuta, Danilo Halitskiy National Medical University, Lviv, Ukraine**

“Absolutely outstanding job on the WAML conference, thank you. Also, my first time in Azerbaijan, had a chance to look around and it is an absolutely beautiful country - I will look forward to returning” **Dr. Jim Johnston, University of Waikato, New Zealand**

“...I was sure that the Congress would be a success. But I could not expect it to become so huge and outstanding. This most the best scientific meeting in Azerbaijan that I ever attended. World-class level. Both Association and Azerbaijan must be proud of you.” **Prof. Javanshir Suleymanov, Head of Department, Institute of Law and Human Rights, Azerbaijan**

“Everything was just so perfect and excellent. So memorable...Please use Baku standard in organizing future conferences as a yardstick...” **Prof. Puteri Kassim, International Islamic University, Kuala Lumpur, Malaysia**

“Excellent congress and venue. Quality of presentations is very high. I wish to future conferences the same high standard of Baku” **Lieven Wostyn, University of Antwerp, Belgium**

“We were happy to attend 23rd WAML Congress and meet you and your valuable colleagues. Thanks very much to you and all people who made contributions to excellent organization of this event on so high level. With big respect “, **Dr. Alper Bulut, Kirikkale University, Kirikkale, Turkey**

“...thank you for great possibility to attend so interesting and successful event. You have done enormous work to make it of the highest level. It was well-done and very professional. Thank you for invitation and support of Kazakhstan team” **Svetlana Saukenova, Kazakhstan State of Law and Humanity Sciences, Astana, Kazakhstan**

“Thank you very much for excellently organized Congress and enjoyment which we got in Baku, for enlargement of our professional connections. We hope for future developments of our relationships.” **Prof. Yuri Morozov, Sechenov’s First Moscow Medical University, Russia**

“Thank you so much for your excellent organization of a successful society meeting. You did it perfectly and it was my pleasure to visit a dream peaceful Country... I will remember this golden meeting and your efforts to make all participants happy. Best regards, **Prof. Abdul Sawas, King Abdul Aziz Medical Academy, Riyadh, Saudi Arabia**

“Scientific program and receptions were a great success. The whole meeting was a success and excellent. I met many fine people. Thank you for all your excellent work on the congress. I really enjoyed the meeting and Baku and learned a lot.” **Prof. Anabel Pelham, San Francisco State University, California, USA**

“From the top of my heart I want to thank you for the possibility to participate at the Congress, to be on beautiful and miraculous Azerbaijan land, to get most kind and excellent impressions from communications with colleagues at the meetings and also Baku citizens! My Russian colleagues and I enjoyed very much listening to scientific presentations, which were very actual and multidisciplinary in the field of medical law. We have seen once more how much Russian, American and European health legislation and scientific approaches differ from each other. However, all of us have been unified together by common objectives and scientific interests! We are happy to join the Association and will plan our presentations and attendance for next year’s congress also!” **Prof. Maria Shilova, Sechenov’s First Moscow Medical University, Russia**

“This was a great congress. Perfectly organized, scientific program was very well done, multicultural approaches very well balanced. You did very well. Congratulations!” **Dr. Nada Eltaiba, University of Qatar, Doha, Qatar**

“Congress was a huge success. I was attending a WAML meeting for the first time and enjoyed communication from colleagues from all over the world. Everything is perfectly organized and well done! Thank you for this possibility”. **Prof. Sergey Leonov, Sechenov’s First Moscow Medical University, Russia**

“This was my first attendance at a WAML Congress. This was a wonderful experience. Congress was excellently organized and you have done great job. Thank you for all your efforts” **Gulnara Pavlova, Astrakhan State University, Russia**

“I would like to thank you for this opportunity and best memories in my life I have got from WAML Congress. Excellent congress, program and people. I have now many memories to tell my friends, colleagues and family about the Congress, WAML, Baku.” **Mohammad Al Shebayni, Riyadh, Saudi Arabia**

“Thank you inviting me to attend this excellently organized Congress. My colleagues and I enjoyed it very much. Scientific program was very rich. I put a lot of positive feedback on the FB” **Aliya Dautbayeva, Kazakhstan State of Law and Humanity Sciences, Astana, Kazakhstan**

“I want to say thank you very much for excellent organization of the congress. Everything is perfect.

All people from your team, and from Pasha Travel in hotel Marriot are very friendly and they helped me for everything.” **Dr. Sanjin Dekovic, University of Sarayevo, Bosnia & Herzegovina**

“Thank you for your kind invitation and kind reception. I enjoyed very much to attend 50th Golden Anniversary Meeting and make presentation in front of WAML members. I am thinking to join WAML and attend other meetings ahead. The congress was excellent, the food extraordinary, and the opportunities to meet new friends, in a beautiful and historic City of Baku. Outstanding job.” **Luis Ravanal Zepeda, Santiago University, Chili**

“I met some important people who are experts in the field that I am working in. I had a great experiment to participate in an international congress that is organized so professionally. The least important feature of this program for me was its place because I could not find time to visit Baku.” **Tansu Sayar, Izmir Economy University, Turkey**

“It was great pleasure enjoying your hospitality and warmth. We had a wonderful learning experience in this esteemed event and we thoroughly enjoyed the lovely City of Baku and truly appreciate the friendly gesture and welcoming nature of people of Republic of Azerbaijan. It was an honor to be your guest. We are looking forward to continuing our academic relationship in the future.” **Drs. Mariam Gul & Mustafa Aslam, Aga Khan University, Karachi, Pakistan**

“... thanking you for the excellent organization of the conference. Really, my colleagues and I were satisfied with the organization and the content of individual lectures. We are ready to visit next conferences and to take part actively.” **Vladimíra T šitelová, Deputy Director of the Institute of Health Information and Statistics of the Czech Republic, Prague, Czech Republic**

“It was a great pleasure to be part of the 23rd WCLM. Baku is wonderful - I loved it and I will probably bring my family to visit it at the first opportunity. The Congress organization was excellent in every detail” **Mariya Petrova, European Institute of Healthcare Law, Sofia, Bulgaria**

I am thankful to all colleagues for their kind feedback and nice words. Most of participants stressed their enjoyment by services of Pasha Travel and the convention hotel JW Marriott Absheron Baku, so I

would like to express my appreciation to **Mr. Anar Rahmanov, CEO and Mr. Florian Sengtschmid, COO of Pasha Travel, Mr. Martin Kleinmann, GD of Marriott Baku** for outstanding support and professional job of their teams.

For this report, I would like to describe the entire Congress program in a way, as Prof. Noguchi did it in a Newsletter after the Los Angeles Congress 2016 as its Program Chair - to use the same photographic documentary of the Congress, so you will have a good idea as to how the meeting progressed.

On July 09, 2017, one day before the registration began we had an Executive Committee meeting finished by a traditional welcome reception for the Board of Governors who've worked all year round in making sure the WAML is well supported.

On July 10, 2017, we started Congress on-site registration and held Board of Governors meeting followed by a visit to the "Shehidler Xiyabani" and Grave of the National Leader of Azerbaijan, President Heydar Aliyev. There were two new governors who were approved by the Board of Governors. They were then officially elected by the General Assembly on Wednesday, July 12, 2017:

Prof. Thierry Vansweevelt of Belgium

Prof. Rosa Teresa Mesa of Peru.

Now, we have 20 governors on the Board and I consider that the arrival of both new colleagues has historical significance. 1/ After a long break the representative of the country of origin of the WAML and country which contributed to the Association for so many years – Belgium 2/ the second country of Latin America – Peru – after Brazil has become a member to the Association' BoG at it's 50th Golden Anniversary Meeting. Another, particularity related with BoG was attendance of our distinguished friend and colleague, Honorary WAML Governor, **Academician Yuri Sergeyev** from Russia, who had not been seen by WAML colleagues for a decade.

In the evening of the same day the Welcome Reception for Congress for registered participants was held in the Marriott Hotel. During the Welcome Reception, many delegates were busy meeting old friends and getting acquainted with new colleagues, taking photographs to remember the moment.

On Day 1, the **11th of July, 2017**, all key-note speeches and oral presentations were given in the

main ballroom "Sharg Zali I". We had 3 sessions of key-note speeches and the Opening Ceremony with a talk by **Prof. Henry Lee** "New Concepts in Criminal Investigation" and selected presentation of **Dr. Suha Al-Fehaid** "The Medieval Contribution of Arabs and Muslims in Forensic Medicine and Toxicology".

In the Opening Ceremony, formal greeting and welcome from the Azerbaijan State was given to the Congress by **Minister of Health of Azerbaijan, Prof. Oqtay Shiraliyev**. Taking into account the great contributions of **Mrs. Mehriban Aliyeva, The First Vice-President of Azerbaijan, UNESCO** and ISESCO Goodwill Ambassador, and President of Heydar Aliyev Foundation into the development of Medical Law, Bioethics and Multiculturalism, WAML awarded Mrs. Mehriban Aliyeva the "**WAML 50th GOLDEN ANNIVERSARY AWARD**" and **WAML Diploma** to acknowledge her unique excellent achievements in these fields and recognition of enormous efforts invested in serving to promote multicultural dialogue between different religions and civilizations in order to enhance the spirit of tolerance and strengthen global peace and security. Mrs. Aliyeva is one of the first scientific researchers of the region on bioethical and medico-legal issues of Euthanasia and WAML holds in high esteem and strongly values her pioneering scientific results and involvement in the fields of health, science and education.

In the evening of the 11th July WAML General Assembly met in the main ballroom.

On Day 2, the **12th of July, 2017**, oral presentations started to be presented in the same ballroom plus in the parallel room "Gobustan": papers were read from 9 AM to 6.30 PM with moderators keeping presenters on time. We had 3 sessions on "Bioethics and Medical Law Education", 1 session on "Bioethics, Religion and Multiculturalism" and 4 sessions on "Challenges of Medical Law and Legal Medicine in XXI Century".

In the evening of the 12th July, a **Gala dinner** in the Marriott hotel was organized with **Award ceremony**. I am very thankful to **Prof. Anne-Marie Duguet, Prof. Mitsuyasu Kurosu, Dr. Svetlana Pospelova** and **Dr. Nada Eltaiba** for selection of the best oral and poster presentations at the congress. **Dr. Zhe Zhang** (Hong Kong), **Dr. Anna Khrustaleva** (Russia), **Dr. Ivan Demchenko** (Ukraine) and **Dr. Maria Petrova** (Bulgaria) received the Young Scientist Awards.

On Day 3, the **13th of July, 2017**, oral presentations started to be presented as on Day 2: papers were read in two parallel rooms. We had 3 sessions on “Bioethics and Medical Law Education”, 3 sessions on “Bioethics, Religion and Multiculturalism”, 1 session on “Challenges of Medical Law and Legal Medicine in XXI Century” and a session for poster presenters who were asked for short platform speeches. According to preliminary decision of Executive Committee, a closing ceremony was not scheduled.

Abstracts of the Congress were published in the **“Medicine and Law” Journal**, Volume 36, Number 2 and I am thankful to the Editorial Board team and personally to **Chief-Editor Prof. Roy Beran** for being on time and giving the possibility for our sponsors to publish it and distribute printed versions to all participants at the congress.

There are so many persons whom the Program Chair wants to thank. Moral and political support was given from **Mrs. Mehriban Aliyeva, The First Vice-President of Azerbaijan**, to whom I am very thankful. My special thanks and appreciations are to **Mr. Altay Hasanov, Head of the Secretariat of the First Vice-President of Azerbaijan Republic**, for His participatory actions in needed moments and outstanding support to implementation and success of the event.

Then, I want to thank all speakers, presenters, and attendees. As I noted at my greeting talks at Opening Ceremony and Gala Dinner Your contributions made an outstanding scientific program and brought huge success to this event. A special thank you and gratitude to all keynote speakers with very dynamic presentations, and especially to **Prof. Henry Lee, for His extraordinary efforts to come and friendly support**. Further my appreciation to moderators and co-moderators under whose directions the sessions went so smoothly. Further, with one year’s hard work of the 2017 Honorary, International and Local Scientific Committees members, I am ever grateful. I would also like to thank the governors and members who organized large delegations to attend: Russian, Chinese, Belgian, Turkish, American, Israeli, Saudi Arabian, Kazakhstan.

I would like to thank all supporters and sponsors for the WAML 2017. I noted professional support of Pasha Travel and Marriott. Support to Congress was given also to **Prof. Ilham Rahimov**, Association of Lawyers of the Countries of Black Sea – Caspian Region and **Mr. Elnur Sultanov**, Secretary of National Commission of

the Republic of Azerbaijan for UNESCO. There were many volunteers who supported the Congress, local professors and students. Thank you all!

My special thanks to **Professor Thomas Noguchi**, one of the WAML founders and our current President. Known as “coroner of stars”, he has acquired a legendary reputation in US and become one of the world’s most distinguished forensic pathologists. He is a “hero” in my eyes, arriving to Baku a short time after surgery despite doctors recommending that he not take long trips. He perfectly led the Congress and meetings of Executive Committee and Board of Governors of Association and I am happy we had an enjoyable week after the congress together with Him, **Prof. Henry and Margaret Lee, Dr. Dick and Betty Lou Wilbur**, and **Alba Castro** in Quba, Sheki, Qabala, Khinaliq, Lahij.

I am very sorry to have to inform you and pay my last respects to **Margaret Soong Meow Lee** of Branford, who died Tuesday August 1, 2017 at Yale-New Haven Hospital, after a brief illness. She was the beloved wife of **Prof. Henry Lee**. The news of her sudden death touched me and other colleagues, who met Her in Baku, so deeply. **Margaret** was very nice and a kind hearted person we all have loved and respected, and it was shocking to get such painful sad news. We all regret. We pay our last respect to Her kind memory. We all grieve with Prof. Lee and our prayers are for Her. Sincere and heartfelt Condolences were given to **Prof. Henry Lee** from WAML Executive Committee members.

Additional information about Association and 23rd WAML Baku Congress may be found at websites:

wafml.memberlodge.org, <https://@23WCMLBaku>, <fb.me/23WCMLBaku>

Links to TV news:

<https://www.youtube.com/watch?v=TFVxmuNGznU>

<https://www.youtube.com/watch?v=jO9vU8Gbflow>

<https://www.youtube.com/watch?v=oSDm01WV2Lo>

<https://www.youtube.com/watch?v=aMufsOAzZ7o>

<https://www.youtube.com/watch?v=TFVxmuNGznU>

<https://www.youtube.com/watch?v=PMjJlymfIB4>



WAML Executive Committee meeting on 09 July



WAML Board of Governors meeting on 10 July



WAML President, **prof. Thomas Noguchi** (USA) welcomes governors at Governors cocktail party, 09 July



Group photo of WAML Governors at the end of Board of Governors meeting on 10 July: From left (seated): **Svetlana Pospelova** (Russia), **Henriette Roscam-Abbing** (Netherlands), **Anne-Marie Duguet** (France), **Berna Arda** (Turkey)

From left (standing): **Yury Sergeyev** (Russia), **Sanjin Dekovic** (Bosnia & Herzegovina), **Nasser Muh** (Indonesia), **Roy Beran** (Australia), **Gao Chunfang** (China), **Nicola Glover-Thomas** (UK), **Sha Yu Shen** (Vice President of CHLS, China), **Oren Asman** (Israel), **Ken Berger** (Canada), **Radmila Hrevtsova** (Ukraine), **Mitsuyasu Kurosu** (Japan), **Thomas Noguchi** (USA), **Vugar Mammadov** (Azerbaijan)



Honorary Governor, **academician Yuri Sergeyev** (Russia) introduces last issue of the Russian journal “Medical Law” to WAML President **prof. Thomas Noguchi** at Governors Welcome cocktail party, 09 July





Governor prof. **Gao Chunfang**, President of Chinese Health & Law Society presents Chinese national gifts to WAML Board of Governors, 10 July



Governor **prof. Mitsuyasu Kurosu** (Japan) and other governors put flowers and pay respect to the memory of the **National Leader of Azerbaijan, President Heydar Aliyev** on his grave, 10 July



WAML Governors at the gate of the Alley of Azerbaijan Honorary People Cemetery, 10 July



WAML Governors at the "Shehidler Khiyabani", Alley of Victims of the 1990 Black January, 10 July



WAML Governors at the Alley of Honorary People Cemetery, 10 July



Welcome Reception of the 23rd World Medical Law Congress, 10 July



12 – WAML Executive Committee at the Welcome Reception, 10 July



Opening Ceremony of the 23rd World Medical Law Congress in the main ballroom of Marriott hotel, 11 July



WAML Executive Committee, **prof. Osama Al-Madani**, Chief Forensic Medical Expert of Saudi Arabia, members of Chinese delegation at the Welcome Reception, 10 July



Presentation of WAML President, **prof. Thomas Noguchi** (USA) devoted to the 50th Golden Anniversary of Association about 50 years history at the Opening Ceremony, 11 July



WAML President, **prof. Thomas Noguchi** (USA) welcomes Congress participants at the Opening Ceremony, 11 July



Opening Ceremony of the 23rd World Medical Law Congress in the main ballroom of Marriott hotel, 11 July



Speech of the **Minister of Health of Azerbaijan prof. Oqtay Shiraliyev** at the Opening Ceremony welcoming Congress participants in Azerbaijan and thanking WAML on behalf of the **First Vice-President of Azerbaijan**, 11 July



Presentation of the Congress Program Chair, **prof. Vugar Mammadov** (Azerbaijan) devoted to activities of the **M-me Mehriban Aliyeva, First Vice-President of Azerbaijan**, in the field of Medical Law, Bioethics and Multiculturalism at the Opening Ceremony, 11 July



Award Ceremony of “The WAML 50th Golden Anniversary Award” and WAML Honorary Diploma to the **First Vice-President of Azerbaijan M-me Mehriban Aliyeva**, 11 July



WAML Honorary Governor, academician **Yuri Sergeyev** (Russia) greeting Congress participants at the Opening Ceremony on behalf National Russian Institute of Medical Law, 11 July



Welcome speech of the Congress Program Chair, **prof. Vugar Mammadov** (Azerbaijan) at the Opening Ceremony, 11 July



Presentation of the Key-Note Speaker **Prof. Henry Lee** (USA) at the Opening Ceremony, 11 July



Presentation of the Key-Note Speaker **Prof. Henry Lee** (USA) at the Opening Ceremony, 11 July



President of European Health Law Association, WAML Governor, **prof. Henriette Roscam Abbing** (Netherlands) makes the first key-note speech about transplantation, 11 July



Presentation of the Key-Note Speaker **Dr. Suha Al-Fehaid** (Saudi Arabia) at the Opening Ceremony, 11 July



WAML Finance Committee Chair, **Dr. Dick Wilbur** (USA) at the Opening Ceremony, 11 July



WAML Executive Committee, **acad. Yuri Sergeyev** (Russia), **prof. Berna Arda** (Turkey), **prof. Judit Sandor** (Hungary) at the Opening Ceremony, 11 July



Acad. Yuri Pigolkin (Russia) delivers Congratulation Address of the Rector of the First Moscow State Medical University n.a. I.A.Sechenov, **acad. P.Glibochko** to the 50th Golden Anniversary Congress of the WAML and makes key-note speech about modern forensic medical identification, 11 July



Head of WAML Administration, Denise McNally, runs registration of congress participants, 11 July



Head of Law Department of the Ministry of Health of Azerbaijan **Mr. Elhan Azizov** and **prof. Yuri Morozov** (Russia) at the Opening Ceremony, 11 July



President of the Association of Lawyers of the Countries of Black Sea and Caspian Region, **prof. Ilham Rahimov** (Azerbaijan) makes the key-note speech on death penalty, 11 July



Prof. Osman Tastan (Turkey) talking with chairs **Dr. Oren Asman** (Israel) and **prof. William Hinnant** (USA) before start of his key-note speech about potential impact of DNA test upon Islamic procedural justice, 11 July



Head of Azerbaijan State Committee on Mandatory Medical Insurance **Mr. Zaur Aliyev** at the Opening Ceremony, 11 July





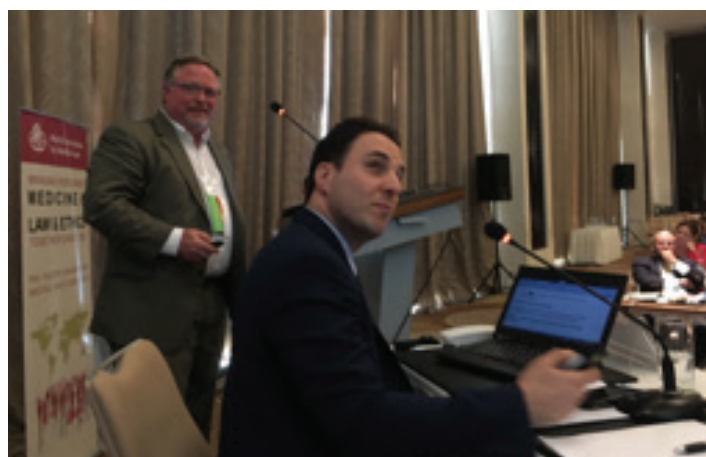
WAML Governor Svetlana Pospelova (Russia), **Dr. Yelena Pavlova** (Russia) and WAML Audit Committee Chair **Mr. Shigeki Takahashi** (Japan) at the Opening Ceremony, 11 July



Dr. Vera Lucia Raposo (Macau) makes key-note speech about cybermedicine at the session, chaired by **prof. William Hinnant** (USA) and **Dr. Oren Asman** (Israel), 11 July



Key-note speaker **prof. Anabel Pelham** (USA) answers questions during discussion after her presentation about age-friendly policy in California, 11 July



President of American College of Legal Medicine, **prof. William Hinnant** (USA) makes key-note speech about religious conscience and medical law, 11 July



WAML Governor **prof. Roy Beran** (Australia) and **prof. Osama Al-Madani** chair the session. **prof. Kanan Yusif-zade** (Azerbaijan) makes key-note speech about health system of Azerbaijan, 11 July



Prof. John Conomy (USA) makes a comment at Q&A part of the key-notes session, 11 July



Dr. Dick Wilbur (USA) makes key-note speech about medical errors, 11 July



WAML Governors **prof. Berna Arda (Turkey)**, **prof. Henriette Roscam-Abbing (Netherlands)**, **Dr. Radmila Hrevtsova (Ukraine)**, **prof. Rosa Teresa Meza Vasques (Peru)** and **Dr. Giancarlo Jimenez Bazan (Peru)** at the Opening Ceremony of the congress, 11 July



Award Committee – Chair **prof. Anne-Marie Douget (France)**, and members **prof. Mitsuyasu Kurosu (Japan)**, **Dr. Svetlana Pospelova (Russia)** and **Dr. Nada Eltaiba (Qatar)** during working process discussing nominees for winners of Young Scientists Award Competition, 11 July



President of the Association of Lawyers of the Countries of Black Sea and Caspian Region, **prof. Ilham Rahimov (Azerbaijan)** hosts **prof. Thomas Noguchi (USA)**, **prof. Henry Lee (USA)** and **prof. Vugar Mammadov (Azerbaijan)** at the dinner, 11 July



Prof. Henry Lee (USA) surrounded by members of Kazakhstan delegation led by WAML member **Svetlana Saukenova**, 11 July



WAML Governor **prof. Berna Arda (Turkey)**, **prof. Aydin Qasimov (Azerbaijan)** and **Dr. Manal Bamousa (Saudi Arabia)** chair the session. Mr. Shahin Mammadrzali (Azerbaijan) makes presentation about challenges of medical law in Azerbaijan, 12 July



Registration of congress participants is managed by **Denise McNally**, Head of WAML Administration, 12 July



One of the winners of the 50th Golden Anniversary Congress Young Scientists Award Competition **Anna Khrutalyeva** (Russia) takes notes at the scientific session of the congress, 12 July



Prof. Javanshir Suleymanov (Azerbaijan) makes presentation about alternative forensic expertizes, 12 July



Member of UNESCO Inter-Governmental Bioethics Committee, **prof. Hakan Orer** (Turkey) takes notes at the scientific session of the congress, 12 July



Members of Kazakhstan delegation **Dr. Alfiya Shamsutdinova**, **Dr. Ahmed Tazabekov**, **Mr. Yernar Shalharov** at the scientific session of the congress, 12 July



Member of UNESCO International Bioethics Committee, **prof. Ahmed Badawy Khitami** (Oman) at the scientific session of the congress, 12 July



Member of UNESCO Inter-Governmental Bioethics Committee, **Dr. Ehsan Shamsi Gooshky** (Iran) at the scientific session of the congress, 12 July



Dr. Manal Bamousa (Saudi Arabia) at the scientific session of the congress, 12 July



Scientific session in parallel room “Gobustan”, 12 July



WAML Governor **prof. Henriette Roscam Abbing** (Netherlands) during Q&A part of the session in parallel room “Gobustan” moderated by **Dr. Irina Senyuta** (Ukraine), 12 July



Prof. Brigitte Feuillet (France), **prof. Judit Sandor** (Hungary) and **prof. Vugar Mammadov** during break between scientific sessions of the congress, 12 July



Prof. Kanan Yusifzade, **prof. Saday Aliyev** and **prof. Vagif Qalandar** (Azerbaijan) at the scientific session of the congress, 12 July



WAML Governor **prof. Thierry Vansweevelt** (Belgium) and **Mr. Raf Van Goethem** (Belgium) at the scientific session of the congress, 12 July



23rd World Medical Law Congress Program Chair, **prof. Vugar Mammadov** welcomes Congress participants and guests during Gala-dinner in "Sharg-zali II", Marriott hotel, 12 July



Prof. Puteri Nemie Jahn Kassim (Malaysia) during Q&A part of the session in parallel room "Gobustan", 12 July



WAML Secretary General **Dr. Ken Berger** (Canada) moderates Gala-dinner, 12 July



Talk of WAML President **prof. Thomas Noguchi** with **prof. Melinda Truesdale** (Australia) in "Gobustan" room before starting scientific session, 12 July



WAML Governor **Dr. Svetlana Pospelova** (Russia), **prof. John Conomy** and **Dr. Jill Mushkat-Conomy** (USA), **prof. Melinda Truesdale** (Australia) and members of Russian delegation during Gala-dinner, 12 July



WAML Audit Committee Chair **Mr. Shigeki Takayashi** (Japan) with members of Japanese delegation during Gala-dinner, 12 July



Award Committee – Chair **prof. Anne-Marie Douget** (France), members **prof. Mitsuyasu Kurosu** (Japan), **Dr. Svetlana Pospelova** (Russia) - announces **Mr. Ivan Demchenko** (Ukraine) as one of the winners of the 50th Golden Anniversary Congress Young Scientists Award Competition at Gala-dinner, 12 July



WAML Secretary General **Dr. Ken Berger** (Canada) gives the floor to **Mr. Jonathan Davies** (Israel) to make a speech at Gala-dinner, 12 July



Award Committee – Chair **prof. Anne-Marie Douget** (France), members **prof. Mitsuyasu Kurosu** (Japan), **Dr. Svetlana Pospelova** (Russia) - announces **Ms. Maria Petrova** (Bulgaria) as one of the winners of the 50th Golden Anniversary Congress Young Scientists Award Competition at Gala-dinner, 12 July



Award Committee – Chair **prof. Anne-Marie Douget** (France), members **prof. Mitsuyasu Kurosu** (Japan), **Dr. Svetlana Pospelova** (Russia) - announces **Dr. Zhe Zhang** (Hong Kong) as one of the winners of the 50th Golden Anniversary Congress Young Scientists Award Competition at Gala-dinner, 12 July



Award Committee announces **Ms. Anna Khrustalyeva** (Russia) as one of the winners of the 50th Golden Anniversary Congress Young Scientists Award Competition at Gala-dinner, 12 July



Scientific session in main ball room last day of the Congress, chaired by WAML Governors **prof. Roy Beran** (Australia), **prof. Andre Pereira** (Portugal), **Dr. Svetlana Pospelova** (Russia) and **prof. Anabel Pelham** (USA). **prof. John Conomy** (USA) makes presentation about drug situation in American cities, 13 July



Photo from one of the preparatory meetings of the **Local Scientific Committee**. From left to right: **Prof. Vugar Mammadov**, **Prof. Mahabbat Damirchiyeva**, **Prof. Irada Huseynova**, **Prof. Aytan Mustafayeva**, **Prof. Irada Huseynova**, **Prof. Kamil Salimov**, **Prof. Eldar Gorin**, **Prof. Javanshir Suleymanov**, **Prof. Ilham Rahimov**, **Prof. Mansur Bunyatov**. April 2017



Mr. Filip Dewallens (Belgium) makes presentation about legal aspects in operating room, "Gobustan" room, 13 July



WAML Administration office **Denise McNally** and **Alba Castro** with volunteer students, who assisted at the registration desk during congress days.



Last congress evening photo made at terrace of Marriott hotel: **Alba Castro** (USA), **Rosa Teresa Vasques** (Peru), **Denise McNally** (USA), **Steven McNally** (USA), **Giancarlo Jimenez Bazan** (Peru) and **Vugar Mammadov** (Azerbaijan), 13 July



Post-congress tour of WAML President **prof. Thomas Noguchi** with **Alba Castro**, **prof. Henry Lee** and **Margaret Lee**, **Dr. Dick Wilbur** and **Betty Lou**, **prof. Vugar Mammadov** to Quba.



Post-congress tour of WAML President **prof. Thomas Noguchi** with **Alba Castro**, **prof. Henry Lee** and **Margaret Lee**, **Dr. Dick Wilbur** and **Betty Lou**, **prof. Vugar Mammadov** to Qabala.



Margaret Soong Meow Lee, wife of **Prof. Henry Lee**. Our last respect to Her kind memory.



Prof. Henry Lee, **Dr. Dick Wilbur** and **Betty Lou**, **prof. Vugar Mammadov** and **Alba Castro** in internal yard of the Karavan-Saray Hotel in Sheki during post-congress tour.

**Do you have an idea,
comment, or suggestion?**

Please contact
Denise McNally
worldassocmedlaw@gmail.com

WAML President's Report



Thomas T. Noguchi,
President of WAML

The success of the Baku Congress encouraged more efforts for future collaborations amongst regional associations and organizations. We have seen many Russian speaking colleagues in Baku who did not attend previous Congresses. Vugar Mammadov has done an excellent job in reaching out to his colleagues.

More than a year ago, the Executive Committee (EC) agreed to collaborate with another international association called the International Association of Forensic Sciences (IAFS). The WAML and IAFS share the same formative foundation. In the early 1950s, Professor Frederick Thomas and a few international leaders created an international association, the IAFS. This association started with two Presidents in 1957, Frederick Thomas and an American forensic pathologist from Tacoma, Washington, Dr. Charles Larson, who was also very active in forming the College of American Pathologists (CAP). Our founder, Raf Dierkins was a student of mine in the Institute of Legal Medicine, Ghent State University, and attended many of my autopsies. During the early 1960s, Dierkens shared his interest in forming the new organization where lawyers and medical doctors could find a forum to freely discuss current issues society was facing at that time. I encouraged him to go overseas to survey the status of such international meetings, and among many well-known departments, he came to see us at the Los Angeles County Medical Examiners' office in 1966. The following year, he was ready to commence the congresses. I attended the first congress of WAML in Ghent, Belgium. That Congress was entirely backed up by the university (Ghent University).

The head faculty of the law school and I fully supported the effort, and, fifty years later, we celebrated the Golden Anniversary Meeting in Baku, Azerbaijan.

For the IAFS meeting, the other international association, we arranged to have a collaboration (offered to

us by our WAML Faculty) with the famed author and editor Professor Jamie Upshaw Downs author of the current reference book, "Ethics in Forensic Science", I was asked to moderate the session and within 90 minutes in an amazingly fast-paced symposium was able to cover many areas, yet there is still more to do to continue this educational effort. The last night of the IAFS meeting, the President of the IAFS, Prof. Michael Pollanen invited those who made major contributions to the success of the IAFS in Toronto; including your president to sit with him.

We, the EC members are busy finalizing the scientific program with the 2018 Program Chair, Dr. Oren Asman of Tel Aviv University. For 2019, the colleagues from Japan have been busy organizing the convention in early August 2019 at the Waseda University International Conference Center. Prof Katsunori Kai (Law School Professor) as program chair, has assisted our governor Mitsuyasu Kurosu, from Tokyo Medical University with preparation for WCML 2019. I was invited to attend a Launch ceremony for the 2020 Toronto Congress hosted by its Program Chair, Secretary General Ken Berger, and am fortunate to have witnessed such an event.

Thomas T. Noguchi
President, WAML

WAML Secretary General's Report



Ken J. Berger
MD, JD
WAML Secretary General

The World Association for Medical Law completed a very successful conference in Baku, Azerbaijan where there were a record number of participants from Arabic and Russian speaking Countries and we were broadcast on National TV stations about both the successes of the WAML and the Baku congress.

At this time, I wish to thank the Executive Committee, the Board of Governors, Committees, and many others on their efforts in navigating the WAML in the right

direction for a strong future and I wish to welcome the new Governors to our Board of Governors, both from Europe and South America.

After Baku, work will not stop and your Secretary General and President represented WAML well at the International Association of Forensic Sciences, which was being held in Toronto. The meeting emphasized the risk of miscarriages of justice, if the rules of law and forensic ethics are in any way abdicated.

I personally invited and warmly welcomed our President, Dr. Thomas Noguchi, to a small surprise dinner party at my home for the 2020 Toronto WCML launch party. We celebrated with great wine and catered food and had wonderful debates and discussion about many diverse topics. Most of all, the 2020 WCML launch cake, shown in this picture, was fully consumed by all those that attended.

We now are planning the road to Tel Aviv for the next annual meeting in September 2018, which should be

an excellent scientific program and the program Chair, Oren Asman, is looking to put together a special event for us all.



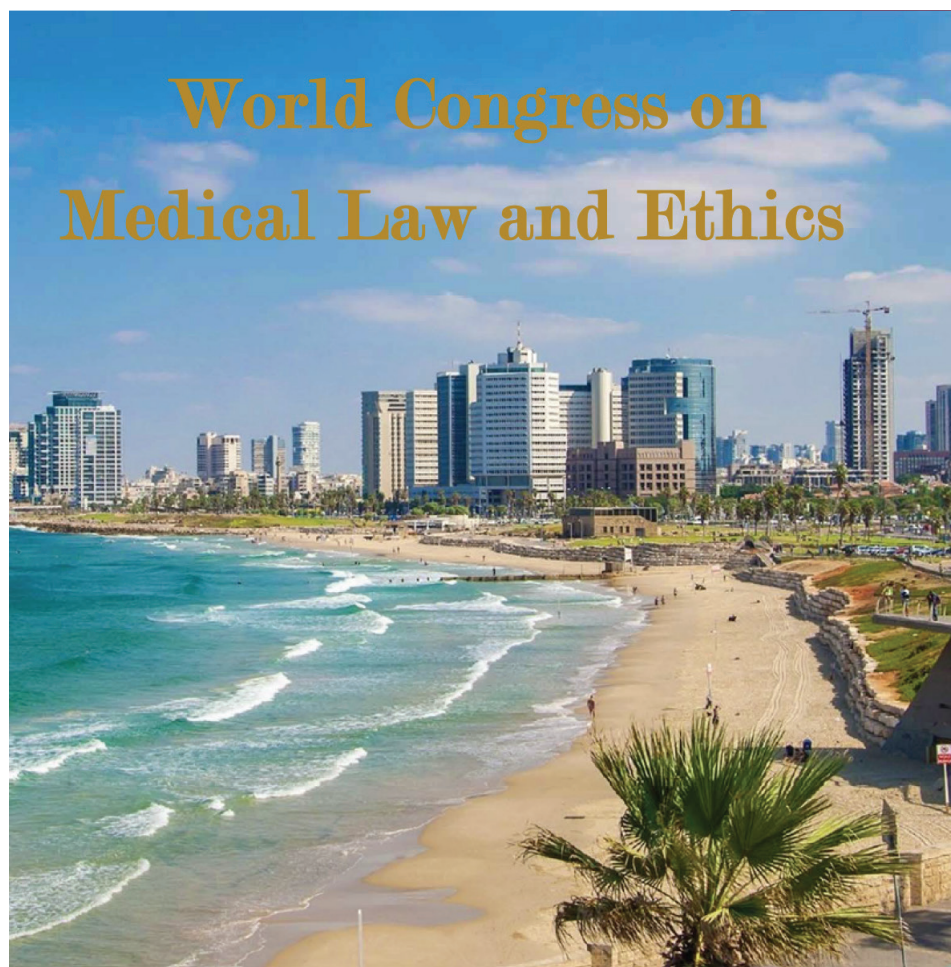
I look forward to seeing everyone in the holy land of Israel next year. Let us support Israel at a time where global peace, harmony, multiculturalism and globalization should be celebrated anywhere and everywhere, allowing us to continue to make meaningful contributions to medical law and legal medicine.

Very truly yours,

Ken J. Berger
MD, JD

Secretary-General, Vice President, Board of Governors
World Association for Medical Law

Scientific Chair, 2020 WAML meeting, Toronto, Canada



World Congress on Medical Law and Ethics



World Association for
Medical Law

SAVE

THE DATE

SEPTEMBER 2-5

2018

The 24th Annual WAML
World Congress

Tel Aviv, Israel
www.wcml2018.com

Abstract submission deadline is May 1st 2018

Notification will be made and the final
scientific program will be published
June 1, 2018.



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September 2-5, 2018
Tel Aviv, Israel

- 1 Forensic Medicine, Law and Ethics
- 2 Mental Health, Law and Ethics
- 3 Health Professions, Law and Ethics
- 4 Humanitarian Medicine, Law and Ethics

MEET INTERNATIONAL
EXPERTS IN MEDICAL LAW,
LEGAL MEDICINE AND
BIOETHICS.

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

51st Annual Meeting of the National Association of Medical Examiners

October 13-17, 2017

Scottsdale, AZ, USA

Website: www.thename.org

24th Annual WAML World Congress

September 2 – 5, 2018

Tel Aviv, Israel

Website: www.wcml2018.com



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World Association For Medical Law

December Issue

November - December 2017

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Message from the Guest Editor



Dr. Svetlana Pospelova
WAML Governor (Russia)

For half a century the WAML has been creating a platform for discussion and sharing knowledge in the field of Health Law, Legal Medicine and Bioethics for the professional community from all countries of the world. Non-profit organizations across the globe, collaborating with the WAML play an important role in this field, in particular the European Association of Health Law (EAHL). This issue of Newsletter opens with a paper by the WAML and the EAHL Vice-President Prof. Mammadov, devoted to review of the 6th EAHL Conference "Health Rights Regulations and the Distribution of Healthcare in Europe" which was held in Bergen, Norway, on 28-29 September 2017.

The WAML 50th Golden Anniversary Annual Congress in Azerbaijan demonstrated that Russian researchers and medical lawyers are very interested in international cooperation: The Russian delegation, brought together by the National Institute of Medical Law, was the largest at the Congress. Many of the delegates participated in the scientific program of the Congress with presentations and posters and submitted

research papers to the authoritative international journal Medicine and Law. It is especially valuable that some participants expressed willingness to join the Association. In the light of these activities, it is a great honor for me as a Guest Editor, to present in this issue of the WAML Newsletter the papers of the famous Russian researchers and experts in the field of Medical Law and Forensic Medicine.

In recent years, activities of the law enforcement agencies on investigation of cases of adverse outcomes of medical care have extended considerably. Prof. Erofeev, who has been studying the problem of expert legal assessment of the unfavorable outcomes of medical care and medical errors for over 40 years, covers these issues in his paper.

Analysis of the law enforcement practice in the Russian Federation demonstrates increase in cases of all types of liability of health professionals and medical organizations. The issues of civil liability are especially topical because the monetary value of submitted and satisfied claims is steadily growing. Dr. Kamenskaya describes the current situation in her paper.

Currently in the Russian Federation, a forensic medical examination is not the only type of examination that can be requested by the court while hearing "medical" lawsuits. A significant part of relevant issues is resolved on the basis of medical care quality assessment by professional non-profit organizations. This matter is analysed in the article written by Dr. Kuranov.

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

The legislation in the sphere of biomedicine is being developed rapidly. One of the most awaited laws of high social significance is the draft law on organ donation and transplantation. Relevant successes and prospects for the development of this area are outlined in my article.

The active application of medical technologies in the Russian Federation contributes to the development of inbound medical tourism. The organization of treatment of foreign patients requires that a wide range of specific legal issues should be regulated, with relevant special training of medical lawyers. This is further illustrated in a paper of Mr. Zaves, a leading expert in the field of medical tourism.

Wish you nice reading!

Dr. Svetlana Pospelova
WAML Governor



Yuriy Sergeyev
WAML Honorary Governor (Russia)

Dear Colleagues and Friends!

On behalf of the Russian Medical and Legal Professional Society, I would like to wish you a Merry Christmas and a Happy New Year 2018!

Let this coming year bring you good health, happiness and prosperity, great success in the development of our favorite science - Medical Law!

Sincerely yours,

Prof. Yuriy Sergeyev

Health Rights Regulations and the Distribution of Healthcare in Europe



Prof. Dr. Vugar Mammadov
WAML Treasurer

The 6th EAML conference entitled “Health Rights Regulations and the Distribution of Healthcare in Europe”, successfully held in Bergen, Norway, on 28-29 September 2017, became a meeting place for more than 120 specialists from about 35 countries. WAML Governors Henriette Roscam Abbing, Anne-Marie Duguet, Nicola Glover-Thomas, Thierry Vansweevelt and Vugar Mammadov attended the meeting.

A number of important decisions were made during the conference. A new leadership of the Association was elected during the conference, with four new members. The new composition of the Board:

Prof. Karl Harald Søvig, Dean of Law Faculty, University of Bergen (Norway) – President

Prof. Dr. Vugar Mammadov (Azerbaijan) – Vice-President

Prof. Verena Stühlinger (Austria) – Vice-President

Steven Lierman (Belgium) – Treasurer

Joaquín Cayón-De Las Cuevas (Spain) – Secretary

Annagrazia Altavilla (France)

Athanasios Panagiotou (Greece).

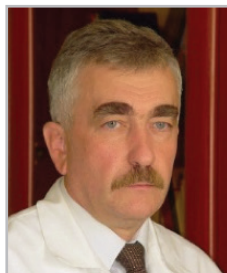


A seminar for young researchers (PhD seminar) became an important part of the conference. During the seminar that was organized in the form of parallel sessions with presentations, all participants were divided into 3 groups. Young researchers had an opportunity to present and discuss their theses, as well as get the professor's advice on the intricacies of the research.

All abstracts submitted to the conference have been published in the special issue of the European Journal of Health Law as "Book of Abstracts".

The conference addressed every aspect that contributes to a distribution of healthcare that is just and in accordance with human rights standards, in times of scarcity and high-cost innovations: healthcare that is safe, culturally sensitive, cost-effective, with respect for patients' rights and human rights obligations. This includes the influence of international (UN) and European jurisprudence (Council of Europe, European Union), public health measures, standardization and prioritization of health care, professional guidelines, innovations (e.g. robotization, gene-therapy, telemedicine, orphan drugs, personalized medicine, medical research), resilience and self-care, new models of care, interplay between private and public healthcare providers and health insurances, as well as co-operation at European level on strategies to effectively manage cost effective, patient friendly healthcare. Challenges within contemporary European (and national) health law from a patient's rights and a social perspective as well as many other issues were addressed within the scope of the EAHL conference theme.

The Investigative Committee of Russia: Close Attention to the Adverse Outcome of Medical Care.



Prof. Sergey V. Erofeev, MD

Head of the Bureau of Forensic Medical
Examination of the Ivanovo Region

Head of the Department of Forensic Medicine
and Law of the Ivanovo State Medical Academy

Honored Health Worker of the Russian Federation, Russia

In the Russian Federation, the investigation of the crimes of medical personnel is conducted primarily by the Investigative Committee of the Russian Federation (IC RF). A forensic medical examination plays an important role in establishing the truth in medical conflicts. Therefore, it is the forensic examiner who notices significant changes in the activity of the investigative bodies in relation to medical personnel. The activity of the investigation in Russia is combined with the growth of the sense of justice and activity of the population. Together, these factors led to the same type of changes in different regions of the country.

- In the second half of the 1990s, the first wave of growth in criminal cases against physicians was noted: their number in the regions of Central Russia grew 3-13 times.
- From 2000 to 2010, the number of cases of criminal prosecution of doctors continued to increase several times in comparison with 1990. It is significant that preliminary investigation and criminal cases were initiated during this period solely on complaints of patients or their relatives. At the same time, the civil law way of claiming satisfaction in courts for causing harm to health when providing medical care rapidly developed.

In the last 5 years, the cases of adverse outcome of medical care became the subject of special attention of the Investigative Committee of Russia, which was expressed in the following events.

- ✓ Conducting forensic medical examinations not only in criminal cases, but also with all preliminary investigations.
- ✓ The initiation of a criminal case or verification is practiced not only on the complaints of the victims, but also, in their absence, on the initiative of the investigative authorities.
- ✓ Since 2016, there has been an initiative of the IC RF: the creation of its own expert groups under the regional offices of the IC of the Russian Federation, separated from the forensic medical service of the country, for the production of examinations on "medical matters". During this year, the experience of creating these expert units was analyzed in the IC RF and in 2017 it

was recommended for distribution throughout the country. The principles of this work are formulated in a special letter of the Investigative Committee of the Russian Federation “On the organization of forensic medical examination in the Investigative Committee of the Russian Federation”. It should be emphasized that for more than 90 years the state forensic medical service of the country has been conducting a conscientious and successful examination concerning improper provision of medical care. However, in recent years via active interference of the mass media, society has formed a stable opinion on medical corporatism. For this reason, patients and investigators do not trust the opinion of state forensic experts working in the healthcare system. As an expert with 40 years of experience, I consider such an attitude absurd, but it’s impossible to change public opinion on corporatism.

- ✓ Since 2017 at the initiative of the IC of the RF, health authorities in all regions of Russia have been asked to conclude agreements with the investigating authorities: to inform the police and the IC RF voluntarily and without requiring complaints from relatives, about all deaths of pregnant women, parturients, newborns, children and adolescents under 18. The bodies of the IC RF have the right to initiate an investigation or a criminal case for each of the reports. A new term appears in law enforcement practice – “iatrogenic crimes”.
- ✓ Special attention of the IC RF is paid to ensuring the high qualification of investigators handling inquiry on “iatrogenic crimes”. Therefore, the Academy of the IC of the Russian Federation has intensified the training of investigators in the field of methods for medical events investigation; similar professional seminars are included in the training programs for investigators in all regions of the country. The level of investigator awareness of the legal regulations of medical activity has increased. In communication with the investigators their specialization in the field of legal basis of the work of doctors is noticeable.

Even a brief retrospective analysis of these measures indicates an increase in the activity of the investigative authorities concerning adverse outcomes of medical

care. At the same time, it is important to remember that after all the examinations and courts, not all claims are justified: from 18% to 52% in various regions of Central Russia. Close attention and high activity of the investigative bodies to medical conflicts leads not only to the growth of care and discretion of doctors. This system of measures raises concern and alarm among health authorities and doctors with the highest risk of conflicts. In many areas this alarm has led to a personnel outflow from urgent specialties and the development of other typical signs of “defensive medicine.”

Some Peculiarities of Application of the Rules Establishing Civil Liability of Healthcare Organizations



Dr. Natalia A. Kamenskaya, PhD in Law

Associate Professor of Law at the Medical Law
Department of Sechenov First Moscow
State Medical University (Sechenov University)
Executive Director of the National Institute
of Medical Law, Russia

Currently, the conditions and procedure for compensation for harm caused to life and health including those due to improper medical care are determined by the provisions of Chapter 59 of the Civil Code of the Russian Federation (CC RF). These provisions are devoted to obligations arising as a result of causing harm or to the so-called delictual (tort) obligations (from Latin “delictum” = transgression) which were identified as a separate category in Roman law. These obligations arise in connection with the violation of the absolute and subjective civil rights of the victims; they are extra-contractual in nature and are intended for safeguarding the victims’ right to compensation for material or moral harm. An obligation to compensate for harm arising from civil liability is normally imposed upon the person who caused the harm if the attributes of an offence are present - which includes the occurrence of harm, the wrongfulness of the conduct of the person who caused such harm, a causal link between his/her behavior and the occurrence of harm and also his/her guilt.

Applying the provisions regarding obligations arising as a result of causing harm, courts develop common legal positions in relation to the application of the provisions of the CC RF. Some peculiarities of modern law enforcement practices and emerging trends in civil liability for improper medical care may be highlighted.

1. A victim has the burden of proving that specific harm has been caused, its amount and that the defendant is the person who caused the harm; the element of fault on the part of the person that caused the harm is presumed. Article 1064 of the CC RF establishes presumed fault of a person that caused harm which means that the defendant must prove that the harm was caused not by his/her fault. The victim shall submit evidence confirming physical injury or other health impairments, the amount of harm caused and evidence that the defendant is the person who caused the harm or the person obliged by law to compensate for harm.
2. In accordance with the CC RF, harm caused to a person or property of a citizen is subject to compensation in full by the person who caused the harm. Based on law enforcement practice:
 - ▶ this norm is peremptory and does not provide for possibility of reducing the amount of harm subject to compensation by agreement of the parties;
 - ▶ the amount of compensation for harm may only be adjusted upwards, in particular, with regard to compensation for harm caused to the life and health of a citizen;
 - ▶ in determining the amount of compensation for harm, actual damage and forgone profit must be considered;
 - ▶ under the rules of evidence and evidence assessment the amount of compensation for harm and therefore the validity of claims shall be determined by a court.
3. Liability of an employer for harm caused by its employee arises regardless of form of ownership of the employer. According to the norms of the CC RF a legal entity or a citizen shall compensate for harm caused by its employee in the performance of labor (or employment, or official duties).

Liability for harm arises when there is a causal link between actions (or inactions) of health care workers (regardless of form of ownership of health

care organizations) and the resulting consequences for a patient.

The employer bears civil liability, regardless of whether its employee – the person that caused harm – was brought to criminal liability or administrative responsibility.

4. When establishing the amount of compensation, courts detail the principle of full compensation for harm caused as determined by the CC RF:
 - ▶ in case of the causing of physical injury or other injury to the health of a citizen, the lost wages (or income) which he had or definitely could have had and also supplementary expenses incurred that were caused by the injury to the health shall be subject to compensation, if it is established that the victim needs the respective means of assistance and care and does not have the right to receive them free of charge;
 - ▶ a court may refuse compensation for supplementary expenses incurred that were caused by the injury to the health, if the claimant has failed to provide any evidence showing that the expenses were actually incurred or will be incurred in the future;
 - ▶ to compensate the victim for additional expenses, at least two conditions should be fulfilled simultaneously: it shall be established that the victim needs additional services and does not have the right to receive them free of charge;
 - ▶ the victim must prove that he/she needs additional means of assistance which he/she is unable to receive free of charge;
 - ▶ the list of expenses provided by this article of the CC RF is not exhaustive.
5. In determining the amount of compensation for psychic harm, courts assume that the harm caused to the victim in all cases lead to the victim's physical and psychic suffering thus assuming that the victim suffers psychic harm. Courts establish the following grounds for compensation for psychic harm in cases of improper medical care:
 - ▶ experiences in connection with the loss of relatives (family or blood relationship with the victim does not in itself constitute absolute grounds for compensation for psychic harm;

at the same time when considering cases that involve compensation to other persons for psychic harm in connection with the death of the victim, in particular, to the victim's family members and persons that were dependent upon his/her support, courts take into account circumstances evidencing physical or psychic suffering caused to these individuals);

- ▶ experiences in connection with the inability to continue active social life;
- ▶ experiences in connection with the loss of employment;
- ▶ experiences in connection with disclosure of patient information.

Thus, the patient's right to compensation for harm caused to his/her health during medical treatment is realized within the framework of civil liability and is compensated by medical organizations in accordance with the general procedure for compensation of harm and the norms of civil legislation.

Formation in the Russian Federation Practices of the Examination of Medical Care Quality by Professional Medical Organizations.



Dr. Vladimir G. Kuranov

Head of the Law Department, Perm state medical University
Director of the Center for Medical Law, Russia

Court cases connected with health and health care, are impossible without the application of professional medical knowledge. Judges are professional lawyers, but not having medical knowledge, have to resort to the assistance of experts in the field of health.

The procedural legislation of the Russian Federation and other States knows the forensic institute, which is appointed in case of need of knowledge in science, technology, art or craft. The most common form of

forensic examination in the “medical” cases is forensic medical examination.

But in addition to forensic medical examination, the Russian legislation still incorporates the concept of examination of medical care quality. This examination is performed to identify irregularities in the delivery of health care, including assessing the timeliness of delivery, the correct choice of methods of prevention, diagnosis, treatment and rehabilitation and degree of achievement of planned result.

Unfortunately, courts often do not distinguish between these two kinds of examinations, ordering only a forensic medical examination. As a result, the Bureau of forensic medical examination has to return the cases back to court because they are not competent to examine the quality of care.

Legislation on the expertise of the medical care quality in the Russian Federation is formed. In our opinion, important is the recognition by the legislator of the role of health professional organizations in this field. Today in Russia the formation of professional non-profit organizations is allowed in accordance with the following criteria:

- ▶ belonging to medical or pharmaceutical workers;
- ▶ belonging to a profession (doctors, nurses (physician assistants), pharmacists);
- ▶ belonging to one medical specialty.

It is specifically provided that a professional non-profit organization can participate in the development of rules and regulations in the health sector, in addressing issues related to violation of these rules and regulations. Such organizations can participate in the development of criteria of the quality of medical care.

It seems that a professional medical organization can take the responsibility and functions of independent expertise of medical care quality.

So, during 2013 the territory of the Perm krai created the public organization “Professional Medical Community of the Perm krai”. The medical community is organized to ensure the interoperability of the medical community, medical organizations and government authorities in the following areas:

- the creation of a socially oriented model of national healthcare,

- ▶ assistance to creation of necessary conditions for exercise of the physician's professional service in accordance with his/her vocational, ethical and moral duty to society and patients,
- ▶ assistance in the organization of government medical activity, formation of system of public health monitoring the health of the citizens and the activities of bodies responsible for ensuring the preservation of the health of citizens.

One of the structures created in the framework of the Community, was the Committee on pre-trial settlement of conflicts. Objectives of the Committee are:

- ▶ Facilitating the resolution of disputes in the field of health between health professionals, health workers and patients, medical professionals and medical organizations, medical organizations and patients;
- ▶ Participation in development of normative legal acts in the field of health;
- ▶ Improving the system of informing Community members on issues of legislation on health protection, medical ethics and deontology;
- ▶ Expert assessment of quality of care.

The Committee on pre-trial settlement includes medical lawyers, forensic experts, mediators, healthcare managers, and clinicians. When considering a specific case, the Committee engaged experts in the relevant medical specialty.

Practice shows that the judicial and investigative bodies are conservative and have traditional thinking with a negative attitude towards the conclusions of the professional organizations. The enforcers are difficult to get to change from the template that a legally relevant conclusion on the matter can only be given by the forensic experts. However, some changes to this state of Affairs has emerged.

In 2017 the Sverdlovsk district court of Perm considered the claim of a patient to one of the city hospitals. The subject of the claim was compensation for psychic damages in respect of defects of rendering of medical aid. According to the petitioner, the practitioner did not perform the necessary allergological research, and incorrectly prescribed dietary food. The course of the proceedings necessitated special medical knowledge, the court on its own initiative raised the question of the appointment of forensic examination. Defendant (city hospital) then

applied to the Professional medical community of the Perm krai. The court prepared a letter to which the Medical community expressed a willingness to conduct the examination with an indication of involved professionals and their skill level. The defendant's application for order of examination as to the Community level of practice was granted. The examination established the absence of defects in the rendering of medical aid in the treatment of the plaintiff. The claim was denied. The decision was motivated on the basis of facts established by Community experts.

Thus, in the Russian Federation there are necessary legal arrangements for the independent examination of the quality of care by professional non-profit organizations.

Legal Regulation of Human Organ Donation and Transplantation in the Russian Federation: Major Achievements and Prospects for the development



Dr. Svetlana I. Pospelova, PhD in Law

Associate Professor of Law at the Medical Law Department of Sechenov First Moscow State Medical University (Sechenov University)
Research Director of the National Institute of Medical Law
WAML Governor, Russia

Human organ transplantation is considered to be one of the utmost social values all over the world, since transplantation can save human lives and ensure a higher quality of life. Each year the number of human organ transplantations in the Russian Federation is increasing steadily. However, according to an expert assessment, it meets only 10% of the current need. This gap is related to the existing institutional, legal, moral, and ethical issues concerning the key procedures related to human organ donation and transplantation, including the declaration of brain death and organ withdrawal.

Human organ donation and transplantation are carried out on the basis of legislation and human rights approach, in accordance with the principles proclaimed by the international community.

In 2015 the Russian Federation took an important decision towards **the unification of the national legislation in accordance with the international norms on criminalization of trafficking in human organs**. The President of the Russian Federation signed the Convention Against Trafficking in Human Organs adopted by the Committee of Ministers of the Council of Europe on 9 July 2014. The Convention is the key international document aimed at preventing and combating this global criminal phenomenon. It should be noted that compliance with the Convention requires introduction of relevant criminal and administrative liability in the national legislation of the Russian Federation.

Currently, human organ donation and transplantation are regulated by a special Federal law “On Transplantation of Human Organs and (or) Tissues” 1992. The current law requires a significant improvement in the regulation of the system of human organ donation as the main condition for their further transplantation. In this context, a number of amendments were introduced in 2015 to the Federal law “On the Fundamentals of Protecting the Health of Citizens in the Russian Federation,” which is the basic law which regulates healthcare:

1. Organ donation (medical examination of a donor, ensuring the integrity of donor organs and tissues prior to retrieval from the donor, as well as the retrieval, storage and transportation of donor organs and tissues) was included into the term “medical activity;”
2. Mandate of the Federal bodies and executive bodies of the subjects of the Russian Federation in the sphere of health care in organizing organ donation and transplantation was enhanced;
3. The sources and mechanisms of funding medical activities related to organ donation were specified. The Federal budget is for 2017 and for 2018 about 241.2 million rubles for these purposes;
4. Medical activities related to the organ donation for transplantation were included in the Program of the State Guarantees of Free Medical Care to the Citizens of the Russian Federation;
5. Unified system of state registration of donors, donor organs and recipients was started.

All these changes have boosted an increase in organ donation, which resulted in a rising number of transplantations in the Russian Federation in 2015-

2017. At the same time, ensuring compliance of the subjects of the Russian Federation with the Federal requirements on the organization of human organ donation and transplantation is still an issue.

One of the mandatory legal regulations on postmortem organ donation – **“the order of declaring brain death”** was also amended. In the past, the relevant order of the Ministry of Health of the Russian Federation used to regulate the procedure for declaring brain death only in adults, aged 18 years and older. This made retrieving a donor organ for a child in need of transplantation possible only in rare cases with a donor organ of appropriate measurements. In 2016, the Ministry of Health of the Russian Federation approved a revised order including declaration of brain death in children aged 1 year and older. This decision opened new prospects for human organ transplantation in children.

Among other most significant changes in the national legislation is the shift **from a presumption of consent to a dual model of regulation** of declaring willingness to donate an organ or tissue following death.

Initially, the legislative regulation of organ donation in the Russian Federation was based on the “presumption of consent”, that covered the procedure for the retrieval of organs and tissues from all donors, regardless of their age and legal capacity. Since 2012, significant changes have been introduced to this model. The current norms of the Federal law “On the Fundamentals of Protecting the Health of the Citizens in the Russian Federation” (art. 47) stipulate a dualistic model of regulation:

1. In case of death of an adult legally capable citizen - the presumption of consent exists. In the absence of the donor’s will, the right to declare his lack of consent belongs to his spouse or one of his close relatives: children, parents, adopted children, adoptive parents, brothers and sisters, grandchildren, grandfather, grandmother.
2. In case of death of a minor or a person recognized as legally incapable - the requested consent of one of the parents is prescribed.

Federal Law provides for 3 forms of expressing the will of consent or disagreement to the removal of organs and tissues: oral form in the presence of witnesses, a written form certified by the head of the medical organization or notarial form. This information is stored in his medical documentation.

An important step to improvement of the legislation is the development of a new Federal law: **“On Donation of Human Organs and Their Transplantation”** was drafted by the Ministry of Health of the Russian Federation with participation of the leading experts and the professional community and was submitted for public discussion in 2013. Currently, the draft law is under consideration by the Government of the Russian Federation, its provisions are actively discussed and supported at the Parliamentary hearings at the State Duma, at the forums of the Ministry of Health of the Russian Federation, as well as at conferences organized by professional NGOs: the Russian Transplant Society and the National Institute of Medical Law.

The purpose of the new law is to create legal and organizational conditions for the human organ donation and transplantation, to achieve a balance between human organ donors and recipient’s rights. Based on the international documents, the draft law provides definitions of terms which are the most significant and require unambiguous interpretation, stipulates the basic principles of human organ donation and transplantation.

The draft law also aims at detailed regulation of the set of relations that arise in connection with organ donation and transplantation, including the process of transplantation coordination. To ensure the right of relatives of a potential donor to disagree with organ retrieving, a new mechanism is suggested for informing relatives on the declaration of brain death. State support for the promotion of organ donation is envisaged.

It introduces the Federal Register of donor’s organs, recipients and human donors, ensures protection of relevant personal data. There are a number of prohibitions in the draft law, to prevent possible abuses in the field of donation and transplantation, including trafficking in human organs.

Thus, the Russian national legislation in the field of donation and transplantation has undergone changes in recent years, with a positive impact on the increase of the bank of donor organs. At the same time, successful development of transplantology in the Russian Federation requires due enforcement of legal norms. Also, it is equally important to develop a positive attitude towards the idea of organ donation solidarity in the modern society.

Development of Inbound Medical Tourism in Russia: Current Issues



Sergey A. Zaves

Head of the Project for the Development of Inbound Medical Tourism under the Ministry of Health of the Russian Federation

In recent years, there has been a very rapid increase in the flow of foreign citizens entering the Russian Federation for receiving medical care. The number of inbound medical tourists registered in clinics of the Russian Federation has grown by almost 8 times in 2014-16: from 8,500 to over 66,000. In monetary terms, the volume of relevant paid medical care provided has reached US\$ 35 million in 2016.

Area of origin of patients entering the Russian Federation for receiving medical care is very extensive and is expanding constantly. About 62% of the total number of foreign patients arrive in the Russian Federation from Central Asia, 32% from the European states, and 5% from South-East Asia. Africa, South and North America and Australia account for about 1% of the total foreign patients’ flow.

The most popular services among the foreign patients are fertile tourism (donor fertilization and IVF), dentistry, gynecology, plastic surgery, cardiology, ophthalmology and oncology.

According to the Ministry of Health of the Russian Federation, the standard of medical care in a number of care profiles at the domestic Federal medical organizations is comparable with that at the leading clinics of Europe, the U.S., and Asia.

These Russian medical institutions outperform European clinics in a number of care directions, in terms of competitive price of medical services, and also available unique care technologies. This is true for such specialties as oncology, orthopedics, ophthalmology, neurosurgery, treatment of cardiovascular diseases, and dentistry.

The analysis of the cost of medical services proves that, in terms of price-quality ratio, the Russian Federal medical centers provide significantly more competitive offers to foreign citizens compared to relevant institutions based in other countries.

Increasing flow of foreign citizens receiving medical care in the Russian Federation clearly demonstrates the high quality of services provided, and also the growing interest of foreign citizens in the potential of the Russian health care. Thus the Russian Federation is a country with broad prospects for the development of inbound medical tourism.

The Ministry of Health of the Russian Federation established a project office for the development of inbound medical tourism in 2017. The main tasks of the project office are:

- ▶ Assessing the potential of inbound medical tourism and the main directions of its development,
- ▶ Drafting measures and tools that stimulate medical tourism, including preparation and implementation of a marketing strategy,
- ▶ Promoting capacity of the Russian Federation to provide medical care to foreign citizens.

Another direction of activities is development of a system of requirements for the certification of medical institutions aimed at further involvement of these institutions in the program of providing care to medical tourists, assessment of medical institutions, and leveling off administrative and other barriers to the development of inbound medical tourism and turning it into a comprehensive economic cluster.

The main issues preventing intensive increase in the number of patients coming to the Russian Federation from abroad are:

- ▶ Low awareness of foreign citizens about the capacities and potential of the Russian health care,
- ▶ Issues related to visa support,
- ▶ Lack of a comprehensive approach to reception and accompanying of foreign patients, including language support.

In addition, an important prerequisite for the participation of the European and the U.S. service and insurance companies is the availability of relevant international certification of the medical organizations.

To address the set of issues outlined, the Ministry of Health of the Russian Federation is working on assessment of potential patient flow from various countries. An advertising strategy is being developed to promote the Russian Federation as a center providing high-tech medical care. In addition to the CIS countries, the priority is given to China, countries of the Eastern Europe and the Middle East. The efforts aimed at attracting patients will be focused on these regions.

As part of action aimed at raising awareness about the relevant potential of the Russian Federation and possibilities for providing medical care for foreign citizens, it is planned to launch a multilingual information Internet portal with a detailed description of the leading Russian clinics in 2018. This will help the potential foreign patients to select an institution appropriate to their personal needs, will ensure treatment organization and adequate response to all other related issues. In the near future this service will assist in prompt provision of treatment, in ensuring accommodation, as well as in planning tours and entertainment programs.

We are guided by the fact that arriving patients are also essentially tourists. Our challenge is to introduce them, to a possible extent, to the Russian Federation and to show cultural diversity of the country. It is obvious that the economic effect of the stay of foreign patients in the Russian Federation is not limited to the costs of treatment. One ruble spent by foreign citizens on medical treatment in the Russian Federation is accompanied by one more ruble spent on related costs: accommodation, transportation and food. Increased flow of foreign patients and the development of service packages of care might become an additional source of income for subjects of the Russian Federation.

Development of regional medical clusters continues. The main cities that currently receive the flow of foreign patients are Moscow, St. Petersburg, Samara, Rostov-on-Don, Kurgan, Novosibirsk, Ufa and Kislovodsk. Medical clusters for inbound medical tourism which are developed on this basis are the Central, the North-Western, the Volga and the Siberian ones. Issues of medical specialization, as well as adequate infrastructure, transportation and servicing will be addressed comprehensively within these clusters.

A related challenge is to provide a comfortable language environment for foreign patients at the medical institutions. Medical professionals at large

medical centers are already fluent in English. However, in the context of increasing foreign patients' flows it is necessary to provide services of specialists who would speak not only English, but also the languages of the countries where patients come from. This applies, first of all, to patients coming from China. This work is already underway, and medical organizations in Siberia and the Far East of the Russian Federation are particularly active in this direction, due to their geographical proximity to the PRC and the common border.

Systemic and structural activities aimed at attracting foreign patients, ensuring comfortable environment for their stay at medical institutions, and raising the standard of service will allow the Russian Federation to gain the leading position in providing medical care for foreign citizens in the medium term.

What's Going on with Health Law in Asia?



Vera Lúcia Raposo

On the 16th and 17th October the University of Macau hosted the II Conference on Medical Law, this year titled "Asian Perspectives on Bioethics, Medical Ethics & Medical Law". The Conference was organised by my research circle on Health, Medicine, Technology and Law and supported by the Institute for Advanced Legal Studies.

As some of you may know, I moved to Macau in January 2014, to assume functions at the University of Macau. From the beginning my aim was to develop a trend in health law studies here, based on the work previously started by some of my colleagues, namely Rostam Neuwirth and Tu Guangjian. To bring scholars to the University of Macau was part of my plan and I started by organizing smaller events, with one or two scholars. This time, however, I decide to go big and invited twelve experts in medical law from abroad to bring us their experience and, hopefully, inspire our students to pursue their postgraduate studies in health

law (we actually have a new PhD specialization on health law).

Joining them we had several members of our academic staff, who presented their own researches either in the specific field of health law or in their particular areas of studies, whenever they had some connection with medicine and health. To be honest, we don't have many people specifically dedicated to this area of studies in my Faculty, but last year we created a research group dedicated to medical law, joining together people coming from IP law, competing law, European and international law and civil law, that now consolidate their original areas of studies with health, boosting research in this field, not only from us, but also from our students.

I also invited some friends working in the Macau Executive and in the Macau Legislative Assembly, who were eager to contribute their own perspective about many issues health they deal with in their work.

Furthermore, the conference gave to new researchers - PhD students from the University of Macau - the opportunity to present the preliminary results of their work. I had two of my PhD students participating and it was exciting to see young people preparing to lead the world of health law in Asia.

In the first panel, dedicated to the right to health, participated Weixing Shen, from Tsinghua University, describing the main problems in the drafting of China's Basic Health Care Law; Archie Alexander, from Shreveport, who talked about health-related rights in the ASEAN region; and my colleague Rostam Neuwirth, who tried to identify the missing link for a global health policy.

The second panel focused on ethics in health and actually it ended up being a WAML session: Vugar Mammadov talked about multiculturalism and bioethics; Roy Beran reported the ethical dilemmas he faces when performing clinical trials in his private clinic; and Oren Asman analysed advances directives and Ulysses contracts.

On panel three we discussed patient safety and medical liability. Robert Leflar, from the University of Arkansas, commented on the Japanese scenario in this regard; Alexander Capron, from the University of Southern California, presented an institutional approach to patient's safety; Ian Freckelton, from the University of Melbourne, analysed the evolution of the doctor-patient relationship; and I discussed adverse events reporting

mechanisms, focusing especially in China and Macau. Panel four was dedicated to medical liability. Kevin Wu, from the National Taiwan University College of Medicine, presented apologies as a method to solve medical disputes; Rui Cascão, from the Macau Legal Affairs Bureau, gave us a presentation about the methodology to use when comparing laws on medical liability; Rui Amaral, from the Macau Health Bureau, talked about alternative methods of dispute resolution and the legal solution implemented in Macau in this regard; and our PhD student Yang Manman presented to us on how loss of chance is used in Chinese medical liability.

Panel five was dedicated to patient's rights. My colleague from Macau University, Cheng Hang Leong, talked about medicine and social justice; Luis Pessanha, from the Macau Legislative Assembly, analysed the patient's right to obtain his/her medical record in light of the Macanese law; and Anne-Marie Duguet compared the regulation of genetic tests in Europe and in China.

On panel six we made a connection between health, business and patents. Bryan Mercurio, from the Chinese University of Hong Kong, discussed health protection in international investment agreements; Danny Friedmann, former Lecturer at the City University of Hong Kong, gave a talk about traditional Chinese medicine, personalized medicine and intellectual property law; Du Li, my colleague at the University of Macao, presented about Chinese press coverage of gene patents; and Alexandr Svetlicinii, also my colleague, analysed the regulation of fake food.

Finally, panel seven was all dedicated to traditional Chinese medicine, namely to the new Chinese law on this issue, with four presentations from our PhD students: Ma Zhe, Sijia Liu, Man Teng Iong and Ina Virtosu.

As we can see, the particularity of this event is that we mainly focused on specific Asian issues (Asian problems, Asian values). The fact is that health law is still in an embryonic stage here in Asia, with very few regulations and a small number of judicial decisions. But that does not mean that we don't have many scholars, Asian or Asian based, interested in it and eager to create something new and dynamic here in Asia.

Basically, I can say this was a gathering of people (old friends and new friends) that share a common interest, health law, under the umbrella of the WAML, which endorsed this conference. Actually, this event

included several WAML members and governors; so, in a sense it was a kind of warm up to Tel Aviv and our friend Oren had the opportunity to advertise the 2018 WAML conference.

It was also an opportunity for many of the speakers to visit Macau for the first time, a city where old China meets ancient Europe and crazy Vegas. I'm looking forward to receive them again, or any of you, in this small magic place that I now call home.

VERA LÚCIA RAPOSO / 黎慧華

Assistant Professor of the Faculty of Law of Macau University, China 澳門大學法學院助理教授
Auxiliary Professor of the Faculty of Law of Coimbra University, Portugal 葡國科英布拉大學法學院助理教授

International Contribution to the Field of Medical Law - Ethics from WAML in 2017



Prof. Berna Arda (MD MedSpecPhD)
Ankara University Faculty of Medicine
Vice President of WAML

While the last days of 2017 are approaching it is the time to recall some academic meetings from WAML perspective.

Invited Conference in Nepal

Prof. Berna Arda, Vice President of WAML, gave a speech at Grande International Hospital in Kathmandu on March 29th 2017. This invited lecture was about health law and bioethics in 21st century from a globalized point of views.





Continuous education activity in Ethiopia

Prof. Arda and Dr. James C. Johnston (MD, JD; member of WAML, USA) have cooperated to create the awareness and enhance the information level on health law and ethics in Addis Ababa since 2010. Therefore Dr. Johnston organised international conferences on legal medicine and medical ethics in Addis Ababa together with Ethiopian Medical Association and Addis Ababa University, in 2011 for the first time and 2013 as the second. This year as a continuous ethics education activity; Prof. Arda gave two lectures on these subjects in Neurology Department of Addis Ababa University on 3rd and 4th days of October. The participants were the all fellows of Neurology Clinic. The chief of the clinic emphasized such this training found very effective from continuous education point of view and should be regularly based.



After the lecture together with Ethiopian colleagues, Addis, 3rd of October 2017

Conferences in Indonesia

Two international conferences were held in Indonesia in November; The first one was **"Fraud and Gratification in Healthcare Services Across Jurisdictions"** at the Santika Premiere Hotel, in city of Yogyakarta Indonesia on Monday 6th November.

Prof. Berna Arda from Ankara University Turkey, one of the vice-presidents of WAML, WAML Governor Dr. Henriette Roscam Abbing from Utrecht University Netherlands and Prof. Akram Shair Mohamed from IIUM Malaysia were the invited speakers. Prof. Arda gave a lecture on industry- physician relationship from ethical point of view and mentioned on Turkey context, while Malaysian context and Netherlands context are introduced by these valuable speakers. Rector of the Universitas Islam Indonesia, Deans of the Law Faculty and Medical Faculty, academic staff of these schools, students and more than two hundred participants were present and discussion was full of interesting questions and comments.



The second **International Conference on Health Law at Military Health Care** was in Jakarta, capital of Indonesia, at Rspad Gatot Soebroto Presidential Hospital on Tuesday 7th of November 2017. Dr. Arda delivered a speech on general ethics principles in health law and the role of informed consent in the case of emergency. Dr. Roscam Abbing gave a lecture on emergency care; some legal questions and dilemmas, she emphasized the importance of patient rights' bodies and ombudsman system to cope with the daily problems. Dr. Nasser Muh also gave a speech about the health law practice in Indonesia. The Chief Executive Officer of the Army Hospital Major General Dr Terawan Agus Putranto and the all staff of the hospital clinics and units attended to the meeting; in the end of the session a discussion, QA and comments moderated. I am really grateful to Dr. Nasser Muh, Vice President of WAML and program chair of wonderful Bali Conference of Medical Law in 2014, all his effort to realise these scientific meetings in his country. Most of the participants evaluated these conferences extremely successful and eye-opening. We left Indonesia with fruitful collaboration ideas for near future.

International Conference on Ethics Education in India

The IAEE (International Association for Education in Ethics) organizes annual conferences. International conferences have taken place in Pittsburgh- USA (2012), Ankara-Turkey (2014), Curitiba- Brazil (2015), Lograno- Spain (2016). The fifth IAEE conference on Ethics Education was held in Mangalore- India 15-17 th of November. As one of the founder of IAEE and president for the period of 2012-2016, Prof. Berna Arda delivered a speech with the title of "Is there any room for women studies in bioethics education?" and mentioned about her "bioethics and woman course" experience in Ankara University for fifteen years.



Prof. Arda together with delegates from Turkey



The honour of planting a mahogany tree represent the Republic of Turkey in India

An honorable mention of appreciation to Dr. Richard Wilbur, the Editor for the WAML Newsletter and production team and Associate Editor-of the WAML Journal of Medicine and Law and production team members.

I am looking forward to seeing you at Tel Aviv, Israel in September 2018.



WAML President's Report



Thomas T. Noguchi,
President of WAML

Soon we will have a new year upon us, and as I look back to our annual congress I consider that theme-oriented discussions will continue to attract innovative research papers. We would like to discuss this in depth. So, we will have academic quality papers, and scholarly discussion rather than presenting more of the same subjects every time we meet.

I would like to express my appreciation to the members of the Executive Committee, for the exchange of ideas on a daily basis, and I would also like to express my appreciation to all members of the WAML, and program chairpersons of previous congresses and their attendees, committee members, as well as administrative support.

Thomas T. Noguchi
President, WAML

WAML Secretary General's Report



Ken J. Berger
MD, JD
WAML Secretary General

The World Association for Medical Law's (WAML's) strength is in our principles of collaboration, shared goals and initiatives, our strong synergies, protecting our core values, leading and strengthening our mission to enhance global health law and our respect for International Human Rights.

We have the talent to create differences through innovation and shared exchange of our ideas and strengths.



Both your President and I had the opportunity to work on an international collaborative effort on forensic ethics, a topic that is not well taught and often neglected; it was brought to the floor of the International Association for Forensic Sciences. Programs such as these, infect other like-minded individuals to ignite better moral principles, equality and justice for all. (James Downs, MD, Thomas Noguchi, MD and Ken Berger, MD, JD)

On behalf of the Executive Committee, we wish all our members and friends a warm and festive holiday season with their families and friends and we look forward to reinvigorating our crucial work to make a difference in the world of tomorrow.

I look forward to seeing everyone in the holy land of Israel. Let us once again support Israel at a time when global peace, harmony, multiculturalism and globalization should be celebrated anywhere and everywhere, allowing us to continue to make meaningful contributions to medical law and legal medicine."

Very truly yours,

Ken J. Berger
MD, JD

Secretary-General, Vice President, Board of Governors
World Association for Medical Law

Scientific Chair, 2020 WAML meeting, Toronto, Canada

Congress Program Chair Report



Oren Asman, LL.D.

I am excited to share with you our plans for the 2018 World Congress on Medical Law and Ethics taking place in Tel Aviv, Israel. The Congress will take place at the very renowned Dan Hotel located on the beach of Tel Aviv, famous for its colorful exterior and delicious breakfast.

I am personally thrilled that we are bringing the World Congress on Medical Law and Ethics to Tel Aviv, a multicultural and multiethnic city buzzing with life be it on the busy shopping streets, the colorful food markets or on the warm, sandy beaches. I am positive that you will have a wonderful experience in Tel Aviv and Israel!

Congress Timeline:

The Congress related events and activities will begin on Sunday September 2nd at the Dan Hotel at 18:00 with a Welcome Reception and Key Note Lecturer. Participants will be able to receive their congress bags and badges at the Dan Hotel from 14:00 - 17:00 that day.

The Congress Scientific sessions will take place at the Dan Hotel from Monday - Wednesday (September 3rd - 5th).

On Monday September 3rd at 18:30 we will hold the WAML General Assembly. All paid members have voting rights and are encouraged to participate.

On Tuesday September 4th from 17:00 - 21:00 all congress participants are invited to a special Film Festival session at the Tel Aviv Cinematheque. Films and documentaries related to the Congress themes will be screened followed by a panel discussion. The event will include a reception for the Congress participants at the Tel Aviv Cinematheque.

On Wednesday September 5th our closing session will include an award presentation for young scientists who contributed to the congress along with a closing Key Note Lecturer.

On Thursday September 6th we are planning a complimentary full day tour ending with a Gala dinner (subject to changes, final details will be available soon). The tour and Gala dinner will be provided to participants who registered to the full congress and confirmed their participation in these events ahead of time (It is limited to 300 participants, so please register and confirm your participation sooner rather than later).

See the timeline on our website: <https://www.wcml2018.com/timeline>

Abstracts Submission:

Abstract submission is open. Please submit your abstracts here: <https://www.wcml2018.com/abstracts>

Congress Themes:

Forensic Medicine, Law and Ethics

Mental Health, Law and Ethics

Health Professions, Law and Ethics

Humanitarian Medicine, Law and Ethics

Registration:

Conference registration is open. Please register here: <https://www.wcml2018.com/register>

Hotel booking:

Please book your room at the Dan Hotel here:
[Make your reservation here!](#)

Participants from lower income countries as well as students, who require assistance with finding a cheaper accommodation, can apply for accommodation in the Tel Aviv University dormitories.

While there is limited number of rooms at the dormitories, we will do our best to help.

For more information please contact Sarah Demsitz:
Sarahdemsitz@hotmail.com

WAML Meeting Planning and Administration



Denise McNally,
WAML Administrative Officer
and Meeting Planner

JOIN US AT THE 24TH WORLD CONGRESS ON MEDICAL LAW (WCML)

September 2 – 6, 2018

Tel Aviv, Israel

Dan Tel Aviv Hotel

CALL FOR ABSRACTS – Deadline May 1, 2018

We encourage you to join the leading experts in medical law, legal medicine and bioethics by submitting your abstract in English online at
<https://www.wcml2018.com/abstracts>

Congress Registration – Registration is open!

You can register for the 24th Annual WAML World Congress on the following website
<https://www.wcml2018.com/>

On the congress website you will find more information about the preliminary congress program, confirmed faculty, congress themes, congress events, abstract submission and more.

Hotel Reservations – Deadline June 1, 2018

Dan Tel Aviv is a luxurious hotel located near the Tel Aviv beach. It is one of the well established and renowned hotels in the city.

Dan Tel Aviv is offering a reduced group rate of \$230 USD for single and \$250 USD for double occupancy (Tourists are exempted from an additional 17% VAT).

The rates include breakfast and internet in the guest room.

EXECUTIVE SEA VIEW ROOM Supp. \$40.00 per night, per room.

[Make your reservation here!](#)

The reduced group rate is available until June 1, 2018. After this date you may reserve rooms at the standard hotel rate only and based on availability.

This Congress will commence with a Welcome Reception, Sunday September 2nd, 2018, followed by the Opening Ceremony the morning of Monday September 3rd, 2018. The plenary closing session and awards will commence Wednesday, September 5th, 2018 followed by a special full day tour on Thursday, September 6th experiencing Law and Ethics through the history and culture of Israel including a Gala Dinner (subject to changes, final details will be available soon).

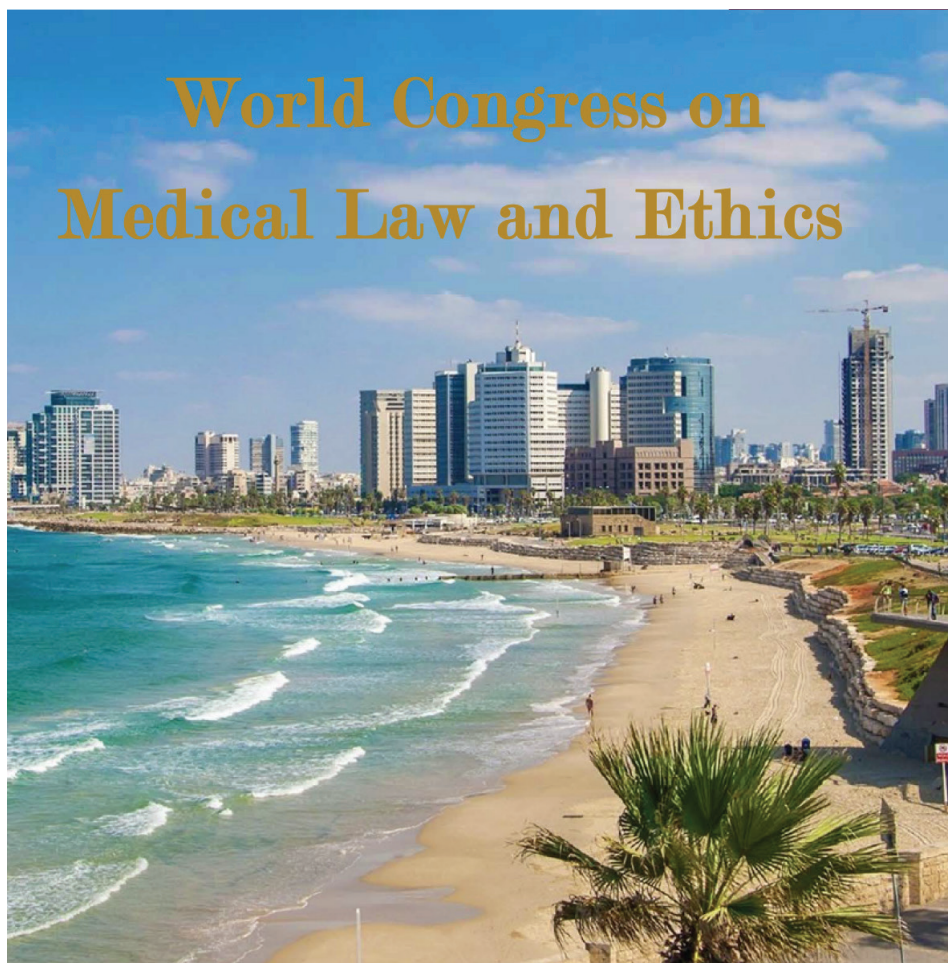
Membership Dues

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.

The membership of WAML is annual. 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, the "Medicine and Law" electronic Journal and discounted access to activities of affiliated organizations.

For 2018 your membership dues are \$150, owed by January 1, 2018. The easiest method is to log into the WAML website www.thewaml.com and pay. You also have the option to pay by check or wire transfer. If so, please contact me at worldassocmedlaw@gmail.com for further information. You also have the possibility to join as a new WAML member or renew your WAML membership for 2018 when registering for the congress.



World Congress on Medical Law and Ethics



World Association for
Medical Law

SAVE

THE DATE

SEPTEMBER 2-5

2018

The 24th Annual WAML
World Congress

Tel Aviv, Israel
www.wcml2018.com

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

2018 NAME Interim Meeting

February 20, 2018

Seattle, WA (USA)

Website: www.thename.org

24th Annual WAML World Congress

September 2 – 5, 2018

Tel Aviv, Israel

Website: www.wcml2018.com

58th Annual Health Law & Legal Medicine (ACLM)

February 23 – 25, 2018

Charleston, SC (USA)

Website: www.aclm.org

52nd NAME Annual Meeting

October 12 – 16, 2018

West Palm Beach, FL (USA)

Website: www.thename.org

53rd NAME Annual Meeting

October 18 – 22, 2019

Kansas City, MO (USA)

Website: www.thename.org

25th Annual WAML World Congress

August 6 – 8, 2019

Tokyo, Japan

Website: www.thewaml.com

26th Annual WAML World Congress

August 13 – 16, 2020

Toronto, Canada

Website: www.thewaml.com

**Do you have an
idea, comment,
or suggestion?**

Please contact

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