



World Association For Medical Law

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Genome Editing and the Law Around the World



Judit Sándor,
Guest Editor

Professor at the Department of Political Science, Department of Law, and Department of Gender Studies
Central European University, Budapest, Hungary

Genome editing is still a new technology. Its potential implications suggest, however, that once it can be successfully applied in medical research and therapy then we will have to re-examine a number of basic ethical principles and legal arguments that have governed bioethics and biomedical law so far. It is important to emphasize that the safety and accuracy of genome editing technologies need to be improved substantially before they can be used in common medical therapy, but it is equally clear that they already challenge established positions in various recurring bioethical debates. Moreover, this re-examination has reached a point when it becomes necessary to deliberate new ethical and legal arguments. For example, those who have so far protected life from the moment of conception or fertilization, now need to support the intervention of genome editing if they want to keep their position consistent—as this

technology may soon give life to those embryos that had no chance for survival before. Consequently, the established dichotomies of natural versus artificial and therapy versus enhancement will become blurred.

I launched a brief global survey among distinguished colleagues who work in the field of medical law, health care law, and bioethics in order to explore what kind of responses to the challenge of genome editing have been developed in their jurisdictions. Article 13 of the Oviedo Convention on Interventions on the Human Genome states that “An intervention seeking to modify the human genome may only be undertaken for preventive, diagnostic or therapeutic purposes and only if its aim is not to introduce any modification in the genome of any descendants.” At the moment, of course, the deliberation of new ethical and legal arguments is still ongoing, new laws and regulations related to genetic research and human reproduction provide only partial and fragmented responses to the challenges of genome editing.

Since the Chinese medical researcher, He Jian-kui reported in late November 2018 that the first babies had been born with edited genomes, this technology has no longer been hypothetical—therefore developing international guidelines in this field has become crucial. Mapping laws and regulations in a comparative perspective, as well as identifying diverse cultural, philosophical, ethical and legal positions in the debate, are preliminary, but necessary steps towards that direction.

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

Australia

Tom Faunce

Professor at the Medical School and the Law School
Australian National University,



New research is confirming the Australian public health importance of gene editing ribonucleic acid (RNA). Editing RNA structures (eg., R-loops), for example, that are critically involved chromatin organisation, DNA methylation and DNA repair, for example, may impact RNA viruses that are common causes of emerging diseases in plants, animals and humans due to their high mutation rate compared to DNA. High Australian biosecurity priority RNA viruses include cucumber green mottle mosaic RNA virus, as well as others infecting important agricultural plants, hendra RNA virus, Ebola RNA virus, H5N1 (avian influenza) RNA virus and SARS RNA. RNA-guided CRISPR gene editing on plasmodium falciparum malaria may be critical to combating malaria spread due to climate change.

Many jurisdictions worldwide, including the European Union and Australia (Office of Gene Technology Regulator), use ‘process’-based regulation to manage CRISPR/Cas9 and gene drives. This focuses on whether research is likely to “modify a genome” and then regulates prior to marketing by imposing scrutiny of standards and conditions. In the United States, however, massive use of GE in agriculture has arisen under the Coordinated Framework for Regulation of Biotechnology (CFRB) with the Office of Science and Technology Policy (OSTP) and various federal agencies — focusing on data about risks from the final product of GE, not the process by which that product was made.

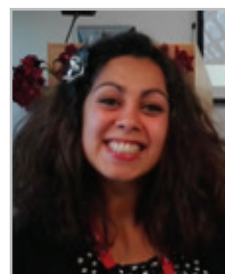
A process-based gene editing regulatory model (such as that used in Australia with the OTGR) provides a platform for constructive public dialogue on risk and community benefit as well as the precautionary principle, including over generations. Gene editing research such as that associated with CRISPR/Cas9 technology needs to be encouraged within such appropriate democratic safeguards because it is likely

to have a major impact on reducing global morbidity and mortality from post-climate change biosecurity threats.

European Union

Aurélie Mahalatchimy

CNRS Permanent Researcher, Aix-Marseille University,
University Pau & Pays Adour, University de Toulon,
Aix-en-Provence, France



Genome Editing and the European Union

European Union (EU) law is far from being exempted from regulatory considerations on genome editing. Due to the characteristics of the EU itself, genome editing regulation is not considered as a whole, but it is touched upon in three main fields: patent, gene therapy and Genetically Modified Organisms (GMO). Unsurprisingly, the European legal framework on patentability covers it, especially the disposals relating to genes within the Directive 98/44/EC on the legal protection of biotechnological inventions. Then, it is also covered by the European legislation on gene therapy, especially Regulation (EC) 1394/2007 on advanced therapy medicinal products. As such, the European Medicines Agency has recently published a report highlighting genome editing technologies, which, due to their potential of site-specific targeting, may potentially provide safer gene modifications than other currently available gene therapies. However, limited experience and the clinical relevance of non-clinical critical findings need to be further investigated to inform the benefit-risk assessment of a treatment. Finally, it was unclear whether the products based on genome editing methodologies fell within the EU regulation on GMO, mainly Directive 2001/18/EC on the release of genetically modified organisms into the environment. But the Court of Justice of the EU has recently stated that organisms obtained by mutagenesis, including gene editing such as CRISPR/Cas 9 methodologies, are GMO as long as the techniques and methods of mutagenesis alter the genetic material of an organism in a way that does not occur naturally. The Court has also specified organisms obtained by means of certain mutagenesis

techniques, namely those which have conventionally been used in a number of applications and have a long safety record are not covered by the GMO directive. Consequently, Member States are free to subject such organisms to the obligations laid down by this directive or to other obligations. This case law has been widely commented and criticised regarding its consequences for consumers, farmers, but also international trade and cooperation with developing countries, and EU research and innovation landscape. Indeed, among others, the definition of GMO in the context of “naturally” occurring mutations would not be based on current scientific evidence, organisms obtained by gene editing mutagenesis could raise less risk than those conventionally used while the former would be more heavily regulated through the GMO directive.

There is no doubt the ethical, legal, social, economic impacts of genome editing will and still need to be discussed intensively.

France

Emmanuelle Rial-Sebbag

Director of Research Inserm, LEASP (Laboratory of Epidemiology and Public Health), UMR 1027 Inserm–Toulouse, Paul Sabatier University



Genome Editing in the French Law

Genome editing is a new technology that is not yet regulated, as such, in the French Law. Currently it falls under several pieces of legislations depending on the material to be edited (embryos, gametes or adult cells) and on the goals of its use (therapy or research). When used on adults' cells, genome editing can be qualified as a gene therapy and, as a result, must follow all the provisions relating to that matter in the Civil Code and in the Public Health Code for research on human beings and for its implementation in clinics. When it comes to the use of genome editing in gametes, the French law allows fundamental research activities to be conducted, but the results cannot be validated in humans because of the ban on transforming genes in order to alter the descent of a person (Civil Code Art. 16.4) and the ban on creating transgenic or chimeric

embryos in research (Public Health Code Art. L2151-2). These prohibitions affect equally the use of genome editing in embryos, but the application of these rules to fundamental research remains unclear. It is expected from the discussions of the Bioethics Laws this year to clarify the legal landscape of Genome Editing practices in France.

Nigeria

‘La-olu A. Osanyin.LLM, CHP

Chair, Nigerian Bar Association, Committee On Medical Law

President, Resource Center for Medical Law Research and Development



The Nigerian National Health Act provides that every research or experimentation on a living person shall only be conducted in the manner prescribed by the relevant authority; and with the written consent of the person after he shall have been informed of the objects of the research or experimentation and any possible effect on his health.

Where research or experimentation is to be conducted on a minor for a therapeutic purpose, the research or experimentation may only be conducted if it is in the best interest of the minor; or in such manner and on such conditions as may be prescribed by the National Health Research Ethics Committee; and with the informed written consent of the parent or guardian of the minor. Where research or experimentation is to be conducted on a minor for a non-therapeutic purpose, the research or experimentation may only be conducted in such manner and on such conditions as may be prescribed by the National Health Research Ethics Committee; and with the informed written consent of the parent or guardian of the minor.

Taiwan

Hsu Yao-ming

National Cheng-Chi University, Taiwan



In November 2018 it was announced in China that two babies were born as a result of genome editing, making it the first implementation of the procedure conducted on human beings. If this scientific breakthrough of using genetic engineering to prevent humans from contracting HIV is indeed true, it will not only arouse moral concerns around the world, but it would also violate certain regulations in China. Until now, the safety of genetic engineering techniques has been regulated in China only in the case of genetically modified plants, but not in relation to the human genome. Consequently, this genome editing was approved by ordinary clinical trial procedure by local government. The legislative vacuum for human genome engineering in China will increase the number of moral risks in the future. In Taiwan, there's a Genetic Recombination Experiment Rule (1989, 2004). Until now, no application for human genome editing has been submitted.

In Taiwan, the first Act of Patients' Right to Autonomy was adopted on 6 January 2019. The main aim of this law is to provide legal provisions for patient autonomy in healthcare. A patient has the right to be informed of the diagnosis, treatment options, potential effectiveness and risks. A patient also has the right to choose. Besides, persons may make medical decisions in advance, and may revoke or alter them in writing; the decisions shall include the declarant's acceptance or refusal of life-sustaining treatment. In addition, their health care agent could be designated by the patient in writing. Another goal of this law was to settle debates among spouses, children and even relatives of the patient for possible treatment options.

United States

Rosario Isasi

University of Miami (Department of Human Genetics, Miller School of Medicine)



Gene Editing: A Snapshot of Current Policy

Intervening in the early stages of human development is conceivably one of the most illustrative examples of disruptive innovations in the field of human genomics. Advances in genome technologies, such as CRISPR/CAS, are paving the way for promising scientific discoveries as well as for therapeutic prospects to address unmet medical needs. At the same time, they have created new opportunities for confronting enduring social, ethical and policy concerns which are reminiscent of the historical debates surrounding genetic engineering and embryonic stem cell research. The latter is particularly conspicuous when dealing with gene editing technologies traversing the human germline.

Undoubtedly, human gene editing has spurred a new era of policy development by a wide range of national and international actors (e.g. governments, professional organizations, funding agencies, etc.). The regulation of human genome editing continues to be, by far, a domestic matter. However, the globalization of the genomics field has shifted the sphere of the debate and action from the national to the international. Human inheritable genome interventions, such as those using genome editing technologies, are regulated in over 40 countries through legislation, professional guidelines, international declarations, funding policies and other types of normative instruments. Currently, all these policies converge on restricting clinical applications, either by forbidding certain research (e.g. embryo or germline modifications) or clinical applications (attempting to initiate a pregnancy). The recent birth of two in-vitro genetically modified twins in China might bring a seismic shift in policy approaches towards more robust oversight bodies and governance mechanisms as well as to a re-appraisal of the suitability of existing normative frameworks.

WAML President's Report



Thomas T. Noguchi,
President of WAML

The 25th WCML is the World Congress organized by the WAML and co-sponsored by Waseda University Graduate School of Law. This is the first time the WAML Congress will be held in Japan, and we expect it to be a success. The program chairman and Vice President of Waseda University Professor Katsu nori Kai and program coordinator Professor Dr. Mitsuyasu Kurosu (WAML Vice President and Governor) are the team making sure the Tokyo congress will be successful. The Congress will be held at Waseda International Conference Center.

World Association for Medical Law - 25th Annual
WAML World Congress - wafml.memberlodge.org

25th WCML 2019 - Tokyo, Japan. August 6 - 8, 2019.
Conference Venue Waseda University. Congress Hotel
Rihga Royal Hotel.

All registration, submission of abstracts, and
notifications will be done by the WAML website.
<http://wafml.memberlodge.org/event-2746301>

Announcement Official Airline of next three World Congresses

The WAML has reached agreement with a Star Alliance
Member, Turkish Airline, to be designated as the
official airline of the congresses in Tokyo, Toronto and
Istanbul, which gives benefits to traveling members.

Regarding a smooth transition of the WAML leadership:

As I am going to step down from the Presidency
in 2020, I recommend that the current Executive
Committee (EC) leadership continue to head the
WAML administration and that our vice presidents

serve as future chief administrators. I would
recommend the President not staying in his/her office
for a very long periods, which occurred predating
my appointment, but for sufficient time to stabilize
the Association and for the purposes of continuity. I
suggest the line of progression to President advance
from the position of treasurer to executive vice
president to the Secretary General and then the
Presidency. In this way, each member of the EC learns
and becomes a seasoned association officer who
maintains tradition while encouraging innovation and
expansion of the association.

As far as Governors, it is important to reach new
generations of future leaders, and encourage change
of Governors. The Statutes specify that generally
Governors are renewed for two consecutive terms,
however, there is the possibility to maintain dedicated
and active governors for longer periods.

The key is a smooth and well thought out transition,
instead of spur of the moment challenges. Careful
and thoughtful planning and preparation is important.
Eventually, the selection of the future leaders could be
made from governors and Vice presidents who would
advance to become the officers of the WAML, based
on their service and dedication to WAML and their
development as leaders.

Thomas T. Noguchi
President, WAML

WAML Secretary General's Report



Ken J. Berger
MD, JD
WAML Secretary General

Creating innovation has always been imperative to
advancing health law initiatives as developments in
science and discovery accelerate.

How can we as a global organization use the tools
we have to facilitate the necessary changes while

overcoming social determinants of health, protecting and zealously fostering human rights and overcoming inequality?

Therein lies the important mission of the WAML and the vital importance of organizing annual scientific conferences and the importance of participation, to work together to solve complex problems and find the best solutions.

The EC looks forward to meeting everyone in Tokyo, Japan and I also am very much looking forward to personally touring Kyoto after our meeting with WAML friends and colleagues.

After Tokyo, we will jet set to Toronto, and I very much look forward to hosting everyone from August 13-16, 2020, and as we have just moved law offices and out of our corner office window I can see the conference hotel, so I am thinking of everybody all the time. The conference website is being built, the excellent Scientific Advisory Board and Scientific Committees are being formed and I thank everyone so very much for their great contribution, support and help with this important planning and eventual execution, as without everyone's help it would not be possible.

I wish to formally announce that Professor Bernard Dickens will be Chair of the Scientific Advisory Board, and Professor Alexander Capron and Professor John Blum will co-Chair the Scientific Committee and I thank them so very much for accepting these important roles and for their kindness and dedication to the 26th World Congress for Medical Law to help make Toronto a great and special Congress.

I would encourage everyone to continue to connect with the main WAML website and the new conference website that is developing www.waml2020.com for further information about Toronto, and the link to book hotels will be up soon as well as the link to book through Star Alliance, Turkish Airline, our conference partner.

Please see the save the date included in this newsletter.

Very truly yours,

Ken J. Berger

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 Report



Prof. Berna Arda

(MD, MedSpec, PhD)

Ankara University School of Medicine

Ankara - TURKEY

The Treasurer's report is generally expected to focus on the financial situation of the Association. As the recently elected treasurer, September 2018, I prefer not to itemize incomes and expenditures in detail. The closing balance sheet of Bank of America statement for 31 December, 2018 shows a nearly 4.4 % growth in comparison with the balance on the 31 December, 2017.

Most of the WAML members have still not paid their dues as of 15th February 2019. Therefore, I would like to remind members to pay their membership fees in the early months of the year. Also, I would like to remind them that the membership fees and the contribution of the members combined constitute the major income of the WORLD ASSOCIATION for MEDICAL LAW. We are grateful to each of our valuable members.

I am happy to announce that TURKISH AIRLINES is now the official carrier of WAML Congresses. We have agreements with TURKISH AIRLINES, a Star Alliance member, for the 2019 Tokyo, 2020 Toronto and 2021 Istanbul Congresses. The registered WAML delegates of these Congresses will have a discount up to 20 % on TURKISH AIRLINES depending on fare and class of the flights booked. I hope this will provide our members the opportunity to attend the WAML congresses with more reasonable cost and in a comfortable way.

See all of you in Tokyo

Berna Arda
Treasurer

Report of WAML Education Committee



Prof. Dr. Vugar Mammadov,
WAML Executive Vice-President
Chairman of WAML Education Committee

Education is the main power to change the world. Education transforms the lives of society and people. Education is at the heart of WAML's mission to implement the mandate and statutory objectives of the Association. Huge reforms may be done if we act globally. Nine new members of the WAML Education Committee appointed by President Prof. Dr. Thomas Noguchi on the 17th June 2018 were approved later in September by Executive Committee and Board of Governors during 24th World Medical Law Congress..

1. Prof. Rosa Vasquez (Peru) – WAML VP, Governor
2. Prof. Nicola Glover-Thomas (UK) – WAML Governor
3. Prof. Thierry Vansweevelt (Belgium) – WAML Governor
4. Prof. Ian Freckelton (Australia)
5. Ass. Prof. Kenneth Berger (Canada) – WAML Secretary-General, Governor
6. Ass. Prof. Svetlana Pospelova (Russia) – WAML VP, Governor
7. Mr. Olaolu Osanyin (Nigeria) – WAML VP, Governor
8. Mr. Jonatan Davies (Israel) – WAML Governor
9. Prof. Dr. Vugar Mammadov (Azerbaijan) – WAML EVP (Chairman of EduCom)

Main goal of WAML EduCom is to encourage and promote medical law education worldwide for the benefit of society and advancement of the rule of law, justice and human rights. Medical Law education covers wide areas of health law, bioethics, legal medicine and protection of human rights for life and health. To achieve this goal EduCom objectives are:

- to analyze and follow up worldwide situation of medical law education at law, medical and health sciences faculties, both on undergraduate and postgraduate levels
- to plan and take leadership on promotion of medical law education in different geographies
- to elaborate medical law training programs, curriculums, manuals and materials approved by WAML
- to develop external relations and establish close cooperation with UN and other international organizations worldwide on educational activities, as well as with regional/national organizations, enterprises, universities and academic institutions in different geographies
- to develop and establish close cooperation with international, regional and national health law, bioethics, legal medicine and human rights organizations on educational matters
- to implement educational activities in the form of conferences, lectures, seminars at international, regional and national level

- to bring to focus of WAML educational needs of different geographies, elaborate strategies and mobilize WAML resources to respond
- to bring new members to WAML and permanently develop, re-inforce and enlarge WAML membership with strengthening WAML both in countries where we have active members, and in countries in which we do not.

The 1st meeting of WAML EduCom took place with participation of the WAML President on the 02nd September, 2018. According to initial plan, period of September – November 2018 was devoted to situation analysis, exchange of ideas among EduCom members and building Proposals and Action Plan to be approved later by EC.

Situation Analysis was done in the allocated time and brought to discussion of Education Committee at the videoconference of 25th of January 2019. This concluded that:

- Medical Law subject is mainly facultative in most of the countries
- WAML has no clear picture about status of Medical Law education in the world
- Medical Law education varies from country to country: different regions have different approaches, but even in the same country it may be different in different universities

Latin America

- o In most of countries, Medical Law as a subject does not exist in universities.
- o Bioethics is mandatory subject in health professions at Medicine, Biological Sciences Faculties and Nurse School.
- o There is a lack of knowledge about Medical Law in Law faculties in many countries of Latin America, only some practicing lawyers are interested.
- o Active Latin American Medical Law Association exists but WAML has no collaboration with it and WAML is not aware of their activities. They have biannual meetings: 11th Congress in Paraguay in 2018, 12th in Spain in 2020. WAML EduCom member Prof. Rosa Vasques attended Paraguay meeting and delivered WAML greeting letter and invitation for cooperation at the meeting in Paraguay.

- o Costa Rica, Paraguay, Uruguay Medical Law Associations exist, but WAML has no collaboration and WAML is not aware about their activities. Contacts with Costa Rica Medical Law Association have been re-established through Dr. Ugalde, Chairman with the help of Costa Rica Convention Bureau. WAML EduCom members Dr. Ken Berger, Prof. Rosa Vasquez and myself are planning to attend seminar of the Latin American Medical Law Association which will be held at the end of June in San-Jose, Costa Rica.
- o Continent is represented in WAML mainly by Brasil and Peru
- o 1-2 occasional members from Chile, Venezuela, Bahamas. Argentina, Colombia and Bolivia

Africa

- o Ethics is a compulsory subject in many African universities, but not Medical Law.
- o Needs for medical law education are rapidly growing. Health systems are vibrant.
- o Most of the countries have no proper guidelines in fields of reproductive and assisted technologies, euthanasia and end of life issues. Conferences and discussions are important.
- o Cooperation with universities is important, but also cooperation with national bar associations may be no less important. Practicing lawyers need to be educated in medical law. Nigerian Bar Association has established Medical Law Committee and Mr. Laolu Osanyin chairs this committee.
- o Medical Law master classes for lawyers of Bar Associations, state departments officers and branches must be also part of EduCom activities. WAML EduCom member Mr. Laolu Osanyin plans such activities to be implemented in Nigeria. Simultaneously, I have started communication with Rwanda Medical Association with help of Rwanda Convention Bureau, and now Mr. Osanyin and I are planning to attend one of their next meetings to establish future cooperation.
- o We may think to organize master classes for fertility clinics and for policy makers on

health reforms.

- o Comparative analysis, policies and regulations elaborations, mistakes analysis. Huge reforms may be done if we act globally.
- o WAML has no information about other existing national associations
- o Continent represented in WAML very weakly, mainly by Nigeria
- o 1-2 occasional members from South Africa and Angola

Australia and Asia

- o University of Melbourne has rotating Health Law & Ethics Program consisting of 22 different courses, including Biosimilarities; Ageing in the law; Privacy & Health Data; Program bound Human Rights...
- o These courses are mainly for postgraduate students representing law faculty, medical and health sciences (psychology, stomatology, pharmacology....any who deliver medical service) faculties. Faculty members try to bridge academia with practicing professions and may create separate lectures. Undergraduate students are also engaged,
- o In some Australian schools Medical Law is mandatory, but mainly facultative.
- o There is not much information about the situation in Asian universities
- o Japanese Medical Law Association, Chinese Law and Medicine Society, Indonesian Medical Law Association and the Israel Medical Law Association cooperate with WAML. The Mongolian Medical Law Association appeared at 24th WCML
- o Australasia represented in WAML mainly by Australia, China, Japan, Indonesia, Israel.
- o 1-3 occasional members from Malaysia, Qatar, Kazakhstan New Zealand, Saudi Arabia, Oman, Mongolia, India. South Korea. Macao, and Iraq
- o WAML has no information about other existing national associations
- o During reporting period WAML EduCom had close collaborative communications

with Japanese, Indonesian and Israel Medical Law Associations and also with Pakistan and Iran Forensic-Medical Societies. I attended meeting of the Pakistan Forensic-Medical Society and 3rd international conference “Navigating the Future” in Shalamar Medical and Dental College, Lahore, Pakistan on 2-3rd of February where 25th WCML and WAML supported International Conference on Health Disparities in Manchester University were largely promoted. Then on 2-3 March, I attended 2nd meeting of the Heads of Forensic Medical Organization of Developing Countries in Kish Island, Iran where 17 regional countries are the Member States. WAML was also promoted there and Kazakhstan, Russia, Iran, Algeria, Pakistan, Afganistan and other countries delegations expressed interest to join 25th WCML and strengthen cooperation with EduCom (see the photos 1-6).





2nd meeting of the Heads of Forensic Medical Organization of Developing Countries in Kish Island, Iran, 02-03 March 2019



3rd international conference “Navigating the Future” in Shalamar Medical and Dental College and meeting of Pakistan Forensic-Medical Society, Lahore, Pakistan, 2-3rd of February, 2019

Europe

- o European Association for Health Law collaborates with WAML

- o Different universities may have various training programs
- o In Belgium (University of Antwerpen) medical and law faculties students, both under- and postgraduate, and also ombudsman people study selectively Medical Law at Health Law and Ethics Chair (AHLEC) according to Belgian Law. Training program is divided in 6 sections: Patients rights; Beginning and end of life; Liability & legal procedures; Patients mobility; Medicines, biobanking; Organ transplantation..
- o In UK (University of Manchester) Medical Law, Mental Health Law and Medicine, Technology, Morals and the Law are taught at undergraduate level. Topics covered in Medical (Health) Law: a wide variety of different issues are covered. For example, within teaching Ethics and Genetics it includes: Genetic information; Consent, Acquisition and Use; Genetics and Insurance; Genetic Testing; Pre-Natal Testing and Procreative Beneficence; Human Genetic Manipulation: Therapy and Enhancement; Immortality; Cloning; Genetically Modified Organisms; Synthetic Biology

Mental Health Law: Introduction and theories of mental disorder; Civil admission; Criminal admission; Treatment for physical and mental ill health; Detention; Supervision and Control; Access to Justice

Medicine, Technology, Morals: Public Health; Children & Medicine; Human Rights & Medicine; Organ Transplantation, Human Tissues and the Law; Who owns your body?; Stem cell technologies; Reproductive Choices: Abortion & Ectogenesis; PGD, 'saviour siblings' and cloning; Womb Transplants & Male Pregnancy; Ethics, Morals & a brave new world? Technologies on the Horizon

- o In Russia Medical Law is taught in most of medical universities for undergraduate students as a mandatory subject. Influential National Institute of Medical Law (National Association) under Acad. Sergeyev's leadership carries out numerous educational programs for postgraduate specialists, medical doctors, practicing lawyers in the format of conferences, symposia, round tables and seminars.

Annually National Institute has national congresses and, as in other countries, there are pre-congress seminars, schools for young scientists, advocates, judges, experts.

- o In Azerbaijan Medical Law is taught for postgraduate students at law faculties and also for practicing lawyers at Academy of Justice.
- o Azerbaijan and Russian Medical Law Associations closely cooperate with WAML.
- o Well networked Spanish Medical Law Association exists, WAML has no collaboration, WAML is not aware of their activities.
- o Czech Republic has Medical Law Center in Charles University, Prague, but WAML has no collaboration with it.
- o Belarus had large activities with support of President of country in 2017 with Council of Europe on Informed Consent, but WAML had no collaboration
- o WAML has no information about other existing national associations.
- o Continent represented in WAML best with governors from UK, France, Belgium, Denmark, Russia, Azerbaijan, Ukraine, Bosnia&Herzegovina, Turkey, Hungary, Netherlands. Portugal is also well represented.
- o 1-3 occasional members from Poland, Spain, Bulgaria, Luxembourg, Austria, Slovakia, Serbia, Finland, Greece, Cyprus, Italy, Latvia, Slovenia, Romania, Czech Republic, Norway, and Estonia
- o During reporting period WAML EduCom had close collaborative communications with the European Association of Health Law, attended Board of Directors meeting held in Brussels, Belgium in December 2018 (see the photo 7) and scheduled active participation at the International Medical Law Conference on Health Disparities in Manchester University (UK) in June 2019 by WAML EduCom member and Governor Prof. Nicola Glover-Thomas, and 7th biannual European Conference on Health Law in Paul Sabatier University in Toulouse (France) under patronage of Council of Europe Secretary General Mr. Yagland. Toulouse conference organized by WAML

Governor Prof. Anne-Marie Duguet and WAML Member Ms. Anna-Grazia Altaville. WAML EduCom will be represented at both of the events by greeting speech and key-note speech at Manchester Conference and also by a workshop at Toulouse conference that will be conducted by Mr. Jonatan Davies and myself.



Meeting of Board of Directors, European Association of Health Law with 2 officers of Council of Europe, Brussels, Belgium, December 2018

- o Establishment of Lettonian Medical Law Association and start of cooperation with WAML now under discussion with Prof. Dr. Alvydas Pauliukevicius, Past President of Baltic Forensic Medical Association and founder and director of Lettonian Institute of Forensic Medicine. Visit of WAML EduCom was organized to Vilnius by Lettonian Convention Bureau and meeting with Rector Prof. Inga Zyngeliene, management of Mycolo Romeris University, and Supreme Court judges has been organized in mid-February 2019. To continue this cooperation next contact and discussion of collaboration will be organized in beginning of June 2019 and WAML EC and EduCom members Dr. Ken Berger and myself will meet rector and management of the University again. Mycolo Romeris University has the biggest and foremost Law Faculty in the country and Baltic Region so cooperation with WAML EduCom may be mutually beneficial in the long-term in the strengthening of Medical Law education in Lettonia, Latvia, Estonia and beyond (see the photo 8).



Visit to Mycolo Romeris University, Vilnius, Lettonia to discuss development of cooperation of Baltic States with WAML EduCom

- o WAML EduCom plans also to attend in March–April medico-legal and forensic medical conferences in Moscow, organized by the National Institute of Medical Law (Honorary Governor Acad. Yury Sergeyev and WAML EduCom member and Governor/VP Svetlana Pospelova, Sechenov's First Medical University and Ministry of Justice; conference "Medical Law and business" in Kiev, organized by WAML Governor Radmila Hrevtsova in the leading university of Ukraine Taras Shevchenko' National University; and workshop in Iasi, Romania, organized by UNESCO/Council of Europe Bioethics and Medical Research Department. Later in November, Department of Medical Law of Danylo Halatsky' National Medical University in Lviv and National Bar Association Medical Committee led by WAML member Prof. Iryna Senyuta invited WAML EduCom to visit University with educational program and sign cooperation agreement.

North America

- o Medical Law is intensive in USA and Canada.
- o WAML has cooperation with ACLM and less with NAME. WAML President Prof. Dr. Thomas Noguchi and Secretary

General, WAML EduCom member Dr. Ken Berger, a few other WAML governors and members regularly attend annual meetings of ACLM, and Prof. Noguchi at NAME meetings. ACLM Past President Prof. Dr. Cyril Wecht attends WAML meetings with key-note speeches that makes cooperation level quite high. However, there is still a potential to develop this cooperation. There are strong Medical Law and Bioethics associations, centers and institutions of USA and Canada which are still not aware about WAML activities, and we don't know the researchers of those organizations.

- o Medical Jurisprudence, Health Law and Bioethics are mandatory subjects on medical faculties. Health Law is an elective discipline.
- o International Health Law & Policy is taught to Ph.D. students, nurses, doctors, lawyers, and pharmacists. The approach is different from the European and teaches students to learn to develop policies.
- o USA is well represented in WAML with a few members from Canada

During its videoconference discussion on the 25th of January 2019, WAML Education Committee made some **PROPOSALS** for approval of WAML EC and BoG:

Target Groups.

Educational institutions:

- Medical Faculties, both undergraduate and postgraduate,
- Law Faculties, both undergraduate and postgraduate
- Health Sciences Faculties (stomatology, pharmacology, psychology...)
- Nurse schools

Practicing professionals:

- National Medical Law Associations
- National Bar Associations
- National Forensic Medicine Associations
- Ombudsman Offices,
- National Law Societies

- National Medical Societies
- Judges, advocates, barristers and solicitors
- Medical Researchers
- Bioethics Committees and Medical Boards
- Hospitals, Clinics, Medical Centers, Fertility clinics

Authorities

- Policy makers (on health reforms, comparative analysis, policies and regulations elaborations and mistakes analysis)
- Representatives of federal and state governments (MoH, MoJ....)
- National parliaments
- State leaders

In different countries different audiences may be prioritized. This should be decided upon by communication with local opinion leaders. Cooperation with universities is important but also cooperation with national bar associations may be not less important. Practicing lawyers need to be educated in medical law. For example, Nigerian Bar Association, Ukrainian Bar Association and the American Bar Association have established Medical Law Committees.

2. Core areas.

- Health Law and Human Rights
 - o Right to Health
 - o Patients Rights (autonomy, access to medical record and information, right to complain, etc.)
 - o Informed Consent
 - o Rights of certain groups (minors, pregnant women and mothers, HIV-infected, mentally disordered, etc.)
- Beginning and end of life
 - o Reproduction law (abortion, medical sterilisation, status of embryo)
 - o Euthanasia
- Legal liability & legal procedures
 - o Patient safety and inadequate medical care
 - o Medical Malpractice
 - Expert witnesses at Courts
- Patient's mobility

- Medicines, biobanking
- New Technologies
 - o Reproductive and assisted technologies
 - o Organ transplantation and donation
 - o Health Law and Genetics, regulation of the human genome
 - o Stem cell technologies, cloning....
 - o Information Technology and Telemedicine
- Medical confidentiality, Privacy & Health Data
- Death investigation
- Mental Health Law
- Public Health Law and Bioethics
- Clinical Trials and Research
 - o Promoting Academic Research in Public Health, Law and Bioethics
- Medical Tourism and Cross Border Health Care
- Health Systems
 - o Globalization of health care
 - o Regulation of Medical Practice
 - o Regulation of Health and the Professions in different Health Systems
 - o National legislations of selected countries (comparative analysis)
 - o Health systems
 - o Health Law Advocacy skills
 - o Perspectives in Health Policy
 - o Corruption in Health Systems
 - o Health disparities
 - o Environmental Health Law

3. Activities:

- Lectures
- Seminars
- Professional development update courses
- International online workshops
- Presentations for decision makers
 - o Country leaderships
 - o Universities
 - o Members of Executive Boards of Society of Legal Scholars

- Workshops at National Association meetings
- Workshops in International, Regional and National Conferences on Medical Law, Bioethics, Legal Medicine, Human Rights
- International/ Sub-regional Medical Law Conferences

4. Countries:

Only 22 countries represented in WAML well, mainly by BoG. We have occasional members from another 36 countries. EduCom activities may deepen WAML activities in represented countries and launch WAML to new countries that will lead to the promotion of Medical Law education from one side, and increase membership and annual congresses attendance from the other. Proposed countries for start-up:

- **Mexico, Panama, Costa Rica, Dominican Republic**
- **Peru, Uruguay, Chile, Bolivia, Ecuador**
- **Spain, UK, Baltic States, Ireland, Russia, Belarus, Ukraine, Germany, Austria, Czech Republic, Denmark**
- **Kazakhstan, Pakistan, Qatar, UAE, Saudi Arabia, India, Iran**
- **Singapore, New Zealand, Japan, Malaysia, Thailand, Vietnam**
- **Nigeria, Rwanda, South Africa, Egypt, Kenya**

5. Funding:

Starting from 15th July 2018, EC was informed that monetary support for EduCom might be needed to implement objectives. EC decided to look for sources of external funding first. Potential funding source may be:

- Host countries authorities
- Host universities and associations
- International organizations
- Foundations and philanthropies.

Develop external partnerships with international organizations, governmental organizations, non-governmental enterprises, insurance companies, private entities who may be interested in the development of medical law in certain countries, regions and worldwide.

Public health is a core part of WHO and emphasis may be made on cooperation with this organization. WHO, CoE, UNESCO, ICC, CIOMS, UNESCO Bioethics

Chair, WMA, Transparency International and IAFS may be contacted.

Cooperation with destination authorities and meetings industry may be used. In most countries going from top to down is more efficient rather from down to top. Political context may be also used for this. For example, President of Nigerian Senate, 1st Lady in Azerbaijan, 1st Lady in Bosnia & Herzegovina are medical doctors who may be used as support to launch.

Certain universities may fund some projects, f.e. University of Copenhagen may cover one Ph.D course/year with funding travel costs for external speaker. Universities may cover costs of WAML EduCom in own universities so approach to universities' management is important for this purpose.

WAML Meeting Planning and Administration



Denise McNally,
WAML Administrative Officer and Meeting Planner

JOIN US AT THE 25TH WORLD CONGRESS ON MEDICAL LAW (WCML)

**AUGUST 6 – 8, 2019
TOKYO, JAPAN**

Abstract Deadline Dates

1. January 5, 2019 – Abstract Submission Site Opens
2. April 5, 2019 – Abstract Submission Deadline
3. April 31, 2019 – Review of abstracts complete
4. May 15, 2019 – Program Finalized
5. May 19, 2019 – Email to authors of acceptance or rejection

CALL FOR ABSRACTS – Deadline April 5, 2019

We encourage you to join the leading experts in medical law, legal medicine and bioethics by submitting your abstract in English only online at <https://app.oxfordabstracts.com/login?redirect=/stages/902/submission>

THEMES:

- Bridging Medical Law, Bioethics and Legal Medicine
- Advanced Medicine and Medical Law
- Global and Glocal Viewpoints of Medical Law in 21st Century

Glocal - Glocalization (a portmanteau of globalization and localization) is the “simultaneous occurrence of both universalizing and particularizing tendencies in contemporary social, political, and economic systems.”[1] The notion of glocalization “represents a challenge to simplistic conceptions of globalization processes as linear expansions of territorial scales. Glocalization indicates that the growing importance of continental and global levels is occurring together with the increasing salience of local and regional levels.”[2]

The term first appeared in a late 1980s publication of the Harvard Business Review.[3] At a 1997 conference on “Globalization and Indigenous Culture”, sociologist Roland Robertson stated that glocalization “means the simultaneity – the co-presence – of both universalizing and particularizing tendencies.”[4]

Glocal, an adjective, by definition, is “reflecting or characterized by both local and global considerations.”[5]

ABSTRACT SUBMISSION GUIDELINES:

1. Abstracts must be of original work of the authors. The guidelines of the International Committee of Medical Journal Editors should apply in authorship.
2. An abstract should be fully self-contained and make sense by itself.
3. Complete abstracts must be submitted online no later April 5, 2019.
4. Once an abstract is accepted, additional authors cannot be added.
5. The Presenting (First) Author should be the primary contact person.

6. Notification of acceptance or rejection and all future correspondence will be e-mailed to the Presenting (First) Author on or before May 19, 2019.
7. WAML reserves the right to withdraw a presentation at any time.
8. Accepted abstracts will be available online.
9. The Presenting (First) Author is required to register and attend the WAML Meeting and present the paper or poster at the assigned time on the assigned day. He/she must be available to answer questions. If the Presenting Author is unable to attend the WAML Annual Congress to present the paper or poster, every effort should be made to arrange for one of the other authors to present. WAML staff (worldassocmedlaw@gmail.com) must be notified of any change in presenters.
10. The Presenting (First) Author is responsible for notifying all other authors of acceptance, rejection, scheduling and any other information provided by WAML.

ABSTRACT FORMATTING INSTRUCTIONS:

Abstracts that are **NOT** submitted properly will receive an administrative reject and will not be reviewed.

1. **Language:** The abstract must be written in English
2. **Presentation Format:** Your paper may be presented orally or as a poster. You must indicate your preference. Space for oral presentations is limited and therefore the Program Chair and Committee may need to override your preference.
3. **Title:** Title must be initial caps throughout. Example: Lipoid Pneumonia in the Paralytic Patient after Brain Injury
4. **Abstract:** Abstracts must be 250 words or less.
5. **Abstracts Limits:** Abstract Title: 50 Characters / Abstract Content: 250 words
6. **Confirmation:** When you finish submitting your abstract, you will receive a confirmation email. Save this email for future reference.

Oral Presentation Information

Please note that recording (photographing, audio taping or videotaping) any presentation/session is **PROHIBITED**, except by a WAML-authorized agent.

- Please make sure to remove any confidential, private or unnecessarily identifying patient information from your presentation. Some sessions may be recorded for academic purposes.
- When preparing your presentation please use standard fonts (e.g., Times, New Roman, Ariel, Helvetica, etc.).
- Create your presentation using standard (4:3) aspect ratio.
- Include in the same folder as your presentation, any external files utilized, e.g. movie files.
- Test your presentation on a separate PC compatible computer to insure fonts are standard and components such as movies are included rather than merely linked in your presentation.

POSTER PRESENTATION GUIDELINES

General Content Requirements:

All submissions must address a bioethical or a medico-legal issue that relates to the Congress themes. It may be addressed from a legal perspective, a policy related one, an ethical one or a combined approach. Both practical ethics and normative ethics perspectives are of relevance. Legal discussions may be focused on State Law, International Law, Criminal and Civil Law

The submitter may choose any submission format he or she wishes. At the same time, a general suggested framework should be considered before preparing the poster.

1. **POSTER SUBMISSION:** You are responsible for bringing the poster with you to the Congress.

The poster-board surface area available is 140 cm high and 90 cm wide.

It is suggested that the poster is:

- **SIZE:** 120 X70 cm (Portrait) [a 100X70 is also optional]
- **FONT:** Use Arial font, 30-49 point size throughout
- You may use the suggested poster template and adapt it according to your topic and analysis method.
- You may add figures and/or charts.

- Consider having a background section (It may include a clear statement of the ethical/legal or policy issue you investigated, your purpose in undertaking the research, the methods you used (literature/legal ruling review, interviews, etc.), and a summary of your findings or results to support the conclusions or recommendations. Try limiting this section to 250 words.
- Conclusions section: clearly identify the conclusions at which you arrived based on your research.
- List up to 5 references using an accepted reference method.

See example poster outline

A well-designed POSTER should:

(1) Facilitate discussion between the presenter and the viewers; (2) Contain an abstract and succinct introductory material; (3) Clearly and simply state methods, major results and conclusions; (4) Use simple graphs and tables and large clear illustrations; (5) Have a font large enough to be read from a distance of several feet; (6) Be augmented by “handout” materials if necessary, and; (7) Not be crowded with too much information.

AWARDS

When submitting your abstract there will be two (2) awards for which you may choose to be a contender:

- Young Scientist Awards (**Under Age 35 inclusive**) will recognize outstanding papers and posters. **To be considered you must submit an abstract, apply for competition, register for the meeting and submit a 3 page summary to worldassocmedlaw@gmail.com.**

Young Scientist Award will recognize One (1) outstanding platform speaker and One (1) outstanding poster.

Awardees will receive:

- 1) Certificate
 - 2) One year WAML Membership
 - 3) Complimentary registration for one of the next two Congress'
- Davies Award – This is a 2 year competition with presentations in both Tokyo and Toronto.

Award will be given in Toronto. Papers will be judged based on merit. **To be considered for the Davies Award you must submit an abstract, apply for competition, register for the meeting, attend both Tokyo and Toronto meetings, present paper at either Tokyo or Toronto, submit a 3 page summary and a full paper to worldassocmedlaw@gmail.com: The Davies Award main theme is promoting global academic research in public Health Law & Bioethics.**

About A. Michael Davies:

Professor A. Michael Davies (1924 - 2016), MD. FFPHM., graduated from the Royal College of Surgeons, University of Manchester in 1946. In his long career he accomplished contributions not only in the Medical Arena in England, but also in Israel serving as the Chief Epidemiologist in the Israeli Ministry of Health, Associate Professor and Head of the Department of Medical Ecology at the Hebrew University, and his many years as Professor of Public Health at the Hebrew University.

In his longstanding career he was a member of various committees and consultant to divisions of the Israel Ministry of Health including epidemiology, health statistics, mother and child care, preventive services etc. He also served as a temporary advisor and short term consultant to the World Health Organization in Geneva, in expert committees on rheumatic fever and aging, including occasionally functioning as consultant to divisions of MCH, human reproduction, strengthening of health services, AIDS, health of the elderly, health statistics, tropical disease research etc.

With this award we honor the lifelong contributions of Professor Davies to the field of Medicine and Public Health and hope to encourage and promote scientific contributions that will be a precedence for further medical advancements.

Awardees will receive:

- 1) Certificate
- 2) 1st place - 1500 USD
- 3) 2nd place - 1000 USD
- 4) 3rd place - 750 USD

In order to be considered for the Davies Award (to be presented in Toronto) you must do the following:

- 1) Present at either Tokyo or Toronto
- 2) If you present in Tokyo you must be present in Toronto
- 3) Complete participant registration for the World Congress including payment of participation fee.
- 4) Submit a 3 pages summary (academic references included) of your proposed paper to the email worldassocmedlaw@gmail.com
- 5) Submit a full manuscript to worldassocmedlaw@gmail.com
- 6) The Award is for the best single paper presented at Tokyo or Toronto. Reminder, if you present at Tokyo you must be present in Toronto to be considered. Congress Registration – <http://wafml.memberlodge.org/event-2746301/Registration>

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

This Congress will commence with a Welcome Reception, Monday August 5 at the Rihga Royal Hotel, followed by the Opening Ceremony the morning of Tuesday, August 6 at Waseda University. The Gala Dinner will be held Thursday, August 8th. Professor Katsunori Kai will be your Program Chairman and we look forward to seeing you in Tokyo, Japan.



TURKISH AIRLINES

A STAR ALLIANCE MEMBER 

Turkish Airlines is the official airline of 25th World Congress for Medical Law and special discounts are offered on certain booking classes. In order to proceed with the online booking tool for Turkish Conventions please visit the Turkish Conventions website <https://www4.thy.com/TKC/app/main?language=en> and use the event code **104TKM19** under delegate section.



Hotel Information

RIHGA Royal Hotel Tokyo is situated in Waseda, a land of culture and tradition, adjacent to Okuma Garden offering beautiful views of season's landscapes.

Enjoy a peaceful stay in Tokyo in a luxurious European classic ambience, far from hustle and bustle of the city. With many historical sites in the neighborhood, you get to see the streets of Tokyo that still give glimpses of something of the old days rarely found in the heart of the city.

Rihga Royal Hotel is offering a reduced group rate of \$194 USD single/\$265 USD double for weekdays and \$238 USD single/\$308 USD double for Saturday. The rate is inclusive of service charge, breakfast and taxes.

Reservation link http://rsv.ihonex.com/cgi-bin/ihonex3/plan_shokai.cgi?hid=rihga_royal_tokyo&plan_groupcd=WCML&c=1&form=en.

The WAML website will be populated as specific information becomes available (Program, etc.) The address is http://wafml.memberlodge.org/25th-World-Congress-for-Medical-Law-Tokyo-Japan

Abstract Information – <http://wafml.memberlodge.org/Abstract-Information>

Congress Venue - <http://wafml.memberlodge.org/Congress-Venue>



(Venue: Waseda University, Tokyo)

Hotel Information - <http://wafml.memberlodge.org/Hotel-Information>

Tours - <http://wafml.memberlodge.org/Tour-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 2019 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 <http://wafml.memberlodge.org/> and pay. After logging in choose 'View Profile' (located top right), click 'Membership' and then "Renew". You also have the option to pay by check or wire transfer.

If your membership dues are paid, thank you!

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

Please contact
Denise McNally
worldassocmedlaw@gmail.com



World Association
for Medical Law

SAVE THE DATE

AUGUST 6-8

2019

**The 25th Annual WAML
World Congress**

Tokyo, Japan
www.thewaml.com

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

Healthcare Disparities: Disruptive Healthcare Technologies and the Patient

June 13 – 15, 2019

Manchester University, UK

Website: <https://www.law.manchester.ac.uk/connect/events/healthcare-disparities/>

The Australasian College of Legal Medicine Basic Law Intensive

June 22-23, 2019

Gold Coast, QLD

Website: <https://legalmedicine.com.au/basic-law-intensive/>
Registration is now open and spaces are limited

25th Annual WAML World Congress

August 6 – 8, 2019

Tokyo, Japan

Website: www.thewaml.com

53rd NAME Annual Meeting

October 18 – 22, 2019

Kansas City, MO (USA)

Website: www.thename.org

The Australasian College of Legal Medicine Annual Scientific Meeting 2019: Legal Aspects of Rehabilitation Medicine

October 26-27, 2019

Park Hyatt Canberra, Australia

Website: www.thename.org

The call for papers is now open!

The Australasian College of Legal Medicine Advanced Law Intensive

November 23-24, 2019

Location TBC, Australia

Website: www.thewaml.com

Registration is now open!

26th Annual WAML World Congress

August 13 – 16, 2020

Toronto, Canada

Website: www.thewaml.com

27th Annual WAML World Congress

August 4 – 6, 2021

Istanbul - TURKEY

Website: www.thewaml.com



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World Association For Medical Law

June Issue

June- August

www.thewaml.com

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Medical Law in Scandinavia



Prof. Janne Rothmar Herrmann

WAML Governor (Denmark)
jrh@jur.ku.dk

Since our last innovative and stimulating conference in Tel Aviv in September 2018, I am a new member of the Board of Governors, and I would like to take this opportunity as guest editor of the June newsletter to present the Scandinavian medical law research community and some of the ongoing medical law research projects in the Nordic countries. A homogenous region with similar socio-political profiles, historically and linguistically interwoven, the Nordic region has not only had internal free movement between its countries for decades, but historically has also developed for example parts of its private law regulation in Nordic cooperation. Bills and preparatory work often look to other Nordic countries whenever a comparative overview is needed in order to reflect on how neighbours have handled similar issues. Regulatory models and regulatory contents differ -yet, considerable commonalities also exist, for example in the welfare state framing of healthcare.

Since the 1970s, numerous publications including doctoral dissertations on issues in medical law have been published in the Nordic countries. Specialized courses on medical law or health law have been offered at the Nordic Law Schools since the 1990s, and during the 2000s dedicated medical law chairs were established at several Scandinavian universities. The scholarly medical law community in the Nordic countries is a close-knit community, formally established as a network in Uppsala, Sweden in 2006. The first 5 years saw a substantial number of workshops for doctoral students in medical law, network meetings and Nordic conferences not least thanks to a network grant awarded by NordForsk, an organisation under the Nordic Council of Ministers that provides funding for and facilitates Nordic cooperation on research and research infrastructure. Since then, the network has held a Nordic biannual conference with a rotating host. The network crossed the Arctic Circle as the latest conference held in October 2018 took place at the University of Lapland in Finland. As always it was an opportunity for Nordic medical law researchers to present early thoughts, articles in the making, ongoing projects or doctoral thesis projects. As the medical law research environments in the Nordic countries have grown and in some countries become research centres, the international relations of the Nordic research environment have also grown stronger, and the research environments have become

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

diverse and increasingly interested in interdisciplinary collaborations.

In this newsletter, a number of researchers from the Nordic medical law community will share with our global medical law family, some of our news as well as recent and ongoing research projects.

As issue editor of this month's newsletter, I would also like to share some of my own current research interests. I am currently the principal investigator of "Reconceptualising Reproductive Rights" and a partner in "Ice Age – Entangled Lives, Times and Ethics in Fertility Preservation", both funded by Independent Research Fund Denmark. One question I am pursuing is the issue of marketization and commodification of reproductive cells. Denmark is home to the world's largest sperm bank, and as many other countries began to prohibit the use of anonymous donor sperm, the Danish government maintained that anonymity should continue to be an option in the Danish fertility clinics, and quoted the fear of sperm drought and the considerable business interests at stake as the winning arguments. Yet, at the same time women's eggs are subject to much more intense control and their sale prohibited and criminally sanctioned. A paradox in a country and a region that prides itself of gender equality.

Cryopreservation of sperm and insemination are comparatively old technologies compared to vitrification and slow freezing of eggs. The comfort of old technology and a general political agenda of medical issues being better suited for professional self-regulation rather than political interference had left sperm banking and fertility treatment in general to their own devices. In 1994 the first instruction from the health authorities on sperm was issued requiring that donated be frozen, this was a precautionary measure that would ensure sufficient testing of the sperm prior to use making sure that donor sperm was free from disease (HIV primarily). But up until that point, sperm banks had not been subject to any formal supervision from health authorities, and it was the issue of patient safety and the health authorities' interest in monitoring the quality of care that sparked early regulation of an otherwise free market in sperm, that included the use of fresh donations of sperm. Such regulation of standards can be said to be the defining turning point in reserving a particular activity for a market. At the same time as sperm began to travel and incoming fertility travel for sperm increased from all over Europe to Denmark, the eggs were and still are, kept at home. Until 2012 they could not even legally leave the country. Furthermore, the sale of eggs is prohibited. Up until

2007 clinics could only source eggs from women who were themselves undergoing IVF treatment and compensation remained for many years at the same (low) level that applied to sperm donors in spite of the procedure being considerably more invasive and time consuming. To meet the domestic demand for donor eggs, compensation was recently raised, but donor eggs can still not be sourced via commercial banks. Finally, oocytes can be stored for a maximum of five years, while sperm can be stored indefinitely, even after the man's death if he has given prior consent. Danish legislation has thus effectively cooled down the business option of non-medical freezing in Denmark as well as egg banking. Is Danish law discriminatory in this regard? It certainly is, and it seems an uphill argument to make that the discrimination pursues a legitimate aim, is necessary and proportionate.

Challenges for Health, Healthcare and Law in a Dynamic Society – A New Research Centre in Health Law at Lund University, Sweden



Professor Titti Mattsson

University of Lund, Principal Investigator and Coordinator
of the Health Law Research Centre in Lund

It is with great pleasure that I present the new Health Law Research Centre in Sweden to the global medical law community in this spring newsletter of the WAML. The Centre is a result of an increasing interest and rapidly expanding body of research in the health law discipline in the Nordic countries. Scholars from different legal disciplines, such as private law, public law, procedural law, international and human rights law, law and philosophy, criminal law and law and technology with diverse research experiences and backgrounds have met with a common interest in the health law field.

The newly established Health Law Research Centre aims to provide both a broad approach and key specific areas of expertise to this field, whose preoccupations strike us both timely and urgent. Particularly worrying

is the changing population structure in many parts of the world, which is expected to have significant consequences for society, not least because healthcare consumption for the older population is a major part of total national healthcare. Even though today we can cure a greater number of diseases than before, age-related ill health at the same time increases irreversibly as a result of aging. Current and future challenges are also linked to limited national economies, rapid privatization and digitalization, steadily increasing patient data availability, and globalization affecting and delimiting national decisions. Further, the rapid development in gene editing, artificial intelligence and big data-driven precision medicine has created a vast need for legal regulation and analysis. From a human rights perspective, there is a great need to study the right to health and the right to non-discrimination in international human rights law and in what way this global regulation ought to be used as a normative reference point for domestic health policy and practice. Together, these and other developments raise myriad complex legal and ethical issues for different stakeholders, including medical practitioners, regulators, patients and the industry. Thus, well-informed, interdisciplinary research into the legal dimensions of these challenges and their possible solutions seems essential for the coming years.

The research is carried out within four broad themes. One theme, Patient rights in Sweden and Europe, currently involves a project analyzing the EU-level legal provisions regarding health care, and another that analyzes the rights of persons suffering from dementia in different care situations. Another theme is Patient security, medical ethics and the criminal system, which involves a project addressing the boundaries between the criminal justice system and the system for supervision and control of healthcare services, as well as the relationship between medicine and law. This theme also involves research on research processes: research frauds and ethical dilemmas in research on vulnerable groups. A third theme is research concerning digitalization and artificial intelligence in the healthcare field, focusing on emerging technologies in the pharmaceutical and health sector. Within this theme, Law & science, technology and e-health, for example, a project is underway on the regulatory framework concerning the interface between intellectual property law and fundamental rights such as privacy and health, as is a project concerning the regulation of interventions in the human genome and the collection, storage and use of genetic data. Another project involves interdisciplinary

and international researchers examining the medico-legal notion of 'science and proven experience' from a variety of perspectives. The fourth theme, Children's rights in health care, encompasses several research projects on children as patients from different perspectives. In one project, the regulatory framework regarding the standards of medical care for children with unclear diagnosis is examined. Another project involves research in collaboration with experts in medicine, deontology and social work on health issues for children in foster care.

We are fortunate to have extensive international research networks along with an established research program and a number of active researchers at the Lund Law Faculty. One close network, for instance, is the Öresund Health and Life Science Network, established with partner centers at the University of Copenhagen - Centre for Legal Studies in Welfare and Market (WELMA) and the Center for Advanced Studies in Biomedical Innovation Law (CeBIL). We also foster inter-institutional dialogue through organizing conferences, workshops and research group publications. Finally, in addition to the Centre's own researchers and other staff, and to colleagues from near and far who are connected as researchers in our financed projects, we have the pleasure of regularly hosting visiting researchers for stays of varying lengths. For example, currently two professors from Norway are guest professors in the Lund Law Faculty and based at our Centre, and in May a senior researcher from New Zealand will visit our research team. We also have junior researchers visiting the Centre for shorter or longer stays. We will continue to proactively invite (and we welcome queries from) international scholars and promising early career researchers in law and other disciplines who may be interested in coming as (unfinanced) visiting researchers for stays at the Faculty to collaborate and co-publish with researchers in the Health Law Research Centre. For further information about the Centre, please visit our homepage.

Prof Titti Mattsson,
Faculty of Law, Lund University

PI and Coordinator for the Health Law Research Centre, <http://www.law.lu.se/#!/healthlaw>



Health Law
FACULTY OF LAW

MeInWe: Personalised Medicine in the Welfare State



Mette Hartlev, PhD, LL.D.

Professor of Health Law at the Faculty of Law,
University of Copenhagen and head of the research centre
WELMA (Centre for Legal Studies in Welfare and Market)



Katharina Ó Cathaoir, PhD,

Post-doctoral researcher at WELMA,
Faculty of Law, University of Copenhagen.

In recent years, several governments, including Denmark, have launched action plans to advance personalised medicine in national healthcare. Personalised medicine seeks to harness “big data”, in particular genetic data, to stratify populations and conditions according to various characteristics, in order to develop individualised treatment that is more effective with fewer side effects. Personalised medicine, it is claimed, will lead to more targeted monitoring and prevention, more effective diagnosis and treatment, and better opportunities to improve patient health.

In response to these developments, Personalized Medicine in the Welfare State (MeInWe) – an interdisciplinary research project based at the University of Copenhagen - was launched in September 2017. The project is led by Professor Mette Nordahl Svendsen from the Department of Public Health, University of Copenhagen, and supported by a grant from the Carlsberg Foundation during the period September 2017 to February 2022. The project’s five work packages investigate personalised medicine from various disciplinary perspectives: medical anthropology, science and technology studies, philosophy, sociology and law.

The overall aim of the MeInWe project is to explore how strategies of tailoring diagnosis, treatment and prevention to individual genetic variability challenge

existing ethical, organizational and legal frameworks in medicine. The project thereby examines how personalizing diagnosis, treatment and prevention in healthcare reconfigures boundaries between public, private, national and international, as well as between research and treatment. MeInWe critically assesses how personalized medicine draws boundaries around the person (the me), and how collectivities (the we) are shaped and negotiated in creating knowledge about the individual.

The project asks two central questions:

- How is “the personal” understood and established when genomic data are applied and exchanged in Danish health care?
- Which collectivities—e.g. species, ethnicity, nation, health care services, and ultimately the welfare state— are implied in constituting “the personal”?

Professor Mette Hartlev and post-doctoral researcher Katharina Ó Cathaoir explore the legal issues surrounding personalised medicine, namely, to what extent genomic health technology disrupts existing legal and ethical structures, and whether this requires us to rethink legislation.

In line with the theme of the project, we focus on the tensions and interplay between the individual and the collectives triggered by personalised medicine. For instance, respect for individual autonomy and privacy have traditionally been the foundation of healthcare’s ethical and legal regulation, with self-determination viewed as a critical means of ensuring the protection of individual and trust in health care. Yet, personalised medicine, which relies on gathering and stratifying large volumes of health and demographic data, may challenge or undermine this individual-oriented paradigm. Is the law equipped to address the challenges raised by the collective nature of genomic data? How can individuals be adequately protected from the risks associated with data sharing, such as privacy breaches and genetic discrimination? How can healthcare professionals ensure that patients adequately understand the as yet unclear implications of predictive genetic data?

These questions are pressing; In 2018, the Danish government amended the Health Act (Sundhedsloven) to provide the structures necessary for increased and secure use of genetic data in Danish public healthcare. The amendment establishes a National Genome Centre under the Ministry for Health with the purpose of developing a nationwide infrastructure for the retrieval

and storage of genetic information, including a national genome database for clinical and research use. The amendment also gives the Minister for Health the power to create rules requiring health institutions and healthcare workers to transfer genetic and health data, to the National Genome Centre.

After the legislation enters into force in July 2019, dry genetic data derived from genetic sequencing in healthcare must also be stored in the National Genome Centre. Notably, if the patient objects to their data being stored, they cannot have their genome sequenced through the public healthcare system. Furthermore, unless the patient opts out, their genetic data can be reused for research of “significant societal importance”, subject to research ethics approval. The amendment requires that patients give written consent to genetic sequencing and decide whether to be informed of any secondary findings.

Ultimately, we are critical of the fact that the amendment does not address several pressing issues raised by personalised medicine. While patients can decide that they do not want to be informed of secondary findings, are there circumstances where doctors should set aside the patients’ wishes, such as where they discover a heart arrhythmia which can be treated by installing a pacemaker? Even if the patient does not want this information, it may also save the lives of relations given the interconnected nature of genetic data. Danish law allows for relations to be given health information without the patient’s consent in situations where interventions in the patient’s right to privacy and informational self-determinations are justified based on vital interests of the relatives. Yet the Ministry of Health has not provided new guidance on the scope of this provision in light of genomic technologies. Additionally, the rights of children have not been clarified: should children’s guardians be given predictive health information or should health information of uncertain character be withheld where it does not have immediate relevance? Should a child be informed that she carries a BRCA mutation even though this information is not yet actionable, but has clinical significance for relations?

If, as envisaged, personalised medicine becomes a mainstream form of treatment, further legal issues are likely to arise, namely whether genetic information can and should be used in risk assessments. For now, the current legal regime may leave doctors and patients in an unclear legal position.

Biomedical Law as an Immature Scholarship, an Interactive Diagnosis The example of Human Germline Gene Editing



Céline Aludaat-Dujardin

Céline is a doctoral researcher at the Faculty of Law of Helsinki, dedicating her research to promoting an open debate on the legal and ethical issues pertaining to the legal status of the human species, and its biological encryption, the human genome. She uses her funded research project entitled ‘Engineering the Human Species, Legal, Ethical and Anthropological Perspectives’ as well as filming to address Biolegal issues in Finland and abroad. Codex, her future documentary-essay à la Chris Marker, represents an ultimate academic outreach, in the form of a visual transcription of her dissertation, used as a scholarly storyboard. In this film, Céline adjusts Foucault’s ‘clinical gaze’ to contemporary bioethical issues, requiring the use of a ‘microscopic kino-eye’, and allowing a deeper exploration of the infinite minuscule. Enriched with Virtual Reality experience, the exploration of our biological code is meant to help the public in understanding genetic manipulations, and realize that, though invisible to the naked eye, the genetic legal battlefield is vast. Interactivity and democratization of Bioethical issues is meant to bolster endeavours and discussions about the human species’ future. This way, Biolegal scholarship finds its *raison d’être* in fostering an interactive legal watch, providing a real-time appraisal of Biomedical advancements.

Whilst redrafting DNA, the ‘human species’, as a social whole, faces compelling changes, necessitating legal and ethical updates. In this respect, human germline gene editing is assuredly a topical case study. If Biomedical Law has indeed become an important area of legal scholarship, recent advancements in genetic engineering act as a revealing example of its weaknesses. The scarcity of afferent international instruments unveils the extent of the Biolegal limbo. Germline gene editing on the human genome is

now reportedly possible. The recent birth of the so-called Chinese CRISPR twins in November 2018, mastered by He Jiankui, from the Southern University of Science and Technology in Shenzhen, caused an international outcry. This biomedical act, however, ensued from a vindicated therapeutic purpose: the modification of CCR5 gene, causing the genetic resistance to HIV of purposely genetically modified embryos. Venturing beyond the emotional and political upheavals, one discovers that, thus far, this landmark event did not entail any clear legal responses, as if the International (Bio-)Legal community remained, from hindsight, foreign to the momentum of technological advancements. The therapeutic justification, together with the freedom of science principle, seems to supersede both ethical and legal limitations. As time goes by, Biomedical science seems to impose its own priorities as well as its own scientific normativity. Delineating the normal from the pathological, human genetic engineering has perhaps started to alter the ontological essence of the human species, erstwhile seen as immutable. This paradigm shift assuredly deserves a deeper discussion. Are we sufficiently aware of the growing Biomedicine's *normative impetus*? What is, then, the remaining play of Law as a normative tool, if Biomedical advancements pave their own path, ahead of the legal time. The reason for Biolaw's failure in ascribing limits to contentious human genetic advancements is multifarious. Biomedical facts in Law are mainly termed with scientific concepts, artefacts of science amid the Biolegal and the Biojurisprudential realms. The epistemic imbalance between Biojurisprudence and Biomedicine reveals a somewhat dangerous gap, considering systems of positivist essence. Valid law's somewhat planned obsolescence, as such, seems to slowly espouse the normative demands of Biomedical science. A diagnosis of this epistemic shift highlights the need to observe Biolaw as an immature field, requiring an in-depth reflection on its nature as a legal scholarship. These challenges have unveiled a methodological issue, stemming from a certain difficulty in legislating 'the coming unknown'. It is this very 'unknown' that this research project aims at bringing into light.

The Extension of Living Organ Donations: From a Convergence of Interests to Ethical Concerns



Audrey Lebret

Audrey Lebret is a postdoctoral researcher at the Centre for Advanced studies in Biomedical Innovation Law (CeBIL) at the faculty of Law of Copenhagen, where she works on a project related to the reconceptualization of reproductive rights, and her focus is on European and International law. Prior to this project, she dedicated her doctoral work to the study of the interaction of fundamental rights in organ transplantation norms in the multi-level legal spaces of Europe and the United States. The revision of the bioethical legislation in France is the occasion to address the human rights and ethical issues associated with the extension of living organ donation.

In 2019, France will renew its bioethical legislation. In that aim, several auditions and debates took place at the Parliament, on assisted reproduction, surrogacy but also on human organ transplantation. One of the issues is on the opportunity to extend living organ donation like in the United States or other European countries. Living organ transplantation, which concerns mainly kidneys but also small parts of livers or lungs, is at the crossroad of the right to bodily integrity of the living donor and the right to health of patients in need of an organ. On one hand, the removal of organs on a healthy body for the therapeutic need of another person is regulated by states and international conventions, such as the Oviedo Convention of 1997 and its additional protocol of 2002. On the other hand, the right to health is also protected by several instruments, especially the International Covenant on Economic, social and cultural rights (article 12), which all European countries ratified. If many of the obligations derived from that right are subject to progressive realization, states must nevertheless take some measures promptly and provide health services without discrimination. The general observation n° 14 identified four pillars of the right to health: availability

of resources, physical and financial accessibility, equity and quality. The reconciliation of those rights is an important challenge for the states. Among the strategic points of this confrontation between rights in the field of transplantation, there is the extension of the pool of potential living donors.

In countries that originally limited living donations between persons genetically related or legally tied, this extension consisted first in the admission of an emotional tie as a criterion of a living transplantation. In the UK, the emotional tie was recognized in 2006; in France, the bioethical legislation of 2011 accepted as potential donors the persons able to prove a stable emotional tie for at least two years with the recipient. Other countries do authorize the so-called “altruistic” donations, i.e. undirected living donations. In between, systems of crossed-donations allow the donor of an incompatible pair donor-recipient to give an organ to a recipient of another pair in the same situation, providing that the donor of that last pair also gives an organ to the recipient of the first one. It has been implemented since 1999 in Switzerland and followed by other countries in the 2000s. From the perspective of the recipient’s right to health and the donor’s right to self-determination, this legal fiction allows a convergence of interests. On her/his side, the patient receives an organ for transplant. On the donor’s side, the exchange and the preservation of anonymity between the couples does not affect the cause of her/his consent, i.e. removal of her/his organ in order for a recipient he/she specified to be transplanted. From that point of view, it seems that it would better be qualified as a direct donation, the effectiveness of which requires a counter-gift, rather than an indirect donation such as the European platform ELPAT qualified it. This counter-gift is essential to preserve the donor’s autonomy and the recipient’s rights. That is the reason why legislations often require the simultaneity of the organ removals.

Other countries such as the United States have a more open position, allowing donations between unrelated persons outside the sole procedure of crossed-donation. A potential donor can decide to give a kidney to a person with whom she/he has no prior relation, or realizing an undirected donation, the kidney being attributed by the transplantation center according to the waiting list. In Denmark, Belgium or the Netherlands for instance, there is no legislation limiting the relationship between donor/recipient. According to the data of the Newsletter transplant international, those countries were also, in 2017, those with the highest number of living donations in Europe.

Nevertheless, those rates are not similarly attributable to the authorization of undirected donations. While in 2017, all living donations in Denmark (92) were performed on donors with a close tie with the recipient, unrelated donations are gaining a more substantial part in the Netherlands (in 2017, 113 of a total of 551 transplantations from living donors).

Enlarging the scope and the strength of living donors’ autonomy contributes to the availability of more organs, which serves the right to health. On the other hand, it empowers potential donors to make active choices regarding the disposal of their body, and belongs to their private life. Nonetheless, the legitimate research for organs leads to some procedures that tend to disconnect from the social bond, which is the basis of organ donation. It also questions the respect for the principle of equity.

A mix between crossed-donations and unrelated donations raise ethical issues. Regarding paired donations practices, a difficulty arises when, for practical reasons, the organs of the different donors cannot be removed at the same time, increasing the risk of withdrawal of consent by one of the donors. Among other instruments, the Oviedo Convention protects the right to withdraw consent until the operation. In case the organ removal was already performed on the other pair, the interests of the recipient of that last pair are directly affected. Moreover, the donor initially accepted to take some risks for her/his health in order for a particular recipient to be transplanted, and if the recipient she/he named cannot be transplanted in exchange, those risks will not be compensated by any benefit. However, to minimize that risk, crossed-donations are usually performed between several pairs, which complicates in practice the simultaneity of the removals. These are donations “in chains”. Now in France, the law limits crossed-donations to the exchange between two couples donor/recipient, but practitioners deplore the insufficiency of such procedure to meet the needs of patients. The debates on the revision on bioethical legislation are the occasion to propose the enlarging to multiple pairs, together with a more flexible approach to simultaneity.

In countries allowing both paired donations and undirected donations, transplantation centers found a solution to counter a potential withdrawal of consent in the middle of a procedure: they insert an undirected donation in the chain of crossed-donations. Nonetheless, this mix of donations raises some issues in terms of autonomy and preservation of the

social bond. “Altruistic” donations are not based on reciprocity such as paired donations, and organs are usually attributed according to the principle of social justice reflected by the waiting list, i.e. depending in particular on necessity, emergency and waiting time. Besides, the inclusion of an altruistic gift in the chain erases the bond between the donor and the recipient of an incompatible couple, this bond that the legal fiction of crossed-donation succeeded to maintain. From the perspective of the equitable access to organs, questions arise mainly for those on the waiting list who have fewer chances of compatibility, especially patients of the blood group O. The attribution of an altruistic donation to a chain can be seen as a diversion from the equitable criteria of the waiting list. If some recommend allocating organs of deceased donors to the chain, they impose time constraints due to the absence of blood irrigation of the organ (ischemia) and its subsequent deterioration.

The extension of the pool of potential living donors together with a complementarity approach -rather than strict subsidiarity- to post mortem organ donations, contribute to get more kidneys for transplant and serve patients interests. To achieve a convergence of interests, the reforms that European countries might take towards a broadening of crossed and undirected donations need to take into account the principle of equity in the access to scarce resources. Besides, the living donor’s consent to organ removal can hardly be disconnected from the objective of transplantation and donors should be duly informed on the procedure and risks of crossed-donations.

WAML Secretary General’s Report



Ken J. Berger
MD, JD
WAML Secretary General

Inspiring young Medical Law leaders and giving them the tools to succeed is imperative in this challenging and complex world.

As a result, I would encourage all of our WAML members to take time to mentor the younger generations of developing Medical Law professionals, as it is going to be hard for future generations to shape and develop tomorrow, unless today is understood, and the history of the developments of Medical Law, Bioethics and Legal Medicine are recognized.

Senior WAML members have a responsibility, if not an obligation, to take time to mentor our younger generations of Medical Law practitioners, so that they are more ready to tackle the challenges that lie ahead.

Therefore, I would encourage us all, to try as best as we can, to continue to try to reinvigorate the WAML with younger and younger trainees and future leaders at the earliest point in their professional lives, to join our growing family, young and inspired, ready to learn, and to help change the world for a better tomorrow.

As Secretary General (SG), I will ask the EC and BOG in Tokyo to look for new ways to attract younger and younger Medical Law professionals to WAML and I hope when I am Program Chair in Toronto, we will continue to develop more and more strategies and efforts in this regard, and maybe develop in the future, a Young Members Committee of the WAML, and see more and more younger members attending the WAML annual conferences and developing close ties with the WAML and our Regional collaborative organizations, to broaden and strengthen our vision and mission.

Finally, I am so much looking forward to seeing many close friends and the WAML family in Tokyo very soon! I do also want to remind everyone again that I am also so much looking forward to hosting everyone from August 13-16, 2020 in Toronto. Please continue to connect with the main WAML website and the new conference website that is developing www.wcml2020.com for further information about Toronto. The links to book hotels with the Sheraton Hotel and air travel with our partner Star Alliance, Turkish Airline, are already up on the website, so you can even start booking and making plans today.

Very truly yours,

Ken J. Berger
Ken J. Berger MD, JD
Secretary-General, Vice President, Board of Governors
World Association for Medical Law

Scientific Chair, 2020 WAML meeting, Toronto, Canada

Report of WAML Education Committee



Prof. Dr. Vugar Mammadov,
WAML Executive Vice-President
Chairman of WAML Education Committee

I am pleased to inform you that we can now make some preliminary midterm conclusions about the promotion of the worldwide activities of the WAML Education Committee. Being members of the 25th WAML Congress in Tokyo 2019, we have also targeted promoting it during our activities so as to get more contributions to the program and a greater audience. Getting closer to the Congress, hosted by famous world renowned Waseda University and chaired by our colleague and loyal WAML member, Waseda University Vice-Chancellor Prof. Katsunori Kai and co-chaired by WAML Vice-President & Governor Prof. Mitsuyasu Kurosu, we would like to share some considerations in this report.

Paying respect to the main goal of the Committee, which is to encourage and promote medical law education worldwide for the benefit of society and the advancement of rule of law, justice and human rights, we were certainly focusing much on strengthening our present connections and bringing new countries, destinations, and developments to the WAML family and Tokyo Congress.

To enlarge the global presence of WAML through education, the following activities have been implemented during the 4 months since my last report in the March Newsletter:

- **Latin America:** Close communications with Costa Rica Medical Law Association to reconnect with WAML after more than two decades.
- 1.) WAML EduCom / Costa Rica MLA Seminar in July 2019, sponsored by Costa Rica CVB and local hosts. WAML EduCom members Dr. Ken Berger, Prof. Rosa Vasques and myself are planning to attend the Seminar of the Latin American Medical Law Association

with educational program on selected topics. Meeting is scheduled the end of July 2019 in San-Jose, Costa Rica

- 2) Invitation and participation of Costa Rica MLA delegation led by President Dr. Juan Ugalde at the 25th WCML in Tokyo.
- Increase of cooperation with Costa Rica and Chile and stronger presence of Latin America in WAML are expected after Tokyo.
- **Africa:** Close communications and establishment of cooperation with Rwanda Medical Association with help of Rwanda CVB. EduCom member Mr. Osanyin. He and I are planning to attend one of their next meetings after the Tokyo Congress to establish future collaboration. We may organize seminars, lectures, and master classes in Rwanda, Nigeria and other African countries for policy makers on health reforms, comparative analysis, policies and regulations elaborations and mistakes analysis as well as on certain selected topics like safety regulations and practices for fertility clinics.
- **Asia/Middle East:** Much attention has been paid to this region because of the geographical location of the 25th WCML. It was expected that Japan and China will be the leading countries represented at the Tokyo congress; next may be Taiwan, South Korea, Indonesia, Turkey, Azerbaijan, Malaysia and Israel because of geography and strong WAML presence. However, I am glad to inform that meetings of EduCom in Kazakhstan, Russia, Pakistan, and Iran have been responded to positively. We had two trips to Pakistan in February (Lahore) and April (Karachi) as guest lecturer and seminars conducted with local professors at Agakhan University in Karachi, PakLiver&GI Association and Shalamar Medical & Dental College. WAML was also actively promoted at the 2nd meeting of the International Legal Medicine Organization in Kish, Iran for chief forensic medical specialists of 17 regional countries from Magrib to Pakistan; at the 3rd International scientific-practical conference "Debatable issues of theory and practice of forensic examination" at the Russian Justice Institute of the Ministry of Justice of Russian Federation and the 1st International Forensic-Medical conference at the First Moscow State Medical University (Sechenov University) in March 2019.

- After many years WAML through EduCom has made a connection with the Indian Medical Law Association and may visit the Bangalore and Kerala regions after the Tokyo Congress. Indian members of the Association used to be WAML members more than a decade ago, but unfortunately now we do not have active Indian members.
- Colleagues from Jordan, Saudi Arabia, Qatar and Oman, mainly from forensic medicine field, plan to attend the Tokyo Congress. Increase of cooperation with Saudi Arabia and stronger presence of Middle East, Gulf countries in WAML are expected in future.
- Europe: WAML EduCom continued development of relations with Lithuania which expressed its strong interest to lead development of Medical Law in the Baltic States. This cooperation is going to be through Law Faculty of Mycolas Romeris University in Vilnius. Mycolas Romeris University has the leading Law Faculty in the Baltic Region so long-term cooperation with the WAML EduCom may be mutually beneficial in strategic terms of strengthening Medical Law education in Lithuania, Latvia, Estonia and beyond. We had a very nice introductory meeting with the Rector of the University, Prof. Inga Zyngeliene, during my February trip to Vilnius. This cooperation will be developing during next June's visit to Vilnius accompanied by WAML Secretary General/EduCom member Dr. Ken Berger. Lithuanian Medical Law Association is being formed and registered and will be represented at the Tokyo Congress. Another important event was attendance at the European Commission meeting of the 24th National Ethics Councils (NEC) Forum in Iasi, Romania that resulted in good networking with the bioethics political community of the continent.
I am glad that meeting with Prof. Beatrice Gabriela, Vice-Rector and Head of Forensic Medicine Department of Popa' National Medical University in Iasi, Romania led to her decision to actively participate at the WAML 25th Congress in Tokyo as well as Prof. Raimo Lahti from Finland.
- Traditionally the largest delegation from Europe at our August congress is expected from Belgium and the contributions of Prof. Thierry Vansweevelt are amazing. The same trend is

seen also from Denmark with the coming to the BoG of Prof. Janne Rothmar Hermann. UK and Portugal traditionally have good representation at our Congresses. Bulgaria and Spain are planning to be represented strongly. Good news is the increase of interest from Poland and we are going to increase our cooperation with Poland and Bulgaria in the next years. WAML continues strong cooperation with the European Association of Health Law through support of the 7th Biannual EAHL Conference in Toulouse, France in September 2019 where WAML EduCom will have a workshop. This conference will be held in one of the oldest European universities – Paul Sabatier University under the auspices of the Council of Europe (CoE) General Secretary. We had a good meeting with the Head of Bioethics Department of CoE, M-me Lwoff in Iasi, Romania.

- WAML and EAHL together endorsed and supported International Medical Law Conference on Health Disparities at the University of Manchester, organized by Prof. Nicola Glover-Thomas, which we are also going to attend.

To conclude this report I want also mention the start of strengthening of connections of our WAML Executive Committee with important international organizations with whom we have had close collaborations in past:

- World Health Organization Bioethics and Universal Health Coverage/Health Systems Law Programs
- International Criminal Court in Hague
- CIOMS (Council of International Organizations for Medical Sciences)
- World Medical Association.

Pic.1-5: 3rd International scientific-practical conference «Debatable issues of theory and practice of forensic examination» at Russian Justice Institute of the Ministry of Justice of Russian Federation, Moscow, Government of Moscow Headquarters, 30-31 March 2019

Pic.6-8: «Meetings Africa 2019», Johannesburg, South Africa, 25-26 February 2019

Pic.9-12: Educational activities with local professors at Agakhan University in Karachi, PakLiver&GI Association, Shalamar Medical & Dental College, Lahore, Pakistan, 01-02 February and 25-26 April, 2019

Pic. 13-14: 2nd meeting of International Legal Medicine Organization for chief forensic medical specialists of 17 regional countries, Kish, Iran, 2-3 March 2019

Treasurer Report



Prof. Berna Arda
(MD, MedSpec, PhD)
Ankara University School of Medicine
Ankara - TURKEY

Medicine as an occupation, is a sort of art, a huge accumulation of scientific knowledge which started with the onset of the human being in the world. As a profession of thousands of years, it is possible to see the important changes based on internal and external factors. Medicine takes a rational form in the Hippocratic period, approximately 2500 years ago and probably almost the very first ethical principles crystallized in this era too; maleficance, beneficence, respect for privacy and confidentiality described clearly for the first time. That all of these are accepted is a sort of *sine qua non* for daily medical practice since this era.

Through the ages we have witnessed enormous changes on paradigms relevant to major concepts of medicine such as health, disease, and treatment. Despite all this change, medicine has tried to maintain its humanistic approach and the communication skills dimension. To the extent that it succeeded in preserving its historical heritage, it was able to maintain its similarity to an old art rather than a technology. And now, when we are living in a sort of high tech based atmosphere in medicine, this new world introduces artificial intelligence as a new concept for every different field of human activity. One of these fields is obviously medicine. The medical reflections, the possible effects on physician-patient relationship and the other relevant bioethical questions should be discussed in the light of medical law and health law.

In this context, to develop the mutual relationship between bioethics and law seems necessary, and with

this to maintain efficient cooperation too. I cordially believe that WAML is an important platform that offers a sound basis for such valuable academic discussions, as well as the development of potential legislative attempts. WAML's Annual World Conferences and its Journal of Medicine and Law look to be very suitable tools on this way. Join us and let us work to improve our world all together.

See all of you in Tokyo

Berna Arda
Treasurer

WAML Meeting Planning and Administration



Denise McNally,
WAML Administrative Officer and Meeting Planner

JOIN US AT THE 25TH WORLD CONGRESS ON MEDICAL LAW (WCML)

**AUGUST 6 – 8, 2019
TOKYO, JAPAN**

Congress Registration – <http://wafml.memberlodge.org/event-2746301/Registration>

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

This Congress will commence with a Welcome Reception, Monday August 5 at the Rihga Royal Hotel, followed by the Opening Ceremony the morning of Tuesday, August 6 at Waseda University. The Gala Dinner will be held Thursday, August 8th. Professor Katsunori Kai will be your Program Chairman and we look forward to seeing you in Tokyo, Japan.

The abstract deadline has passed – No new abstracts will be accepted.



TURKISH AIRLINES

A STAR ALLIANCE MEMBER

Turkish Airlines is the official airline of 25th World Congress for Medical Law and special discounts are offered on certain booking classes. In order to proceed with the online booking tool for Turkish Conventions please visit the Turkish Conventions website <https://www4.thy.com/TKC/app/main?language=en> and use the event code 104TKM19 under delegate section.

If you still need hotel reservations please note that Rihga Royal Hotel is sold out.

You may also want to check

1. Waseda

- Hotel Chinzanso Tokyo <https://www.hotel-chinzanso-tokyo.com/>
- Presso Inn www.presso-inn.com/kudanshita

2. Takadanobaba (高田馬場)

- Hotel Livemax Takadanobaba-Ekimae <https://www.hotel-livemax.com/tokyo/takadanobabast/> (Japanese)

3. Iidabashi (飯田橋)

- Apa Hotel Iidabashi-Ekimae <https://www.apahotel.com/hotel/shutoken/iidabashi-ekimae/>
- Apa Hotel Iidabashi-Eki Minami <https://www.apahotel.com/hotel/shutoken/iidabashi-ekiminami/>

4. Kudanshita (九段下)

- Hotel Grand Palace <https://www.grandpalace.co.jp/english/>
- Hotel Metropolitan Edmont <http://www.edmont.jp/en>
- Keio Presso Inn Kudanshita <https://www.presso-inn.com/english/kudanshita.html>

- Apa Hotel Tokyo Kudanshita https://www.apahotel.com/hotel/shutoken/21_tokyo-kudanshita/

5. Ikebukuro (池袋)

- Hotel Metropolitan Tokyo Ikebukuro <https://www.hotelmetropolitan.jp/en-gb>
- Sunshine City Prince Hotel <http://www.princehotels.com/sunshine/>
- Tokyu Stay Ikebukuro <https://www.tokyustay.co.jp/e/hotel/IKE/>
- Centurion Hotel Ikebukuro <http://www.centurion-hotel.com/ikebukuro/>
- Hotel Resol Ikebukuro <https://www.resol-ikebukuro.com/en/>
- Keio Presso Inn Ikebukuro <https://www.presso-inn.com/english/ikebukuro.html>
- Super Hotel JR Ikebukuro Nishiguchi <https://www.superhoteljapan.com/en/s-hotels/jrikebukuro/>

CAUTION!

Northwest side of Ikebukuro is a typical “amusement district”. Whilst the serious troubles are quite rare, you might need to pay a certain attention if walking there at night.

6. Mejiro (目白)

- JR-East Hotel Mets Mejiro <https://www.hotelmets.jp/en/mejiro/>
- Richmond Hotel Tokyo Mejiro <https://richmondhotel.jp/en/mejiro/>

7. Shinjuku (新宿)

West&South (西口・南口)

- 7a-1. Hyatt Regency Tokyo <https://www.hyatt.com/en-US/hotel/japan/hyatt-regency-tokyo/tyoty>
- Hilton Tokyo <https://www3.hilton.com/en/hotels/japan/hilton-tokyo-TYOHITW/index.html>
- Keio Plaza Hotel <https://www.keioplaza.com/>
- Hotel Century Southern Tower <https://en.southerntower.co.jp/>
- JR Kyushu Hotel Blossom Shinjuku

<https://www.jrk-hotels.co.jp/Shinjuku/en/>

- Shinjuku Washington Hotel
<https://shinjuku.washington-hotels.jp/>
- Shinjuku Washington Hotel Annex
<https://shinjuku-annex.washington-hotels.jp/>
- Kadoya Hotel <https://www.kadoya-hotel.co.jp/eng/>
- Hotel Sunroute Plaza Shinjuku
<http://en.sunrouteplazashinjuku.jp/>
- Keio Presso Inn Shinjuku <https://www.presso-inn.com/english/shinjuku.html>
- Sun Members Tokyo Shinjuku <https://ct.riion.mobi/sun.tokyoshinjuku/> (Japanese)

East (東口)

- Tokyu Stay Shinjuku <https://www.tokyustay.co.jp/e/hotel/SJ/>
- Hotel Sunlite Shinjuku https://www.pearlhotels.jp/en_shinjuku/index.html

Seibu Shinjuku & Nishi Shinjuku (西武新宿・西新宿)

- Shinjuku Prince Hotel
<http://www.princehotels.com/shinjuku/>
- ibis Tokyo Shinjuku Hotel <https://www.accorhotels.com/gb/hotel-8620-ibis-tokyo-shinjuku/index.shtml>
- Hotel Mystays Nishi Shinjuku <https://www.mystays.com/en-us/hotel-mystays-nishi-shinjuku-tokyo/>
- Nishitetsu Inn Nishi Shinjuku
<https://inn-shinjuku.nishitetsu-hotels.com/en-gb>
Higashi Shinjuku (東新宿)
- Hotel Sunroute Higashishinjuku
<https://en.sunroute.jp/our-hotels/tokyo-kanagawa/hotel-sunroute-higashishinjuku>
- Apa Hotel Higashi Shinjuku-Ekimae
https://www.apahotel.com/hotel/shutoken/29_higashi-shinjuku-ekimae/

ATTENTION!

We do not recommend the Area in and around Kabukicho (歌舞伎町) very much because of security concerns.

Further Information

- 1) Areas on Tozai Line (Tokyo Metro) are convenient as well, for you can reach Waseda Station directly.
- 2) Area around Tokyo Station (incl. Hibiya, Kanda, Marunouchi etc) and Area around Shinagawa Station are perhaps convenient as well (depending on your plan).
- 3) This list is just for your information. There are naturally many other good hotels besides this list as well.

The WAML website will be populated as specific information becomes available (Program, etc.) The address is <http://wafml.memberlodge.org/25th-World-Congress-for-Medical-Law-Tokyo-Japan>

Abstract Information – <http://wafml.memberlodge.org/Abstract-Information>

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

Congress Venue - <http://wafml.memberlodge.org/Congress-Venue>



(Venue: Waseda University, Tokyo)

THEMES:

- Bridging Medical Law, Bioethics and Legal Medicine
- Advanced Medicine and Medical Law
- Global and Glocal Viewpoints of Medical Law in 21st Century

Glocal - Glocalization (a portmanteau of globalization and localization) is the “simultaneous occurrence of both universalizing and particularizing tendencies in contemporary social, political, and economic systems.”[1] The notion of glocalization “represents a challenge to simplistic conceptions of globalization

processes as linear expansions of territorial scales. Glocalization indicates that the growing importance of continental and global levels is occurring together with the increasing salience of local and regional levels.”[2]

The term first appeared in a late 1980s publication of the Harvard Business Review.[3] At a 1997 conference on “Globalization and Indigenous Culture”, sociologist Roland Robertson stated that glocalization “means the simultaneity – the co-presence – of both universalizing and particularizing tendencies.”[4]

Glocal, an adjective, by definition, is “reflecting or characterized by both local and global considerations.”[5]

Oral Presentation Information

Please note that recording (photographing, audio taping or videotaping) any presentation/session is PROHIBITED, except by a WAML-authorized agent.

- Please make sure to remove any confidential, private or unnecessarily identifying patient information from your presentation. Some sessions may be recorded for academic purposes.
- When preparing your presentation please use standard fonts (e.g., Times, New Roman, Ariel, Helvetica, etc.).
- Create your presentation using standard (4:3) aspect ratio.
- Include in the same folder as your presentation, any external files utilized, e.g. movie files.
- Test your presentation on a separate PC compatible computer to insure fonts are standard and components such as movies are included rather than merely linked in your presentation.

Power Point should be emailed to worldassocmedlaw@gmail.com by July 19, 2019

POSTER PRESENTATION GUIDELINES

General Content Requirements:

All submissions must address a bioethical or a medico-legal issue that relates to the Congress themes. It may be addressed from a legal perspective, a policy related one, an ethical one or a combined approach. Both practical ethics and normative ethics perspectives are of relevance. Legal discussions may be focused on State Law, International Law, Criminal and Civil Law

The submitter may choose any submission format he or she wishes. At the same time, a general suggested framework should be considered before preparing the poster.

1. **POSTER SUBMISSION:** You are responsible for bringing the poster with you to the Congress.

The poster-board surface area available is 140 cm high and 90 cm wide.

It is suggested that the poster is:

- **SIZE:** 120 X70 cm (Portrait) [a 100X70 is also optional]
- **FONT:** Use Arial font, 30-49 point size throughout
- You may use the suggested poster template and adapt it according to your topic and analysis method.
- You may add figures and/or charts.
- Consider having a background section (It may include a clear statement of the ethical/legal or policy issue you investigated, your purpose in undertaking the research, the methods you used (literature/legal ruling review, interviews, etc.), and a summary of your findings or results to support the conclusions or recommendations. Try limiting this section to 250 words.
- **Conclusions section:** clearly identify the conclusions at which you arrived based on your research.
- List up to 5 references using an accepted reference method.

See example poster outline

A well-designed POSTER should:

(1) Facilitate discussion between the presenter and the viewers; (2) Contain an abstract and succinct introductory material; (3) Clearly and simply state methods, major results and conclusions; (4) Use simple graphs and tables and large clear illustrations; (5) Have a font large enough to be read from a distance of several feet; (6) Be augmented by “handout” materials if necessary, and; (7) Not be crowded with too much information.

AWARDS

When submitting your abstract there will be two (2) awards for which you may choose to be a contender:

- **Young Scientist Awards (Under Age 35 inclusive)** will recognize outstanding papers and posters. **To be considered you must submit an abstract, apply for competition, register for the meeting and submit a 3 page summary to worldassocmedlaw@gmail.com. Deadline July 19, 2019**

Young Scientist Award will recognize One (1) outstanding platform speaker and One (1) outstanding poster.

Awardees will receive:

- 1) Certificate
 - 2) One year WAML Membership
 - 3) Complimentary registration for one of the next two Congress'
- **Davies Award** – This is a 2 year competition with presentations in both Tokyo and Toronto. Award will be given in Toronto. Papers will be judged based on merit. **To be considered for the Davies Award you must submit an abstract, apply for competition, register for the meeting, attend both Tokyo and Toronto meetings, present paper at either Tokyo or Toronto, submit a 3 page summary and a full paper to worldassocmedlaw@gmail.com. The Davies Award main theme is promoting global academic research in public Health Law & Bioethics. Deadline July 19, 2019**

About A. Michael Davies:

Professor A. Michael Davies (1924 - 2016), MD. FFPHM., graduated from the Royal College of Surgeons, University of Manchester in 1946. In his long career he accomplished contributions not only in the Medical Arena in England, but also in Israel serving as the Chief Epidemiologist in the Israeli Ministry of Health, Associate Professor and Head of the Department of Medical Ecology at the Hebrew University, and his many years as Professor of Public Health at the Hebrew University.

In his longstanding career he was a member of various committees and consultant to divisions of the Israel

Ministry of Health including epidemiology, health statistics, mother and child care, preventive services etc. He also served as a temporary advisor and short term consultant to the World Health Organization in Geneva, in expert committees on rheumatic fever and aging, including occasionally functioning as consultant to divisions of MCH, human reproduction, strengthening of health services, AIDS, health of the elderly, health statistics, tropical disease research etc.

With this award we honor the lifelong contributions of Professor Davies to the field of Medicine and Public Health and hope to encourage and promote scientific contributions that will be a precedence for further medical advancements.

Awardees will receive:

- 1) Certificate
- 2) 1st place - 1500 USD
- 3) 2nd place - 1000 USD
- 4) 3 place - 750 USD

In order to be considered for the Davies Award (to be presented in Toronto) you must do the following:

- 1) Present at either Tokyo or Toronto
- 2) If you present in Tokyo you must be present in Toronto
- 3) Complete participant registration for the World Congress including payment of participation fee.
- 4) Submit a 3 pages summary (academic references included) of your proposed paper to the email worldassocmedlaw@gmail.com – Deadline July 19, 2019
- 5) Submit a full manuscript to worldassocmedlaw@gmail.com – Deadline July 19, 2019
- 6) The Award is for the best single paper presented at Tokyo or Toronto. Reminder, if you present at Tokyo you must be present in Toronto to be considered. Congress Registration – <http://wafml.memberlodge.org/event-2746301/Registration>

SAVE THE DATE:

2020 Congress – August 13 – 16, 2020 – Sheraton Centre Toronto Hotel – Toronto, Canada



Hotel Reservation: The Sheraton Centre Toronto Hotel is offering a reduced group rate of \$240 CAD Single/Double (\$187 USD Single/Double).

To reserve your room please call 1 888 627 7175 and ask for the WAML 2020 group rate.

2021 Congress – August 4 – 6, 2021 – Hilton Istanbul Bosphorus Hotel - Istanbul, Turkey

Hilton Istanbul Bosphorus is offering a reduced group rate of \$150 USD for single occupancy per night. The rates include buffet breakfast. Reservation link coming soon.

Turkish Airlines is the official airline of 26 (2020) and 27 (2021) World Congress for Medical Law and special discounts are offered on certain booking classes.

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 2019 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 <http://wafml.memberlodge.org/> and pay. After logging in choose ‘View Profile’ (located top right), click ‘Membership’ and then “Renew”. You also have the option to pay by check or wire transfer.

If your membership dues are paid, thank you!



World Association
for Medical Law

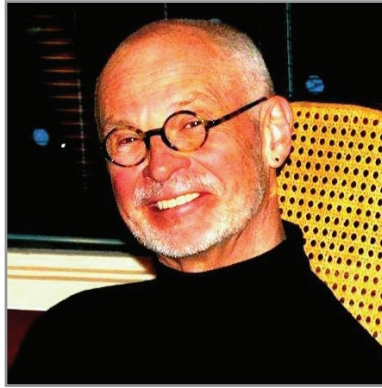
SAVE THE DATE

AUGUST 6-8

2019

**The 25th Annual WAML
World Congress**

Tokyo, Japan
www.thewaml.com



OBITUARY

John “Jack” Paul Conomy

died peacefully June 9, 2019 at his home in Chagrin Falls, Ohio.

Jack attended Saint Louis University (1964) for a medical degree and served in the United States Air Force during the Viet Nam era. He was a board-certified Neurologist trained in Neuropathy and served as Clinical Professor of Neurology at University Hospitals of Cleveland, as well as Director of a Brain Injury Unit within the University System. He was also a former Chairman of the Department of Neurology at Cleveland Clinic Foundation (1975-1992). He attended Case Western Reserve University (1991) for his legal education.

Widely published and consulted on matters of health policy, health law, and institutional organization, Jack founded the Mellen Center for Multiple Sclerosis Treatment and Research and the International Consortium of Multiple Sclerosis Centers.

Jack was known for his disarming charm, sharp wit, and wicked sense of humor—which he shared with friends, patients, and acquaintances alike. A true renaissance man, Jack engaged in life fully in a way only few allow themselves. He was insatiably curious and sought travel as a means of understanding different cultures, learning new languages, and engaging with the world beyond his borders, ultimately, bettering himself and those around him. Fittingly, his last few weeks were spent exploring Japan with Jill.

Jack is survived by his wife Jill (nee Mushkat); children John, Lisa and Christopher, and Francesca; sister Noreen Welch (Thomas) and brother Thomas (Janet); loving grandfather and uncle of many nieces and nephews.



FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

Healthcare Disparities: Disruptive Healthcare Technologies and the Patient

June 13 – 15, 2019

Manchester University, UK

Website: <https://www.law.manchester.ac.uk/connect/events/healthcare-disparities/>

The Australasian College of Legal Medicine Basic Law Intensive

June 22-23, 2019

Gold Coast, QLD

Website: <https://legalmedicine.com.au/basic-law-intensive/>
Registration is now open and spaces are limited

25th Annual WAML World Congress

August 6 – 8, 2019

Tokyo, Japan

Website: www.thewaml.com

7th EAHL Conference

September 26-27, 2019

Toulouse, France

Website: <https://eahl.eu/news-0>
<https://eahl2019.sciencesconf.org/>

53rd NAME Annual Meeting

October 18 – 22, 2019

Kansas City, MO (USA)

Website: www.thename.org

The Australasian College of Legal Medicine Annual Scientific Meeting 2019: Legal Aspects of Rehabilitation Medicine

October 26-27, 2019

Park Hyatt Canberra, Australia

Website: www.thename.org
The call for papers is now open!

The Australasian College of Legal Medicine Advanced Law Intensive

November 23-24, 2019

Location TBC, Australia

Website: www.thewaml.com
Registration is now open!

26th Annual WAML World Congress

August 13 – 16, 2020

Toronto, Canada

Website: www.wcml2020.com
www.thewaml.com

27th Annual WAML World Congress

August 4 – 6, 2021

Istanbul - TURKEY

Website: www.thewaml.com



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World Association For Medical Law

September Issue September - December

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25th World Congress on Medical Law and Bioethics August 6 – 8, 2019



Katsunori Kai
Professor of Waseda Law School
Vice President of Waseda University
2019 Program Chair

The 25th World Congress on Medical Law and Bioethics took place in Tokyo, Japan August 6-8, 2019. The program of the Congress attracted some 250 participants from 56 different countries around the world. I am very pleased with the successful 25th WAML Congress held in Tokyo at Waseda University under the

main theme “**Role of Medical Law in 21st Century**” and 3 subthemes:

1. Constructing a Bridge between Medical Law, Bioethics and Legal Medicine
2. Advanced Medicine and Medical Law
3. Toward Further Developments of Medical Law in 21st Century from the “Global and Glocal Viewpoints

Opening Ceremony began with World Association for Medical Law (WAML) President Thomas Noguchi presenting the **History of the WAML, Present Effort and Future** and Emeritus Professor of Waseda University Rihito Kimura presenting **The Challenge of Global Bioethics in Collaborating with Medical Law in Japan**.



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

Abstracts of the Congress were published in the “Medicine and Law” Journal, Volume 38, Number 2 and I am thankful to the Editorial Board team and personally to **Chief-Editor Prof. Roy Beran**.

During the Closing Ceremony 8th August at Waseda University the WAML Young Scientist Award Committee Thierry Vansweevelt, Chair and Members Nicola Glover-Thomas and Vera Raposo announced the Young Scientist Awards

Heilien Diedericks who presented **“Digital Pills and Promises: An Analysis of the Ethical Implications Implicit to the Regulation of Digital Medication”** and Cindy Cornelis who presented **“Defining the Concept of Genetic Information and Genetic Testing in Insurance Law”**.



Outstanding Service Awards were presented to Professor Katsuori Kai and



Professor Mitsuyasu Kurosu for recognition and honor for their special dedicated leadership and chairing the 25th World Medical Law Congress.



Outstanding Service Award was presented to Richard Wilbur, MD, JD, Chief Editor of the WAML Newsletter for recognition and honor for special dedicated leadership and service on the WAML Newsletter.



Outstanding Service Award was presented to Professor Dr. Roy Beran, Chief Editor of the WAML Journal.

Life Achievement and Outstanding Service Award for 52 Years was presented to Prof. Thomas T. Noguchi



I am glad to share with you that income from the Congress was \$132,650 and expenses were \$67,495 with a surplus of \$65,000 and many thanks to Professor Kai for providing the meeting space and audio visual.

WAML President's Report



Thomas T. Noguchi,
President of WAML

The Tokyo Congress was very successful. Prof. Katsunori Kai made the Waseda University facility available to the WAML Congress. Major expenses such as Audiovisual equipment were given free to the WAML, because of Prof. Katsunori Kai. He arranged for staff to operate, AV equipment. The Waseda University International Conference Center was excellent and Prof. Kai made this facility free to the WAML. Furthermore, he organized student staff for registration, carrying massages and escorting speakers, etc. This donation of facility, staff and whole support made the Congress very profitable. The WAML net income from Tokyo Congress is the best ever.

There were excellent papers with active discussion. However, we noted that there were scheduled speakers who did not show up to give their scheduled presentation. Some moderators kept to the schedule and filled the vacant time with questions and discussion allowing attendees to move from one of the three simultaneous presentations to another to listen to a specific paper at the scheduled time. However, when the moderator of the session advanced the next speaker into the vacated time despite the schedule, some attendees did not have a chance to listen to the paper they wished to hear.

Based on witnessing lively discussions, and especially impressive at the farewell dinner, when many members started visiting other tables with other delegations, staying until the end of the scheduled closure, the Congress was also a cultural success.

Looking forward to having continuing success of the Congresses coming in 2020 in Toronto, Canada and 2021 in Istanbul, Turkey.

WAML Secretary General's Report



Ken J. Berger
MD, JD
WAML Secretary General

As Secretary General, my active planning is now underway for the 26th World Congress for Medical Law, August 13-16, 2020 and I very much look forward to warmly welcoming everyone to Toronto, Canada very soon!

The link to the hotel is already open and abstract submissions will open very soon. We anticipate going live for abstract submission on or about November 1, 2019.

We have decided it is much better to plan well in advance for our conferences and rolling acceptance of abstracts will help us achieve those goals.

Starting new for the WAML is rolling acceptance of abstracts, so it is essential that all delegates submit their abstracts, register for the meeting and book their hotel at the Sheraton as soon as possible, as it is expected to be fairly competitive to obtain standing in either the oral presentations or poster sessions in Toronto, and we are planning an active innovative program. For an abstract to be considered, full registration will be required in advance. Abstracts will not be considered unless registration is confirmed. Final program will be at the full discretion of the Program Chair.

We will endeavour to make both the oral and poster sessions more interactive and keep presentations succinct. The earlier the submission of your abstract, and based on scientific merit, the more likely it may have a more advantageous placement in the program, whether in poster or oral sessions.

We expect that people who have a scientific contribution accepted actually participate so that our conference is as cohesive, successful and enriching as possible with broad International representation and collaboration.

Once again, it is very imperative that delegates reserve the Sheraton hotel at the conference facility, not only is that so convenient with the excellent group rates we have received, it allows WAML to put on a dynamic program, with the help of the Scientific Advisory Board, the Scientific Committee and our local University and Institutional Partners.

It looks like it will be a very special event, and should not be missed. More information can be found on the WAML website or on the conference website at www.wcml2020.com.

Very truly yours,

Ken J. Berger
Ken J. Berger MD, JD
Secretary-General, Vice President, Board of Governors
World Association for Medical Law

Scientific Chair, 2020 WAML meeting, Toronto, Canada

Report of WAML Education Committee



Prof. Dr. Vugar Mammadov,
WAML Executive Vice-President
Chairman of WAML Education Committee

We are still full of pleasant memories from the successful 25th WCML in Tokyo, hosted by Waseda University. More than 230 participants from 52 countries with very interesting talks and sessions made this event remarkable both for Japan Medical Law Association and WAML. Scientific and Organizing Committee of the Congress led by Prof. Katsunori Kai and Prof. Dr. Mitsuyasu Kurosu made a great job and I am thankful to them for their devoted time and efforts during the last years. I was pleased to be working with them closely on the program and organizational matters during the last 7 months as their assigned EC member.

This Congress also brought us new challenges in cooperation with the Japanese Association of Medical Law which will be celebrating in 2020 its 50th, Golden, Anniversary, and other regional associations. Our WAML President met leaders of JAML, INPALMS, SAMLA, EAML, the professional medico-legal communities of various countries. Possible future projects of WAML with WHO, UN organizations, WMA, CIOMS and Georgetown University were also discussed at this event.

Other good news after Tokyo is the selection of the place for the 29th World Medical Law Congress. Decisions by the Executive Committee and Board of Governors were not easy as 26 nice proposals from 22 destinations were competing. Mycolas Romeris University from Vilnius, Lithuania showed the strongest bidding proposal, being very nicely represented at the Congress by Professor of Constitutional Law of the University, Toma Birmontiene, past judge of the Constitutional Court of Lithuania who has developed much of the health legislation of the country during her activities as senior consultant on ministerial and presidential office levels. Mycolas Romeris University is No. 1 in Law Studies among all 23 Lithuanian universities and one of the leading universities among the three Baltic States. Vilnius is often referred to as one of the «greenest» capital cities in Europe and late summer is an excellent time to visit Lithuania. I believe WAML members will enjoy having the 29th WCML in this wonderful city, whose old part is included in the UNESCO World Heritage List since 1994. So in 2023 we will return to Europe after Toronto 2020, Istanbul 2021 and the Australian GoldCoast 2022.

Now, Toronto 2020 is ahead and we all look forward to meeting again at the 26th World Medical Law Congress where Dr. Ken Berger has already actively started his work as Program Chair on the elaboration of a good scientific program and another success story for WAML!

Best regards,

WAML Meeting Planning and Administration



Denise McNally,
WAML Administrative Officer and Meeting Planner

JOIN US AT THE 26TH WORLD CONGRESS ON MEDICAL LAW (WCML)

**AUGUST 13 – 16, 2020
TORONTO, CANADA**

We are pleased to inform you that the hotel room block for the WAML 2020 Annual Congress is now open!

The Sheraton Centre Toronto Hotel is offering a reduced group rate of \$240 CAD Single/Double (\$187 USD Single/Double).

To reserve your room please call 1 888 627 7175 with the group name World Association for Medical Law or the group code WAB.

You may also book your room online for World Association for Medical Law 2020 [HERE](#)

The deadline to reserve your room is **July 17th 2020**.

Registration and the WAML abstract site will open October 1, 2019 and instructions will be emailed out when available.

Abstract acceptance/rejection letters will be processed as a rolling notification.

THEME: “The Global Integration of Health Law and the Pursuit of Justice that Matters”

Categories:

1. Health Law and Constitutional Rights, Legal Rights and Remedies, Human Rights, Health Policy, Law and Ethics
2. Health Law and Evidence in Criminal Law, Civil Law, and Administrative Law Practice, Litigation, Forensic Medicine Advocacy and serving the Administration of Justice
3. Health Law Innovation and International and Comparative Health Law Evidence Based Standards, and Regulation of the Health and the Health Professions



TURKISH AIRLINES

A STAR ALLIANCE MEMBER 

Turkish Airlines is the official airline of 26th World Congress for Medical Law and special discounts are offered on certain booking classes. In order to proceed with the online booking tool for Turkish Conventions please visit the Turkish Conventions website <https://www4.thy.com/TKC/app/main?language=en> and use the event code “001TKM20” under delegate section.

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 reminder notices for your 2020 membership will be emailed out in November. 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 <http://wafml.memberlodge.org/> and pay. After logging in choose ‘View Profile’ (located top right),

click ‘Membership’ and then “Renew’. You also have the option to pay by check or wire transfer.

If your membership dues are paid, thank you!

Post-Conference report to the hallsworth committee



Nicola Glover-Thomas
WAML Governor

Healthcare disparities: Disruptive healthcare technologies and the patient

Wednesday 12th June – PGR Event

Thursday 13th – Friday 14th June 2019 – Main conference

Overview

The conference was a three-day event, including one PGR focused research day and two full days of research presentations and discussion. The PGR event and conference programme are appended for information.

The theme of the conference was ‘Healthcare disparities, disruptive healthcare technologies and the patient.’ It’s aimed to assemble scholars from across the globe to consider health inequalities and how these might be addressed. Disparities in healthcare often refers to negative differences in healthcare provision between different population groups, including race/ethnicity, age, socio-economic group, location, gender, disability status and sexual orientation. The interactional complexity between individuals, providers, health systems, and societal and environmental factors contribute to these disparities in health and healthcare. Understanding and resolving these demands a multi-disciplinary perspective which the conference sought to foster. How these disparities are handled at both a clinical and legal level requires reflection particularly in relation to how demand is balanced with available resources and how legal systems and governance frameworks internationally operate and respond. Jurisdictional differences in approach complicates how

health inequalities are responded to; this conference examined some of these key issues.

The question of health inequalities has become increasingly significant as certain population groups expand. Population ageing is one of the most significant social and economic challenges facing the World. While birth rates are not projected to increase by 2050 the number of 65 plus group will rise leading to an increase in the old-age dependency ratio. The very old (<85) are projected to rise from 14 million to 40 million by 2050 in Europe alone. These demographic trends will have a considerable impact on many policy areas, particularly in respect of different health and care requirements. Likewise, we know that there is a comparatively higher prevalence of chronic health conditions and poor overall physical and mental wellbeing manifesting in some population groups. While understanding determinants of health and factors impinging upon health equality is necessary; so too is the need to interrogate World-wide legal frameworks to enable better access to health and social care.

The conference provided a platform to review many of the political, policy and legal initiatives and developments that are being implemented to address these inequalities. One novel response to health disparity is the use of disruptive technologies as a means of countering these dilemmas. Disruptive technologies offer a potential reset to the way in which health responses have traditionally been undertaken, offering scope for cheaper, simpler, more convenient and more responsive products or services.

The conference was set up to offer a forum for reflection and dialogue around several themes that align with priority areas identified in recent major research, policy and/or practice publications:

- (i) Patient rights and health inequalities;
- (ii) BREXIT and its consequences on health;
- (iii) Disruptive technologies and health disparities;
- (iv) Rationing and healthcare systems;
- (v) Regulating innovation (or disruptive technologies); and,
- (vi) Patient safety and disruptive innovations.

Since the World Health Organisation set up the Commission on Social Determinants of Health (CSDH) in 2005, chaired by Sir Michael Marmot and published the report Closing the gap in a generation in 2008,

focus has remained on how health inequalities can be identified, managed and eased. The WHO has recently highlighted its intention to continue focusing on this key issue. The Economic and Social Research Council (ESRC) continues to hold a strategic funding priority in health and well-being and has done so since 2006; while the Wellcome Trust maintains a firm interest in understanding the social science dimension around health improvement. The conference content sought to draw from legal and medical scholars from around the world to draw upon these key themes. Development of a virtual research network following the conference has commenced with the intention of growing this further to initiate research collaborations.

Attendees

Keynote speakers



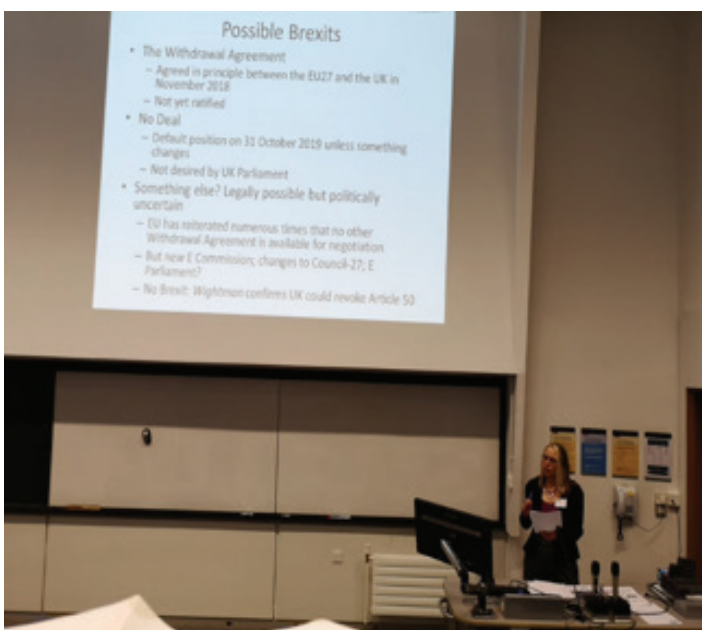
Professor Nicolas Terry (University of Indiana)



Professor Ian Freckelton (University of Melbourne)



Professor Mette Hartlev (University of Copenhagen)



Professor Tamara Hervey (University of Sheffield)

- Professor Richard Ashcroft (Queen Mary, University of London), 'Does disruptive have to mean unfair? Reflections on innovation, regulation and justice in healthcare technologies'
- Professor Ian Freckelton (University of Melbourne), 'Changing Dynamics in Health Practitioner Patient Relationships and Litigation'
- Professor Mette Hartlev (University of Copenhagen), 'Precision medicine, big data and health disparities – a patients' rights perspective'
- Professor Tamara Hervey (University of Sheffield), 'Brexit and health law: disruption and disparities'

- Professor Nicolas Terry (University of Indiana), 'How Disruptive Healthcare Technologies Should Reduce Health Inequalities but Probably Will Not: A Transatlantic Perspective on the Regulation of Healthcare AI.'

Main conference speakers



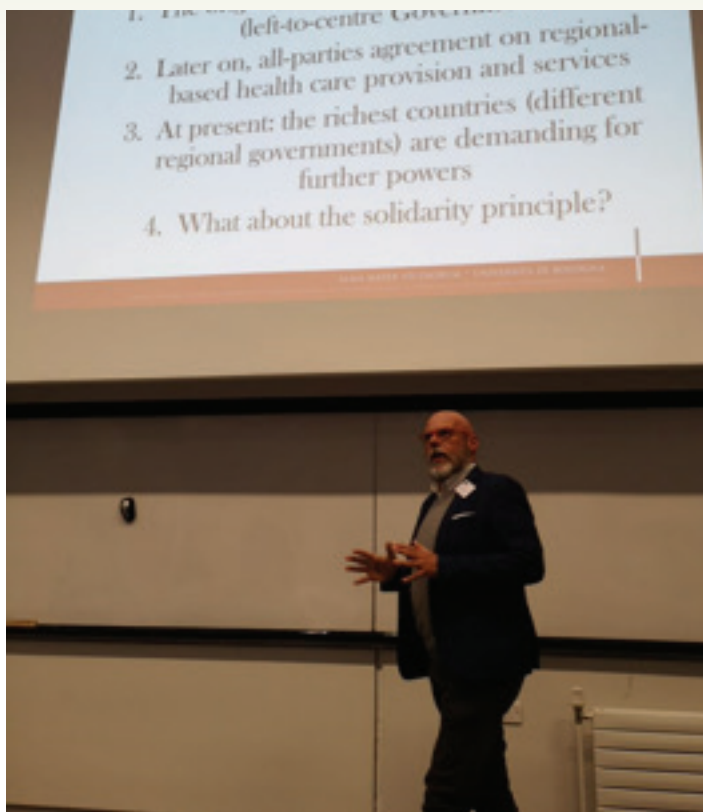
Bruno Nikolic (University of Ljubljana, Slovenia)



Solvita Olsena (University of Latvia)

- Fatima Aliyeva-Huseynova, 'Homeless People as one of the patient groups in need'
- Dunja Begovic, 'Innovative fetal surgery: Exploring the notion of the fetus as patient and the primacy of women's reproductive autonomy'

- Margo Bernelín, ‘When our Health data Survive our Death: Data Protection Inequalities in the Healthcare Setting’
- Mark Flear, ‘Governing through Anticipation? EU Governance of Emerging Health Technologies on the Quantified-Self’
- Luciano Bottini-Filho, ‘Love is blind: ‘Accountability for Reasonableness and human right scholars’
- Nicola Glover-Thomas, ‘Getting the Balance Right: Medical Futility, Scientific Advancement and the Role of Law’
- Vugar Mammadov, ‘Legal and ethical aspects of healthcare disparities in post-soviet countries’
- Maria Sheppard, ‘Innovation, trust and the regulation of mHealth Apps: a balancing exercise?’
- Ian Bolland Media partner, MedTech mag
- William Cullerne-Bown, ‘From AI to Law to Healthcare and back to AI – establishing common ground for the evaluation, trust and legitimacy of systems relying on artificial and human intelligences’
- Andre Den Exter, ‘Aged-based rationing and international human rights law’
- Ahmed Gilani, ‘Disparities in treatment and health with extracorporeal membrane oxygenation and ventricular assist devices’
- Roy Gilbar, ‘Informed consent claims against doctors: Does tort law bar patients from minority religious groups to have access to prenatal testing?’
- Natasha Hammond-Browning, ‘A New Dawn? Ectogenesis, Future Children and Reproductive Choice’
- Claire Horn, ‘The Ectogenesis Conversation: Artificial Wombs and Reproductive Stratification’
- Caroline Jones, ‘What Makes Clinical Decision Support Systems (CDSS) Trustworthy? Perspectives from patients, doctors and the law’
- Nili Karako-Eyal, ‘Infectious Disease, Vaccination Policy and Healthcare Disparities: Why improving the accessibility to the Technology is not enough?’
- Colm McGrath, ‘Healthcare disparity and disclosure of alternative treatments’
- Leon McRae, ‘About M.E.: The Discreditation of Lay Knowledge and Experience of Chronic Fatigue’
- Katarzyna Miaskowska-Daszkiewicz, ‘The outbreak of attractiveness of alternative medicine in the light of the failures of modern medical technologies - the role of law in healthcare’
- Ajmal Mubarik, ‘The viral spread of health misinformation: Doubt, Disease and the Doctor’
- Bruno Nikolic, ‘Barriers to disruptive innovation – the case study of computer navigation in the hip arthroscopy’
- Katharina O’Cathaoir, ‘The invisible child of personalised medicine’
- Solvita Olsena, ‘Consequences of the right to health posed by the legal restriction of the rights of medical practitioners to receive appropriate remuneration and unconstitutional provisions for working under the conditions of ‘extended normal working hours’ in Latvia’
- Charlotte Park-Morton, ‘Ensuring the Rights of the Child in Proposed Surrogacy Reform’
- Federico Pizzetti, ‘In quest of a new “Charter on Human Rights and Neuroscience”’
- Heloise Robinson, ‘State Neutrality, parental choice and disability’
- Chloe Elizabeth Romanis, ‘The Ectogenesis Conversation: Artificial Wombs and Reproductive Stratification’
- Henriette Roscam Abbing, ‘New Health Technologies and patient safety in a market driven Europe’
- Alceste Santuari, ‘Inequalities in accessing healthcare services in Italy: will the NHS survive? The role of Social Enterprises in delivering integrated care services’
- Barry Solaiman ‘Health Industry Lobbying after Brexit: Constitutional Implications for Patients’ Rights in the United Kingdom’
- Jeffrey Wale, ‘Delivering patient-centred care in a rationed market: An impossible dream?’



Alceste Santuari (University of Bologna)



Andre Den Exter (Erasmus University Rotterdam)

PGR event speakers

Dunja Begović (University of Manchester)



- Dunja Begović (University of Manchester) "Innovative Fetal Surgery: Exploring the Notion of the Fetus as Patient and the Primacy of Women's Reproductive Autonomy"
- Charlotte Park-Morton (University of Gloucestershire) "Ensuring the Rights of the Child in Proposed Surrogacy Reform"
- Heloise Robinson (University of Oxford) "State Neutrality, Parental Choice, and Disability"
- Citta Widagdo (University of Birmingham) "Technological Advances and Obesity: Ethics, Human Rights, and the Law"
- Mark Flear (Queen's University, Belfast) and Margot Brazier (University of Manchester) "The Research Process - Engagement, Exploration and Creativity"
- Rachel Thompson (University of Swansea) "Prudence in Healthcare: Virtuous Rationing"
- Luciano Bottini Filho (University of Surrey) "Love is blind: 'Accountability for Reasonableness' and Human Rights Scholars"
- Iram Satti (Edward Elgar Publishing) and Rebecca O'Rourke (Cambridge University Press) "How to publish"
- Hannah Spacey (University of Swansea) "Physical Activity, Physical Education and the Water in Which we Swim"



Mark Flear (Queen's University, Belfast) and Professor Margot Brazier (University of Manchester)

Attendees only

- Nina Cek Perhavec
- Peter Chow
- Kimberley Clarke
- Bisharat El Khoury
- Michael Graz
- Aliya Dautbay
- Heather Graz
- Dimitra Kamarinou
- Kirsty Moreton
- Panagiota Nakou
- Keith Syrett
- Thierry Vansweevelt
- Bethan Wilmot

Feedback on the conference

Throughout the conference there was significant Twitter traffic with a number of #HDDT tweets being viewed by over 1000 people, with 3826 the peak number of views for an individual tweet.

Ian Bolland, editor of the Med-Tech Innovation News attended the conference with a view to writing up a piece for publication for the next edition of their magazine which is coming out at the end of July 2019.

Available to access at: <https://www.med-technews.com/>

Some examples of feedback from delegates attending the conference:

'I wanted to write and say that I found the Healthcare Disparities conference enjoyable, eye opening and informative. It was a fantastic experience to be able to learn and reflect on the law and new technologies and the impact of health delivery. The speakers were all eminent experts in their field and the approach of the conference organisers was to create an interactive and supportive environment.'

I was extremely pleased by the value for money, only having to pay £100 per day or £175 for the early bird rate, have no pharma involved and to hear experts from Australia, USA and Europe.

I look forward to the next time!'

(Bisharat El Khoury, Consultant in Palliative Medicine, Nottingham University Hospitals NHS Trust)

'It was a great pleasure and honour, and a wonderful experience, to attend Your Conference and to meet You personally.'

Your organization was perfect and the results of the meeting, in my humble opinion, were of high relevance.

I truly hope to remain in touch with you on the topics debated. As I told you, apart from neurosciences and fundamental rights, I am also involved in research projects about end-of-life decision making laws, A.I. and health.

We will see in Rome again! And we may arrange a Seminar taught by you in Milan.'

(Federico Gustavo Pizzetti, State University of Milan, Italy)

'Thank you, Nicola. It was all a very positive experience and well worth the journey. I thoroughly enjoyed the conference and the peek at Manchester.'

I am keen to keep participating and collaborating. I look forward to seeing you in Tokyo.'

(Professor Ian Freckelton, University of Melbourne)

'Thank you and thanks for organising such a great conference. Looking forward to future collaborations!'

(Katharina Eva Ó Cathaoir, University of Copenhagen)

'Many thanks for organising and hosting us all. For my own part, it was a very engaging, eye-opening and useful few days (certainly compared to when it's just a bunch of

private lawyers in the room, much as I hate to think I'll of my own!).'’

(Colm McGrath, The Dickson Poon School of Law, King's College London)

'It was a real pleasure to meet you. Thank you for the opportunity to present my work and for your interest in my paper. Yes, I will be interested to continue the conversation regarding this issue and to discuss possible research collaborations.'

(Nili Karako-Eyal, the College of Management, Academic Studies, Israel)

Outputs and impact

- *Medical Law Review* Special Issue, issue 3 2020 – 'Healthcare Disparities: Disruptive Healthcare Technologies and the Patient'

Guest Editors: Nicola Glover-Thomas (University of Manchester) & Maria Sheppard (Queen Mary, University of London)

Papers:

Governing through Anticipation? EU Governance of Emerging Health Technologies on the Quantified-Self (Professor Daithí Mac Síthigh and Dr Mark Flear (Queen's University, Belfast))

Abstract

In this paper we seek to explore the ways in which anticipatory governance is both regulatory and regulated. By reference to new and emerging health technologies on the quantified-self, we explore the roles of promissory discourses and expectations in animating anticipatory governance of innovative / disruptive technologies at the EU level. In a sense, promissory discourses and expectations power anticipatory governance and, in turn, frame, perform and legitimate new and emerging technologies into being. At the same time, the discourses and governance are shaped by a variety of motives that become apparent by situating them within the wider programmatic priorities at the EU level. The latter renders a vision and imaginary of a sociotechnical order wherein these new technologies play key roles in future self-management and delivering industry goals of market optimisation.

Getting the Balance Right: Medical Futility, Scientific Advancement and the Role of Law (Professor Nicola Glover-Thomas (University of Manchester))

Abstract

Medical futility is a concept commonly used to describe medical therapy that has no known or anticipated immediate or long-term benefit for a patient. The debate surrounding medical futility is often portrayed as the struggle between the clinician-determined position where clinical obligations are limited and the patient-determined position which emphasises patient autonomy and rights to choose in treatment decision-making. Underpinning much of this debate is the concern that medical futility is used as a mechanism to justify financial constraints and rationing in healthcare. At a time of continuing austerity and increased demand on healthcare, this concern has become more tangible. Gard, Evans and King are recent cases that bring to the fore the question of medical futility and the extent to which it has a role in healthcare decision-making. Grappling with emergent tensions between the possibilities presented by greater scientific innovation and the legal and ethical quandaries of the pursuit of life-saving treatments, this paper will explore these conflicts. In doing this, the often-overlooked notion of care giving with quality of life being a core objective, is examined while reflecting on the role of law in deciding when medical intervention is justified.

Precision medicine, big data and health disparities – a patient's rights perspective (Professor Mette Hartlev (University of Copenhagen))

Abstract

The patient's right to health requires that everyone should be provided with equal opportunities to live a healthy life. In practice, this is hard to achieve, as health is shaped by social determinants. Disadvantaged individuals are more exposed to both communicable and non-communicable diseases, and it is a vicious circle because poor health is also a determinant of poverty. The paper explores the impact new health technologies – such as precision medicine and use of big data – may have on health disparities. On the one hand, big data may provide society with more information about the link between health and social determinants, and thus facilitate more targeted health promotion and care to disadvantaged groups in society. However, there are also concerns that certain groups in society will not be able to profit from these new technologies. A more human rights-based approach to the application of new health technologies is needed to ensure the most deprived are not left behind.

When technologies make things worse: The potential for Artificial Intelligence and Machine Learning approaches to intensify healthcare disparities (Professor Richard Ashcroft (Queen Mary, University of London))

Abstract

Current ideas about how data science, machine learning and artificial intelligence could disrupt and transform healthcare tend to focus on the ways they will disrupt the profession of medicine and its specialties, and also potentially improve the accuracy and reliability of diagnostic and treatment approaches in healthcare. Particular excitement surrounds the potential of these new methods to converge with “precision medicine”. Yet it is also known that many machine learning algorithms have worsened some social injustices in fields such as education and policing, by building on known conscious and unconscious biases in data collection and processing. In this paper I will consider the risks that this will apply in healthcare, as well as other potential sources of injustice. I will consider how far existing ethical and governance approaches can ameliorate or prevent such risks.

Changing Dynamics in Health Practitioner Patient Relationships and Litigation (Professor Ian Freckelton (University of Melbourne))

Abstract

The ubiquitous accessibility of information about health conditions, treatments, diagnoses and prognoses has fundamentally altered the practitioner-patient relationship. It has demystified professions, rendered the arcane available, and the complex comprehensible. However, the presence of information on the Internet does not remove the need for health practitioners to enable understanding. This paper will consider the new healthcare terrain that the Internet has created and consider some of the new difficulties with medico-legal resonances that have emerged. For example, governance and control over the role of social media, the opening of global health tourism markets that use the internet to (mis)represent likely efficacy, and, the representations about speculative treatments or long-shot options that may generate expectations that are unrealistic and counter-therapeutic. The paper will finally consider the impact of the availability of crowd-funding when patients assert iatrogenic harm or a desire for unusual treatment options through social media or aggrievement sites resulting in the availability of resources for litigation or denigration campaigns

that was never previously accessible, rendering practitioners accountable through litigation in new and different forms.

MHealth Apps: Disruptive Innovation, Regulation and Trust (Dr Maria Sheppard (Queen Mary, University of London))

Abstract

MHealth, the use of mobile technologies such as smartphones and other wireless devices for health care purposes, and mHealth Apps, a subgroup of mHealth, are expected to result in more person-focused healthcare. These technologies are predicted to make patients more motivated in their own health care, and also lead to a re-design of existing healthcare infrastructures. MHealth app technology acts as a disruptive innovation, destabilising existing healthcare through a changed role for healthcare professionals with patients accessing care remotely or online. This coincides with the broader narrative of NHS policy-makers, which focuses on personalised healthcare and greater patient responsibility with the potential for significant reduction in healthcare costs. The paper proposes that while the concept of mHealth Apps as disruptive technology and the narrative of personalisation and responsibilisation might support a transformation of the healthcare system and a reduction of costs, both are dependent on patient trust in the safety and security of the new technology.

- Journal of Medical Law and Ethics Special Issue Summer 2020 – ‘Health Inequalities and the Role of Law.’

Guest Editor: Nicola Glover -Thomas (University of Manchester)

Contributing authors:

- Nicola Glover-Thomas (University of Manchester))
- Nicolas Terry (University of Indiana))
- Alceste Santuari (University of Bologna))
- Ajmal Mubarik (University of Manchester))
- Barry Solaiman (HBKU College of Law and Public Policy (Qatar))
- Katharina O Cathaoir (University of Copenhagen))
- Margo Bernelin (University of Nantes))
- Heloise Robinson (University of Oxford))

- Henriette Roscam Abbing (Emeritus, Professor of Health Law at the University of Utrecht)
- Dunja Begovic (University of Manchester) - Book review
- Pangiotta Nakiou (University of Manchester) – Book review

Development of a virtual research network following the conference has commenced with the intention of growing this further to initiate research collaborations.



Appendix 1

PGR pre-conference workshop programme

8.45 open with coffee available

9.15 – 9.30 brief opening by Maria and Ajmal

Session 1

9.30 – 10.00 Dunja Begovi (University of Manchester) “Innovative Fetal Surgery: Exploring the Notion of the Fetus as Patient and the Primacy of Women’s Reproductive Autonomy”

10.00 – 10.30 Charlotte Park-Morton (University of Gloucestershire) “Ensuring the Rights of the Child in Proposed Surrogacy Reform”

10.30 – 10.45 *coffee break*

Session 2

10.45 – 11.15 Heloise Robinson (University of Oxford) “State Neutrality, Parental Choice, and Disability”

11.15 – 11.45 Citta Widagdo (University of Birmingham) “Technological Advances and Obesity: Ethics, Human Rights, and the Law”

11.45 – 12.45

Margot Brazier (University of Manchester) “Escaping the Towers?”

Mark Flear (Queen’s University, Belfast) “The Research Process - Engagement, Exploration and Creativity”

12.45 – 1.45 *lunch*

Session 3

1.45 – 2.15 Rachel Thompson (University of Swansea) “Prudence in Healthcare: Virtuous Rationing”

2.15 – 2.45 Luciano Bottini Filho (University of Surrey) “Love is blind: ‘Accountability for Reasonableness’ and Human Rights Scholars”

2.45 – 3.45 “How to publish”

1. Iram Satti – Edward Elgar Publishing
2. Rebecca O’Rourke – Cambridge University Press

3.45 – 4.00 coffee break

Session 4

4.00 – 4.30 Hannah Spacey (University of Swansea)
“Physical Activity, Physical Education and the Water in Which we Swim”

4.30 – 4.45 Concluding comments – Nicola Glover-Thomas

Appendix 2

Healthcare disparities: Disruptive healthcare technologies and the patient

Programme

Thursday 13th June 2019

Registration and coffee 9.30-10.30am

Key note speaker – Professor Nicolas Terry (University of Indiana) – 10.30-11.30am

How Disruptive Healthcare Technologies Should Reduce Health Inequalities but Probably Will Not: A Transatlantic Perspective on the Regulation of Healthcare AI.

Session 1 – 11.45 – 12.45

Disruptive technologies and healthcare disparities A1

Chaired By Maria Sheppard

Innovative fetal surgery: Exploring the notion of the fetus as patient and the primacy of women’s reproductive autonomy

Dunja Begovic (University of Manchester)

A New Dawn? Ectogenesis, Future Children and Reproductive Choice

N Hammond-Browning (University of Gloucestershire)

The Ectogenesis Conversation: Artificial Wombs and Reproductive Stratification
Elizabeth Chloe Romanis (University of Manchester) /
Claire Horn (Birkbeck, University of London)

Disruptive technologies and healthcare disparities A2

Chaired By Nicola Glover-Thomas

Informed consent claims against doctors: Does tort law bar patients from minority religious groups to have access to prenatal testing?

Roy Gilbar (School of Law, Netanya Academic College, Israel and University of Leicester)

The invisible child of personalised medicine
Katharina O Cathaoir (University of Copenhagen)

State Neutrality, parental choice and disability
Heloise Robinson (University of Oxford)

Lunch 12.45 – 2.00

Keynote speaker – Professor Tamara Hervey (University of Sheffield) 2.00 – 3.00

Brexit and health law: disruption and disparities

Session 2 3.15-4.15

Rationing and healthcare systems B1

Chaired By Nicola Glover-Thomas

Aged-based rationing and international human rights law

Andre den Exter (University of Rotterdam)

Inequalities in accessing healthcare services in Italy: will the NHS survive? The role of Social Enterprises in delivering integrated care services

Alceste Santuari (University of Bologna)

Rationing and healthcare systems B2

Chaired By Mavrk Flear

Delivering patient-centred care in a rationed market: An impossible dream?

Jeffrey Wale (University of Bournemouth)

Love is blind: ‘Accountability for Reasonableness and human right scholars

Luciano Bottini Filho (University of Surrey)

Disparities in treatment and health with extracorporeal membrane oxygenation and ventricular assist devices

Ahmed Gilani (University Hospitals Birmingham)

Coffee break 4.15-4.45

Session 3 4.45pm – 5.30pm

Disruptive technologies and healthcare disparities A3

Chaired By Nicola Glover-Thomas

Infectious Disease, Vaccination Policy and Healthcare Disparities: Why improving the accessibility to the Technology is not enough?

Nili Karako-Eyal (School of Law, College of Management, Israel)

Barriers to disruptive innovation – the case study of computer navigation in the hip arthroscopy
Bruno Nikolic (University of Ljubljana)

5.30pm drinks in foyer

Friday, 14th June 2019

Keynote speaker – Professor Ian Freckelton (University of Melbourne) 9.30 – 10.30am
Changing Dynamics in Health Practitioner Patient Relationships and Litigation

Coffee break 10.30 - 11.00am

Session 4 11.00 -12.00

Patient rights and health inequalities C1
Chaired By Mark Flear

Legal and ethical aspects of healthcare disparities in post-soviet countries
Vugar Mammadov (Baku State University Law Faculty, Azerbaijan)

Consequences of the right to health posed by the legal restriction of the rights of medical practitioners to receive appropriate remuneration and unconstitutional provisions for working under the conditions of 'extended normal working hours' in Latvia
Solvita Olsen (University of Latvia)

Getting the Balance Right: Medical Futility, Scientific Advancement and the Role of Law
Nicola Glover-Thomas (University of Manchester)

Patient rights and health inequalities C2
Chaired By Maria Sheppard

Healthcare disparity and disclosure of alternative treatments
C.P. McGrath (King's College London)

The outbreak of attractiveness of alternative medicine in the light of the failures of modern medical technologies - the role of law in healthcare
Katarzyna Miaskowska-Daszkiwicz (John Paul II Catholic University of Lublin)

About M.E.: The Discreditation of Lay Knowledge and Experience of Chronic Fatigue
Leon McRae (University of Keele)

Lunch 12.00 – 1.00pm

Keynote speaker – Professor Mette Hartlev (University of Copenhagen) 1.00 – 2.00pm
Precision medicine, big data and health disparities – a patients' rights perspective

Session 5 2.15-3.15 pm

Regulating innovation D1
Chaired By Andre Den Exter

Innovation, trust and the regulation of mHealth Apps: a balancing exercise?
Maria Sheppard (Queen Mary, University of London)

What Makes Clinical Decision Support Systems (CDSS) Trustworthy? Perspectives from patients, doctors and the law
Caroline Jones (University of Swansea) / *James Thornton* (Nottingham Trent University)

From AI to Law to Healthcare and back to AI – establishing common ground for the evaluation, trust and legitimacy of systems relying on artificial and human intelligences
William Cullerne Bown

Regulating innovation D2
Chaired By Nicola Glover-Thomas

When our Health data Survive our Death: Data Protection Inequalities in the Healthcare Setting
Margo Bernelin (University of Nantes)

Governing through Anticipation? EU Governance of Emerging Health Technologies on the Quantified-Self
Mark Flear and Daithi Mac Sithigh (Queen's University, Belfast)

In quest of a new "Charter on Human Rights and Neuroscience"
Federico Gustavo Pizzetti (University of Milan)

Coffee break 3.15-3.45 pm

Session 6 3.45 – 4.45 pm

Brexit and its consequences on health E1
Chaired By Maria Sheppard

New Health Technologies and patient safety in a market driven Europe
Henriette Roscam Abbing (Emeritus, Professor of Health Law at the University of Utrecht)

Health Industry Lobbying after Brexit: Constitutional Implications for Patients' Rights in the United Kingdom

Barry Solaiman (HBKU College of Law and Public Policy (Qatar))

Open Session E2

Chaired By Nicola Glover-Thomas

Technological advances and obesity: ethics, human rights, and the law

Citta Widagdo (University of Birmingham)

Homeless People as one of the patient groups in need
Fatima Aliyeva (Baku State University Law Faculty, Azerbaijan)

Conference Dinner 6 – 9pm with Professor
Richard Ashcroft (QMUL) speaking
Appendix 3



HEALTHCARE DISPARITIES

disruptive healthcare
technologies and the patient

13 - 14 June 2019



Keynote Speakers

**Professor
Nicolas Terry**
University of Indiana, USA

**Professor
Ian Freckelton**
Melbourne Law School, Australia

**Professor
Tamara Hervey**
University of Sheffield, UK

**Professor
Mette Hartlev**
University of Copenhagen,
Denmark

**Professor
Richard Ashcroft**
Queen Mary, University of
London, UK

**Schuster Building,
The University of
Manchester,
M13 9PL**

For report in the WAML newsletter

The conference, 'Healthcare disparities: Disruptive healthcare technologies and the patient', was held at the University of Manchester from the 12th – 14th June 2019. The event was organised by Professor Nicola Glover-Thomas (Professor of Law at the University of Manchester and WAML UK Representative on the WAML Board of Governors) and held at the University of Manchester. It was supported by Queen Mary, University of London and affiliated with the World Association of Medical Law and the European Association of Health Law (EAHL). It was a three-day event, including one PGR focused research day and two full days of research presentations and discussion. With over sixty contributors from around the world, including some WAML members, the conference offered a platform to consider health inequalities and how these might be addressed.

Demographic changes, differences in healthcare provision between diverse population groups and the interactional complexity between individuals, providers, health systems, and societal and environmental factors contribute to these disparities in health and healthcare. Understanding and resolving these demands a multi-disciplinary perspective which the conference sought to foster. How these disparities are handled at both a clinical and legal level requires reflection particularly in relation to how demand is balanced with available resources and how legal systems and governance frameworks internationally operate and respond. Jurisdictional differences in approach complicate how health inequalities are responded to; this conference examined some of these key issues. The conference provided a platform to review many of the political, policy and legal initiatives and developments that are being implemented to address these inequalities, including the use of disruptive technologies as a means of countering these dilemmas.

Since the World Health Organisation set up the Commission on Social Determinants of Health (CSDH) in 2005, chaired by Sir Michael Marmot and published the report *Closing the Gap in a Generation* in 2008, focus has remained on how health inequalities can be identified, managed and eased. The WHO has recently highlighted its intention to continue focusing on this key issue. With many UK, European and International research funding providers placing health inequalities at the forefront of strategic funding priorities it is anticipated that work derived from this conference will be well positioned for further funded projects.

Professor Mette Hartlev (University of Copenhagen)
Professor Tamara Hervey (University of Sheffield)

Keynote speakers came from around the world. Professor Richard Ashcroft (Queen Mary, University of London) provided a paper called: 'Does disruptive have to mean unfair? Reflections on innovation, regulation and justice in healthcare technologies;' WAML's own Professor Ian Freckelton (University of Melbourne), presented a paper called: 'Changing Dynamics in Health Practitioner Patient Relationships and Litigation;' EAHL's Professor Mette Hartlev (University of Copenhagen) presented a paper called: 'Precision medicine, big data and health disparities – a patients' rights perspective;' Professor Tamara Hervey's (University of Sheffield) paper was called: 'Brexit and health law: disruption and disparities;' and, Professor Nicolas Terry (University of Indiana) presented a paper called: 'How Disruptive Healthcare Technologies Should Reduce Health Inequalities but Probably Will Not: A Transatlantic Perspective on the Regulation of Healthcare AI.'

Following the conference will be two journal special issues. Professor Nicola Glover-Thomas will be co-editing (with Maria Sheppard (QMUL)) a *Medical Law Review* (IF 1.577) Special Issue, issue 3 2020 called: 'Healthcare Disparities: Disruptive Healthcare Technologies and the Patient,' with six papers considering a range of issues from medical futility, precision medicine to the potential of Artificial Intelligence within the health sphere. Professor Nicola Glover-Thomas will also be editing a special issue of the *Journal of Medical Law and Ethics* (Summer 2020) called: 'Health Inequalities and the Role of Law' which will have nine papers, including papers from three WAML members, including WAML's own Henriette Roscam Abbing (Emeritus, Professor of Health Law at the University of Utrecht and WAML member of the Board of Governors). Finally, a virtual research network following the conference has been set up with the intention of growing this initial work further to facilitate and encourage research collaborations in the future.

Treasurer Report



Prof. Berna Arda
(MD, MedSpec, PhD)
Ankara University School of Medicine
Ankara - TURKEY

Hello all my colleagues as the autumn approaches in the north side of the world.

We left behind another congress. WCML 2019 started at Waseda University in Tokyo on August 6th, the day of Hiroshima.

It was a very important day in the recent history of humanity that required us to consider the destructive meaning of war and the value of peace. One of the most famous Turkish poets, Nazım Hikmet's poem "The Little Girl", which is about a 7 years old girl, who perished in the atomic bomb attack at Hiroshima on August 6, 1945. Nazım Hikmet (1901-1963), wrote three poems for Hiroshima. One of them is "The Little Girl/ Hiroshima Girl" has been performed by numerous singers and musicians worldwide as an anti-war message and in memory of the victims of the atomic bomb dropped on Hiroshima which was called "The Little Boy". The poem was written in 1956.

*"It's me knocking the doors
On the doors one after the other
I can't be seen in your eyes
For deaths can't be seen in eyes*

*It has been some ten years
Since I died in Hiroshima
But I'm still a seven years old girl
Dead children don't grow up*

*My hair was the first to catch the fire
My eyes burned and charred
I just became a handful of ashes
My ashes got scattered into the air*

*I'm knocking on your door...
Aunt, uncle, give a signature...
Children shalln't get killed
So that they are also able to eat candies"*

Thus, we once again remembered the social responsibility of producing science and the obligations of intellectuals in terms of ethics and law. The opening of the Congress on Hiroshima Day and opening speech of Prof. Kimura, author of Mr. Kief "A Boy's Story in War and Peace", seemed to me an opportunity for all these.

The Congress was enriched by the valuable presentations of the participants from many different countries of the world. The subjects of the papers were a wide range from the "end of life decision making" to the "malpractice"; from the "medical information and medical law" to "mental health and medical law". The parallel sessions were held in three different halls.

I would like to thank our Japanese colleagues, Prof. Katsunori Kai and Prof. Mitsuyasu Kurosu, and the whole team once again. Without their punctual and meticulous work, this meeting would not have happened this way.

As the financial portrait of Tokyo Congress has been recently completed, instead of providing you with strict numerical figures, I prefer to emphasize that WAML has received a remarkable revenue. You will find the full financial statement in my annual report. I would like to take this opportunity to thank all the registered participants once again.

We returned from Japan to our countries with new ideas and a desire to work hard.

Now Toronto is waiting for us. Please visit the website, the main topics of the Congress will inspire you in advance.

I would like to remind you that Turkish Airlines, a member of Star Alliance, is the official carrier of WAML World Congress in Toronto 2020, as well as in Tokyo 2019.

All the best

Berna Arda
(MD MedSpec PhD)

ORCID: 0000-0003-2043-2444



World Association
for Medical Law

SAVE THE DATE

AUGUST 13-16

2019

**The 26th Annual WAML
World Congress**

Toronto, Canada
www.thewaml.com

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

Please contact
Denise McNally
worldassocmedlaw@gmail.com

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

7th EAHL Conference

September 26-27, 2019

Toulouse, France

Website: <https://eahl.eu/news-0>
<https://eahl2019.sciencesconf.org/>

53rd NAME Annual Meeting

October 18 – 22, 2019

Kansas City, MO (USA)

Website: www.thename.org

The Australasian College of Legal Medicine Annual Scientific Meeting 2019: Legal Aspects of Rehabilitation Medicine

October 26-27, 2019

Park Hyatt Canberra, Australia

Website: www.thename.org

The call for papers is now open!

Paving the Way for Personalized Medicine. Legal, Ethical and Social Challenges November 18, 2019

November 18, 2019

Venue: Salerno University, School of Law, Italy

Website: <https://www.eur.nl/esl/evenementen/paving-way-personalized-medicine-2019-11-18>

The Australasian College of Legal Medicine Advanced Law Intensive

November 23-24, 2019

Location TBC, Australia

Website: www.thewaml.com

Registration is now open!

26th Annual WAML World Congress

August 13 – 16, 2020

Toronto, Canada

Website: www.wcml2020.com

www.thewaml.com

27th Annual WAML World Congress

August 4 – 6, 2021

Istanbul - TURKEY

Website: www.thewaml.com

28th Annual WAML World Congress

August 2022

Gold Coast, Australia

Website: www.thewaml.com



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World Association For Medical Law

December Issue

September-December

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Interactive Index

The Role of the Defense
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In this issue, Governor Ravanal of
Chile presents abstracts of some
articles which can be read in full
in the WAML Journal

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Use of Rubber Bullets
in Police Contexts 3

Law of Organ Transplants
in Argentina 3

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The Role of the Defense Experts



Luis Ravanal MD
WAML Governor (Chile)
Lorz65@gmail.com

While it is something that's part of the principles inherent to the activity we perform daily as collaborators of justice, it is central to recall from time to time some aspects concerning the importance of the activity of the forensic expert in the judicial process.

The daily activity that is due to the medical forensics and the various professionals linked to the criminal investigation is of important value in the judicial process when delivering testimony in both civil and criminal cases, it provides objective evidence on which the judicial judgment will be supported. However, it is necessary to be able to act with the greatest scientific precision which must be governed not only by the basic principles of science, but also by the impartiality that is required, regardless of the party that requested the involvement. Given that these are inexact sciences, it is always necessary to validate and contrast the different opinions, since no one is infallible, and nothing is as precise as we might want to think.

The adversarial criminal system allows the parties in court to present their experts, subjecting the results to analysis and controversy during the process, which requires that the evidence not only be technically sustainable from a theoretical and practical point of view, but also verifiable and applicable in each particular case. In Chile, as in most of the countries in South America, initially the investigation and the evidence is examined and given by the professionals that are called by the prosecuting authorities. Secondly, the defense experts are called to analyze the evidence since, in the adversarial systems of law, the defense is also entitled to seek appropriate experts and the prosecution is under an obligation to disclose all its evidence to the defense. So, joint or parallel studies are carried out, involving forensic experts presented by the different parties in the investigation and later during the trial, who analyze the evidence and then submit it to a counter-analysis. The validity of the report is then exposed, analyzed, supported or controverted in oral trial, interviewing experts presented by the prosecutor's office that accuses, as well as by the defense. This has allowed, in countries where the right to defense is established in the law, the participation of forensics experts from both parties in the criminal investigation and trial.

The forensic experts provide scientific knowledge on technical subjects for the judges that they must take into account. Although experience is not always synonymous with quality, since you

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

cannot always talk about “good reports”, considering that usually expert witnesses are in a very privileged position as they may give their scientific opinion as evidence, it must be methodologically sustainable, since they are unlike other witnesses who can only give fact as evidence.

Other problems surge when we look at some issues that are not related to science, especially linked to the role of the media. In some high profile cases, it is not unusual that the prosecutors expose the facts from their point of view out of the court room during the investigation, in an effort to confront and apparently weaken the evidence presented by the defense pathologist. Some call it “obtaining the conviction of the defendant before the trial begins”, and that is a problem that we see in our daily life, in the press, and nowadays on the internet. It is a scenario that should not affect the opinion of experts, but is difficult, if not impossible, to avoid, even if it might not be recognized, as in most of the occasions participants have heard or read about the case before they have even been called to participate., This might lead to misunderstanding the role and the value of the independent expert opinion, and explain why, in some cases, mistakenly the defense expert may be viewed as hired to say something that would help the accused.

It is important by means of qualification to validate the opinion of experts considering their qualifications, but it is also relevant to demonstrate that the investigation and it's results have been done scientifically correctly and in a truthful way, which can only be achieved based on the correct application of the methods and protocols that science demands. Experts must establish their opinion on solid evidence based on science and not on intuition, which in the long run determines the value of the evidence presented. If we fail, we will be exposed on trial.

As fascinating as the forensic investigation is, the role of the Defense Pathologist within the judicial system has added and transformed our activity to a more dynamic and exciting one. We are not just the gladiators that come to die in the Coliseum in an attempt to survive or to be acclaimed, our duty is far beyond, so I invite you to see and present the world as it is, and expose the facts with the truth, explaining what you can really sustain in an objective way from a scientific point of view, and also recognizing your limits and uncertainties, because behind all of our work lies a judicial decision that will affect the life of many.

Luis Ravanal Z

MD, Msc Forensic and Legal Medicine

Expert accredited for the National Defense Office and the Courts of Appeals in Chile

Deaths in Urban Fires During the “State of Emergency” in Chile: Do They Have a Normal Pattern?



Authors:

Ravanal Z, Luis* Macchiavello M. Roberto**

During October 2019, social protests arose in Chile demanding greater social equality. The government invoked a “state of emergency” involving military intervention. During this, there were five major fires related by authorities with lootings. After these fires, the rescue teams found fully calcined bodies. We focused on the largest one with five deaths and one injured, where initial autopsy reports were questioned because they didn't rule out properly the possibility of wounds from other causes and third-party intervention. Waiting for further analysis on these, we expose the importance of the quality of the autopsy report, regarding the inconsistencies and omissions detected in the autopsies performed by the Legal Medical Service of Chile in one of these fires and doubts that arise also from the epidemiological profile of presentation of the fires overall. We concluded that those features support the need for further investigation on the matter of death.

Keywords: Fires, burns, riots, military

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Criminal and Forensic Aspects of Injuries Resulting From the Use of Rubber Bullets in Police Contexts



Authors:

Gonzalo Hoyl M.* Luis Ravanal Z.**

Since the beginning of the social protests in Chile from October 18, 2019 to about November 24 of the same year, there have been more than 220 people who have suffered severe eye trauma from rubber bullets, many of them from the actions of law enforcement agents. We focus this analysis on the universe of solutions that are in the Chilean Penal Code (hereinafter CP), through the reality and verification of forensic sciences offer us, as ways to sanction such conduct, considering in legal-penal terms two fundamental issues: the applicable criminal type and the objective imputation of the harmful result of the conduct. From the analysis carried out, we believe that the use of these weapons cannot be validated considering the harmful potential they have under the pretext of placing it within a category of “anti-riots” with deterrent effects, or worse, the weapons are adequate, but the use given to them is intentionally harmful. Under no circumstances would its maintenance be justified. These weapons are capable of causing significant injuries including deep penetrating ones, especially harmful when aimed to the skull, eyes and thorax, therefore, rubber bullets are potentially lethal and should hence be reclassified since this ammunition should not be considered a safe method of crowd control.

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Law of Organ Transplants in Argentina: When the Legislation is Updated to Seek Greater Efficiency



Roberto Oscar Foyo,

Mg. in Forensic Medicine (University of Valencia, Spain),
Adjunct Regular Professor Chair of Legal Medicine and Medical
Deontology, University of Buenos Aires School of Medicine
foyoroberto66@gmail.com

The need to generate a law according to the evolution of knowledge and scientific advances in the field of organ and tissue transplants has determined the origin of new provisions on the subject in Argentina. This is a rule that must balance therapeutic objectives, strength and technical evidence with respect to the rights of donors and recipients, in a framework that combines Ethics, Medicine and Law. This work attempts to analyze the rational of the new transplant law by identifying its strengths in comparison to previous laws and regulations.

Keywords: organ transplants, ablation and implantation in Argentina, Argentine national law 27447, patient rights, INCUCAI,



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Medical Civil Responsibility in Chile in Public vs. Private Organizations



María Loreto Retamal Grimberg¹

Abstract

Although the legal sources to act for medical civil responsibility in Chile are different in public organism versus in private organism, we can distinguish that in both there is a common evaluation process of the judicial test, which basically consists of the fact that once the obligation is accredited and / or the duty of care established, it will be up to the respondent to prove that he satisfactorily fulfilled his obligation and / or that he was diligent in his actions.

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right to raise allegations, be heard, contradict the proof of indictedness, present evidence seeking to prove his own case theory and, undoubtedly, the presentation of forensic expert reports by appropriate and qualified professionals. In theory the forensic report has considerable potential to improve the accuracy and reliability of the criminal justice system, constitutes a significant phase of a criminal investigation that is used to convict the guilty and exonerate the innocent. It is especially important that the opinion of the defense experts with respect to that of the forensic scientists presented by the prosecutor which overstate the strength of evidence against defendant. The activity carried out by experts in the criminal procedure allows the defendants to effectively realize their right to justice, citing that in cases where the defense provided an expert, it has resulted in a higher percentage of acquittal, because it provides evidence that in many cases the prosecutor did not present, while assessing the objectivity and scientific sustainability of the official expert reports presented by the prosecutor.

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Criminal Defense, Strategies and Expertise in Chile



Authors:

Mario Palma N.* Luis Ravanal Z.**

Abstract

The defense in Courts of a citizen prosecuted by the State for the alleged commission of a crime implies a number of difficulties and definitions that the defender must address in the theory of the case he will develop. The defense of the accused who is the subject of criminal prosecution through the investigation carried out by the Public Prosecutor's Office, must exercise his

Inadequate Diagnostic Processes in Cases of Suspected Sexual Abuse in Children: Ethical Care Aspects



Authors:

Rosana Manikowski*
(above photo)

Irene Garcia**

Abstract

With regard to three cases reported at the medical level of care alleged as sexual abuse in children and subsequently referred to forensic investigation,

ethical care aspects linked to methods of assessment, diagnosis and referral are analyzed that can determine victimization, re-victimization and diagnostic errors. It is discussed that the importance of both care and forensic professional staff to keep the place suited to their training, function, work and ethics to optimally fulfill their task of achieving the greatest benefit for the patient. Emphasis is placed on the necessary ethical positioning of the acting professional who must ask the previous question about the scopes and limitations of his knowledge; and the recognition of the rights of the child that implies open listening without preconceived ideas.

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WAML Governor, Professor Judit Sandor Received a Prestigious ERC Synergy Grant



A multidisciplinary and transnational research team, in which Professor Judit Sandor is one of the Principal Investigators, received the prestigious European Research Council (ERC) Synergy Grant for a six-year project that seeks to reconstruct the development of a common European identity after the Second World War.

The project is called LEVIATHAN (Taming the European Leviathan: The Legacy of Post-War Medicine and the Common Good) and the funding for the CEU team that will be built by Professor Sandor is close to 2,4 million euros for six years. The total amount of the grant is close to 10 million euros – the maximum amount of the ERC Synergy Grant.

The team of four distinguished scholars includes Volker Hess (Charite Universitätsmedizin Berlin, Germany), Anelia Kassabova (Bulgarian Academy of Sciences, Bulgaria), Judit Sandor (Central European University, Hungary), and Ulf Schmidt (University of Kent, United Kingdom).

Vugar Mammadov:

Could you briefly describe what your role would be in the project.

Judit Sándor In the Synergy Grant all four Principal Investigators play equally important roles. As our team has a multidisciplinary character, each member could approach the various topics in our research from his or her own disciplinary perspective. We are going to work together with historians, sociologists, cultural anthropologists, bioethicists, and legal researchers. Therefore, historians are going to study certain events, trends, conjunctures, and episodes relevant to our project, working in archives and with written sources. Anthropologists will make interviews and interpret conceptual discourses and institutional practices in the past. Since I am a bioethicist and lawyer, also working in the field of political science, I will be responsible for studying the normative aspects of health care and biomedicine across Europe. In addition, my team will also explore the legacy of European bioethics and health law, focusing on the common European roots of these discourses, in both the Eastern and the Western part of the continent. Unlike the case of other projects, where each principal investigator is responsible for a specific work package, in the synergy project on the contrary, all teams and all work packages are integrated and relate to each other in the day to day research. No team can work without the others as our collaboration is not based on adding expert teams, but on real synergy. Construction of the European community and related identities were so far built on political, economic and strategic co-operation. This project aims to reconstruct and to create a different foundation of the European identity based on scientific research and on the principles of health care. These domains have never been studied as tools for identity formation. Of course, health care and scientific research in the field of life sciences are unusual and unconventional domains of the European similarities for various reasons. One is that the law of European Union recognizes plurality in the fields of health care and ethics, furthermore during the cold war period the two parts of Europe were believed to be fundamentally different. While this is true in the field of political and civil liberties, party systems, and major political elements, similarities and differences have never been studied in the field of health care and in the field of biomedical research.

Our work is organized in 4 domains: all of them related to medicine and health - the body (that means the individual and the social body), - reproduction

(which covers the life span from birth, working life, and aging), the risk (which focuses the ways in which risk to the individual and to the social body is managed)- utopia (which covers the imaginations to mould a healthier, stronger, and better individual and social body). We take medicine as a heuristic device. Our research writes Europe's post-war history by examining forty years of what we call "lived commonality". Our working hypothesis is that health and the common good can be understood as those means that can tame the brutish nature of the European Leviathan today, as Hobbes' State once did. That's the legacy of post-war medicine and human rights. So our objectives are within this project to map medical concepts, institutions, and practices, not in all states, but on the basis of case studies which illustrate divergences and commonalities within and beyond national frameworks. To reconstruct the changing ethical-legal landscape of post-war Europe which is rooted in a specific European heritage

Our project emerges from the intersections among sociology, science, ethics, and law. This necessitates four essential methodological approaches which developed in close connection with the reception of the Leviathan in Europe. The diachronic approach is closely related the historical method. Here we will analyze the developments related to Europe's post-war moral economy.

In contrast, the synchronic approach systemically maps structures and relationships through detailed anthropological case studies. The normative approach, finally, deals with laws, ethical standards, and moral principles.

Vugar Mammadov:

What do you think we can learn by studying the similarities between various policies in medicine and healthcare? Why is it relevant?

At the end of the project hopefully we shall be able to respond to the questions, such as, what are the common human rights and bioethical norms that we share in Europe and this could help us to predict the future of European science policy. Will human rights lose their significance in the emerging global discourse of competitiveness? The project is very important as Europe and European identities face challenging times now. And these domains have never been studied as tools for identity formation. Of course, health care and scientific research in the field of life sciences are unusual and unconventional domains of the European similarities for various reasons. One is that the law of

European Union recognizes plurality in the fields of health care and ethics, furthermore during the cold war period the two parts of Europe was believed to be fundamentally different. While this is true in the field of political and civil liberties, party systems, and major political elements, similarities and differences have never been studied in the field of health care and in the field of biomedical research. Since these fields encompass shared moral values, we believe that through our project we can excavate these common European values in the field of biomedicine.

Vugar Mammadov:

And finally, what makes for a good ERC proposal?

Judit Sándor: I was surprised how complex our preparation had to be for this research proposal: it was not only the task of conceptualizing a coherent and attractive research design, or the many rounds of refining the main themes in our proposal during successive team workshops, but also the necessity to rehearse our project outline and justification that was going to be presented in front of the ERC Committee. Our team met 4 times in Berlin, 2 times in Budapest and once in Canterbury. Our team took part in a professional training to prepare us for the interview situation and we even had a mock interview. I think that most of the universities in our region would not have the infrastructure and science management that such a competitive application would require. We also organized many brainstorming sessions in different academic environments about the possible questions and challenges. At the end it was not easy to squeeze every important point into a 10-minute presentation. Since the clock is behind the person who has to present the main ideas and working structure of the project. While I was speaking my colleague clicked the slides so that we could keep the time. I have seen several other teams with top academic scholars in anxiety. When I was asked why I do not seem to be in panic, I responded during the last 2, 5 eras every day we encountered more panic at CEU because of our political attack.

Report of 25th WCML-2019 Program Chair



Vice President of Waseda University
Professor of Waseda Law School
Katsunori Kai

It was a great pleasure and honor for me and our colleagues of Japanese Association of Medical Law that 25th World Congress for Medical Law was held at Waseda University International Conference Center during 4th -8th (including two days for Executive Committee Meeting and Board of Governors Meeting) August 2019, as the first opportunity to host this Congress for Japan. Because Japanese Association of Medical Law has a history for 50 years since 1969, and has discussed various issues on medical law for decades, including comparative law. And yet the founder Prof. Dr. Koichi Bai had cooperated with the World Association for Medical Law since the establishment, furthermore also President Thomas Noguchi has worked hard to contribute to the development of this Association, and we could have this Congress in his mother country Japan. As a program chair, previous President of Japanese Association of Medical Law, previous President of Japanese Association for Bioethics, and yet as Vice President of Waseda University, I was delighted beyond words to have been able to hold this Congress at our University.

This Congress focused on constructing a bridge between areas of medical law, bioethics and legal medicine. We set three pillars for this Congress.

1. Constructing a Bridge between Medical Law, Bioethics and Legal Medicine
2. Advanced Medicine and Medical Law
3. Toward Further Developments of Medical Law in 21st Century from the “Global and Glocal Viewpoints”

We had over 200 applicants, and reviewed and selected them. As a result, we could make a good program which consists of 2 keynote speeches by President Dr. Thomas Noguchi and Emeritus Professor Rihito

Kimura (Waseda University) and 30 sessions (oral and poster presentations) for three days from 6th to 8th August. About 280 people participated in this Congress from 52 countries and districts. In spite of being very hot, many participants reported and discussed each theme on above three pillars including fundamental issues and advanced issues. In my impression, there were many discussions with high quality and constructive opinions. I have just confirmed that medical law shall surely become to further development and revitalization in the world.

In Welcome Party, an attraction of “Tsugaru Shamisen” concert by the students circle “Mitsudomoe” of Waseda University attracted the interest of many participants, and in Farewell Party, the “Magic Show” by Emeritus Professor of Shigemi Oshida (Nihon University), who is an excellent magician and the most famous specialist of legal medicine in Japan, did so. “Tsugaru Shamisen” is a kind of traditional musical string instrument in Japan, and recently it is extremely popular among many people. Last day, Professor Keiko Irako and her friends serviced “Matcha”, which is a kind of Japanese tee, to participants at the venue, and it had a good reputation among them.

I’m very glad to know that before, during and after this Congress, many participants enjoyed staying Tokyo by eating various Japanese foods and visiting many sights or nice spots.

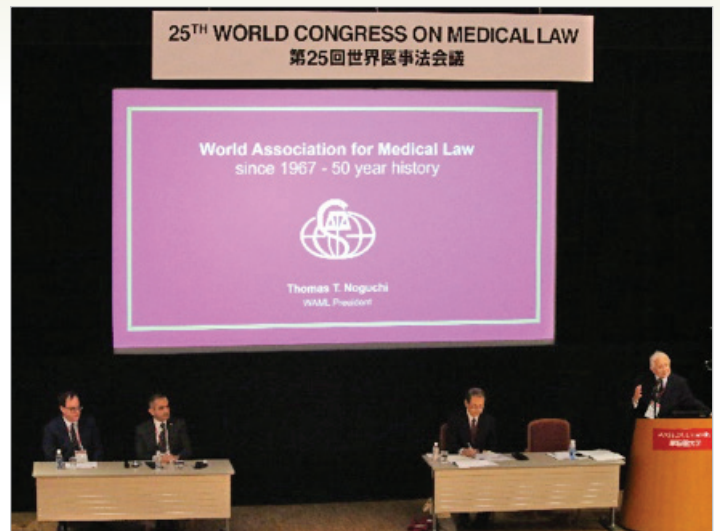
Lastly I must thank for many cooperation by President Thomas Noguchi, members of Japanese Executive Committee including Professor Mitsuyasu Kurosu, Waseda Law School, Waseda Hogakkai, Private University Research Branding Project of Waseda University, Egusa Foundation for International Cooperation in the Social Sciences, Executive Committee members including Professor Vugar Mammadov, Waseda University Academic Solution Corporation including Ms. Mari Iwai, and our excellent Administrative Officer Ms. Denise McNally.

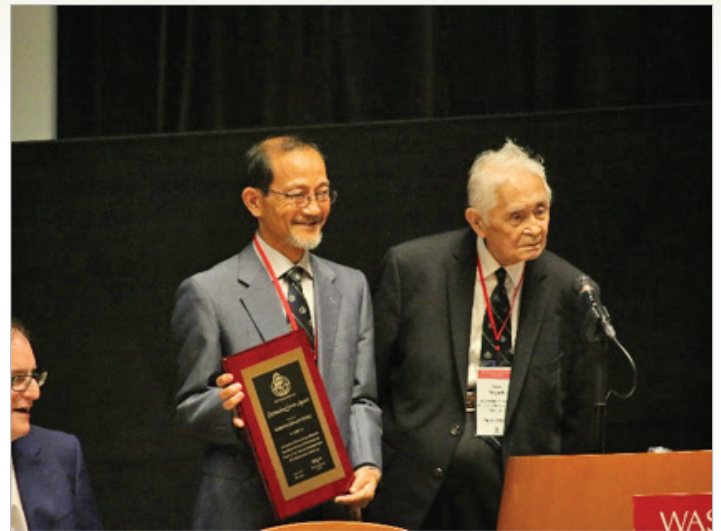
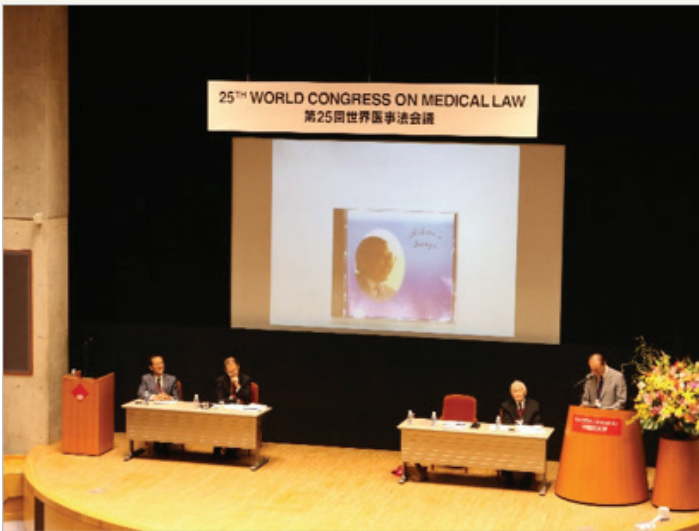
See you all next year in Toronto with Secretary General Dr. Ken Berger.

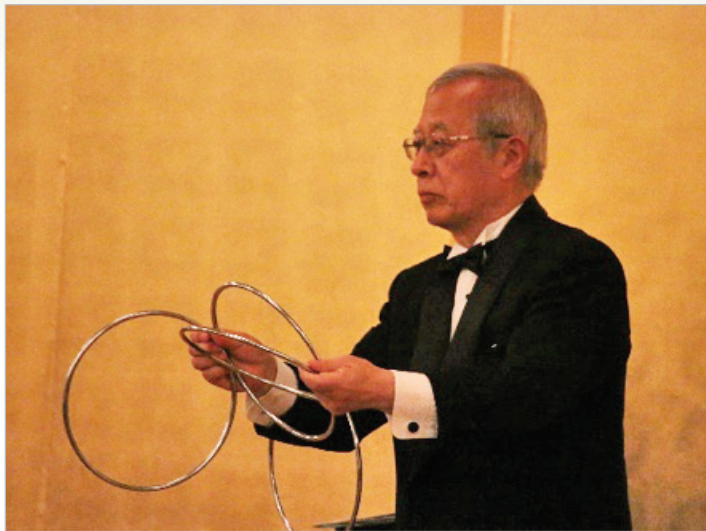












WAML President's Report



Thomas T. Noguchi,
President of WAML

As the year of 2019 is ending, we look back at this year's accomplishments. I feel that we came a long way, the quality of our educational program and visibility among the international field is distinctly better.

The EC members worked hard, sometimes not always in a total agreement, but we manage to come to an agreement on what would be good for WAML.

With only a half year left, we are looking forward to seeing you in Toronto, Canada.

Wishing the staff, members, officers and their families a happy holiday season.

Looking forward to working with you.

Thomas T. Noguchi
President, WAML

WAML Secretary General's Report



Ken J. Berger
MD, JD
WAML Secretary General

The 26th World Congress for Medical Law is fast approaching.

We hope that all members make the journey to the cosmopolitan and dynamic city of Toronto, and take advantage of the early registration and rolling

acceptance of abstracts, as well as secure their reservations at the Downtown Toronto Sheraton Hotel.

We are planning some special activities during the Congress, as well as strong ambitions for a succinct and interactive program.

The goal of the program is to inspire a global integration of health law in the pursuit of justice based on three core themes: The right to health through health policy and constitutional law, the right to justice and the role of evidence, and comparative health law.

Preference will be given to abstracts that have strong merit and fit within the themes of the congress.

We very much hope to have your participation, your contributions and your voice, to make the program especially enriching, collaborative and memorable.

Finally, we are so much looking forward to seeing so many close friends and the WAML family in Toronto very soon! The dates of August 13-16, 2020 are quickly approaching. Please continue to connect with the main WAML website and the new conference website that is developing www.wcml2020.com for further information about Toronto. The links to book hotels with the Sheraton Hotel and our partner Star Alliance, Turkish Airline, are already up on the website, so you should be making arrangement to attend and submit your abstracts today. Registration is open and is required before abstracts will be reviewed and considered.

Very truly yours,

Ken J. Berger
Ken J. Berger MD, JD
Secretary-General, Vice President, Board of Governors
World Association for Medical Law

Scientific Chair, 2020 WAML meeting, Toronto, Canada



Prof. Dr. Vugar Mammadov,
WAML Executive Vice-President
Chairman of WAML Education Committee

Happy New Year, dear colleagues! I wish all of you happy life, strong health and prosperous 2020! This will be important year for WAML because of 26th World Medical Law Congress in Toronto, Canada where in August Board of Governors elects new governing structures which may determine trends of Association developments in following years. Certainly, I wish all the Best for WAML in 2020.

Looking back to this year I am glad to inform that WAML Education Committee has done huge number of activities to promote WAML worldwide and in front of our partners.

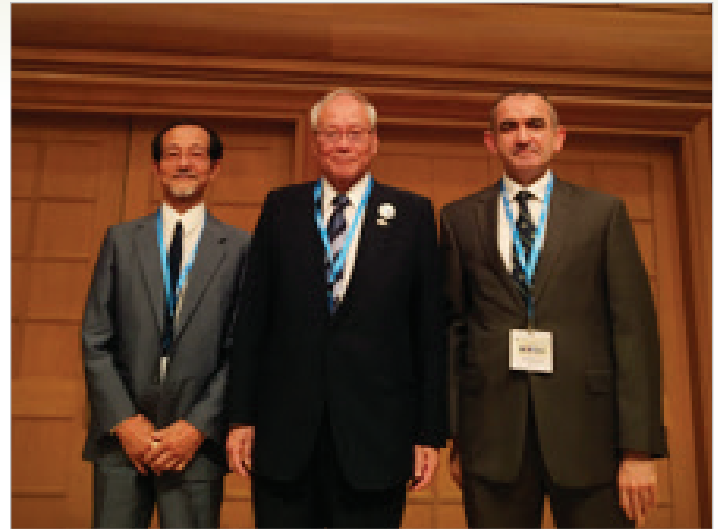
As EVP and EduCom but also being appointed as one of the EC members at the Organizing Committee of the 25th WAML Congress in Tokyo 2019 we have promoted it during our activities to get more contributions to the program and audience. During 7 months of 2019 before the congress in close cooperation with Program Chair Prof. Katsunori Kai and Deputy PC Prof. Mitsuyasu Kurosu we worked hard on providing attendance of additional 50 participants from 16 more countries having in Tokyo 230 attendees from 52 countries. 80 additional papers and dossiers for visa issuance were kindly submitted by Prof. Kai on the eve the congress in this regard. You also informed about start of strengthening of connections of WAML Executive Committee with important international organizations whom we had close collaborations in past:

- World Health Organization (WHO) Bioethics and Universal Health Coverage/Health Systems Law Programs
- International Criminal Court in Hague
- CIOMS (Council of International Organizations for Medical Sciences)

- World Medical Association (WMA).

On the 13-14th of June 2019, H20 the meeting of Japanese Medical Association (JMA)/WMA/WHO in Tokyo under patronage of Her Imperial Highness Japanese Princess to elaborate Health Agenda for G20 meeting in Osaka, 25-27 June 2019 was held; WAML was invited among few international professional organizations to contribute. Presentations of H.E.H. Princess, Japan Prime-Minister, Minister of Health and Minister of Finance of Japan as well as Dr. Yoshitake Yokokura, President Japanese Medical Association, Sir Prof. Michael Marmot, UCL and Dr. Naoko Yamamoto, A-Director-General of WHO were impressive. WAML represented by VP and Governor Prof. Mitsuyasu Kurosu and myself took active participation in discussions on agenda especially points related to justice, equity and equality as well as transparency and fight against corruption





On the 20-21th of June 2019 we represented WAML President at the 6th annual meeting of Scientific Advisory Board (SAB) of the Office of the Prosecutor, of the International Criminal Court in The Hague, The Netherlands. We have been requested to make leadership and moderation of sessions on SOP elaboration.

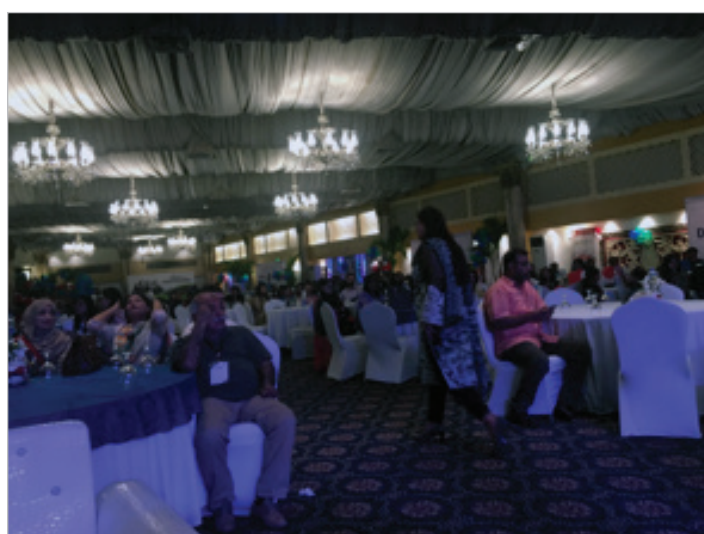




We recently started our contacts with famous Georgetown University, National University of Singapore, organized and implemented WAML EduCom workshop at the 7th European Conference on Health Law in Toulouse, France under guidance of Secretary General of Council of Europe, for Scientific Council of Mycolo Romeris University in Vilnius, Lithuania, contributed to the National Launch of of the Council of Europe' HELP (Human Rights education for Legal Professionals) Program to the National Bar Association of Ukraine. Other activities of EVP and Educom in 2019 are reflected in below pictures:



3rd International scientific-practical conference
 «Debatable issues of theory and practice of forensic
 examination» at Russian Justice Institute of the Ministry
 of Justice of Russian Federation, Moscow, Government
 of Moscow Headquarters, 30-31 March 2019



«Meetings Africa 2019», Johannesburg, South Africa,
 25-26 February 2019



2nd meeting of International Legal Medicine Organization for chief forensic medical specialists of 17 regional countries, Kish, Iran, 2-3 March 2019



2ND ANNUAL CONFERENCE
PAK GI & LIVER DISEASES SOCIETY
25TH - 27TH April, 2019
Pearl Continental Hotel, Karachi
"GASTROENTEROLOGY IN 21ST CENTURY"

BAKU
MEET OUR INTERNATIONAL INVITED FACULTY

Dr. Vugar Mammadov
Talk on "Medical Ethics & Liver Transplant"
DAY 1: 26th April 2019, Friday
Time: 10:15 am - 10:30 am

EVENT MANAGEMENT
Orbit
www.orbitmkt.com
info@orbitmkt.com

Educational activities with local professors at Agakhan University in Karachi, PakLiver&GI Association, Shalamar Medical & Dental College, Lahore, Pakistan, 01-02 February and 25-26 April, 2019





Educational activities with local professors at Agakhan University in Karachi, PakLiver&GI Association, 25-26 April, 2019



2nd meeting of International Legal Medicine Organization for chief forensic medical specialists of 17 regional countries, Kish, Iran, 2-3 March 2019

24th Forum of the National Ethics Councils (NEC), organized by European Commission under Presidency of Romania. 04-05 April 2019, Iasi, Romania.

Geography of travels covered Singapore, India, Malaysia, South Korea, Poland, Spain and other countries. More detailed report will be given in next newsletter. Best regards,

Treasurer Report



Prof. Berna Arda

(MD, MedSpec, PhD)

Ankara University School of Medicine

Ankara - TURKEY

We all live in a world where innovations and scientific developments give surprising results every day. Undoubtedly, the newly emerging situations require new rules. One of these fields is obviously medicine. A rational rule-making activity requires realistic knowledge on the structure and function of normative systems. In general, the method applied is to establish rules by making comparisons during medical ethics studies, which is one of the important sources of medical law, based on the logic of law and considering the functioning of social dynamics.

Medical law as a set of knowledge that can be taught and transmitted is a normative system, a rule, a pattern; in a sense, it is the place of orders and prohibitions. This feature is extremely different from medical ethics. However, for example; as a teaching body, medical ethics / medical law programs in medical schools, increasingly include ethical issues and ethical considerations. Today, medical law has come to a more striking crossroad. Medical law knowledge must inevitably be developed in accordance with ethical approaches. In fact, like all other normative information, the rules of medical law stem from ethical needs and ethical approaches. Today, physicians have to evaluate and apply the rules of professional behavior in the light of ethical approaches developed by ethical problems.

The basic knowledge that will contribute to the ethical work of the physician is about the law and especially about the origin and function of normative systems. This is only possible to some extent by recognizing the approaches of the sociology of values and the doctrines of law.

While trying to explore the origins and sources of some “written and unwritten rules” in medical law knowledge, it will be possible to prepare a methodological program to

support the ethical efforts of the physician. To be able to do this it would be necessary to recognize the basic legal and sociological concepts and to know the life and function of the “*imperative*” patterns (laws, regulations, etc ...). In addition, by examining the interpretative technique in various legal doctrines, it should be included in the content to investigate the functions and aims of some long-lived and well-known principles of medical deontology.

The main purpose of this study is to determine the specific characteristics of norms to the era and the region; to investigate the relationship between rules and sociocultural areas such as social structure and contemporary world view, and thus to look for the connections or parallelism between social change and social thought and its guiding element. Therefore, it is necessary to make it easier for the physician, who is confronted with ethical problems every day and has to make ethical choices, to think and act within the discipline of a jurist in the normative process, and at least to introduce the necessity of such a disciplined approach.

It is necessary to emphasize some points that should be remembered in the ethical rule-making process. Essentially, the existence of a rule should be perceived as an obligation to comply with it. Of course, a rule can be criticized, proposed to be changed, the opposite can be defended, propaganda on this way can be made and the legislator can be tried to be persuaded. All of these are evident democratic rights, but obviously disobeying the rule also requires sanctions. If there is no rule on that issue, it is necessary to consider the benefit-harm balance of the proposed rule. In other words, it should also be taken into consideration whether the proposed rule is violated by existing rights, which sort of rights are at risk of violating this rule and whether the future consequences conflict with existing rules. Here, as a guiding approach, non-maleficence principle in medicine may be a guiding one. In this context, it is clear that the inclusion of medical law in the undergraduate medical curriculum will give normative skills to future physicians. I hope that medical law will become an integral and indispensable part of medical education all around the world.

Wish all of WAML family health and happiness in 2020

Berna Arda (MD MedSpec PhD)
ORCID: 0000-0003-2043-2444

WAML Meeting Planning and Administration



Denise McNally,
WAML Administrative Officer and Meeting Planner

THE 26TH WORLD CONGRESS ON MEDICAL LAW IN TORONTO, CANADA,

AUGUST 13 - 16, 2020
is now accepting registrations
and abstract submissions!

Please register at <https://wafml.memberlodge.org/event-2746302>. Additional information may be found about the Congress <https://www.wcml2020.com/>

ABSTRACT Submission is now open
<https://app.oxfordabstracts.com/stages/1415/submissions/new>

There will be rolling acceptance of abstracts and submission should be made without delay to avoid disappointment and potential preferential placement in program based on merit and registration needs to be paid in full before abstract will be considered. Notification of acceptance or decline will be on a rolling basis. Final program will be at the discretion of the Program Chair, oral or poster.

THEME: “The Global Integration of Health Law and the Pursuit of Justice that Matters”

Categories:

1. Health Law and Constitutional Rights, Legal Rights and Remedies, Human Rights, Health Policy, Law and Ethics
2. Health Law and Evidence in Criminal Law, Civil Law, and Administrative Law Practice, Litigation, Forensic Medicine Advocacy and serving the Administration of Justice

3. Health Law Innovation and International and Comparative Health Law Evidence Based Standards, and Regulation of the Health and the Health Professions

Sheraton Centre Toronto Hotel will be the Lodging and Congress Venue



We are pleased to inform you that the hotel room block for the WAML 2020 Annual Congress is now open!

The Sheraton Centre Toronto Hotel is offering a reduced group rate of \$240 CAD Single/Double (\$187 USD Single/Double).

To reserve your room please call 1 888 627 7175 with the group name World Association for Medical Law or the group code WAB.

You may also book your room online for World Association for Medical Law 2020 [HERE](#)

The deadline to reserve your room is **July 17th 2020**.



TURKISH AIRLINES

A STAR ALLIANCE MEMBER 

Turkish Airlines is the official airline of 26th World Congress for Medical Law and special discounts are offered on certain booking classes. In order to proceed with the online booking tool for Turkish Conventions please visit the Turkish Conventions website <https://>

www4.thy.com/TKC/app/main?language=en and use the event code “001TKM20” under delegate section.

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 reminder notices for your 2020 membership will be emailed out in November. 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 <http://wafml.memberlodge.org/> and pay. After logging in choose ‘View Profile’ (located top right), click ‘Membership’ and then “Renew”. You also have the option to pay by check or wire transfer.

If your membership dues are paid, thank you!





World Association
for Medical Law

SAVE THE DATE

AUGUST 13-16

2020

The 26th Annual WAML
World Congress

Toronto, Canada
www.thewaml.com

Do you
have an
idea,
comment,
or sug-
gestion?

Please contact
Denise McNally
worldassocmedlaw@gmail.com

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

NAME Interim Meeting

February 18, 2020

Anaheim, CA (USA)

Website: <https://www.thename.org/2020-interim-meeting>

ACLM Annual Meeting

60th Annual Health Law & Legal Medicine

February 20-23, 2020

Scottsdale, AZ (USA)

Website: <https://aclm.memberclicks.net/upcoming-meetings>

26th Annual WAML World Congress

August 13 – 16, 2020

Toronto, Canada

Website: www.wcml2020.com

www.thewaml.com

NAME 2020 Annual Meeting

October 9 - 13, 2020

Denver, Colorado (USA)

Website: <https://www.thename.org/annual-meetings>

27th Annual WAML World Congress

August 4 – 6, 2021

Istanbul - TURKEY

Website: www.thewaml.com

NAME 2021 Annual Meeting

October 15 - 19, 2021

West Palm Beach, Florida

Website: <https://www.thename.org/annual-meetings>

28th Annual WAML World Congress

August 1 – 3, 2022

Gold Coast, Australia

Website: www.thewaml.com

29th Annual WAML World Congress

August 2023

Vilnius, Lithuania

Website: www.thewaml.com



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