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Interactive Index

Editor's Note September 2021 1

The Belgian Approach To
The Covid-19 Pandemic 1

Japan' Measures Against
COVID-19 3

Balancing Between Autonomy
and Public Health Interests –
The Israeli Challenge 4

Covid 19 : Mandatory
Requirements in France 5

Hungary Before the Fourth
Wave of the Pandemic 7

COVID-19 in the Republic
of Azerbaijan 8

President Report 10

World Association
for Medical Law 10

WAML Treasurer Report 11

WAML Meeting Planning
and Administration 12

Future Meetings 15

Editor's Note September 2021



**Hon Richard S Wilbur MD JD FCLM
FACP FRSM FACPE**

Member of the National Academy of Medicine
Editor WAML Newsletter

This issue of the Newsletter is dedicated to bringing together the experiences of our various countries with the COVID-19 epidemic for the benefit, not only of our readers from other countries today, but also in hopes that they will help our successors in the future when, inevitably, another epidemic occurs. Had we known and implemented in early 2020 what we now know and do, many lives could have been saved and much of the confusion avoided or, at least, ameliorated. The December Issue will return to our customary format of a Guest Editor from a single country.

The Belgian Approach To The Covid-19 Pandemic



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Belgium is a complicated country with many levels of competence and an intricate state structure. There are eight ministers responsible for countering the pandemic. In times of crisis, this fragmentation has proven to be a major handicap. Furthermore, until this summer (2021) Belgium had no legislation regarding a state of emergency. Therefore, a chain of command was set up to make more unity of governance possible. This was only partially successful. Many decisions were taken by government bodies, but those decisions were neither binding nor enforceable without further formal implementation. Throughout the crisis, there has also been extensive use of circulars from ad hoc groups of experts and officials. These are a fortiori not binding. Legally, they appeared as mere recommendations for hospitals and healthcare providers. Fortunately, Belgium succeeded in

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

coping with the crisis without having to requisition professionals or medicines, and without having a shortage of ICU beds. Meanwhile, in the summer of 2021, and therefore well late, a “pandemic law” was passed. It provides a legal basis for taking far-reaching measures in health crises. Specifically, the promulgation of an epidemiological emergency can now be done by means of a governmental decree (royal decree) which makes the entire government responsible instead of just the minister of the interior and after which the government can take a series of measures to suppress the pandemic. By this law, parliament is given fifteen days to ratify the decree to allow for an in-depth debate.

Throughout the Covid-19 period, various questions of liability were also raised. Several healthcare providers from temporarily closed hospital wards volunteered to work in the intensive care unit. In principle, a healthcare provider does not commit an offence by working in an emergency situation in an ICU department without specialised ICU expertise. Additionally, prescribing medicines without having seen or examined the patient is, under normal circumstances, a prohibited and high-risk activity. However, during the crisis, guidelines were issued by the government recommending the practice of telemedicine. A diagnosis error is not an offence. However, the risk of error is significantly higher than under normal circumstances. At the height of the pandemic, triage was also frequently used in intensive care units. At first sight, triage practices conflict with the right to equal access to health care. But in an emergency, the right to healthcare access cannot always be guaranteed because there are not enough beds. In these situations, the allocation of hospital beds must be based on objective criteria, without any (unlawful) discrimination.

The public measures regarding COVID-19 are based upon the six classic “golden rules”: respect for hygiene measures, outdoor activities should be favoured wherever possible, extra precautions should be taken for vulnerable people, a safety distance of 1.5 m. is mandatory, close contacts should be limited and people have to follow the rules on public and private gatherings.

Until June 2021, teleworking was compulsory. Currently, companies must only take appropriate preventive measures in order to ensure compliance with the rules of social distancing and provide the maximum level of protection. In this regard, companies may provide self-tests to their employees. However,

the provision of self-tests should in no way result in an obligation to use them. This policy option of making few things mandatory but rather encouraging certain behaviour is a common thread in our Corona policy. Of course, this also has to do with the fact that Belgium has hardly any enforceable crisis legislation. Given the good results, this has paradoxically perhaps turned out to be a blessing.

Since the beginning of the summer, events can take place indoors as well as outdoors. However, depending on the size of the event certain requirements must be met, such as the presentation of a Covid vaccination certificate, regular testing and the wearing of masks. Nevertheless, nightclubs have remained closed, unlike neighbouring countries such as France and the Netherlands, and that has proven to be a sensible approach.

Furthermore, for events taking place in Belgium as from August, the so-called Covid Safe ticket (CST) was introduced for those who can not present a European Covid vaccination certificate. People who can present such a CST are allowed access to events in Belgium without the need to present a negative test or wear a mask. Anyone older than 12 years can apply for a CST. Children under the age of 12 may enter the event without additional control. People are entitled to a valid CST in one of the following situations (1) one is already in possession of a vaccination certificate, (2) one has been fully vaccinated for more than two weeks; (3) one has a recovery certificate of less than 6 months; (4) one has had a PCR test taken, with a negative result (validity: day of test plus two) (5) you have had a rapid antigen test taken by medically trained personnel, with a negative result: (validity: day of test plus one).

Many local entities no longer mandate masks outdoors, especially now that experts say the effect of wearing them is only based on paper-thin scientific evidence.

In contrast to our neighbouring countries, the Covid Safe ticket will not be used as an entry ticket for catering establishments, shopping centres or residential care homes. In July, we had a Covid outbreak in a nursing home where seven residents passed away. As residents, they were fully vaccinated. However, not all healthcare staff were vaccinated, nor were visitors necessarily vaccinated. To this day, healthcare workers, like the rest of the population, are not obliged to be vaccinated against the coronavirus. From the very beginning of the vaccination campaign, the focus has been on informing the population and promoting vaccination rather than making it compulsory. Nevertheless, there are increasing

demands now from various sectors towards mandatory vaccination of healthcare personnel. Because 85% of hospital doctors work as independents, this obligation cannot be imposed via the classic labour legislation. In order to implement an obligated vaccination for independent health care personnel, additional legal action is needed. This makes a mandatory vaccination considerably more difficult.

Now that 65 % of the total population has been fully vaccinated, another question arises: should there be differentiation at the level of the regions or not? Flanders leads the way in terms of vaccination coverage: 70 % of the population is fully vaccinated. This is in contrast to Wallonia (62%) and Brussels (45 %). The Flemish Minister-President recently opened the discussion on a differentiated approach in Flanders. Indeed, it does not make much sense, for example, to make fully vaccinated people wear masks, especially since these masks have not proven to be very effective by themselves.

As in most countries, many of Belgium's corona measures were based on trial and error. Nobody knew what would be an effective measure and when it should have been taken. That presupposes an agile government and unity of command. This is lacking in Belgium and therefore valuable time may have been lost. On the other hand, the government has succeeded in quickly mobilising the population (especially the Flemish population) to take voluntary action. This is evidenced by our high vaccination coverage and the fact that at no point in time healthcare providers had to be requisitioned. On the contrary, many doctors spontaneously volunteered to be assigned to Covid departments outside their specialism.

Japan' Measures Against COVID-19



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Adjunct Professor

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Vice President and Governor for WAML

The characteristics of Japan's measures against COVID-19 are: 1. Measures for requesting cooperation in "non-passing" and "non-getting" actions without penalties in anticipation of the ethical behavior of the people. Specifically, i) washing hands, ii) wearing a mask, iii) avoiding closed spaces, crowded places, and closed-contact settings, iv) refraining from going out or moving unnecessarily.

2. Measures to minimize financial expenditure. Specially, the government remained very reluctant to test for COVID-19 (PCR, antigen, antibody) and the number of PCR tests is about 60,000 a day. The vaccination rate is about 38%. Regarding vaccine development and inoculation, drug-induced incidents occurred frequently from 1960s to around 2000 due to improper response by drug administration, and the national responsibility continued to be held in courts. For example, thalidomide case, vaccination accidents, blood product cases (HIV infection / hepatitis C infection), etc.

Next, I briefly describe the current situation regarding masking, social distancing, quarantine, vaccination, and vaccination passports. Finally, based on those, I will describe the measures to prepare for the next pandemic.

Regarding wearing masks, the government asks the people for cooperation when they are in public places. The government requires that the social distance be at least 2 meters. Quarantining (hospitalization measures) for infected persons is until 10 days have passed since the onset of the disease and 3 days have passed since the symptoms were alleviated. The government recommends this to infected persons, and if they do not comply, they will be hospitalized compulsorily. Vaccination is initially targeted at the elderly due to lack of vaccine.

Masking is mostly worn. Social distance is less common to friends and acquaintances. As for quarantine, the number of infected people is increasing rapidly, and the number of cases of medical treatment at home is increasing because hospitalization is not possible. Vaccination is given priority to the elderly, but the vaccination rate is still only 37% (2021.8.11).

Vaccine passports are issued in writing by municipalities based on vaccination records. The government does not require a vaccine passport for domestic work or travel.

What should we do in the next pandemic?

1. Limit people's behavior early and for a short period of time to curb the pandemic. At the same time, make drastic financial expenditures for livelihood security. The people will support if even a slightly strong behavioral restriction can be suppressed in a short period of time rather than a weak behavioral restriction for a long time.
2. Switch the medical system to a pandemic-compatible type without delay. For that purpose, it is necessary to take measures in advance.
3. Smooth supply of vaccines and therapeutic agents. Therefore, it is necessary to study their development and supply system in advance.

This corona infection reminds us that humans cannot live affluently without face-to-face communication.

Balancing Between Autonomy and Public Health Interests – The Israeli Challenge



Jonathan Davies, LLM, FACLM, FRSM

President of the Society for Medicine & Law

Israel Governor to WAML on behalf of the Society for Medicine and Law

The Covid-19 pandemic poses the most significant health challenge since the Spanish flu Pandemic in 1918 and is the most influential economic incident since the 1929 Global Financial Crisis that affects many areas of our lives.

The difference between the past pandemics is the hope that the vaccination can make the difference and offer protection to the world population.

Since the Covid-19 outbreak in March 2020, the State of Israel has coped with 4 waves of illness in which over 1,000,000 persons have caught the virus (over 200,000,000 in the world) and over 7500 died (Over 4,500,000 in the world). The average rate of deceased in the world due to Covid -19 is 562.4 per million. Israel is rated 78 in the world (out of 200 countries) with 718 dead per 1 million. The government has handled the pandemic by imposing mask wearing indoors and public areas, closing borders, shutting down businesses, forbidding any form of gathering such as sport events, weddings, communal parties, restaurants, hotels etc.

Since the second wave (December 2020), three lockdowns have been declared in which the country has been shut down, work places closed, and Universities and schools moved to distance learning.

At the same time, Israel has become the world's live laboratory by introducing the third boost vaccination for the population over 40 years old. Up to date 2/3 of the population over 18 years old have been vaccinated with two shots of the Pfizer Vaccine, and the government is considering introducing vaccination for children over 12 y. old due to the growing rates of illness within the young population (In the US alone the percentage growth of children who were infected is 400%)!

The reasoning behind the decision to introduce a third boost is the Delta variant of Covid, which is less prevented by the vaccines. The first three variants (Alfa = the British, Beta= the South African and Gamma= the Brazilian) variants were protected from by the vaccination, but it was found that although vaccination reduced severity of illness, the Delta variant infects all population layers even children.

The main challenges to Israel in the coming months are as follows:

- Reducing the numbers of people who are at risk from Covid.
- Convincing a third of the population that refused vaccination to receive vaccine that seems to be the ultimate cure to overcome the pandemic.
- Balancing between the protection of human rights (freedom of movement and religion) and autonomy to refuse vaccination V. public health interests and solidarity between people.
- Balancing between protecting public health and maintaining life routine.
- Recovery of the Health and Education systems.
- Reducing the economic blow that the world has suffered due to Covid

Israel was the first to introduce the vaccination to its citizens, and first in the world to introduce, the third shot but is still a long way before overcoming the above challenges. The world can overcome these challenges in social solidarity and the knowledge that vaccination can end the battle against Covid.

Covid 19 : Mandatory Requirements in France



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Since the beginning of the epidemic, 6.47million cases of Covid 19 have been recorded in France (first in the European Union ahead of Great Britain, Italy and Spain). There were 3 epidemic peaks: in April 2020, November 2020 and April 2021. Since June 2021, the number of cases has increased and a fourth wave is expected in autumn 2021 with different characteristics from the previous ones as it develops from a much more contagious variant, the delta variant (94.6% of tests on the 21,200 cases per day currently) and on a partially vaccinated population.

The previous waves were contained with restrictive measures put in place under the State of health Emergency.

Restrictive measures for freedoms

The State of health Emergency is an exceptional measure, of limited duration, promulgated in the event of a health disaster and regulated by law. It was introduced in France by the Law of 23 March 2020, extended until 16 February 2021 and then until 1 June 2021 and under a transitional regime from 2 June to 30 September 2021. It allowed the government to take the following exceptional measures:

- The confinement of the entire population, requiring citizens to remain at home, with travel limited to what is strictly necessary: food purchases, medical care, professional activity if teleworking is not possible. Three periods of confinement followed one another from 17 March to 11 May 2020, from 30 October to 15 December 2020, and from 3 April to 3 May 2021, during which the only outings authorised were for individual sporting activities for 1 hour a day within 1 km of the home.

- The wearing of a mask has been compulsory in transport since 11 May 2020 and in enclosed spaces since July 2020. Some cities have imposed it even outside, under the authority of the mayor, depending on the rate of circulation of the virus.
- Prohibition or limitation of certain indoor activities, shows, sports halls, certain non-essential businesses, etc. In addition, certain outdoor activities and gatherings of more than 50 people have been prohibited, even in places of worship, except for funeral ceremonies (20 people authorised). Travel and movement between EU and non-EU countries was restricted or prohibited.

Each containment has been effective in reducing the number of cases, but has had a major impact on the economy. Since June, in order to avoid saturation of hospital services and a new confinement, the vaccination campaign has been accelerated and specific measures have been implemented, maintaining barrier gestures (masks) and creating a Health Pass.

Vaccination

Vaccination began slowly in January 2021, with priority given to protecting vulnerable people, mainly those over 75 years of age in homes for the elderly, and then those with comorbidities. The French vaccination strategy has been criticised in comparison with countries that have widely opened up vaccination without prioritisation (Great Britain, Israel). In reality, the health authorities started cautiously because of a climate of vaccine hesitation: only 40% of the people questioned in November intended to be vaccinated. This hesitation is the result of previous mistakes for the H1N1 vaccination in 2009 (large doses of vaccine ordered for 7.9% of people vaccinated) but also the uncertainty about the long term side effects of RNA vaccines. The gaps with other countries closed as soon as the vaccine supply stabilised. As of 15 August 2021, 45.78 million people have received the first injection and 38.50 million are fully vaccinated, i.e. 66.8% of eligible people (aged over 12 years). In order to maintain sufficient vaccine protection, a third dose of vaccine will be offered in September for those over 80 years of age whose immunity declines more rapidly.

There is a segment of the population that traditionally opposes vaccination : the anti-vaxers. They are present even among health professionals, and compulsory

vaccination of certain professions is regularly mentioned, but has not been submitted to Parliament.

The resumption of significant circulation of the virus shows that vaccination is not currently sufficient to stop the epidemic and that economic and social activities must continue in a supervised manner with controls.

The Health Pass

A European Health Pass has been set up to facilitate travel between European Union states on 1 July 2021. France has also introduced a similar health pass on 25 July 2021. It is an electronic certificate with a QR code, attesting to a complete vaccination or a negative PCR test of less than 72 hours or the cure of COVID. It is required for adults from 9 August 2021 onwards to access bars and restaurants (even on the terrace) and to travel by train, plane and bus. It is also required for access to medical and care facilities (except for emergencies) and for certain large shopping centres (20,000 m²). From 30 September, it will apply to people over the age of 12.

The Health Pass will be compulsory for employees in establishments open to the public from 30 August. If the employee refuses to present the Health Pass, the employer can interrupt the salary and suspend the employment contract, without entitlement to unemployment benefit.

Reactions from the public and professionals

Protests against the mask requirement were held in France and in some European cities in August 2020, but with a modest turnout. In 2021, anti-Health Pass demonstrations are taking place every Saturday in 200 cities and brought together around 215,000 people for the fifth edition on 14 August.

This protest is part of a social and political context already deteriorated before and during the crisis: protest of the Gilets jaunes since 2019, malaise in the hospital due to lack of staff and insufficient remuneration long before the Covid crisis. Legal actions have been filed against the government measures of prefects and mayors, the majority of which have been rejected.

Support and incentives for vaccination

Economic support was introduced as soon as the effects of the containment began to be felt, and

an increase in hospital salaries was granted in the Autumn of 2020. The principle of our social protection system is that care, hospitalisation, tests and vaccination are completely free of charge.

To encourage vaccination, walk-in vaccination centres have been opened at holiday destinations. Some employers have awarded bonuses of up to 200 euros for their vaccinated staff.

As an alternative to vaccination, citizens will have to pay for repeat PCR tests from October 2021. Through this measure, the Government hopes to encourage vaccination.

The outlook

The succession of epidemic waves shows that the eradication of the virus is not yet possible, so we have to find ways of living with a recurrent epidemic. We cannot speak of a post-Covid life but of a life with Covid. There will be new variants and recurrences in various countries.

The French government's strategy to support the economy has borne fruit, with economic activity rebounding by 6% in 2021 and returning to its pre-Covid level by the end of December 2021.

In the future, we must expect the emergence of new viruses and new pathologies. The Covid 19 epidemic has lasted long enough and reached the whole world to draw lessons from it. The surveillance and evaluation structures that were created for COVID 19 will need to continue in order to take into account the experience gained for a better preparedness for future pandemics.

Hungary Before the Fourth Wave of the Pandemic



Judit Sándor

Professor at the Central European University, Vienna, Budapest
Governor of the WAML

By mid-August more than 5.6 million people received anti-covid vaccines in Hungary and the total number of doses administered reached 11.2 million. While before June Hungary was among the countries where the vaccination rate was the highest in the world, many other European countries have accelerated their vaccination programs since then. As of August 15, 2021, Malta had the highest COVID-19 vaccination rate in Europe having administered 176.83 doses per 100 people in the country.

The initial success in reaching a high vaccination rate in Hungary prompted the government to relax the public health measures. During the summer, wearing masks is not obligatory any longer, not even in shops and at public events, and although immunity and vaccination cards had been introduced in the spring, showing these cards is no longer necessary to enter cinemas, theaters, restaurants, and other indoor facilities. In June the Puskás Stadium in Budapest hosted Euro 2020 (European Soccer Championship) matches and the UEFA allowed full capacity crowds of 68.000 people on each occasion.

Hungary is the first in Europe to allow the administration of a third vaccine, only four months after the second jab. People with low antibody levels may register for the third shot: especially those senior citizens above 65 who had received the Chinese Sinopharm vaccine, as their antibody levels did not prove to be high enough in the tests. So far about 25.000 people have received the third vaccine.

While in most European countries the main issue now is economic recovery after the lockdown period, Hungary has not yet received a green light from the European Union to access recovery funds. On July 13, 2021, twelve EU countries (Austria, Belgium, Denmark,

France, Germany, Greece, Italy, Latvia, Luxembourg, Portugal, Slovakia and Spain) received approval for recovery and resilience funds, while on July 28, 2021, Croatia, Cyprus, Lithuania, and Slovenia also became eligible. The main aim of these funds is to boost economies and recover from the COVID-19 fallout.

Hungary has not yet received the green light because many European Union member states are concerned about corruption and the deteriorating rule-of-law conditions in the country. The European Commission has delayed approval of Hungary's recovery plan partially because Hungary doesn't go far enough in combating corruption, and it potentially risks the timely arrival of billions of euros in funding. In July the European Commission's Rule of Law Report was published. It showed severe deficiencies in the rule of law in Hungary. It is especially worrying in the light of the fact that Hungary may lose EU funds due to rule of law deficiencies.

The decision to withhold the approval of the Hungarian plan has been also motivated by the political controversy surrounding a new law passed by the country's parliament on pedophilia. The stated purpose of the law is to fight pedophilia and protect the children's wellbeing. The Parliamentary Act No. LXXIX of 2021 on the fight against pedophile offenders and amending certain laws to protect children was adopted in June. The contested law wanted to fix gender status at the moment of birth without the possibility to change. The new law includes a provision in the child protection system, by which the state protects the right of children to self-identity according to their gender of birth. Furthermore, in the adopted law homosexuality is regarded as harmful for children so minors should be protected from the "representations and popularization" of LGBTQ content in the media, and therefore children should be protected in the same way as in the case of pedophilia. As a result, the European Commission launched legal action against Hungary because of the violations of LGBTQ rights.

This indicates that the EU may start sanctioning the violation of rule-of-law by using a so-called conditionality mechanism to freeze funds from its pandemic stimulus package before they've been disbursed. Hungary's government could potentially miss out on as much as 7.2 billion euros (\$8.5 billion) of grants from the EU recovery plan. Hungary had lots of losses during the third wave of the pandemic.

Although the government communicates that "Brussels" attacked the country and that the European Union promotes gender reassignment surgeries among minors, the EU Rule of Law Report focuses instead on the violation of media freedoms, on narrowing the independence of the judiciary branch of power, as well as on the emergency measures not related to the public health crisis of the pandemic.

Hungary is lagging behind other EU countries in PCR testing. At the moment, PCR testing is mandatory only before an invasive medical intervention, and even then it has to be paid by the patient. Those who have a valid vaccination card are exempted from the PCR test.

COVID-19 in the Republic of Azerbaijan



Prof. Dr. Vugar Mammadov

WAML Executive Vice-President
Chairman of WAML Education Committee
Professor of Azerbaijan Medical University
Professor of Law School, Baku State University

According to the Order of the Cabinet of Ministers of Azerbaijan, dated January 16, 2021, in accordance with the "Strategy for Vaccination against COVID-19 in the Republic of Azerbaijan for 2021-2022", the first vaccination of health workers began on January 18. The first vaccines received by Azerbaijan were "CoronaVac" (China). Then the portfolio of vaccines was enlarged by the addition of Pfizer (USA), AstraZeneca (UK) and Sputnik (Russia). Vaccination is done free of charge for the people and covered by the state. This is not mandatory and is done upon a wish. However, most medical and educational organizations administration from the very beginning have pushed employees to take it. The state continues to promote vaccination in media and through administrative channels. At the moment, more than 70% of the employees in medical institutions are vaccinated by two shots. Interval between the shots is 28 days. Vaccination started for

citizens over 65 years of age February 8, and for people aged 50 and over since February 17, and the process is continuing successfully. Then people over aged 40 and then over 18 years old were invited for vaccination. In order to combat COVID-19 infection in our country, all necessary measures have been taken to organize the vaccination process with high quality. People register appointments online or apply to local polyclinics, choose vaccines and after waiting some time in queues get it free. Registration, vaccination and post-vaccination waiting rooms have been set up in the medical centers allocated for vaccination. All rooms are equipped with the necessary medical and hygienic equipment.

Official records of Azerbaijan Ministry of Health for 14th of August 2021 show that 5 739 342 people were vaccinated by now: 2 358 955 of them are vaccinated with both shots, 3 380 387 with the first. For the country with 10 millions of people this shows good progress in comparison with the situation a few months ago. At present about 25% of population were vaccinated.

In the first half of the year, it was fully voluntary vaccination without many public cases of pressure for mandatory vaccination. However, recently it was announced that medical and educational workers and students will not be able to attend their jobs and lessons if not vaccinated. This makes a lot of moral pressure and even if voluntarily vaccination is announced de-jure, de-facto people are forced to take it. The similar situation is observed for other types of jobs in public transport, construction works, etc. However, the senior officers of the Government remain unvaccinated.

Having fewer cases of disease in May – June, the lock-down was melted and Baku hosted a Formula 1 race in the beginning of June, then tourism flights, wedding parties up to 150 persons, prayers in mosques up to 50 persons, restaurants, bars and fitness centers were permitted for those who were vaccinated. After June 22, COVID-passport became essential to use these facilities. This was another way to bring people to vaccination. However, the numbers of diseased has started to increase now, there are 20-30 times more now than in June, so we expect lock-downs will be announced again. Spacing, wearing masks in-door, quarantining if diseased are still valid actions. Police control people who come to mosques and wedding parties for presence of COVID passport and put penalties and fines to violators. Another innovation in the last weeks is “Vaccine Contra-indication passport” which is given to those who can’t take it.

Few cases of fake COVID vaccination certificates have been discovered recently which are now investigated by law enforcement bodies. Preliminary data show that the medical staff of a few institutions have organized a chain to issue medical certificates about vaccination for money, so if you don’t want to be vaccinated but wish to have a COVID passport, please, pay your fee and welcome to the club of holders of fake certificates. Ministry of Health has made public announcement that those who are making such violations will be brought to criminal responsibility as they issue fake documents and put public health in danger.

To conclude, let me inform you that in Azerbaijan during the last 18 months of pandemic, officially 368.002 people were recorded as contaminated, 338.925 recovered, 5.153 died. So, I think although contamination numbers are still growing, the good news is that the mortality rate stays constantly below 1,5% throughout all of the pandemics period. So the great majority of people, i.e. more than 98,5% are recovered. Other good news is that the symptoms of disease now are milder than before, fewer people are in reanimation and intensive therapy now and fewer people are in acute need of oxygen. The bad news is vaccinated people also getting ill again, and sometimes dying. In some people vaccine, especially Pfizer, creates side effects, allergic reactions and disease. However, it is still the most demanded vaccine among educated and public people. Astra Zeneca was not popular in Azerbaijan after publications about thromboses so our state donated all of them to Georgia, Uzbekistan and other countries. CoronaVac and Sputnik are tolerated much better so ordinary people are usually getting them and not having any side-effects.

President Report



Thomas T. Noguchi,
President of WAML

Due to the COVID epidemic, it was necessary to have unexpected postponements of the World Congresses, first Toronto in 2020 and then Istanbul in 2021. We are now hopeful that we are able to have a face-to-face meeting in Gold Coast Australia in 2022. Professor Roy Beran is program chair and looking forward to having an excellent program.

After the WAML Congress meeting in Gold Coast, The Australian College of Legal Medicine is planning a program in Sidney on Saturday, August 6. So far, the COVID epidemic has been handled vigorously in Australia. We hope we will have a meaningful get together in Australia.

World Association for Medical Law



SECRETARY-GENERAL REPORT

Covid-19 continues to test our resilience and resolve into the 4th wave with variants, vaccine hesitancy and equity of distribution of vaccination.

We look forward to a time where life is somewhat back to normal.

Our Executive Committee continues to work hard balancing budgets and managing the risk of the association during these pandemic and uncertain times.

Behind the scenes we have been collaborating with the World Health Organization on recently helping develop International Guidelines for Medical Certification of Death, which has been a global integrated effort with important partners including the Centre for Disease Control in the United States. Currently, the guidelines are being field tested and feedback has been very positive.

Moving to the future, we all hope borders will open soon and we can travel again and meet next year in Gold Coast. I know the Program Chair would like to warmly welcome us all “Down Under” and is planning a great program, to which I would encourage everyone to register early. The EC continues to monitor the situation carefully and we will continue to update our governors and membership.

I know every Governor and Member is working so very hard in their home jurisdictions continuing their great work and creating impact with initiatives and activities. We continue to thank the Governors for being the voices of the WAML in their home Countries and playing the important role of Representatives of the Association. We thank them for their work and commitments during these unprecedented times.

On behalf of the EC, I wish everyone continued good health, prosperity, and safety.

Very truly yours,

Ken J. Berger

Ken J. Berger MD, JD

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

Program Chair, 2024, 29th WAML meeting,
Toronto, Canada

WAML Treasurer Report



Prof. Berna Arda
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Ankara University School of Medicine
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Dear Valued Colleagues,

When we are approaching the last a few months of the 2021, the vaccination process against Covid-19 is a promising development. However, we have to be aware of some concerns; on one hand, it does not continue at the same speed and effectiveness in every region of the world and on the other hand, new mutant virus types with new acronyms have emerged which are more contagious. Therefore, limitations regarding safe travel at the international level still persist. Due to all these uncertainties, the 2020 and 2021 Congresses were postponed as an inevitable result from WAML's point of view.

Relevant to my country's covid-19 experience; the first case in Turkey with a population of 84 million was seen on March 11, 2020; approximately 50 thousand people died.

The data for the day of August 19, 2021 are as follows: the number of tests performed is 292 538, new cases 19,320, 216 deaths, 14,743 recovered.

Mass vaccination started in Turkey at the beginning of January, 2021.

The MoH(Ministry of Health) determined the order of groups to receive the COVID-19 vaccine by evaluating the risk of exposure to the disease, the risk of having the disease with a severe course, the risk of transmitting the disease, and the negative impact of the disease on the functioning of social life. The vaccine was administered to these groups in the order of priority accordingly. The first groups were "all healthcare workers" and "social care workers and adult residents of elderly care homes, rehabilitation centers for the disabled and women's and children protection/

foster homes". Optionally, Sinovac and Biontech vaccines continue to be administered free of charge. On the other hand, domestic vaccine development studies continue intensively.

According to the data of the MoH (August 20, 2021; 10.25 am) the numbers for vaccination are as follows:

Percentage of population over 18 years old with at least one dose of vaccination;

National overall ratio for the first dose is 73 % ,

National overall ratio for the second dose is 55.5 % ,

Total number of vaccines applied 87.340.702

Number of people who received 1st dose 45.388.860

Number of people who received 2nd dose 34.542.211

Number of people who received 3rd dose 7,362,337

During the pandemic, we lost about 50 thousand people in Turkey due to covid-19. It is thought that the loss we experienced due to delayed health problems and not going to the hospital due to fear of contamination is much more than this. For example, heart attack diagnoses decreased by 56 % during this period, while deaths from heart attacks increased by more than 10%. While there is a decrease in the diagnosis of many similar diseases, an increase in losses due to that disease has been detected. The main reason for this situation is the slowdown in access to health services other than the pandemic or the hesitation from going to hospitals for reasons other than the pandemic. On the other hand, we also learned how important it is to share health-related information with the society in the event of a pandemic to be "up-to-date", "scientific" and "transparent".

In this context, there is another important issue that needs to be taken into account: Anti-vaccination trend and vaccine hesitancy. This open a new front that needs to be fought. It is clear that vaccines have an extremely important benefit in terms of preventive medicine and public health. Those who were vaccinated do not get COVID-19; even if they are caught, it is known that they have the disease with mild symptoms without being taken to the intensive care units and intubated. In this context, scientists should continue tirelessly to explain the benefits and safety of vaccines to the public.

The Treasurer's report, would be focused on the financial situation of the Association. Since the detailed information would be in next newsletter, I just want

to remind you once more that membership fees are WAML's most important source of income. We are grateful to all our regular members.

Keep healthy

Berna Arda

Treasurer

WAML Meeting Planning and Administration



Denise McNally,
WAML Administrative Officer and Meeting Planner

**JOIN US FOR THE 26TH
WORLD CONGRESS ON
MEDICAL LAW (WCML)
AUGUST 1 – 3, 2022
GOLD COAST, AUSTRALIA**

AUGUST 1 - 3, 2022

We encourage you to join the leading experts in medical law, legal medicine and bioethics by submitting your abstract in English only online. A call for abstracts will be announced to the membership June, 2021.

Congress Themes

1. IMPACT OF COVID ON LEGAL MEDICINE
2. MEDICINE AND TECHNOLOGY
3. CONCUSSION AND TRAUMATIC BRAIN INJURY

You may register for the Congress at <http://wafml.memberlodge.org/event-2746302/Registration>

HOTEL RESERVATIONS



QT Gold Coast
7 Staghorn Avenue
Surfers Paradise QLD 4217 Australia
W: www.qthotelsandresorts.com.au

The QT Gold Coast is offering a reduced group room rate. Reservation link will be available soon.

ACCOMMODATION

Prices listed below are AUS

MOUNTAIN RIVER VIEW

(per room per night)

\$199.00 room only

\$224.00 with breakfast for 1

\$249.00 with breakfast for 2

OCEAN VIEW

(per room per night)

\$229.00 room only

\$254.00 with breakfast for 1

\$279.00 with breakfast for 2

QT KING SUITE

(per room per night)

\$329.00 room only

\$354.00 with breakfast for 1

\$379.00 with breakfast for 2

https://www.qthotels.com/gold-coast/?utm_source=google&utm_medium=organic&utm_campaign=gmb

Organizing Committee and Supporting Organizations can be found <http://wafml.memberlodge.org/Organizing-Committee-and-Supporting-Organizations>

About Gold Coast can be found <http://wafml.memberlodge.org/About-Gold-Coast>



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 your 2021 membership dues were due by December 31, 2020. Membership dues are \$150. If you received a notice that your membership has lapsed you still have the ability to login to your profile, generate a 2021 dues invoice and pay. 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!



<http://twitter.com/THEWAML>



Do you have
an idea,
comment,
or
suggestion?

Please contact
Denise McNally
worldassocmedlaw@gmail.com



World Association
for Medical Law

**SAVE
THE
DATE**

August 1–3

2022

**The 26th Annual WAML
World Congress**

Gold Coast, Australia
www.thewaml.com

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

**Australasian College of Legal Medicine (ACLM)
Annual Scientific Meeting "Legal Aspects of Child
and Adolescent Health"**

September 11 – 12, 2021

Hobart, Tasmania, Australia

Annual Scientific Meeting – Legal Aspects of Child and Adolescent
Health - Australasian College of Legal Medicine

NAME 2021 Annual Meeting

October 15 - 19, 2021

West Palm Beach, Florida

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

**National Mid-Year Conference of ACLM & ABLM
"A Day with the Judges"**

October 22, 2021

Oklahoma City, Oklahoma

https://69551353-70f0-4fbb-9fc8-928edf5e4337.filesusr.com/ugd/4b653e_301b48f50c4d48aba3f3d7adb1dbb73a.pdf

August 1 – 3, 2022

Gold Coast, Australia

Website: www.thewaml.com

27th Annual WAML World Congress

August 2 – 4, 2023

Vilnius, Lithuania

Website: www.thewaml.com

28th Annual WAML World Congress

August 8 – 11, 2024

Toronto, Canada

Website: www.wcml2020.com

www.thewaml.com

29th Annual WAML World Congress

August 6 – 8, 2025

Istanbul – Turkey

Website: www.thewaml.com



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