World Association For Medical Law

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Newsbulletin Editor

Hon Richard S Wilbur MD JD FCLM FACP FRSM FACPE

Member of the National Academy of Medicine

This issue continues the presentation of the articles curated by our Governor from Australia. There is also the announcement of the proposed revised dating of the Gold Coast Australia Congress to December 2022 secondary to the concerns about potential continued restrictions of the COVID pandemic into August. This will be the first chance for the Board of Governors and the Member's Assembly to meet face to face since the Tokyo Congress of August 2019. This will also continue the WAML practice of holding its Congress in Summer which December begins in the Southern Hemisphere. Since there have been no elections for the Board of Governors or the Officers since 2019, there will more than the usual number of vacancies to fill. This will make attendance at the Congress even more important than usual.

Guest Editor March 2022

Associate Professor Melinda Truesdale

Senior Emergency Physician

Royal Melbourne and Royal Women's Hospitals

University of Melbourne and Monash University

It is with pleasure I have been asked to continue as guest editor for the first of our newsletters for 2022. As I indicated in the December newsletter, the women I have chosen to present their articles are all well respected in their fields of medicine and law and have had an impact in the fields of work they pursue. Even since the last newsletter, much has changed with respect to CoVID and we have seen the emergence of the Omicron variant wave.

Professor Fary Khan AM is the Director of Rehabilitation Services, Royal Melbourne Hospital and Clinical Professor at the Department of Medicine the University of Melbourne the Nossal Institute of Global Health, and Monash University, Australia. She is the currently Chair of the Disaster Rehabilitation Committee, International Society of Physical and Rehabilitation Medicine (ISPRM), Disaster

Rehabilitation Special Interest Group and Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ). She has gone to disaster sites such as following the earthquake in Nepal and has worked with the World Health Organization. In her article, she has joined with Dr Bhasker Amatya who is a Senior Project Manager and Research Coordinator at the Department of Rehabilitation Medicine, Royal Melbourne Hospital, Australia. Dr Amatya is also a Principal Honorary Fellow, at the Department of Medicine, the University of Melbourne, and Clinical Haematology, Peter MacCallum Cancer Centre.

Ms. Jane Hodder is a practising lawyer and senior partner Herbert Smith Freehills a global law firm based in Melbourne which has won numerous Australasian awards and has also a significant profile in the Asia Pacific. She is also on several other prestigious Boards.

Dr Ines Rio is a general (family) practitioner and she has been a Member of the Victorian Board of the Medical Board of Australia. She is the current Chair of the North Western Melbourne Public Health Network and on the Executive for the Australian Medical Association Council of General Practice.

As you will read from Dr Ines Rio's paper which was written in August of 2021 originally for the September newsletter, Australia has had challenges with the manner in which our Federation and States interact. We have decided to leave the data at that time as it relates to the context of the article. For purposes of updating Australian data eight months later, Australia has had a number of patients who were infected with delta and many hundreds of thousand people who have been infected with Omicron. In addition, there has been a change in policy with respect to "openness of society" especially after enduring prolonged lockdowns (the longest in the world for the Victorian state capital of Melbourne, population just over 5 million). Australia now, however, has achieved a more than 94% (double vaccination rate) of people over the age of 12 and a triple vaccination rate of more than 54% and more than 56% of children from 5 to11 years, with ongoing vaccination each day. (Date 24 Feb 2022). The consequence of this has meant that with the subsequent waves from August when Dr Rio wrote her paper, the Hospital / health system has not been overwhelmed as has been experienced in so many nations. Yes, indeed adjustments have needed to be made, such as cancelling elective surgery for periods of time (especially in the largest states of Victoria and New South Wales) but overall our death rate and admissions to intensive care have been very low when compared with other nations. Australia (approximate population 26 million) has had 3,116 215 confirmed cases (12.1 cases per 100 residents) with 5054 deaths (0.02 per 100 residents).

Associate Professor Melinda Truesdale
University of Melbourne and Monash University
Emergency Physician

Critical Role of Rehabilitation Medicine in Disaster Relief

Fary Khan AM
Department of Rehabilitation Medicine,
Royal Melbourne Hospital,
Parkville, Victoria, Australia.

Dr. Bhasker Amatya
Disaster Rehabilitation Committee,
International Society of Physical and
Rehabilitation Medicine (ISPRM)

Disasters (both natural and man-made) are increasing worldwide. The human exposure and/or impact of disasters on the population is intensifying due to factors, including: emerging effects of climate change, population growth, rapid urbanization, development patterns and poverty. According to the Centre for Research on the Epidemiology of Disasters (CRED), in 2020 alone there were over 380 natural disasters worldwide killing 15,080 people, affecting 98.4 million others and costs above US$170 billion. Disasters occur disproportionately, with the majority occurring in the low-resourced regions of the world. These have a significant impact due to the human toll, economic losses and longer-term negative consequences on

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development and progress. Further, the international community is facing numerous challenges due to the current pandemic (COVID-19) and infectious outbreaks (Ebola), along with an increasing number of refugees from war and regional conflicts.

Current advances in disaster response and management, have resulted in a significant increase in survivorship compared with mortality. This has resulted in disaster survivors with complex impairments and disability (temporary or permanent) from common injuries, such as musculoskeletal (bone fractures, limb amputations, crush injuries), spinal cord and/or traumatic brain injury, soft tissue and peripheral nerve injury, burns, etc. Further, there is an increase in the number of people with exacerbation of chronic medical conditions (cardiac, pulmonary), psychological impairments and those with pre-existing disabilities. These require comprehensive continuum of care (from the hospital through to community reintegration) and signifies the integral role of medical rehabilitation.

There is strong consensus amongst humanitarian authorities that a rehabilitation-inclusive management program is required at all phases of the disaster management continuum (mitigation/prevention, preparation, response, and recovery phases). Rehabilitation plays a crucial role in providing effective and coordinated care to the victims, acutely during emergency response and in the longer term. It is delivered by an interdisciplinary team including medical, nurses, allied health professionals (such as physiotherapists, occupational therapists, etc.). It aims to minimise trauma-related morbidity and mortality, optimize function and successfully reintegrate the survivors into the community. There is evidence to support that lack of such services leads to poorer clinical outcomes, complications, avoidable deaths, long-term disability, and negative consequences for the individual, family and society at large.

Despite significant improvements in emergency response and acute care, in many previous disasters, rehabilitation services are less prioritised. Regrettably, rehabilitation-inclusive disaster management plans are absent and rehabilitation services (infrastructure, skilled workforce, etc.) are generally inadequate or underdeveloped in many disaster-prone countries. This is mainly due to a lack of awareness and governmental support, and a fragmented healthcare system. This has resulted in disparities amongst countries, with those with high disaster risk have a low-coping capacity and scarce resources. Further, in large-scale disasters, even the world's best healthcare systems can be overwhelmed due to damage and/or disruptions of local existing health service infrastructure and an influx of new victims.

In the last decade, there have been many much-needed developments in disaster response and management (including rehabilitation) after the devastating Haiti earthquake in 2010. Some of the key developments are listed below:

- WHO Emergency Medical Team (EMT) Initiative: sets out the core standards for all rehabilitation professionals for best practice during deployment in disaster settings, regarding workforce, clinical expertise, work areas, equipment/consumables, information management, etc.
- Development of core guidelines, such as 'Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters' (2013); 'Emergency medical teams: minimum technical standards and recommendations for rehabilitation' (2016), and others
- WHO global registration process of EMTs, which enables the establishment of a global register of accredited medical response teams for deployment in future disasters
- Development of e-learning professional development courses in disaster rehabilitation
- Development of specific clinical practice guidelines for common injuries in disaster settings which set standards of care for all healthcare professionals including, rehabilitation personnel
- Coordination and collaboration of relevant organisations and stakeholders, such as WHO, UN, ISPRM, national bodies, etc.

The role of rehabilitation is increasingly important for the effectiveness of disaster management systems. The International Society of Physical and Rehabilitation Medicine (ISPRM) is an NGO, with a humanitarian, professional and scientific mandate (with 73 active National Societies globally, and over 7000 rehabilitation physicians), is the catalyst for international physical and rehabilitation medicine activities. One of its subcommittee, the Disaster Rehabilitation Committee (DRC), collaborates with the WHO with the rehabilitation perspective and provides professional expertise with the organisation and coordination of

national and international rehabilitation teams for a rapid, professional coordinated disaster response. There are still significant disparities and gaps amongst the countries, with an insufficient number of skilled rehabilitation professionals specifically in low- and middle-income countries (LMICs) (<10 skilled rehabilitation practitioners per 1 million population) and underdeveloped services. In line with the WHO's 'Rehabilitation 2030: A call for Action', the DRC has been proactive in capacity building of the skilled rehabilitation workforce through education and training consistent with the ISPRM and WHO directives. One such example is the Australian Rehabilitation Research Centre's Rehabilitation Flying Faculty (consisting of DRC members), which has conducted various educational/capacity-building programs for a diverse group of health professionals in over 15 LMICs in the last 10 years. This initiative is self-funded by members with no costs to host countries. Further, the DRC is actively involved in developing and implementing widely accessible e-learning professional development courses in rehabilitation. Most recently, in line with the critical challenges faced by health systems worldwide including rehabilitation services due to COVID-19 pandemics, the ISPRM (and DRC) (with WHO and other stakeholders), is providing support to its member National Societies for delivery of evidence-based rehabilitation input amid pandemics. The key initiatives include the establishment of dedicated COVID-19 resource center, conducting virtual educational sessions, publishing and circulating up-to-date data and evidence-based information, etc.

Despite the strong consensus amongst healthcare authorities and robust mandate of the integral role of rehabilitation in disasters (and pandemics), there are significant challenges in the efficient and effective delivery of care during disasters. There is a need for effective action from all actors in the field to strengthen national and international capacity for comprehensive rehabilitation-inclusive disaster responses for sustainable long-term care of disaster victims. This requires strong leadership from governing organizations and 'shared' responsibility from all.

Gender Equity: A Personal Context, Reflection and Experience

Jane Hodder
Practising Lawyer and Senior Partner
Herbert Smith Freehills

1 Background

It is interesting to reflect on my career as a commercial lawyer and Australian partner at a global law firm over the last 30 years. While there has been significant progress in the gender equity space, we still have a long way to go before we come close to gender equity at senior levels.

2 The early years

On my first day as a partner in the late 1990's the partnership was almost entirely male. We had appointed our first female partner in 1978 but there were still not many female partners by the time I was appointed almost two decades later. This may have been in part because of what was still a very narrow definition of "success", where the "ideal worker" was seen as someone who was available 24/7 (and where "facetime" meant being seen to be in the office), where the partnership policy didn't even permit part time partnership ("part time" and "partnership" were seen as mutually inconsistent) and where one's private life was kept very separate from work. It was also a time when no-one talked about mental health and wellbeing or the importance of sustainable work practices.

When I was promoted to partner I was determined to succeed but also knew that I was a part of a minority group. There was certainly a clear divide between the 'in groups' and 'out groups' with those in the 'in groups' clearly supporting each other with client introductions and new work opportunities (to the exclusion of those in the "out groups"). There was the expectation of me being a role model for other women (although I had had few myself) even though we did not, and still don't, expect men to be role models in the same way – further adding to the weight of responsibility that we expect women in leadership to bear.

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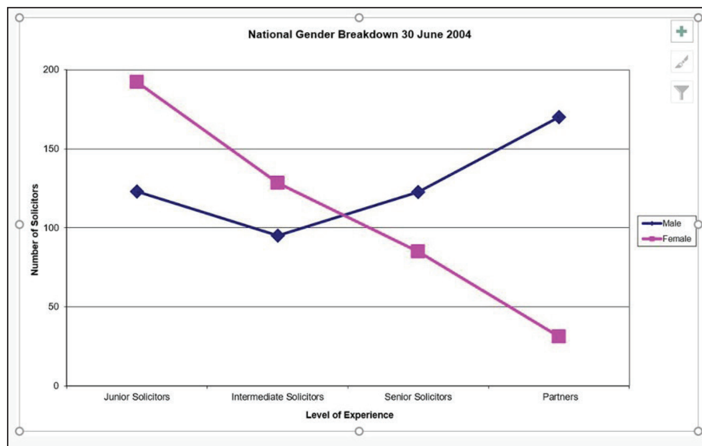
Notwithstanding the environment, the opportunities as a partner were very exciting and I set about building a support structure of people around me – women and men who I was inspired by as well as who I felt "had my back". I also developed a very clear plan which was focussed on the goals I had set myself, a plan which particularly important when times were tough. I was frustrated to watch many talented women (whom we had worked hard to recruit and develop) walk out the door all too often, saying it was too hard or they wanted greater "balance" in their lives.

3 The turning point

Finally there was a realisation within the partnership that time alone wasn't going to fix the "problem of the leaky female talent pipeline". The catalyst was a slide which Stephanie Pursley, one of our former partners showed at the 2004 Partners' Conference. It was titled "where are all the women?"– famously became known as the "St Andrew's Cross graph" (see below). Seeing this graph and hearing Stephanie so clearly articulate the immense loss of talent from our Firm was a light bulb moment for the largely male audience. They could finally see that even if the attrition of women from our firm didn't feel right from a fairness and equity viewpoint, it was clearly costing us a lot of money in terms of lost revenue, management time in sourcing the replacement, recruitment fees for a replacement lawyer, time taken for the replacement to get up to speed, and so on.



I well remember how this slide resonated with me - how did it make economic or moral sense to see our women just fall away when they were equally or (dare I say) more talented than many of the men? I knew that I didn't want to simply "admire the problem" and so felt that I needed to visibly step up and seek to make a difference.

Along with my dear friend and colleague Kathryn Everett, we were some of the early leaders to establish an internal Firm women's network which later evolved to reflect our expanding diversity agenda. It is very pleasing to say that today diversity and inclusion is embedded into the Firm's culture and I feel very proud to have had a part to play in that evolution. This has been in part due to strong leadership, which is essential, from the CEO and executive which in turn has impacted on the partnership and the broader Firm. As our diversity agenda expanded to include other areas including ethnicity, sexual orientation and gender identity and disability, I also learned that the creation of a culture which is inclusive of all our people is critical if we are to continue to succeed in an increasingly complex world. Moreover, I saw how advances in one area (such as critically evaluating our talent assessment processes to guard against unconscious bias which might impact women) also benefit other areas of diversity.

4 Gender Targets

Being voted onto our Global board gave me an even greater voice on diversity and inclusion. I well remember the board meeting when we decided to adopt gender targets in 2014 (which were renewed and extended in 2019).

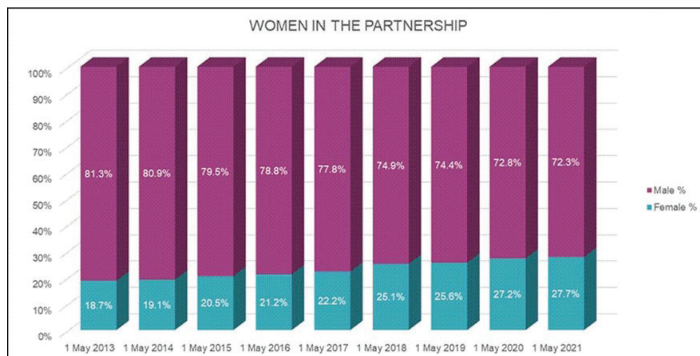
Targets changed the conversations in our Firm in a very significant and positive way, particularly in relation to interrogating why women were disproportionately under-represented on the partnership pipeline compared to men. Such conversations would have been unlikely to have happened without targets.

In setting our gender targets, we were clear that they needed to be sufficiently "stretch" to feel aspirational (but not so much that they were completely unachievable) and that they also needed to have a defined date for their achievement. Targets are important because, in my experience, they:

- prompt organisational focus and attention, providing a framework around which can be built initiatives (such as sponsorship), policies and processes designed to help achieve the target;
- can serve as a disruption to the status quo, particularly where the effluxion of time alone is not yielding significant improvement;
- bring greater stakeholder and management accountability; and

- are seen as a public commitment to taking an issue seriously – the target itself is a symbol of a willingness to take action, rather than merely talk about an issue.

While progress is slow, we are heading in the right direction as can be seen below:



5 The Future

When looking at gender equity and diversity more broadly, it is important to take an intersectional approach and look at the bigger picture. For example, my experience as a white female lawyer are likely to be very different from the experience of a woman from a minority ethnic background. I suggest that people take a look at Professor Kimberle Crenshaw's fabulous TED talk on this topic.

Ultimately in the years to come I want to see the playing field for women in the law and all other professions continue to become more balanced so that our organisations can benefit from the cognitive diversity that greater diversity and inclusion brings, and so that our future generations of women can flourish, and succeed . We need to stay focused, determined and ensure that this remains a business issue and not just a female issue.

COVID Highlighting Problems with Australia's Federated Political System

Dr. Ines Rio
General Practitioner
Chair of North Western Melbourne PHN
Executive AMA Council General Practice

Australia has had significant geographic and economic advantages in responding to the COVID-19 pandemic that is wreaking havoc across the globe. No doubt other nations are envious of our total number of cases of 39,615, total deaths of 965 (to 17/08/2021), and ability to provide targeted economic support to those that have suffered economic hardship.

However, this low death rate can downplay an imperative to address fundamental flaws in the strategy, governance and alignment between governments that the pandemic has exposed in our federated nation. Gaps and inequity in our health, employment, social and education system have affected many Australians during the pandemic. Recognition of these flaws, their consequences and the imperative for aligned cross government actions are being increasingly raised in the media, social circles and amongst policy and peak organisations.

Australia was federated in 1901 with a single federal government and six state governments. The Federal government is constitutionally responsible for the international interface issues such as immigration and border control, international trade, foreign affairs and quarantine. The six State governments (and two territory governments with less constitutional power) are responsible for delivering the majority of public services to citizens.

Most government income is generated through personal, goods and services, and company taxation that is paid to the Federal government. This results in a vertical fiscal imbalance, requiring the Federal government to provide States with money in order to fulfill their remit of providing services and infrastructure.

The distinction of responsibilities between Federal and State governments has muddied over the past hundred years. It is also somewhat fluid over time, depending on the values and appetite of the Federal government and the political alignment and power relationships it has with States. It would also be accurate to say that over time, the populace has expected more leadership from the Federal government in areas that were traditionally the remit of the States. As a result, the planning, funding and oversight of fundamental services that are interwoven with the effect or responses of the pandemic, such as health, aged care services, education and employment services, is now fragmented across two levels of government. This division of responsibilities has not surprisingly been a convenient weapon for governments of all persuasions to "pass the buck" (an Australian vernacular term for shifting the blame) for COVID outbreaks in residential aged care services, for quarantine failures and for higher risks amongst casualised low paid workers. Consideration of what has occurred to date in vaccinating Australians against COVID is an exemplar of the effects of this fragmentation in strategy, planning and implementation.

Australia's vaccination rate is lagging well behind those of equivalent countries, with only 26% of the population fully vaccinated and well below earlier projections. The Federal government is responsible for securing the vaccine and directly funds and oversights general practice. The work horse of the vaccination program was to be the AstraZeneca vaccine, which is locally manufactured and in good supply, with the plan that it would be delivered predominantly through general practice (GP). Chinks appeared early on when several states demanded vaccine for their state funded hospitals to develop mass vaccination services. These have provided about 40 percent of vaccinations to date and are politically popular. However, the movement of hospital staff and resources to what is a core primary care service have resulted in severe staff shortages in hospitals and subsequent decrease of services such as elective surgery. Additionally, other concerns arise in such a model. It is likely the cost per service is higher than provision by GP (although this is not reported), access is more problematic, and there is an opportunity loss for patients seeing their GP, who could use the opportunity to address the delayed and deferred care that has developed over 18 months.

The move away from general practice widened in April when the Federal government expert group made a recommendation based solely on individual risk assessments in a low COVID environment that those under 50 are recommended Pfizer vaccine, as the risk of complications from blood clots from AstraZeneca was greater than the risk of Covid-19 for that group. The age was later lifted to 59. As Pfizer was limited and not able to be administered through general practice due to the recommendations at the time of extreme cold chain requirements (these have now changed and Pfizer is being administered by GPs), the limited supplies were administered via state hospital services and vaccination through general practice "fell over the cliff overnight". Due to a loss of community confidence, this included for those where AstraZeneca was still recommended.

With the benefit of hindsight, perhaps it should have been reasonably anticipated that in our global world, outbreaks would occur. We now have several outbreaks, with most of Australia now in various degrees of lockdown with a view to COVID eradication. In my own state of Victoria, there is currently a curfew of 9pm to 5am, travel restrictions of 5kms from home and only for limited reasons, no visitors allowed at home and those in residential aged care service are unable to leave or have family visit. The low vaccination rates that have resulted in outbreaks and necessitated such restrictions are a reality check on the risks and effects of the conservative recommendations in the use of AstraZeneca. There have since been frequent, disparate views between the Federal and State divide on the use of AstraZeneca, with messaging to both GPs and the community repeatedly unclear and changing. The Prime Minister Scott Morrison, in part attributed the poor vaccination rates to the "very cautious" recommendations by the expert group. Departing from this advice, he encouraged people to speak to their GPs who could provide it. Queensland's Chief Health Officer responded "I don't want an 18-year-old in Queensland dying from a clotting illness who, if they got COVID, probably wouldn't die".

GPs have been left frustrated, confused and with a feeling that has been a risk transfer to general practice and the GP-patient interface. The Federal government has responded to these concerns by announcing legislation for Australia's first no-fault indemnity scheme for GPs to consult with patients about COVID vaccines. It is yet to know how this will play out. What is the requirement for "informed consent" in this myriad of divergent opinion? What if an adverse event is missed by a GP that did not undertake the vaccination? Likewise other areas

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regarding authority and decision making about COVID vaccination between Federal and State governments is currently playing out. Areas include who is responsible for deciding on and then implementing mandatory vaccination in various aged and health care settings – with services and providers languishing in the void, and positioning about implementing mandatory vaccination for cross State border movement.

Australia has much to be proud of in its response to the COVID pandemic. However, many of us hope we have the maturity to reflect on the problems and realise we also have much to learn. The governance, accountability and implementation of COVID vaccination between the Federal and State governments is one such area. It is emblematic of other areas.

Secretary-General's Report

Ken Berger
Secretary-General report

As a result of deep reflection, I have decided after 6 years of leading the World Association for Medical Law, as Secretary General, that I will not be seeking re-election for a future term. I have also decided that I will not be acting as the Program Chair for Toronto 2024 at the 28th World Association for Medical Law meeting.

I have decided to focus more attention on my young family and to support my children. Covid has caused us all to reset and reflect on priorities and our own values moving forward.

I am however, very happy to announce to the membership after I reached out to her that a colleague Cecile Bensimon has graciously agreed to take over my Program Chair role and will be seeking nomination to be the new Canadian Governor.

Cecile will share her loyalty for WAML and bring a fresh voice and new leadership to WAML.

I am very happy with this development as I was bestowed this trust from Professor Bernard Dickens and now I am able to smoothly transition my role to someone that shares my enthusiasm for the WAML and will be a strong voice for the WAML. I strongly support her election to be the new Governor of Canada.

It has been an honour and a pleasure to honourably serve the membership in the finest traditions of our organization and rest assured I have always first and foremost respected the association and always protect her throughout my tenure.

I would have to release a long treatise on all of the things that I helped achieve and accomplish for WAML as a successful leader that fought fiercely for good governance and accountability to the WAML.

I have had the pleasure of working with the World Health Organization on International guidelines and those contributions were very well received and significantly impacted the final outcome and will have tremendous positive impact globally and was the EC 2020 International Criminal Court appointed representative, although Covid impacted, and was so well engaged with several Regional Organizations on behalf of WAML. So much has been done to strengthen WAML and to collaborate with similar organizations in so little time and so many issues both internal and external were navigated in the right way.

One of the most fundamental important things to me as a leader was being selfless and doing things for the organization as servants of the organization where the WAML's best interest was always my paramount consideration. This has not always been shared by some others in leadership and continues to threaten WAML's future. I would strongly recommend you demand those attributes of your leaders, stay vigilant and be cautious who you seek in the future to represent the association. I believe WAML would be served by new Executives that have not led the association before who have similar values and attributes to my own that will help strengthen and grow the association and make the organization more sustainable.

At times WAML has been used by others to serve them rather than the opposite. There can be such tension in such organizations and can vary in extremes. I think this type of attitude and practice undermines the association, the environment and risks the future sustainability of the WAML. I have made observations and have been well aware of the evolution of the WAML during my long tenure with the association

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and I have been one of its key leaders during the last more than a decade. I have raised these concerns to the Executive Committee and the Board of Governors for their benefit and consideration to do better as an organization, as even as I will leave the organization, once a new Secretary General is elected, I still care about the WAML and want the best for its future.

I have always believed that loyalty to the WAML and a collegial and collaborative approach to our work is much more preferred approach and the reason that I brought a duty of loyalty and conflict of interest policy to the WAML. I have always spoken up zealously to advocate for and protect those fundamental values to best protect WAML.

My hope is in the future the Membership and the Board of Governors will value the characteristics I brought to the WAML and will seek similar future leaders that will help to protect WAML's future and growth and that in some way WAML is a better organization or has the potential to do better because of what I have demanded from others and how I have approached matters within and related to the association.

To those who are given responsibility, lots is expected and I know I have never let anyone down or WAML down for the decisions and actions I have taken on behalf of WAML and will always have WAML in my heart and mind after having WAML as part of my life for 25 years since Siofok, Hungary in 1998.

I do appreciate the great memories we have made along the way from so many of you and I have met so many wonderful colleagues and friends along this great journey, which I will always fondly remember and cherish.

Very truly yours,

Ken J. Berger

Ken J. Berger MD, JD

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

EVP Report March 2022

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

Dear colleagues!

Since the last newsletter, in January 2022 I moved to the Hague, Netherlands as a visiting professor of forensic medicine in the Office of the Prosecutor, International Criminal Court. This was an exciting appointment taking into account the venue and role of ICC in international criminal justice system and also the long-time lock-downs period we have all lived through. In the March 2022 we are ending the second year since WHO announced global pandemics alert. We all have learned a lot of new skills in these challenging times, including how to survive and move forward. This new placement is very challenging, interesting, especially for those, who focus on human rights and rule of law, especially in such bad times, but also has a lot of specificity and confidentiality issues.

As always, life brings positives and negatives together. From February 2022 attention of all over the world was switched from pandemics to military aggression into Ukraine. In this report I would like to support the call of our Ukrainian Governor, respectful lawyer M-me Radmilla Hrevtsova and express my sincere solidarity, deep concerns and prayer for lives of Ukrainian people, wishes for soonest peace to the wonderful and heroic Ukrainian land, country and nation. I wish Radmyla and Ukrainian WAML members, all Ukrainian brothers and sisters to be safe and secure , and soon ending this war. Sympathies and prayers of the all world community, including WAML members, are with you, dear Radmyla. God, bless you!

From pespective of this difficult time the most positive news may be considered the decision to hold the Congress of the WAML 2022 in GoldCoast in December 2022 and I feel happy to receive many emails from the members but also non-members who

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express their interest to travel to Australia and join the meeting. I believe the Peace will come to Ukraine and Europe by that time, and I look forward to have successful 26th World Medical Law Congress in 2022. I see outstanding peparatory activities of the Program Chair, Prof. Roy Beran, WAML Vice-President that may lead WAML to another big success and bring world medico-legal family to exciting face-to-face meetings, discussions and networking on Australia for the first-time since Tokyo, Japan, 2019. The WAML returns to this amazing continent after almost 20 years and this will be meeting with many renewals, both in the Board of Governors and Executive Committee. So big changes are coming.

At the end of the report, let me congratulate our dearest WAML Ladies members with 8th of March International Women Day and support global action to advance gender equality and the empowerment of all women. International Women's Day celebrates the social, economic, cultural and political achievement of women, while stressing the need to make further progress in gender balance and women's empowerment.

Dear Denise, Berna, Anne-Marie, Henriette, Janne, Judit, Nicola, Svetlana, Radmyla, Rosa, Alba and all ladies' members and affiliates of the WAML, I wish all of you best of this life! We are happy to live and work with you!

In my view, taking recent global action calls, to achieve gender equality represents an urgent operational priority for the WAML too, and empowerment of women is not something we should delay. The congress in Gold-Coast should be a turning point for many things including having 2x2 in EC respecting approach to gender equality and empowerment in WAML leadership. I see this is essential to have new executive body with the highest possible standards when the gender equality is a prerequisite for high performance.

Best regards

WAML Treasurer Report

Professor Berna Arda
Ankara University School of Medicine
Ankara - TURKEY

The Treasurer's report, generally expected to focus on the financial situation of the Association. As the elected treasurer on September 2018 during Tel Aviv Congress and who had to maintain this position for longer than her own estimate due to the pandemic, I prefer not to mention incomes and expenditures in detail. You all appreciate that we are deprived of a very important source of income because we could not hold a congress for two years. The closing balance sheet of Bank of America statement for 31 December 2021 shows no growth in comparison with the balance on the 31 December, 2020. I have to emphasize that our income has decreased by 50% compared to last year.

The large part of the WAML member fees have still not paid as of 15th February 2022. I would like to remind members to pay their membership fees in the early months of the year. Hereby, I would also like to remind that these fees and the contribution of the members combined constitute the major income of our association. We are grateful to each of our valued family members.

See all of you in Gold Coast

Berna Arda
Treasurer

26th World Congress on Medical Law

Roy G. Beran
2022 Congress Program Chair

As has been said, "We live in interesting times". The 26th World Congress on Medical Law (WCML) which was to be held on the Gold Coast, in Queensland, in August 2022 was officially cancelled. The new dates for the Conference are from the 5th to 7th December, 2022, to be convened at the QT Hotel, the original venue, which has confirmed availability for the December dates.

The three main themes for the meeting remain the same, namely:

1. **Impact of COVID on Legal Medicine**
2. **Medicine and Technology**
3. **Concussion and Traumatic Brain Injury**

The last two WCMLs were postponed to 2024 and 2025 which meant that here has not been a WCML for at least two years. The Executive Committee meeting, on Saturday 5th March, voted in favour of the December dates and it now behoves all of us to ensure that this meeting is a success. The Local Organising Committee encourages all of you to register for the three day meeting and to submit abstracts and to write the dates into your diaries

The confirmation that the QT Hotel could accommodate it came through yesterday, thus there is the need to reformat the various brochures and details for the meeting, but the Local Organising Committee wanted to give all the constituents of the WCML the good news that the conference is going ahead so that they can start planning for the meeting, prepare their abstracts and be ready to register as soon as possible. We are anticipating that those within the American College of Legal Medicine will make the journey down under and we will meet our equal number from across the Pacific Ocean.

At a time when the world has gone through so much turmoil, it is exciting to think that we can finally meet face to face and share both academic interests and information, but also socialise with colleagues. It allows us to help build the future of legal medicine, health law and bioethics around the globe. We have attracted some fabulous keynote speakers who will add to the calibre of the meeting and who will motivate you to become more involved in this area of academic and intellectual endeavour.

We on the Organising Committee look forward to welcoming you to the conference in December and encourage you to start planning for it now.

Roy G Beran – Chair of the Local Organising Committee WCML

WAML Meeting Planning and Administration

Denise McNally,
WAML Administrative Officer and Meeting Planner

JOIN US FOR THE 26TH WORLD CONGRESS ON MEDICAL LAW (WCML) DECEMBER 5 – 7, 2022 GOLD COAST, QUEENSLAND, AUSTRALIA

Congress Themes

1. **Impact of COVID on Legal Medicine**
2. **Medicine and Technology**
3. **Concussion and Traumatic Brain Injury**

The Destination

The Gold Coast is a major tourist destination for Australia in December. Registrants are encouraged to book accommodation as early as possible to avoid disappointment, especially if planning to stay at the conference hotel. There are other accommodation options nearby, but these too will fill rapidly, so book early!

Please use the relevant links below and follow the instructions.

- **Register for WCML (5 - 7 December, Gold Coast):** http://wafml.memberlodge.org/event-2746302/Registration
- **Submit an abstract for WCML (Deadline July 1, 2022):** https://app.oxfordabstracts.com/login?redirect=/stages/1415/submissions/new
- **Book WCML Gold Coast Accommodation:** www.qthotelsandresorts.com.au **QT Gold Coast Hotel will be the Lodging and Congress Venue, and is offering a reduced bed and breakfast group rate. Reserve your room at. Choose Book and enter Promo Code WAML22.**

For assistance, please email WAML: worldassocmedlaw@gmail.com

Visit our website: www.wafml.memberlodge.org/26th-World-Congress-for-Medical-Law-Gold-Coast-Australia

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 2022 membership dues were due by December 31, 2021. 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 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!

FUTURE MEETINGS

Of Affiliated National Associations and Collaborating Organizations

26th Annual WAML World Congress
December 5 – 7, 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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World Association for Medical Law

SAVE THE DATE

December 5-7

2022

The 26th Annual WAML World Congress

Gold Coast, Australia
www.thewaml.com