World Association For Medical Law

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Interactive Index

Responsibility and Accountability in Public Health Issues in ISRAEL

Jonathan Davies, LLM[i]
WAML Governor (Israel)

In this issue of the March newsletter I'm honored to present to our readers a different approach of how the Israel health care system handles public health crises in light of what we are witnessing as the Coronavirus has not yet reached its peak.

The novel coronavirus (COVID - 19) began circulating in China in Dec 2019 and the number of confirmed cases and deaths from this pneumonia-like condition are rising, killing thousands of people, mainly in China, causing a mass disorder, holding millions in home detentions and hospitalized during the incubation period in quarantine.

This pandemic concerns every country on the globe and raises novel medico-legal and bioethical dilemmas.

Li Wenliang was an eye doctor who contracted the virus while working at Wuhan Hospital. He warned his fellow medics of the virus, but police told him to stop "making false comments". He died a month later from the virus. His warning could have saved many lives and contained the spread of the virus. His death raises a question of the status of medical whistle blowers that try to warn the system against wrongdoings in the health care system that act as "Damocles sword" over the Healthcare system at large.

The WHO defined Public Health as "**the art and science of preventing disease, prolonging life and promoting health thr**ough the organized efforts of society" and focuses on the entire spectrum of health and wellbeing, not only the eradication of particular diseases. Accordingly, little is known about the real numbers of casualties of the COVID - 19 which raises questions of Bioethical, Medico-legal and Public Health issues, as nations do not act in transparency which is an important tool in reducing the pandemic and instead cause more fear and panic.

In light of the COVIT – 19 effects, we introduce 5 articles that describe how Israeli society contributes to the definition of Public Health.

Prof. Yehuda Neumark, Head of Braun School of Public Health in Jerusalem, describes Israel's contribution to global health through education and training of health and other professionals, mostly from low-income countries (LIC) across the globe. To date, 900 highly-trained foreign public health practitioners, about half from Africa, have graduated from the program.

The Israeli Health System provides equal health care services under budgetary restrictions to all citizens on one hand and bioethical restrictions on the other hand, trying to balance between **responsibility** and **accountability**. In the Israeli Health system responsibility refers to being in charge. In ethics and governance, accountability is defined as blameworthiness, liability, and the expectation of account-giving.

For instance any government is responsible for organizing a Health system that will provide health services to its citizens. In this Issue Prof. **Yonathan Halevi,** Past Chairman of The Israeli Basket of Health Services Committee, describes how the Israeli Health System provides a Basic Health Basket that balances between the need to provide lifesaving medications and medical technology and budget restrictions.

His conclusion is that the Israeli decision-making process regarding public funding of new medical technologies is fair, transparent, and evidence-based in a way that fulfills the responsibility of the Israeli government to provide equal health services to its people.

Prof. **Antony Heymann,** Chairman of Helsinki Committee of Meuhedet HMO describes how the Israeli health system regulates Medical Trials and how transparency of information is a crucial factor for dissemination of information and generating confidence in the general public. Consequently all the medical trials that determine the safety and effectiveness of medical care are posted on the US National Library for Medicine –clinical trials web site.

Dr. Samuel Wolfman, who acts as chairman of statutory tribunals in Israel for involuntary hospitalizations of mentally ill patients compares involuntary hospitalizations and isolations of mental ill patients to the tools practiced in many countries in cases of plague or tuberculosis, where the legal systems provide for such actions through a set of public health acts.

The difference in attitude can be explained by the magnitude of the risks. The danger of the mentally ill can be expressed in assaults on individuals, while the risk of contagious diseases epidemic is a threat for the entire society.

Yet the principle of deprivation of freedom exists in all involuntary hospitalizations and treatments, a fact that proves that the constitutional right of freedom is not an absolute value.

Last but not least, **Prof. Tamar Gidron,** a world expert on Tort Law focusing on liability of the State, suggests a balance between the legal justifications and safeguards for such deprivation of freedom v. Public health needs and questions the accountability of the State for damages – in the Israeli legal regime.

While scientists and public health professionals are working non-stop to find a vaccination for the novel coronavirus, political scientists, pharmaceutical companies, economists, and sociologists should also ready themselves for a rapid response free of monetary interests. The current outbreak that originated in Wuhan, China, is very different from other outbreaks in terms of scale, connectivity, economic and political implications. It will teach us important lessons about preparedness but also about the response to outbreaks in different political systems and giant companies within a new geopolitical world order.

We in WAML and other Bioethical Organizations such as UNESCO and The World Conference on Bioethics, Medical Ethics and Health Law should see this outbreak as a turning point for a new discussion concerning the accountability of the state to its citizens according to definition and interests of Public Health as defined by the WHO.

We invite WAML members and others to attend the World Congress of Medical Law which will take place in Toronto Canada in August 2020, and submit papers to the Davies Award which will focus on the above Public Health Issues.
http://wafml.memberlodge.org/2020-Davies-Award

[i] Jonathan Davies , FACLM, FRSM

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

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From Jerusalem Shall Go Forth Public Health

Professor Yehuda Neumark
School Director[i]

The understanding that "public health is a way of doing justice, a way of asserting the value and priority of all human life" drives the training and research activities of the Hebrew University–Hadassah Braun School of Public Health and Community Medicine in Jerusalem and the other schools of public health in Israel.

One expression of these values is the International Master of Public Health (IMPH) program that was established at the Braun School 50 years ago, to promote health globally through education and training of health and other professionals, mostly from low-income countries (LIC) across the globe. To date, 900 highly-trained public health practitioners, about half from Africa, have graduated the IMPH program. They have returned home and significantly impacted upon the health and development of their communities, countries and beyond, through grass-roots health promotion activities, political leadership, research, and teaching. All students from LIC are awarded full scholarships to study and live in Israel for the duration of the course. The IMPH program also reflects the longstanding foreign policy of sharing Israel's experiences and knowhow in the spheres of medicine, agriculture, rural development, ICT, empowerment of women and many others with LICs.

Another Braun School contribution to global health is the *Community Oriented Primary Care* (COPC) model of health services development and delivery. COPC is " *…a way of practicing medicine and nursing, or of providing primary care, which is focused on care of the individual who is well or sick, or at risk for illness or disease, while also focusing on promoting the health of the community as a whole or any of its subgroups*". This approach aligns precisely with the WHO definition of Public Health as the "practice of preventing disease and promoting good health within groups of people, from small communities to entire countries". With origins in rural Kwazulu-Natal region of South Africa in the mid-20th century, the COPC model was developed and evaluated in a teaching community health center in an under-served and poor immigrant neighborhood in Jerusalem. Over the years we have trained thousands of health professionals in Israel, Kenya, South Africa, Spain, Turkey, UK, USA, etc. in the principles and application of the COPC model that has emerged as a cornerstone of primary care, health planning and public health education in many "developing" countries.

Israel herself was, until not many years ago, a "developing" country, which quickly transitioned into a highly developed economy, and, although young in age, small in size, and few in people, Israel is big in health data, is a hub for digital health innovation, implementation and evaluation, and is amongst the world leaders in the field of medical devices development. According to the recently released Start-Up Nation Central report, the number of digital health companies operating in Israel reached 580 in 2019 (more than doubling since 2011), and in the last year Israeli digital health start-ups raised $662 million. Such achievements earned Israel the rank of the world's 5th most innovative country by the Bloomberg Innovation Index in 2019! Alongside big innovation, we also are into "big data". The National Health Insurance Law (enacted in 1995), provides all Israeli citizens with comprehensive health and medical care through one of the country's four HMOs. Virtually all the accumulated medical data on all citizens is digitized, and access to the accumulated and digitized data provides a fertile landscape for medical research. Last year, the government approved a 1 billion-shekel ($276 million) investment in digital health, focusing primarily on exploiting the country's fully-digital EHR system and medical data repositories. These initiatives offer great promise for advancing medical science and practice while generating data-security, legal and ethical challenges, which are currently the subject of draft guidelines of the Ministry of Health.

It is noteworthy that Israel has already met SDG targets for maternal, neonatal and under-5 mortality, largely thanks to universal health coverage and free education. Despite these remarkable achievements, maternal and child health disparities persist, particularly between Jews and Arabs, and between center and periphery, and Israel struggles with a very high level of child-poverty. Israel's poverty rate and income inequality measures remain high relative to most other OECD countries despite continuing decline in recent years. The multi-ethnic fabric of Israel is

culturally enriching in many ways, yet also poses challenges to equal access to care and implementation of culturally-appropriate health services and programs.

One of those who contributed to the development of the Israeli health system was Prof. Michael Davies who served in numerous key public health positions including as chief epidemiologist of the Ministry of Health, and was among the founding fathers of the Braun School where he served for many years as chair of the Dept. of Medical Ecology and as director of the IMPH Program. He was also among the founders of the Ben-Gurion University Medical School in Beer Sheva. One of his greatest contributions to public health research was in 1964, when he launched the Jerusalem Perinatal Study (JPS) – a still-ongoing population-based study of hypertensive disorders of pregnancy in a cohort of over 92,000 births. The JPS has generated well over 100 scientific publications describing groundbreaking research about early-life risk factors of adult physical and mental diseases.

We invite WAML members to submit abstracts and join us at this year's Conference of the Association of Public Health Physicians and Schools of Public Health in Israel to be held June 15 at the Ben Gurion University in Beer Sheva, where we will mark the formal establishment of their School of Public Health. Information about the conference and abstract submission will be available shortly on the Israeli Association of Public Health Physicians website. This annual conference is a platform for Israeli and international researchers and practitioners to present the latest research and information in the broad field of public health and epidemiology, promote public health best-practices and advocate for evidence-based policies. The topic of the 2020 conference is "*Public Health and the UN's Sustainable Developmental Goals*".

[i]Braun School of Public Health & Community Medicine

Faculty of Medicine Hebrew University of Jerusalem – Hadassah Medical Organization

Israel Basket of Health Services - How is it Updated?

Prof. Yonatan Halevy[i] MD

The National Health Insurance Law was enacted in Israel on January 1st 1995. According to this law, every Israeli citizen is entitled to an extensive basket of health services funded by the government in return for a health tax constituting 4.8% of the gross salary (up to a certain ceiling). Citizens earning a minimal income are taxed only 3.1% and citizens on welfare or retirees are exempted.

The original basket of 1995 was identical to the basket of services supplied by the largest Israeli HMO (*Kupat Cholim*) to its insureds in 1994.

The need to update the scope of technologies (medications and diagnostic and therapeutic procedures) arose in 1998 when three years had elapsed with no update and new efficacious and safe technologies started to accumulate.

A decision was made by the Ministry of Health to establish a Department of Technology Assessment and to appoint a national Basket Committee that would make evidence-based decisions regarding the inclusion of new technologies in the public basket of services.

I believe this Israeli process to be unique and will describe it briefly in the following.

The technical paper includes a list of countries that have already approved this technology for use in their territories and whether it is supplied through public funding. The paper also includes information on alternative technologies that are already included in the basket and grading of the various technologies in each discipline in terms of efficacy and safety carried out by the association of the specific discipline (the Israeli Medical Association has a Scientific Council with sub-associations in every medical and surgical discipline). Individual physicians who have a special interest in a certain technology and petitioned the ministry on its behalf are also quoted in the technical paper.

Pharmaceutical companies interested in the technology can supply material to the ministry, but are not quoted in the technical paper.

The Chairman of the Committee is always a senior physician who plays a central role in the Israeli healthcare arena (typically a hospital director or an equivalent senior position) and the Committee usually includes 18-20 members: 3-4 senior physicians, the chief physicians of the four HMOs active in the country, health economists, representatives of the ministries of finance and health and 4-5 representatives of the public who are usually public figures, ethicists, or academics in fields such as liberal arts, philosophy, etc.

The committee is restricted by the budgetary limit dictated by the government each year and the budget usually stands at 0.6 to 0.8% of the total cost of the Health Insurance Law (figures for the 2020 Basket were 500 million NIS, with the financing of the Health Insurance Law currently standing at approximately 60 billion NIS). It is of note, that the estimate of the total cost of technologies submitted to the TAW. for consideration in the 2020 Basket is approximately 3 billion NIS.

The sessions of the Basket Committee are conducted in two rounds. During the first round all candidate technologies are discussed only in terms of their efficacy, safety, and relative contribution to human health - whether in the preventative or curative arenas - as well as the contribution of a relevant technology to quality of life. After grading all technologies by these yardsticks, the committee takes a recess for several weeks during which time negotiations take place between representatives of the Health Ministry and representatives of the manufacturers to reduce prices in order to maximize the chances of highly graded technologies to be included in the Basket. Needless to say, the interest of a technology producer for his technology to be included is very high as it guarantees the Israeli market with its universal coverage to be a "captive" consumer of the product. When this negotiation process is completed, the Committee convenes for the second round of sessions during which the number of patients eligible for a specific technology is multiplied by the price of treatment for an individual patient and the cost of a technology already included in the basket for the same indication and predicted to be replaced by the new superior technology is deducted from the cost calculation. Thus, there is no need to actively exclude from the basket older medications that now have better alternatives.

It is worth noting, that many new technologies are included each year at no cost as they are priced equivalently to similar technologies that were included in the Basket in previous years. Technologies are often included in the Basket in a gradual manner over several years due to a lack of resources to include them all in the same year. For example, new medications for Diabetes Mellitus may be included first only for patients who have HbA1C above a certain level (e.g. 9 gr%) and only in years to come will the threshold be lowered annually.

Historically, when one examines the outcome over time, it becomes evident that the annual decisions of the committee (that are discussed until agreement is reached and are accepted unanimously without a vote) are always a mixture of preventive and curative, saving lives and prolonging quality of life, promoting a healthy lifestyle, expensive technologies that serve only a few and inexpensive technologies that serve many.

To conclude, I believe the Israeli decision-making process regarding public funding of new medical technologies is fair, transparent, and evidence-based.

[i]President- Shaare Zedek Medical Center Jerusalem, Israel
Past Chairman of The Israeli Basket of Health Services Committee

Autonomy v. Public Health Needs: Liability of the State for Damages - the Israeli Tort Regime

Prof. Tamar Gidron[i]

Israeli Tort Law has, during the last 25 years, fostered a unique and innovative approach to personal autonomy protection via tort law at large and negligence- med mal mostly- law in particular. Autonomy has become one of the "must have' type of damages that no tort case neglects to apply. Autonomy protection, thus, became part of the proliferating protection from negligently caused damages in cases of medical treatment, and together with The Patient's Rights Act supplies an unwavering protection to both the right to bodily health and the right to physical autonomy. The most

important feature of Israeli autonomy protection in medical negligence and informed consent cases is the stand-alone status of the damage.

In addition, Israeli legislation has explicitly provided for absolute protection and compensation in two cases of damages caused by specific medical treatments: 1) damages that are directly caused by vaccination; 2) damages caused by radiation therapy for ringworm of the scalp (Tinea Capitis). These damages are "insured" by the State notwithstanding absence of negligence. Apart from these two special pieces of legislation, the overall tort regime in medical law is thus a negligence-centered regime.

This legal & moral situation raises questions within the above clash: who should bear the cost of the State's vaccination policy – to mandatory vaccination or to fully give way to individual autonomy; who should shoulder the physical damages that the chosen policy might cause to both unvaccinated individuals (those who are vaccination- resistant *and* those who cannot be vaccinated for medical reasons) in case of non-mandatory vaccination; and, on the other hand, does the injury to autonomy and to individual freedom of choice in case of a mandatory vaccination entail State liability (assuming that negligence allows for intentional actions as well) or is it negligible and does not qualify for tortious liability.

The explicit declaration that *State liability in tort is equivalent to the liability of any other corporate body* has opened the gate to a host of negligence claims- mostly medical malpractice claims- demanding compensation for physical personal injury and- since 1992, following a milestone precedent- for injury to autonomy as well. State liability in negligence may be: A) vicarious, e.g. liability for negligent actions of state employees; B) direct, e.g. liability for negligently taken decisions, actions, omissions, mistakes and erroneous policy considerations; or C) both.

As the boundaries of liability in negligence are sensitive to social, cultural, religious, and technological influences and to the courts' tendency to play an active role in widening tort liability at large, and liability in negligence in particular, it is not surprising that most of the negligence cases dealt with by Israeli courts are med mal cases against the State and other various health providers.

On this background, the pressing issues of the State's role in the Measles vaccination crisis and just lately the Corona crisis, as well as in less imminent- yet no less pressing- issues of new medical technologies and procedures such as human genetic engineering demand re-assessment.

The global battle for vaccination that we are unfortunately witnessing these last few years calls for special attention to the means different states apply in order to maximize vaccination rates to the benefit of society at large and of those who are medically unfit (or just unwilling) to vaccinate. In some states, vaccination is mandatory with only few exceptions (medical, religious). In others, the law mandates that parents at least receive educational information re benefits of vaccinations to the child family and society, and still other states use pinpointed actions such as expelling unvaccinated children from school or restricting unvaccinated individuals from visiting public areas. The fact that unvaccinated communities can sometimes be traced geographically – according to cultural, social, religious beliefs- as well as by their limited physical accessibility to health services (the Bedouins in the Israeli Negev)-can help the State to optimize efforts to educate and provide higher levels of targeted information that may help overcome deep-rooted objections, and misconceptions.

Israeli policy makers voted against mandatory vaccination and allow Israelis to freely choose and decide according to their individual preferences in the matter. Thus, relatively large numbers of individuals, and families, decide to go about without vaccination, relying on herd immunity and disregard community wellbeing. Nevertheless, the heated debate is still on, involving expert opinions on both sides. One may wonder if the Polio outburst in Israel in the 1950s has left no evident marks on the common wisdom/ memory.

At the opposite end of the scale of freedom of choice and full autonomy, we have witnessed just recently a firmer policy of the Ministry of Health in two high profile cases. First, a tuberculosis homeless that resisted treatment was incarcerated in isolation (and eventually died), and a young Israeli who returned from Corona stricken China with flu symptoms was hospitalized in isolation until her blood test confirmed her good health.

So, in light of the above, we should now re-visit the issue of "who will bear the consequences"?

Following this line of thought, can we assume that the State will be liable for Corona infected patients if, unfortunately, the virus will in fact find its way to

Israel? Alternatively, and worse still, will the State be liable for consequential injuries caused by a certain policy it had chosen to adopt in health and health related crisis?

The answers are, as always, complicated and debatable and call for in-depth deliberations and discussions.

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Bioethical Dilemmas in the area of Mental Health Care and Law: Involuntary Treatment of the Mentally Ill

Dr. Samuel Wolfman

Involuntary admissions and hospitalizations of mentally ill patients, present medico legal, moral, social and mostly bioethical dilemmas for the western legal systems. Those are mostly due to the necessity to choose between conflicting principles of deprivation of personal freedom and autonomy of the mental patients vis-a-vis the necessity to protect the safety of society.

Autonomy, and the freedom to move freely at one's choice, is a cornerstone in the western liberal society. A person who may suffer a major medical crisis, such as stroke or myocardial infarct, however, has always a full choice to refuse to be admitted to the hospital even when the alternative is a serious jeopardy to his/her life. However, when a psychotic person expresses suicidal ideas or threatens to harm himself or others and refuses to be treated, then he/she can be involuntarily admitted and hospitalized in a psychiatric secured ward, losing the liberty to leave and move around at his/her free will. This involuntary admittance is even more easily practiced when such patient has assaulted already or has tried to harm himself in the past. More than that, when involuntarily admitted, such patient can be administered with medications, including injectables even when he does not consent to such treatment, contrary to the basic patients' rights statute requiring patient's consent to every medical treatment. Such forced treatment may be quite harsh to the patient as some of the anti-psychotic medications, do carry with them high probability of side effects, some of them quite serious.

The involuntary detainment of the mentally ill people who present dangerousness to themselves or others, is governed by the ancient concept of Parens Patriae – a term used in England by the king's bench in the 16th century in cases of people with "unsound mind" and is derived from the Latin expression relating to the state or the government being the parent of the nation with the paternal power/authority to protect citizens unable to protect themselves.

This paternal power to deprive freedom from mentally ill people, is backed in most societies by appropriate laws and statutes authorizing hospitals to involuntarily detain such patients, when the psychiatrists evaluate that the dangerousness derived from the psychiatric state presents a real threat to society or to the patient himself. Most western legal systems provide also for patients' rights to appeal against the involuntary hospitalization, before a judicial body, statutory tribunals or mental health courts.

The legal justification for such deprivation of freedom is clear – safeguarding the safety of society. However, the moral or ethical question still remains, as dangerousness assessment cannot be determined by any exact test and in most of the cases such an assessment is no more than a guess based on the experience of the evaluator.

Some legal systems tend to rely more on psychiatric evaluation - the medical model, however, most western legal systems use the medico-legal model, by which the final decision regarding the terms of involuntary hospitalizations is taken by mental health tribunals or courts. However, even the medico-legal model does not give a satisfactory answer to the dilemma of dangerousness assessment.

Another set of bioethical dilemmas may concern the involuntary admissions of suicide attempters who may present psychiatric symptoms vis-a-vis the right of a person to end his/her life. A different dilemma is the question whether society is authorized to prevent a non-psychotic person from taking his/her own life, the dilemma of the "normal suicide".

It is interesting to note the difference in society and media attitudes, which in many cases criticize the involuntary detainment of the mentally ill, while "accepting" more willingly the involuntary isolation and detainment of people contracting contagious diseases.

The recent Corona epidemic which has been recently in the focus of the media, has been involved with involuntary hospitalizations and isolations of people who were suspected to be carriers of the virus. Different countries took different more or less strict isolation measures against people who came from China. Yet, the media has not criticized such acts, on the contrary, it encouraged it.

Also we may bear in mind that involuntary hospitalizations and isolations are practiced in many countries in cases of plague or tuberculosis, where the legal systems provide for such actions through a set of public health acts.

The difference in attitude can be explained by the magnitude of the risks. The dangerousness of the mentally ill can be expressed in assaults of individuals, while the risk of contagious diseases epidemic is a threat for the entire society.

Yet the principle of deprivation of freedom exists in all involuntary hospitalizations and treatments, a fact that proves that the constitutional right of freedom is not an absolute value.

*Dr. Samuel Wolfman is an Israeli practicing lawyer, teaching at the Haifa University and Technion Medical School and is part of Bioethics Teaching Professors of UNESCO. Dr. Wolfman presides as a chairman of statutory tribunals in Israel for involuntary hospitalizations of mentally ill patients according to the Israeli statute of "The Treatment of the Mentally Ill".

WAML Secretary General's Report

Ken J. Berger
MD, JD
WAML Secretary General

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

The Secretary General recently participated at the American College of Legal Medicine annual meeting in Scottsdale Arizona and enjoyed the lively stimulated debates, discussions and social activities, renewing acquaintances and close friendships and learning so much.

Similar to other National Organizations, the WAML is very much interested in cross-pollination with strong National and Global organizations with collaborative partnerships.

Clearly it is imperative that we all work together and share what is working and what is not and develop more global approaches, as the current Coronavirus is demonstrating that often we react to challenges rather than have preplanned co-ordinated pandemic planning for emerging health care challenges.

We cannot live in a paralyzed state or in a paralyzed world and we need to live with challenges and overcome them, but we cannot do that alone as one, or as a single nation, but we can do it together as a united and diverse WAML sharing ideas and thoughts and developing creative solutions to the most challenging medical-legal problems.

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.

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 arrangements 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 MD, JD

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

Program Chair, 2020, 26th WAML meeting,
Toronto, Canada

WAML Executive Vice-President's Report

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

Dear colleagues! Hope all of you are doing well. Taking into account being alert to coronavirus, we have limited our travels not to put health and time under risk of contamination and quarentine . Few important events were cancelled, including the long awaited WAML/ Latin American Medical Law Association/Costa Rica Medical Law Association meeting that was supposed to be held during the Costa Rica National Forensic Medical Congress in San Jose in early March 2020 on the initiative of the WAML Education Committee. Thanks to Prof. Dr. Juan Ugalde, President of Costa Rica Medical Law Association and Ms. Tatiana Orozco, Director of Costa Rica Convention Bureau, who put a lot of effort to make it, President Prof. Dr. Thomas Noguchi, Secretary General Dr. Kenneth Berger and myself were supposed to attend and discuss future cooperation. Another event was cancelled in February by Dr. Nasser Muh, who was planning it in Jakarta, Indonesia, organized by Asia-Pacific Medical Law Association and WAML Education Committee. Hope we will make both important events eventually when this alert is over.

On the way to the 26th World Medical Law Congress in Toronto, Canada we continue to collect new participants and delegates to WAML meeting and hope COVID-19 will not make more surprises and we all will meet soon. Dr.Kenneth Berger as Program Chair has developed an exciting scientific program and committees so all of us should support him to make this meeting another success for WAML.

More events of the WAML Education Committee to promote WAML worldwide, which have not been reported yet, were meetings with Mycolo Romeris University in Vilnius, Lithuania; National University of Singapore; India Medical Law Association; National Bar Association of Ukraine; trips to Toulouse, France for EAHL Conference, Malaysia and South Korea.

Meeting with Dr Rajvir Pratap Sharma, MBBS, LLB [HONS] MBA, DABECI, FACFEI, lifetime President, Indian Association of Medical Law; past member of WAML and past Vice President, Indo Pacific Association of Law, Medicine and Science (INPALMS) was devoted to rehabilitation of our old ties and

bringing WAML Education Committee to huge Indian medical and educational market.

WAML Educational Committee took an active role in the 7th European Conference of Health Law "Innovation and Healthcare: new challenges for Europe", perfectly organized by Anne-Marie Duguet and EAHL in Toulouse, France under auspices of the Secretary General of the Council of Europe, Mr. Thorbjern Jagland during 25-27th September, 2019. WAML Educational Committee held special WAML workshop "Medical Law Education: Innovations, Healthcare, Justice and Multiculturalism" with speakers from Ukraine and Bulgaria (Prof. Iryna Senyuta and Prof. Mariela Deliverska). Workshop was very successful, well attended and contributed to the success of the conference. I stepped down from vice-presidency, an executive position of EAHL, after two consecutive terms and eight years on the Board, but EAHL President Prof. Karl Solvig has offered to have me stay as Chief Liaison Officer of WAML/EAHL, which was accepted.

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WAML Secretary General and member of the Education Committee, Dr. Kenneth Berger, also attended and contributed a lot during trips to Vilnius, Lithuania and Kiev, Ukraine, where we had successful meetings with rector and professors of Mycolo Romeris University (MRU) (Pictures 13-17) and management of National Bar Association of Ukraine. Agreements about scientific cooperation have been signed with MRU, Lithuania, NBA Ukraine and Lviv National Medical University, that include a large educational component. Lectures and talks from WAML EduCom also have been given during the International Roundtable dedicated to the 30th anniversary of the UN Convention on the Rights of the Child "Rights of the Child in the "Bosom" of the UN Convention: International Standards and National Safeguards in Medical and Legal Practices" and conference in Kiev "Human Rights Education for Legal Professionals (HELP Program of CoE)" on Oviedo Convention, organized by Council of Europe and Medical Law Committee of NBA of Ukraine. Meetings in Ukraine gave us an opportunity to re-meet with our old friend, past WAML member, prof. Andre der Exter, with whom we remembered old good times of Association.

MEMORANDUM OF UNDERSTANDING

BETWEEN

WORLD ASSOCIATION FOR MEDICAL LAW EDUCATIONAL COMMITTEE

AND

NATIONAL BAR ASSOCIATION OF UKRAINE MEDICAL AND PHARMACEUTICAL LAW, AND BIOETHICS COMMITTEE

МЕМОРАНДУМ ПРО ВЗАЄМОРОЗУМІННЯ

МІЖ

ВСЕСВІТНЬОЮ АСОЦІАЦІЄЮ МЕДИЧНОГО ПРАВА КОМІТЕТ З ПИТАНЬ ОСВІТИ

І

НАЦІОНАЛЬНОЮ АСОЦІАЦІЄЮ АДВОКАТІВ УКРАЇНИ КОМІТЕТ МЕДИЧНОГО І ФАРМАЦЕВТИЧНОГО ПРАВА ТА БІОЕТИКИ

MEMORANDUM OF UNDERSTANDING

BETWEEN

WORLD ASSOCIATION FOR MEDICAL LAW EDUCATIONAL COMMITTEE

AND

DANYLO HALYTSKYI LVIV NATIONAL MEDICAL UNIVERSITY

МЕМОРАНДУМ ПРО ВЗАЄМОРОЗУМІННЯ

МІЖ

ВСЕСВІТНЬОЮ АСОЦІАЦІЄЮ МЕДИЧНОГО ПРАВА КОМІТЕТ З ПИТАНЬ ОСВІТИ

І

ЛЬВІВСЬКИМ НАЦІОНАЛЬНИМ МЕДИЧНИМ УНІВЕРСИТЕТОМ ІМЕНІ ДАНИЛА ГАЛИЦЬКОГО

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UKRINFORM


UKRINFORM


HUMAN RIGHTS EDUCATION FOR LEGAL PROFESSIONALS

Roundtable was organized with the support of the WAML Educational Committee by Department of Medical Law of the Faculty of Postgraduate Education of Danylo Halytskyi Lviv National Medical University, Higher School of Advocacy of NBAU, NGO "Foundation of Medical Law and Bioethics of Ukraine" in Ukrainian National News Agency "Ukrinform" on 22nd November 2019. The objectives of the event were to promote the formation of a legal concept of child-friendly health care in Ukraine, to outline the role of the Convention in the international arena, to highlight the legal significance for the formulation of a national policy on the protection of the rights of the child in the field of health care, to discuss international and Ukrainian regulations, bases of regulation of individual rights of the child, to make proposals for improvement of the national legislation on observance of the rights of the child and to find out peculiarities of providing medical care to children under the legislation of Ukraine. Following thematic areas were discussed: 1. The rights of the child in the field of healthcare through the prism of case law, in particular the European Court of Human Rights, and international standards. 2. The legal concept of child-friendly health care. 3. Features of legal regulation of providing medical care to children in certain areas of medicine. 4. The role and importance of the UN Convention on the Rights of the Child in improving the mechanisms of the national legal system.

Look forward to seeing you soon in Toronto!

Best regards

WAML Treasurer Report

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

Almost everything started with Mendel. Undoubtedly, there may be other predecessors of the heredity idea, but Mendel should be considered groundbreaking in this context. The Human Genome (HUGO) Project was carried out as a systematic effort of Homo Sapiens to reveal "what" it is that makes us "human". It can even make it possible for people to re-evaluate "self", "what is happening", and "reorganize" with genetic manipulations. At this point, genetic engineering is faced with an "ethical" questioning, consisting of social norms and a cluster of values. Genetic manipulations, which have a potential power to be used in a wide range of diagnosis and treatment of diseases, brought along some concerns relevant to their applications. At this point, human beings can make their own copies with gene technology and have the potential to change their environment permanently. In this context, this potential power of gene technologies has caused a number of ethical questions regarding genetic manipulations. The deterioration of the natural balance in the human body/ in general, changing the health quality concept, the risk of using genetic information as a biological weapon, the studies of creation of superior human as a potential heavy worker or soldier, gender discrimination, being the source of precious information for insurance companies, employers and the state are all the main issues.

The ethical issues discussed above, along with all the encouraging positive developments, should not be ignored. The instrumentalization of man and turning that into a commodity seems possible with the wrong use of this technology. Genetic manipulations can push the individual into a normative conflict, such as choosing between fundamental rights and freedoms and individual dignity. This situation may leave the individual to choose between his / her own ethical values, individual-society and individual-social norms. In these studies, it is essential to see people as a purpose and to act accordingly, not as a tool. Ethical principles and behaviors that comply with these principles will serve a high purpose such as social benefit in the development of gene technologies.

If the information obtained by deciphering the genetic code becomes a tool that serves political and ethnic purposes, it will mean that common sense is removed. Gene technology, which will help develop knowledge about evolution, will lead us to reinterpret "ourselves", "what we are."

It is also possible to determine some privileges with social analysis.

If these privileges explain interpersonal differences such as intelligence, can social responsibility be expected

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to disappear altogether? How will the discussion of "determinism's biological origin" explain the concept of "human responsibility and obligation"? To what extent, for what purposes and by whom will the "information" be used for the solution of the genetic code?

In ethical inquiry, it would be appropriate to discuss the "framework in which we can fit the desire to know" that genetic practices will offer us, which motivates people. What will be the price of the contribution of gene technology to humanity? How clear are the limits of playing with the human genome? Will a person know where and when to stop? Does man have the right to implement everything that can be done using the possibilities of technology? Or should there be a "reasonable" limit of what can be done? Of course, the determination of this "acceptable" line will be our "own" ethical values, norms, and our ability to resolve ethical problems.

At the final analysis, all sort of ethical discussions have transformed solutions in medical law.

With all the best regards

Berna Arda

- This report is based on the invited speech in the Biotechnology 2020 - Congress, Istanbul, 5-6 March 2020

WAML President's Report

Thomas T. Noguchi,
President of WAML

Since the last issue of the Newsletter, the world has changed distinctly, the coronavirus pandemic came in our lives. All of us in the WAML leadership offer our sympathy and concern for all of our members affected by this life changing disaster.

The matter evolved rather quickly, now in the US a national emergency has been declared and the State of California has gone on lock-down, advising us to stay home. Cooperating with national and global instructions for preventing or slowing down the spread is essential.

Universities are now relying on online instruction for registered students. Some courses are not scheduled to reopen until summer. The Olympic games may be affected by the rules of social distancing.

The online EC Meeting will take place on April 4, 2020, where we will discuss more details on the upcoming Congress and future meetings.

Thomas T. Noguchi
President, WAML

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 **HERE**

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

We understand that you have many choices when making your travel arrangements. Please note that reserving your room in the WAML room block maximizes your opportunity to have a great stay in close proximity to the sessions, exhibits, events and other attendees. It also enables our staff to help should you have any issues with your accommodations and negotiate the best possible hotel room rates for future annual meetings.

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!

Do you have an idea, comment, or suggestion?

Please contact
Denise McNally
worldassocmedlaw@gmail.com

World Association
for Medical Law

SAVE THE DATE

AUGUST 13-16

2020

The 26th Annual WAML World Congress

Toronto, Canada
www.thewaml.com

FUTURE MEETINGS

Of Affiliated National Associations and Collaborating Organizations

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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