Message from the Guest Editor

Prof. Berna Arda, Vice President of WAML

WAML aims to encourage the study of health law, legal medicine and ethics. Since 1967, WAML also has worked to create an international platform to discuss ethical and legal issues related to health sciences. In the light of these activities, this newsletter offers a great opportunity to promote the study of the consequences in jurisprudence, legislation and ethics of developments in medicine, healthcare and related sciences.

The topics of the papers in this issue are variegated, as the contributors were from diverse backgrounds and countries. This issue contains eight papers from different scholars who work on medical ethics and bioethics in Iran, Italy, Kyrgyz Republic, Saudi Arabia, Turkey, USA and Uzbekistan. For convenience, I preferred to classify all these valuable opinions in alphabetical order based on country name. I am grateful to all colleagues who wrote and expanded our knowledge.

Prof. Bagheri introduces in detail the relation of bioethical principles and Islam. Relevant discussions on main topics like organ donation, assisted reproductive technologies and abortion may be followed. This paper also covers information on the actual situation in Iran.

Prof. Pegoraro, President of the European Association of Centres of Medical Ethics, writes on the EACME, introducing the association’s founding aims and activities from 1986 till today.

Prof. Tilekeeva writes about the current condition of bioethics in the Kyrgyz Republic, and the acceleration of relevant developments in the very short period since its independence.

Prof. Kashmeery emphasizes that there is an enormous concern about bioethics in Saudi Arabia. The paper summarizes the framework under the three topics; “Governance and Ordinance”, “Education” and “Public Awareness”, in a clear informative style.

Two of my colleagues-Prof. Demirhan Erdemir and Prof. Yalım- from Turkey, introduce us to the relevant approaches of two different non-governmental bodies; “Society for Medical Ethics and Law” and “Turkish Bioethics Association”.

Prof. Silverman offers an article on the Middle East Research Ethics Training Initiative (MERETI), as an initiative for research ethics. His paper informs us about the training program; goals, contents, challenges and future activities. I believe that this will be very helpful and eye-opening, especially for young academics in the region.

Prof. Mukhamedova writes about Uzbekistan’s current situation. Her paper introduces a picture of the health situation of the country and also gives us some clues about Uzbek biomedical ethics’ priorities.

Prof. Berna Arda, Vice President of WAML
Legalization of Bioethical Issues in Iran

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Introduction
The Islamic Republic of Iran is in the Middle East region with a land area of 1,648,000 km² and a total population of 74 million. The per capita gross domestic product (GDP) was about 4,530 USD in 2010. In Iran, in the field of bioethics, there are several laws, such as the Brain Death and Organ Transplantation Act (2000), authorizing organ removal from a brain dead patient for transplantation; the Act of Embryo Donation to Infertile Spouses (2003), and the Therapeutic Abortion Act (2005), which have been passed into law by the Parliament (Majless), providing legal support in biomedical practices. The legal system in Iran is based on Islamic Shari’a and the legislative system of the country encompasses religious considerations. According to the country’s constitution, the Guardian Council must approve all laws passed by the Parliament. The Guardian Council is the responsible body to check all laws passed by the Parliament to avoid any contradiction with Islamic Shari’a. Not all biomedical practices have been legalized. There are several applicable new biotechnologies, which have caused bioethical debates, such as sperm donation, surrogacy and stem cell research, which are not supported by the law. Some other topics and issues, such as biomedical research and patient rights, are regulated by national ethical guidelines and codes. There is a growing tendency, especially from health professionals, to legalize bioethical issues in the country.

Brain Death and Organ Transplantation
In Iran, the Organ Transplant Act (2000) allows organ removal from a brain dead patient for transplantation to another patient whose life depends on transplantation. The significant value of saving life in Islam provided the foundation for this ruling and the religious teachings encourage people to donate their organs for transplantation to save human lives. The first attempt to legalize organ removal from brain dead patients failed in 1996 because the members of the Parliament were concerned about religious permissibility, the probability of mistakes in brain death diagnosis and the possibility of misuse, hence, the bill was voted down. After a long debate, the Ministry of Health and Medical Education (MHME) convinced them that the concerns are manageable and also provided ruling fatawas that organ removal from the braindead is not against Islamic Shari’a. As a result, the second attempt was successful and the Act was ratified in 2000. The Act has one Article and one provision, which assigned the MHME to provide the bylaws of the Act. According to the Act and its bylaws, organ removal is legalized for the purpose of transplantation by either: the donor’s prior consent or family agreement. Donor’s prior consent can be in a written statement or oral consent. In case of oral consent, one of the members of the family must confirm it in writing. If there is no donor declaration, the family has a right to make a decision on behalf of their loved one in his or her best interest. An expert committee must diagnose brain death in a public university hospital. The members of this diagnosis committee should not be associated with the transplant team. Selling and buying of organs are absolutely prohibited. It is important to note that the Act is applicable to organ removal from brain dead, as well as dead people, and does not cover organ donation from live patients.

There is no law covering live donation, resulting in the MHME regulating live donations. The program of live donation was started by organ donations from relatives (LR donors). Because of the need for organs, the Living Unrelated (LUR) kidney donation program was started in 1997. Trade in organs is officially banned and a regulation, which states that the “organ donor and recipient must be from the same nationality”, has helped to prevent the country from being seen as a haven for international organ traders. The regulation prohibits non-Iranian citizens from participating in the country’s LUR transplantation and the associated compensated donation program.

Assisted Reproductive Technologies
Between 10–15% of couples in Iran are infertile and many of them seek assisted reproductive technologies. The first infertility centre, providing IVF treatment, was established in 1986. Since 1990, when the first test tube baby was born in Iran, there have been major technological achievements in the area of infertility treatment. Currently, infertile couples do not have any legal barriers to taking advantage of these technologies. There are fifty IVF clinics across the country, which is one of the highest numbers in the Middle East. Based on the religious permission - fatwa, a non-binding legal opinion expressed by an Islamic jurist, assisted reproductive technologies have been in practice since 1989. None of the techniques, such as eggs and gamete donation, nor surrogacy have been governed by legislation. In the
Absence of a legal regulatory framework for assisted reproductive technology, infertility clinics were able to practice all forms of gamete donation and surrogacy to benefit infertile married couples, based on the existence of religious permission (fatwa). Although, all assisted reproductive techniques, such as IVF, surrogacy, embryo donation and sperm donation, are available in the country, only embryo donation has a legal basis in Iran.

The Act of Embryo Donation to Infertile Spouses was ratified by the Parliament in 2003. Among Islamic countries, Iran is the only one in which assisted reproductive technology, using donor embryos, is supported by legislation. The Act has five articles. Article 1 of the Act states that the donors should be legal or canonical spouses. It also requires that the donated embryo should be obtained through IVF procedure. In order to donate an embryo, a written spousal consent is necessary. Article 2 is about the prerequisites for receiving the embryo. Article Three explains the duties and responsibilities of the spouses adopting the embryo. Article Four, covers the role of the Family Courts and the legal process to approve an embryo donation. Article Five obliges the Ministry of Health and the Ministry of Justice to provide bylaws for embryo donation. The Cabinet Council passed the executive bylaw of the Act in March 2005. There is a lack of legislation on the other forms of gamete donation or surrogacy as the Act addresses only embryo donation. The Act of Embryo Donation to Infertile Spouses can be instrumental in helping infertile couples but, its inherent vagueness has caused some confusion and lack of clarity. The Act has been criticized for several reasons: it does not restrict the donated embryos to surplus embryos; it is silent about the number of embryos that could be transferred; and it is silent about the issue of heritage which can be a challenging issue under the anonymity policy in embryo donation.

**Abortion**

Abortion is a very sensitive ethical and legal issue everywhere. In a conservative, Islamic society, such as Iran, the issue becomes very critical. In Iran, as a Muslim country, the Shari’a law is the basis of the ruling fatwas on abortion and it influences public attitudes and practice. Based on Islamic jurisprudence, a fetus is considered a full human being after ensoulment, which takes place after 120 days of pregnancy. Thus abortion is not permitted after ensoulment but, it is permitted before 120 days of pregnancy, under very restricted conditions, for example if the mother’s life is in danger. In Iran, the Therapeutic Abortion Act was passed by the Parliament in 2005. The Act reads, “Therapeutic Abortion is permissible with definite diagnosis by three specialist physicians and approval of the Legal Medicine Organization before ensoulment (four months of pregnancy). It approves abortion for cases in which the fetus suffers from congenital anomaly or retardation which causes hardship to the mother, or if the mother suffers from a life threatening disease, Mother’s consent is necessary and there is no penalty for consulting a physician. Violators of this Act will be punished based on the Islamic Punishment Act. Critics believe that because the Act provides a wide range of maternal, as well as fetal, indications for abortion, it is subject to misuse. The condition of “hardship”, as referred to by the Act, is a vague concept and subject to interpretation.

**A Critical Challenge**

In the legalization of bioethical issues, the relationship among ethics, law and Islamic jurisprudence (fiqh) is an important challenge. Being a religious country, it is very important to define the position of Islamic Shari’a on the questions raised by ethical dilemmas. In practice, the priority of the religious position is evident by the fact that in case of any question on the application of a new biotechnology, questioning, whether it is permissible or should be prohibited, scientists and physicians are very keen to explore the opinion of Islamic scholars (faqih) on the issue. In order to deal with these issues, a physician or a group of physicians who face an ethical dilemma in their practice would explain the problem to a faqih or to a committee of Islamic jurists in order to obtain the religious opinion on that issue. After approval by the religious authority, the issue would be taken to the health authority for the development of national guidelines or to the Parliament for policymaking, if necessary. In the next step there will be room for ethical deliberation and discussion to explore ethical dimensions of the issue. For instance, first the religious authority accepted the notion of brain death and organ removal for transplantation from brain dead cases and then, based on this acceptance, the Act was passed to allow using brain dead cases as a source of organs for transplantation. When organ procurement became part of medical practice, there was an opportunity to discuss related ethical issues such as organ sale in transplantation. The same pattern can be seen in case of abortion. Because of this
methodology, there are several topics, such as sperm donation and surrogate motherhood, which are permissible according to the ruling fatwa, but have no legal support and therefore, ethical issues have not yet been fully discussed.

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EACME: A European Contribution to Research and Education in Bioethics

The European Association of Centres of Medical Ethics (EACME) was founded in 1986 as a Network of Centres with the aim of promoting research, education and consultation in the field of bio-medical ethics by way of the exchange of information, support of students, teachers and researchers and organization of annual conferences. In the light of one of the basic concepts of the birth of bioethics, namely “bridge”, the Association has promoted meetings and collaboration among academic and non-academic institutions involved in the field of bioethics and medical ethics. Particularly, it has developed during these years a “Mission Statement EACME” which is articulated in the following points:

- The EACME aims to promote and reinforce debate on moral values and ethical theory in relation to health care practice, biomedical research and healthcare systems, from an individual, social and legal point of view. This includes the development of methods and concepts to implement ethical deliberation in daily medical and health care practice.
- It strongly endorses cooperation with other societies and associations in the field of bioethics, philosophy of medicine and social medicine, both at a national and international level, particularly in regard to ethical deliberation and policy-making.
- The EACME places particular emphasis on supporting and promoting young talent and junior researchers in the field of (bio)-medical ethics, for example by having special meetings of post graduate students at the annual conference and by small grants for international exchange.
- The EACME focuses on the development of the debate about, and in, the development of institutional forms of (bio)-medical ethics especially in Eastern and Southern Europe.

To achieve these aims, it has promoted:
- A continuing exchange and sharing of information regarding Conferences, Courses, research projects and job opportunities, at European and international levels, through two instruments: EACME News, a short email weekly containing brief information; and EACME Newsletter, three times a year, with articles, comments and book reviews.
- Support for young researchers through the Visiting Scholarship Exchange Program which helps the junior researchers to broaden their personal and scientific horizons and, enrich their academic vision.
- Annual Conferences, open to everybody, as precious occasions of meeting other persons involved in bioethics, exchanging opinions and having discussions about projects. It is an added value to the personal search for a more rich and qualified development of bioethical reflection.

For more information, see: www.eacmeweb.com

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Current Condition of Bioethics in the Kyrgyz Republic

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In 2007, the Commission on Ethics of Clinical Research and Clinical Pharmacology, within the Department of Pharmacological Support and Medical Equipment, was transformed into the Committee on Bioethics under the Ministry of Health of the Kyrgyz Republic. Since this transformation to the Committee, all international research must pass ethical review taking into account national, cultural and mental values. Since 2007, an ethical review of 100 research projects has been conducted. This Committee is a member of the Forum for Ethics Committees in the Commonwealth of Independent Nations.
States (FECCIS). In the framework of this Forum, representatives of the Committee have presented the results of studies to several international conferences and other events, such as: the International Conference “Physicians of the XXI Century and Bioethics” (Almaty, Republic of Kazakhstan, 2005); the International Conference “Ethical Aspects of New Biotechnology in Biology and Medicine” (Tashkent, Republic of Uzbekistan, 2006); and the programme “Recognition” (Minsk, Belarus, 2006).

Our research has been carried out in close cooperation with regional and international organizations, including the World Health Organization (WHO) Country Office in Kyrgyzstan, the National Commission for UNESCO of the Kyrgyz Republic, the European Forum for Good Clinical Practice (EFGCP) and representatives from different national ethics committees, particularly from Belgium and CIS countries.

The Committee was involved in implementation of the Project for all CIS member states which focused on the creation and publication of the book “The development of the ethical review of biomedical research in the CIS states (social and cultural aspects)”, published in 2007. The Project was based on the results of Expert Consultations on networking in the sphere of ethics and bioethics (in CIS and Baltic states), which took place in March 2005, Minsk, Belarus.

Research bioethics, applied aspects of health care system(s) and medical education are among the scope of activities of the Committee.

This Committee was awarded a grant from UNESCO for publishing the book “The Current State of Bioethics Education in the System of Medical Education in the CIS Member Countries: Analytical Review”. There is a separate part of the book, which is devoted to Kyrgyzstan: historical and cultural background, legal regulations, education in bioethics, the system of ethical review, perspectives and forms of international cooperation.

The concept of present work is based on the implementation of the global trend in UNESCO activity on the development and unification of bioethics education in universities. This book is the first presentation of a detailed analysis, with results and conclusions concerning bioethics education in the system of higher medical education in the CIS countries.

Since 2009, the interdisciplinary subject, Bioethics, has been introduced to undergraduate students of the Kyrgyz State Medical Academy (KSMA). Curricula for this subject designed for students of different specialties have been elaborated and include: general medicine, pediatrics, public health, dentistry, advanced nursing and pharmaceutics.

In each program, special attention is paid to priority issues of that specialty. Two conferences have been organized and conducted: “Good Clinical Practice is the Ethical Standard of Clinical Trials” which was organized and conducted in Bishkek (September, 2008) and the Central Asian Conference “Clinical Trials in the Kyrgyz Republic: Current Condition and Aspects of International Collaboration” (Grant from European Forum ‘Good Clinical Practice’). Among participants were heads of health care organizations, representatives of the Ministry of Health of the Kyrgyz Republic, practitioners, representatives of pharmaceutical companies, and faculty members of the KSMA.

It is hoped that this introduction to the work of the Committee will provide an opportunity to expand cooperation and establish links with colleagues involved in bioethics from different countries.

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Atlas of Bioethics in Saudi Arabia

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Introduction
There is growing concern over ethics and its applications in both healthcare and biological research, world-wide. Saudi Arabia is no exception. In Saudi Arabia, the concern has been brought about by internal, as well as external, factors. A major event, where things went badly wrong following a uterine transplantation operation in the year 2000, triggered a wide debate across the country. In the aftermath, a royal decree ordained establishing the first national bioethics committee. Sporadic efforts to formulate bioethical guidelines have also been evolving in several healthcare institutions. External factors that geared the sentiments of healthcare professionals and institutions, as well as clinical and biological researchers, towards bioethics advocacy include International Publication.
international channels of collaboration to the USA & the UK. This Centre focused on hot issues, where ethical decisions intersect with Islamic law, conducting forums and debates involving Shari'a scholars and healthcare providers. A consultative Women’s Council was set up to address ethical issues in healthcare that concern women in particular. For some reason, the Centre ceased to exist.

C) National Committee of Medical and Bioethics (NCMBE) The NCMBE was formed by a Royal Decree in 2001, as part of King Abdulaziz City for Science and Technology (KACST) in Riyadh, tasked with affirming sound Ethics and Morality in medical and biological work. The NCMBE consists of several sub-committees, each was designated a certain role such as: legal, human research, flora and animal, education & media. The NCMBE focused on the role of local committees and called for a landmark meeting. Eighty government and private bodies were invited, where actions were set in operation, for the first time in the country, on local committee and researcher registration and researcher licensing.

D) Institutional Review Board (IRB) of the National Guard (NG) Health Affairs This (IRB), established in 2008, functions to maintain high ethical standards in human investigational studies.

E) Saudi Commission for Health Specialties (SCHS) Established by Royal Decree in 1992, SCHS’s main engagements include, inter alia, one item pertinent to Ethics:

- To set up principles and standards including ethics for the health professions.

The commission issued a document, which mainly concerns doctors and dentists, covering a wide spectrum of biomedical ethical issues. The document does not represent any authority, nor is it binding. It is of a guidance nature and draws heavily on Islamic Jurisprudence.

F) Ministry of Health The ministry formed an ethics committee directed towards research conducted on its premises, followed by Medico-Legal Committees.

1) Research Ethics Committee The Research Ethics Committee was formed within the ministry, under the auspices of the General Directorate for Medical Research (GDMR). The committee’s duties include reviewing and applying ethical rules and regulations issued by the NCMBE on research performed within the Ministry’s facilities.

2) Medico-Legal Committees (MLC): These are Legal Tribunals set up by the Ministry of Health in the main cities of Saudi Arabia, totaling 14 committees by 2006, all intended for settling healthcare disputes. These are composed of members with diverse backgrounds, but mainly medical, legal and Islamic judiciary (two physicians and a counselor appointed by the Minister of Health, two university faculty members appointed by the Minister of Higher Education), chaired by a chief judge. Records of MLCs reveal a sharp increase in reported claims and law suits over the years.

F) Ministry of Health

There is an unmistakable conflict of interest in the process: MLCs appointed by the Ministry of Health settling law suits and medical liability claims filed against the same Ministry.

G) Jurisprudential Bodies and Biomedical Ethics:

The challenge facing ethicists, whenever new dilemmas in healthcare surface, is not only to produce adequate codes but also to secure vehicles for their implementation. There is a strong conviction that faith is an appropriate vehicle for enacting acceptance and implementation of ethical principles by its followers. Muslims are no exception. Followers of this religion, whenever faced with medical decisions, raise the question, as to its permissibility according to Islamic Shari’a. Healthcare providers would find it difficult to persuade the public
to implement guidelines or procedures, unless these are supported by a legal opinion issued by a scholar/Jurisprudential opinion (namely a ‘fatwa’).

The obvious outcome was the involvement of Islamic viewpoints in biomedical ethics decision-making. The following profiles attempt to depict the main jurisprudential bodies that have an impact on ethically sensitive, healthcare-related issues, within Saudi Arabia and beyond:

1. **Islamic Fiqh Council** (affiliated to the Muslim World League):
   - Established in 1977, under the auspices of the Mecca-based Muslim World League, the Council encompasses scholars from different Muslim countries.
   - One of the main objectives of the Council is to address new developments, offering jurisprudential opinions and judicial injunctions and Fatwas.

2. **International Islamic Fiqh Academy (IIFA)**
   - The Jeddah-based IIFA was established in January 1981 in fulfillment of a resolution of the Third Islamic Summit held in Mecca.
   - One main objective of the IIFA is to study contemporary problems from the Sharia point of view and to try to find the solutions in conformity with its injunctions.
   - Members of both Councils are eminent scholars. These two Councils function on order-on-petition in response to request(s) submitted by individuals and/or organizations from different parts of the world. This is in line with the Shair’a definition that a Fatwa is a legal opinion that is non-binding, explaining the discrepancy in application of any given Fatwa. Fatwas issued by councils of highly reputable affiliation, such as the Mecca-based Fiqh Council, still carry great weight and influence.

II) **Education:**
- Apart from sporadic undergraduate courses run at various universities, a Master’s Degree Program, claimed to be the first of its kind in the region, was launched in 2008 under joint auspices of the King Abdullah International Medical Research Centre and the King Saud Bin Abdulaziz University for Health Sciences. Its vision maintains that healthcare and human welfare are better served in an environment where ethics and morality are observed as common values by both provider and recipient.
- As a Case-Based Learning programme, it aims to train students how to efficiently deal with ethical dilemmas in clinical practice and research, and to identify cultural sensitivities therein. Students get acquainted with a blend of local culture and international guidelines to analyze, discuss and reflect upon such dilemmas.

III) **Public/Professional Awareness**
- 1) Hussein Al Amoudi

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**Chair for Medical Conduct Ethics:**
- Established in 2009 at the King Abdullah University in Jeddah, the Chair strives to develop an operational model system to promote and monitor priorities of and compliance with the ethics of medical practice and professionalism of healthcare providers. The Chair also advocates publication of pertinent material.

2) **Expats’ Bioethics Acquaintance Programme**
- The programme, run by the Bioethics Section at King Abdullah Medical City, addresses expats working in Saudi Arabia, and attempts to abate the friction of cultural differences and incompatibilities.

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**Aims of the Society for Medical Ethics and Law on Medical Law, Research Ethics and Medical Ethics Education**

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The aim of this Society is to develop scientific research, to support education of medical ethics and law and to provide international scientific relations in the field of the medical ethics and law. The Society has international characteristics. In order to achieve these objectives, it performs the following activities:
- To follow and encourage scientific research on medical ethics and medical law in Turkey and in the world.
- To help solve the problems of medical ethics and medical law in the health foundations.
- To provide assistance to the official authorities and educational institutions about the subjects indicated above in the aims section.
- To help to provide post-graduate education in the
fields of medical ethics and medical law with the aim of helping the people working in the health professions to deal with the problems they may face when they are providing health services. To perform national and international scientific projects and research in the fields of medical ethics and medical law. To publish an international scientific journal if a financial source can be found. To train researchers in the fields of medical ethics and medical law and to support the scientific projects of the researchers from abroad on Turkish medical ethics and medical law. To hold national and international congresses, symposia, panels and meetings in the field of medical ethics and medical law. To initiate scientific relations with foreign societies, institutes and universities and to coordinate international meetings in the fields of medical ethics and medical law. To transfer scientific developments in this field in foreign countries to Turkey and the related developments in Turkey to other countries when necessary. To cooperate and coordinate scientific relations with other relevant and similar national and international entities and to invite guest researchers in accordance with conditions of the 5th Article of the Law for Associations and in the order prescribed by the regulations. We know that the primary concern of the investigator should be the safety of the research participant. This is accomplished by carefully considering the risk/benefit ratio, using all available information to make an appropriate assessment and then continually monitoring the research as it proceeds. The scientific investigator must obtain informed consent from each research participant. This should be obtained in writing (although oral consent is sometimes acceptable) after the participant has had the opportunity to carefully consider the risks and benefits and to ask any pertinent questions. Informed consent should be seen as an ongoing process, not as a single event or a mere formality. The investigator must enumerate how privacy and confidentiality concerns will be approached. Researchers must be sensitive to not only how information is protected from unauthorized observation, but also if and how participants are to be notified of any unforeseen findings from the research that they may or may not want to know. The investigator must consider how adverse events will be handled; who will provide care for a participant injured in a study and who will pay for that care, all of which are important considerations. In addition, before enrolling participants in an experimental trial, the investigators should be in a state of “ equipoise,” that is, if a new intervention is being tested against the currently accepted treatment, the investigator should be genuinely uncertain which approach is superior. In other words, a true null hypothesis should exist at the onset regarding the outcome of the trial. To study all these points are among the aims of this society. Another aim of our Society is to give a great emphasis to medical ethics education. Ethics courses and workshops are required by the Society. Doctors in training must consider the importance of the Hippocratic Oath. This basically states that they must do no harm to their patients. Ethics courses and workshops at this level will also deal with informed consent, organ transplant issues, and patient confidentiality. Our Society seeks to foster empathy by a better understanding of the human aspects of illness. The Society seeks to improve the philosophic understanding of the problematic issues of modern medicine and biology. It seeks to help our organization make ethically appropriate institutional decisions and to improve communication and negotiate conflicts between patients, families, friends and healthcare providers. It undertakes some studies and organizes workshops on medical ethics education. This Society studies both medical ethics and law. The moral conscience is a precursor to the development of legal rules for social order. Ethics and law share the goal of creating and maintaining social good and have a symbiotic relationship as expressed in the quotation, “Ethics begins where the law ends.” The role of lawyers and risk managers are closely linked in many health care facilities. In some hospitals, the administrator with the title of Risk Manager is an attorney with a clinical background. There are important distinctions between law and risk management. Risk management is guided by legal parameters but has a broader institution-specific mission to reduce liability risks. To better understand the significant overlap among these disciplines in the health care setting, consider the sources of authority and expression for each.

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The Evolution of Research Ethics in Turkey and Turkish Bioethics Association’s Perspectives

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The necessity for ethics education and regulations on research activities was continuously stated by bioethicists in Turkey for more than a decade, starting in 1980. Although the Medical Deontology Charter, which was issued in 1960, mentioned research on patients to a certain extent; its main concern was regulating the relationship between research and treatment. The very first legal document on research ethics, in the modern sense, in Turkey, was issued in 1993: the Statute on Drug Research. The Statute’s scope was limited to drug research and, shortly after coming into force, serious criticisms were raised about it. After numerous unsuccessful attempts to enhance the scope and the ethical consideration of the Statute, an overhaul of the regulation of medical research was achieved in 2009 when the Statute was revised due to pressures applied on the legislators by the pharmaceutical industry. The last revision of the legislation reduced the time allocated for ethical assessment of research protocols, broadened the area of exempted research and left the research on the biological specimens out of the scope of the Statute. One of the criticisms of the new regulation is the capacity for unethical conduct due to the abbreviated time for ethical analysis. Another serious issue with the last version is that it has not incorporated regulations for the recruitment of biological specimens for research purposes in Turkey.

The new legislation was widely discussed on the Turkish Bioethics Association’s online network, “Bioethics Platform”. Some of the main topics from the correspondence are as follows:
1. In Turkey, ethics education for researchers is far from adequate. There are a few certificate programs for ethics committee members, but when taking the dimensions of research endeavor for the entire country into consideration, these are inadequate. Without a comprehensive research ethics education, any kind of regulation, whether restraining or more permissive, is subject to being ineffective.
2. The relationship between the government and the university is somewhat complex in Turkey regarding biomedical research. The Ministry of Health is the central regulating body and the major employer for the medical professionals. It is also the legislator for research ethics and executes the follow-up. All the ethics committees in the country are either directly or indirectly dependent on the Ministry. Universities in Turkey are theoretically autonomous in their scientific endeavor and they are the main medium of biomedical research. With the latest legislation, the Ministry of Health now controls the universities’ scientific activities. According to the Turkish Bioethics Association, this is against the autonomy of the university and unacceptable. The Ministry of Health has no legal right to apply sanctions on university members, so the legal outcomes of unethical research remain unregulated.
3. The new Statute authorizes the applicant, which is usually a pharmaceutical company in Turkey, to apply to an ethics committee. As the ethics committees are located at the universities and the application for a biomedical research project is generally directed to the ethics committee at the university where it will be executed, an ethically doubtful situation exists. Ethics committees have to deal with pharmaceutical companies rather than researchers, who are university staff members.
4. The number of bioethicists and medical ethicists is insufficient to staff all of the ethics committees. According to the Statute, a member of one ethics committee cannot participate in another. As a natural consequence there are ethics committees devoid of ethicists or professionals with legitimate ethics education. These criticisms and some others were listed by the Board of Directors of the Association and brought to the attention of the legislature. In Turkey, it takes time to revise and change the legal texts, especially the time when they come into force.

Ethics education and regulations about research involving animals has been executed much more competently in Turkey. The first ethics committee for animal research was established in 1996. The Statute on the Working Procedures and Principles of Animal Research Ethics Committees was issued in 2006. This Statute obliged
The number of clinical trials performed in the Middle East has increased during the past decade, as pharmaceutical companies have enhanced their activities in many countries in the Middle East, much of which involves multi-institutional, multi-country clinical trials. The number of clinical trials in Egypt has nearly tripled between 2008 and 2011. Since clinical research requires the participation of human subjects, functioning ethics review systems must oversee the conduct of such research to ensure the protection of their rights and welfare. Commentators have expressed concerns with the functioning of research ethics committees (RECs) and the ethical practices of investigators and their research staff. Accordingly, commentators agree that research ethics capacity needs to be promoted in developing countries. The focus of the Fogarty-sponsored training program, entitled the Middle East Research Ethics Training Program (MERETI), is to enhance the skills of individuals who will then have distal effects on institutional and country capacity in research ethics. The goal is for trainees to develop curricula in research ethics for their institutions, engage in scholarly activities and become leaders in their institutions (serving as members and chairs of RECs) and countries (serving on national ethics committees). To accomplish these goals, the MERETI program offers the following programs: 1) a Master’s of Science in Clinical Research with a concentration in research ethics that consists of face-to-face and online graduate courses at the University of Maryland Baltimore (UMB); 2) a year-long advanced training in research ethics that consists of one month of training at UMB during the summer followed by online courses; and 3) a totally online 12-credit Certificate Program in Research Ethics.

In addition to research ethics, MERETI also provides trainees with skills in research methodology, writing a grant proposal, teaching and analyzing research publications. Trainees are expected to organize workshops in research ethics at the institutions, perform research on research ethics (such as surveys and investigators, REC members, and research participants regarding their attitudes towards research and research ethics).

The MERETI program selects trainees from countries in the Middle East defined by the World Bank as “low-income”, “lower-middle-income” and “upper-middle-income” and has provided scholarships to more than 80 professionals from Egypt, Jordan, Sudan, Yemen, Libya, Syria, Lebanon and Morocco. These trainees have consisted of physicians, dentists, nurses, scientists, pharmacists and research coordinators. The MERETI faculty are sensitive to the charge that US-based programs might inadvertently transmit Western bioethics concepts that might not be applicable to different cultures in developing countries. To address this issue, academic sessions are devoted to universalism and pluralism and case studies and research protocols are relevant to the trainees’ home regions. The accomplishments of our trainees have included development of curricula in research ethics at their universities, leadership roles on their RECs, publications in international journals and presentations at national and international conferences.

The MERETI program encourages trainees to develop networks among themselves. Two trainees established a network of RECs in Egypt: the Egyptian Network of Research Ethics Committees (ENREC), whose membership now includes more than 40 RECs. This network organizes periodic meetings that provide continued educational activities and discussions of difficult issues in the review of research. There is also a MERETI network site where trainees can keep up to date with each other’s activities, share ideas and communicate issues that arise in their institutions as they attempt to enhance research ethics capacity. This network consists of a blogging site and incorporates an online discussion forum.

Challenges that have been encountered include: a) lack of support of trainees from their top officials to incorporate research eth-
Henry Silverman, MD, MA
Professor of Medicine, University of Maryland, Baltimore, USA

A Population Based Bioethical Approach: Healthy Mother - Healthy Child - Healthy Generation

Prof. ZM Mukhamedova,
Tashkent Medical Academy
Member of National Ethical Committee
Tashkent- Uzbekistan
Director, MERETI

It is very important to consider modern biomedical ethics in Uzbekistan as its openness to world trends and the powerful influence of globalization impact on scientific endeavour within the Republic. These influences have encouraged achievements in various scientific fields, such as informational agreement on reproductive behaviour. The defence of human and traditional values is the prevailing methodology of modern Uzbek biomedical ethics.

Modern bioethical consideration comprises a complementary role of international influences and the impact of local cultural and legal parameters. Nothing demonstrates social reality and achievement of fairness better than does women’s status in society. From the first years of independence, healthcare of mother and child was promoted to the rank of national policy. This status is consolidated in the Constitution, in a number of fundamental government documents and in State programs reforming the system of Healthcare. Special attention, in Uzbekistan, is paid to the concept “Healthy mother-healthy child-healthy generation”. In the Republic, projects focusing on the healthcare of both mother and child are successfully carried out in conjunction with WHO, UNICEF, UNFPA and the European Union. The Government of Uzbekistan was one of the first, among Central Asian countries, to ratify the UN Convention on the elimination of all forms of discrimination against women. In the years since independence, Uzbekistan has recognized more than one hundred international agreements on human rights, including women’s rights, children’s rights, against discrimination in the field of labor and employment, all forms of intolerance on the basis of religious beliefs, World Declaration on the guarantee of children’s lives, protection and maturity, the convention on mother’s health protection, the Hague convention on civil aspects of kidnapping to other countries to name but a few.

About 35% of the population of Uzbekistan are children under 16 years old, and more than 62% are - young people under 30 years of age.

Much responsibility for children’s health and bringing up is taken, first of all, by women. The proper response to this situation was “The conception of improvement of women’s status in the Republic of Uzbekistan” which was elaborated and adopted by the Cabinet for social defence of family, motherhood and childhood in 1996. 1999 was proclaimed “The Year of Women” and State programs strengthening the role of women in family, national and social formation and perfecting the protective system of their legal, social, economic and spiritual interests were adopted and have become the crucial point in the women’s lives in the Republic. In 2007, Uzbekistan joined the four countries of the region, in implementing the programs of European strategy determined by WHO “Health and maturity of children and adolescents”. Uzbekistan was recognized as a regional model because of the adoption of the program in the field of mother-and-child health institutions, by the regional UNICEF office.

In 2009, the Resolutions by the President of Uzbekistan “About further steps in the field of mother-and-child health institutions, formation of health generation” and about the program of steps in the further intensification and increasing effectiveness of the work conducted...
at the strengthening the population’s reproductivity, birth-rate of healthy children and bringing up developed and mature generation for 2009-2013 were adopted. Preservation and strengthening of women’s health is one of the tasks of Healthcare in Uzbekistan. Much attention is paid to the matters of reproductivity and development of the institutions of family planning, mother-and-child health institutions and reducing the disastrous influence of environmental pollution on women. Special attention also is paid to assisting rural women medical care. About 60% of population of Uzbekistan inhabit the countryside. Since independence, the death-rate of mothers and children has decreased by more than 3.5 times. In the world rating of 161 countries, compiled by the international organization «Save the Children» in 2011, Uzbekistan was ranked ninth among the countries where children receive better healthcare. Within the framework of global reforms, the unique national model of Healthcare has been created, an integral part of which is the complex of steps for realization of the concept “Healthy mother - healthy child”. Legal regulations in Uzbekistan are able to protect man and society on the whole from undesirable, and sometimes disastrous, consequences of the inculcation of new medical-biological technologies into practice.

**Prof. ZM Mukhamedova**
Tashkent Medical Academy
Member of National Ethical Committee
Tashkent- Uzbekistan

#### Brief Introduction to the China Health Law Society

**Professor Chongqi Wu**
The China Health Law Society (CHLS) began in 1988 and received formal approval from the government in March 1993. It is a national professional organization mainly composed of academic and nonprofit legal social organizations and medical, jurist and theoretical workers.

The work of the CHLS is under the supervision of the China Law Society. The CHLS elected its members for the 4th councils, including 26 President and Vice Presidents. Prof Gao Chunfang was elected as the President. Prof Wu Chongqi was reelected as Vice President and Secretary General. Former President Sun Longchun was appointed as an Honorary President.

The objectives of the CHLS are:
- To unite the medical, jurist, theoretical and legal professionals,
- To carry out jurist study, consultant training, legal service and exchange of ideas,
- To encourage the development of jurist, medical and ethical education and the building of the discipline of health law,
- To train personnel in the combined disciplines of medicine and law,
- To provide theoretical and policy support for the socialist rule of law of the country,
- To contribute actively in the construction of the country’s prosperity and the protection of its people’s right of living and health.

Over the last 20 years, the CHLS has hosted, organized or co organized over 100 courses, seminars and forums, attendance at which produced over 10 thousand participants. It has collected over 2000 papers and edited dozens of books of various kinds, totaling in all about 30 million words.

The CHLS also organized a special session of the 22nd World Conference of Law in 2005, hosted the 17th World Congress on Medical Law in Beijing in 2008 and collaborated with other institutions to host various sessions. It jointly created bimonthly <Medicine and Jurisprudence> courses with a medical college and established the International Institute of Health Law with the Southern Medical University.

It is editing a series of Books on the Science of Health Law, of which eight books already have been published, and three more currently are being printed. Articles for other books are being collected. Since the 12th World Congress on Medical Law in 1998, the CHLS has organized, contributed papers and sent experts to subsequent Congresses.

The CHLS has sent experts to health law conferences in Korea, Spain and Portugal, the 1st Asia Pacific Conference on Health Law in Indonesia and the UNESCO Chair in bioethics education conferences in Israel.

It induced Paul Sabatier University of France to establish cooperation with 4 Chinese Universities including Shandong University and now is discussing cooperation in education and training of Master and Ph D students with universities in Spain, UK and Holland.

It will also send delegation to the United States to discuss cooperation with the American College of Legal Medicine.

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**Recommenations**
The China Health Law Society puts forward the following recommendations to the World Association for Medical Law:

To create the discipline of health law, 
To name the discipline of health law, 
To define the direction, content, and teaching methodology of the health law discipline, 
To establish the hours of teaching, 
To build the discipline of bioethics. 
To establish the principles and a system for judging the necessary achievements for the qualification certificate, 
To have the medical ethics committee award the qualification certificate for bioethics after evaluation.

The CHLS is ready to contribute all its efforts to work together with the WAML.

President Sun
Professor Chongqi Wu

Presidential Message

As the year has passed the half way mark, I, hope that you are well and have had an enjoyable vacation. We now have a renewed interest in building the World Association for Medical Law (WAML). I am happy to report that we, four members of the Executive Committee (EC) and your Administrative Officer—Meeting Planner-Manager meet regularly every month on Skype. Minutes are taken and filed in the Corporate Office of the WAML. The WAML was incorporated as a not-for-profit membership organization in 2011 in the State of California, and received a tax-free status from the Internal Revenue Service (IRS). It means the membership fee will be deductible in your country. The Corporate officers must file an annual report, including the accounting, to maintain the not-for-profit status. The documentation and filing is done by Denise McNally, Administrative Officer (AO) and Meeting Manager (MM), and WAML Corporate lawyers, Mr. Albert S. Golbert, Esq., and Ms. Tiffany Heah, Esq. in Los Angeles.

The WAML Corporate Office is maintained at Mr. Albert S. Golbert’s Office in the Bunker Hills Building, Los Angeles. He is the Assistant Secretary who will prepare and file tax returns to the State of California as well as to the IRS. Mr. Golbert provides all legal and strategic advice, including drafting contracts, and looking after the bylaws (Statutes), so that they are consistent with the statement of incorporation. I further would like to mention all this support is done on a volunteer basis. We deeply appreciate Mr. Albert Golbert’s generosity.

EC Meeting monthly and Board Meeting three time a year.

The Executive committee consists of the President, Secretary General, Executive Vice President and Treasurer who meet monthly by Skype Video Meeting. They are joined by the Administrative Officer—Meeting Planner. Because the EC members reside all around the world, the meeting is generally started by the President at 5 AM, Prof. Andre Pereira at 1 PM, Dr. Oren Asman, Executive Vice President in Haifa, Israel at 5 PM, and Secretary General Professor Roy Beran at 10 PM and our Administrative Officer, Denise McNally at 7 AM. Denise takes minutes and files them following approval by the EC Committee. The Online Board Meeting with the members of the Board of Governors is generally held three times a year in addition to the regular face-to-face Board meeting during the now biennial WAML Congress and scientific meeting.

2014 Indonesia World Congress

Less than one year from now, we will be meeting you in world famous beautiful Bali. Dr. Nasser Muhassann assured us of another successful congress. Please join us and click the website for more information. http://www.2014.wcml.com. Look forward to welcoming you in Bali.

The WAML EC will direct future scientific meetings

the EC has decided to have the WAML directly manage future Congress scientific program and venue selections. We will rely on the EC, Education Committee and the Meeting Planner for successful meetings. Starting in 2015, the WAML EC along with Education Committee and our Meeting Planner will plan, promote, and run the meeting. In August 2015, Andre Pereira has already been appointed as WAML Program Chair, and will work directly with the WAML EC and the Meeting Planner. On August 7-11, 2016, Tom Noguchi will be the WAML Program Chair, and the WAML Scientific Meeting will be held in the Millennium Biltmore Hotel in downtown Los Angeles. The WAML has already signed the contract with the hotel. Early advance planning gets the best “deal”.

EC members are concentrating on several things

I would like to share with you what our EC Committee is doing and thinking about for WAML’s immediate future.

1. Preparing for the 2014 Board of Governors Meeting.
2. Consideration of prerequisites for new Governors.
3. Program priorities
4. The EC has consulted with the Education Committee about planning the scientific meeting with, more academic planning, panel discussions.
and, more effective session moderators.

5. The Bylaws amendment to establish an Annual WAML Scientific Meeting.

6. The WAML Newsletter began in 2009. In the past, not all required articles were submitted on time, so that some issues were delayed in publication. The Editor-in-Chief Dr. Richard Wilbur is now having guest editors be appointed well in advance of the publication date and guest editors will be required to submit their reports in a timely fashion.

7. EC is considering closer collaboration with the WAML Journal Editor. One of the ways in which each WAML member could participate in building the WAML, is for you to promote the value of the WAML and bring more members into the WAML. The WAML is a recognized membership educational organization.

Wishing you the best and looking forward to seeing you at one of our WAML scientific meetings, Bali in 2014, Lisbon in 2015 or USA in 2016.

Thomas T. Noguchi
President, WAML

WAML Secretary General’s Report

It is hard to believe that it is again time for a further newsletter and hence a Secretary General’s report. I am sure I am not alone when I say that life seems to be moving ever faster and the world seems to be ever shrinking.

As life moves faster, so too do developments in legal medicine, health law and bioethics. The World Association for Medical Law (WAML) has acknowledged this and has accepted the need to have greater access to exchange of ideas and an enhanced need to foster collaboration to encourage the educative role of the WAML.

While we work towards a great World Congress on Medical Law (WCML) in Bali in 2014, concurrent activities are in train for annual WCMLs in Portugal in 2015 and USA in 2016. The call has gone out for anyone nominating for 2017 and beyond.

At the time of preparing this report I am involved in a Basic Law Intensive (BLI) orchestrated by the Australasian College of Legal Medicine (ACLM), which runs a number of educative programs, including the BLI, an advanced or Practical Law Intensive (PLI) and Expert Witness Training (EWT). Lines of communication are becoming more inclusive, with such tools as facebook, twitter and linkedin. These musings of my current activities are akin to twitter and facebook, just less immediate. As a committed technophobe, I have tried very hard to avoid being sucked into the vortex of technology, but I am losing the battle. Luckily the WAML, through the foresight and forward thinking of our President, Professor Thomas Noguchi, has encouraged younger colleagues to become more active in the WAML. Our Executive Vice President, who is also the Chair of the Education Committee, comes from the younger generation. For him, the fears attached to technology, are far less daunting and the WAML has embraced the electronic era.

Oren Asman is also our current webmaster. Nowadays, people complain when the electronic lines of communication do not function seamlessly. Our members expect the internet to be active and faultless but I must apologise that there have been some hiccoughs with the website related to the Bali WCML. I ask you all to be patient, as I know we are actively trying to correct those problems. The Executive is also exploring a more efficient and effective way for participants to submit abstracts for the WCMLs, using the Oxford system. This should allow a better way for the organisers and those contributing to the WCMLs, to interact, produce a more exciting and responsive program, and for you, our members, to become more involved in a transparent and peer-reviewed acceptance of abstracts for the meeting.

This does not fully explain why I shared with you my musing regarding the BLI, PLI and EWT run by the ACLM. My reason was to encourage other like-minded members to consider how they can encourage their local organisations to foster educative programs in their areas of interest. To demonstrate just how exciting this can be, I have elected to share the program of the current BLI in which I am participating in a most beautiful part of the world, Noosa, Queensland, in the north of Australia. The topics covered included: the local legal framework; consent; negligence; adult substitution of decision-making; confidentiality; assisted reproduction; withdrawal of life supports; doctrine of double effect; and clinical forensic medicine. Each lecture was supplemented by small group discussion and problem-solving, based on a prepared scenario relevant to the application of the preceding lecture. Such courses can be highly productive and the complementary didactic format, supplemented...
by small group discussion, was highly educative and encouraged full participation by all attendees.

The ACLM course, outlined above, is offered over a weekend, as an out-of-hours educative program for which participants need not be ACLM members. This mirrors the ethos of the WCML, which is not restricted to WAML membership, and the WAML is happy to publicise any bone fide educative courses run by affiliated organisations, which are also invited to join the Council of Presidents. This effectively leads into the latest move of the WAML to encourage closer relations with similar organisations to foster cross-fertilisation. The WAML wants to strengthen educative bonds between organisations. WAML members often contribute to the educative programs from similar organisations from around the world. I have been very fortunate to be personally involved in meetings in Russia and Korea over the last year, above and beyond the WCML, which were co-sponsored by WAML. Each of the Executive have similarly been involved in national and international educative programs, as have others on the Board of Governors, as exemplified by Eduardo Dantas, who seems to be at conferences all the time! Should you want WAML endorsement for your local or international meeting, please contact the WAML to arrange this. There is a need to establish that the meeting is correctly aligned with WAML values and ethics but this is usually just a formality, as our experience demonstrates that only those who hold similar values seek WAML endorsement.

Along with the Bali WCML will be the General Assembly of the WAML at which membership of the Board of Governors is open for election of half its membership. The Executive Committee has formalised Standard Operating Procedures, which will also be the subject of consideration as we continuously try to tighten and clarify how we do business. We regularly meet on-line and between such meetings Denise McNally makes sure we are doing that which is expected of us. It is time to expand our capacity and that relies on our membership regularly communicating with us, the Executive and your local Board of Governors representative, to ensure we are what you want us to be.

We have now adopted the approach of having an honorary legal advisor, Albert Gobert, who is my Assistant Secretary, to ensure that any memoranda of understanding are in concert with our best interests. If you or your local organisation wants us to create a closer relationship, please let us know. Be assured our “doors are open” and, if you find it easier, you can always make contact via Denise McNally, our Administrative Officer and Meeting Planner, whose contact details are: worldassocmedlaw@gmail.com.

As always we are here for you. How that works is up to you.

Roy G Beran
Secretary-General
World Association for Medical Law

Treasurer’s Report

Dr. André Dias Pereira,
Centre for Biomedical Law,
University of Coimbra, 3004-545
Coimbra, Portugal

I am honored to serve as the Treasurer of the World Association for Medical Law. Being treasurer is greatly assisted by the help of our President, Prof. Thomas Noguchi and by the daily work of the Assistant Treasurer, Ms. Denise McNally. This report will focus on the financial situation of the WAML in August 2013 and is provided to assure all members absolute transparency of the functioning of the WAML. The main expense of the Association is the cost of the -Journal: Medicine and Law. This is the most important item: $ 9,200,00.

Members of the WAML are strongly encouraged to pay their dues as the WAML now has an annual membership. Being a member of WAML offers us several services and goods for little money:
- You receive the Journal Medicine and Law
- You receive the quarterly Newsletter of the WAML
- Registration has reduced fees in the World Congress
- and you profit from a worldwide network of partnership and academic relations
- More information on membership can be found: http://wafml.member-lodge.org/Resources/Documents/WAML_New_Member_Brochure.pdf

The financial situation is improving and gives the organization a basis for continuing to improve through a safe and cautious management. However, in order to have a true professional organization, we must constantly rethink the value of the dues for the products and services included.

Dr. André Dias Pereira
Centre for Biomedical Law, University of Coimbra, 3004-545
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Future Meeting Planning for the WAML

Denise McNally, WAML Administrative Officer and Meeting Planner

As the World Association for Medical Law (WAML) distributes conference management responsibilities I will ensure the venues meet the needs of the WAML membership along with its financial considerations. As of April, 2013, the WAML has gone Green so all handouts/information will be sent electronically.

Save the Date!

The 20th World Congress on Medical Law (WCML) in Bali, Indonesia will be held August 25-29, 2014. The WAML has been communicating with the organizers to provide more information and a valid website of www.2014wcml.com. You will find information about the Congress including abstract information. Please refer to the WAML website www.thewaml.com for updated information and mark your calendar.

Following the Bali meeting the WAML will move to Annual WCMLs with the first of these being:

The 21st Annual WAML World Congress
Lisbon, Portugal
August 2 – 6, 2015

The Congress will commence with a Welcome Reception Sunday evening August 2, 2015. The Welcome Reception is the perfect venue to meet with colleagues and visit the exhibits. We encourage everyone to attend. The Opening Ceremony will be the morning of Monday, August 3, 2015. The Congress will conclude Thursday, August 6, 2015, followed by a Gala Dinner. André Dias Pereira will be your Program Chairman and we look forward to seeing you in Lisbon, Portugal.

WAML has secured the Millennium Biltmore Hotel http://www.millenniumhotels.com/millenniumbilmorelosangeles as your Congress venue. Congress attendees will receive a special room rate of $199 USD single or double and complimentary guest room wireless internet. WAML recommends staying at the Millennium Biltmore Hotel where the program and all functions will be provided. Everyone enjoys meetings in a comfortable conference venue, offering quality service and support, not to mention you will be in the center of the conference activity. Hotel rates are negotiated based on the number of the expected attendees and the meeting space, to ensure the best value per dollar for the conference and those attending. If the conference does not meet the sleeping room commitment, WAML will incur additional expenses, so please plan to support the conference and WAML by staying at the conference hotel.

Thomas Noguchi will be your Program Chairman and we look forward to seeing you in Los Angeles, California (USA).

The 22nd Annual WAML World Congress
Los Angeles, California (USA)
August 7 – 11, 2016

The Congress will commence with a Welcome Reception Sunday evening August 7, 2016, followed by the Opening Ceremony the morning of Monday, August 8, 2016 and concluding August 11, 2016 followed by a Gala Dinner. We encourage everyone to attend.

Stay Tuned
More Information
Coming Soon!

Denise McNally
WAML Administrative Officer and Meeting Planner
FUTURE MEETINGS
Of Affiliated National Associations and Collaborating Organizations

47th Annual Meeting of the National Association of Medical Examiners
October 11-15, 2013
Milwaukee, Wisconsin
Email: name@thename.org
Website: www.name2013.org

European Association of Health Law - 4th Conference
October 9-11, 2013
Coimbra – Portugal
Email: cdb@fd.uc.pt
Website: www.eahlconference2013.org

UNESCO Chair in Bioethics 9th World Conference
November 19-21, 2013
Naples, Italy
Website: www.isas.co.il/bioethics2013

66th Annual Scientific Meeting of the American Academy of Forensic Sciences
February 17-22, 2014
Seattle, Washington
Website: www.aafs.org

54th Annual Meeting of the American College of Legal Medicine
February 27 – March 2, 2014
Dallas, Texas
Website: www.aclm.org

2nd International Conference on Ethics Education
May 21-23, 2014
Ankara, Turkey
Website: www.iaee2014ankara.org

20th WAML World Congress
August 25-29, 2014
Bali, Indonesia
Website: www.2014wcml.com