World Association For Medical Law

September Issue September-December, 2020 www.thewaml.com

Interactive Index

September 2020 Notes from Editor

Hon Richard S Wilbur MD JD FCLM FACP FRSM FACPE
Member of the National Academy of Medicine
Editor WAML Newsletter

Note from the editor

The major medical news event of this year is, of course, the COVID-19 Pandemic. As its title indicates, it affects all of us in every part of the globe. However, each of our countries has responded in somewhat different ways with differing results. This issue of the Newsletter has a compilation of reports from our Governors around the world as to how things are going at this stage in their disparate areas. We look forward to future issues with updated reports as the situation evolves.

COVID-19 in Denmark

Janne Rothmar Herrmann, Professor, Faculty of Law, University of Copenhagen,
WAML Board of Governor

The first confirmed case of Covid-19 in Denmark was reported on February 27, 2020. Patient zero published his identity himself, he was a news reporter who fell ill having returned from a skiing holiday in Italy. On March 12, the Danish Prime Minister told the nation in a televised statement that she was effectively shutting down the country. That same day Parliament passed an Act that made major changes in the Epidemic Act. Every single member of Parliament supported the amendment Act. A legal response whose like had not been seen since World War II occupation times.

The Epidemic Act is the central legal framework for communicable diseases. The most important measure of the amendment Act was the centralization and transferal of power from the regional Epidemic Commissions to the Health Minister. With the amendment, power was transferred and centralized to the Minister who was given the authority to decide in all the matters that had previously belonged to the regional Commissions, but he was also given new powers. The Health Minister

is now authorized to access a person's home with police assistance without prior court order. He is also entitled to use police assistance to isolate, examine or treat a person who is infected or believed to be infected with one of the communicable diseases listed in the appendix to the Act. He is also authorized to initiate forceful vaccination of groups at risk if needed. The Health Minister has used the authority to limit the freedom of assembly in deciding that no more than 10 people may assembly both indoors and outdoors, both at home and in public spaces (however, with exceptions being made for political meetings/protests, supermarkets, places of work, etc.). Before the Act was changed, the cordoning off of affected areas was phrased as if only certain, named areas could be shut down. Hypothetically, the entire country could probably be named as an 'area', with the amended Act the Health Minister is now authorized to define such areas and if needed to restrict movement within an area by Ministerial Order. The Act in its entirety is subject to a sunset clause, and it is therefore believed that the Epidemic Act will be subject to further and more permanent revisions once the current urgency of dealing with Covid-19 allows Parliament to work in a more normalized way. Experts have already begun to call for an end to the special powers that were given to the Minister for Health, since there is no longer the same urgent threat to public health with the number of newly infected and hospitalized patients remains low, although slightly increasing during the summer holiday period.

Special regulation was also put in place for an array of sectors ranging from suspension of the deadline for VAT payment, extension of shop hours for food shops, extension of holiday and social welfare payment periods, etc. For the health and elder sector the Covid-19 public health emergency also brought about a number of changes in Ministerial Orders and guidelines. Home nurses could now be given temporary approval to conduct certain tasks that were otherwise under physician domain and could normally only be conducted by a physician or under a physician's instruction and responsibility. These tasks are limited to pneumococcal vaccination (subject to adequate access to adrenaline availability in case of acute allergic shock), drawing blood for blood tests, intravenous fluid treatment, and venous as well as urinary catheterization. Establishing the necessary capacity for Covid-19 patients in the hospital sector has meant that a number of patient rights have been suspended, including the right to be diagnosed within 30 days, the option to give birth at home, and the right to freely choose hospital. The regions have also been authorized to postpone planned operations and checkups, and all staff that have been freed as a result are to used in the Covid-19 effort, including not only diagnosis and care, but also hygiene and logistical efforts. The regional hospitals have begun to reschedule cancelled appointments, but the backlog is expected to last for at least 12 months.

Securing sufficient supplies of personal protection equipment proved to be a weakness in the existing health care planning. Danish businesses, funders and the authorities worked together to adapt the Danish production apparatus to accommodate the lack of personal protection equipment in the hospital sector. This has highlighted a need for a wider degree of national or regional preparedness in terms of manufacturing capability of vital supplies. Danish press has asked critical questions in relation to the sale of the SSI Institute's vaccine manufacturing department that was sold off to a foreign company in 2014. The aftermath of Covid-19 is likely to include a wider societal discussion and allocation of more resources to infectious disease prevention and preparedness. Already the government has announced a new agency to take charge.

It is also likely that some form of centralization of power in the Epidemic Act will be continued beyond the initial sunset clause. The instrument of having regional Epidemic Committees in control is probably not the best way to secure national interests in a globalized world. Relying on five commissions composed of both politicians and authority representatives certainly would not have been able to shut down the country as quickly and as effectively as was the case with a centralized authority. Centralizing the authority with the Minister for Health secured a more swift and powerful response and a continuation of this model would strengthen the response to epidemic diseases in future. However, the need to base severe infringements on fundamental rights on scientific knowledge and expert medical advice calls for a more robust legal model in future.

Back to Index

The Covid-19 Pandemic: Does Canada protect the Constitutional Rights and Human Rights of all its Citizens or can we just measure performance based on Covid-19 deaths?

Kenneth J. Berger, Berger Law Firm,
WAML Secretary General

In a crisis the true fabric of a democratic society is tested. Canada has had a misguided approach over the last several decades, pushing some ultra-liberal democratic agendas while not effectively preparing to manage a grave pandemic threat.

During Covid-19, Canada was not able to restrict liberty to what is strictly necessary and tailored to manage the threat. Canada has been sidetracked and preoccupied, rather than ensuring substantive equality, security and protection of life for all its citizens. Canada was caught unprepared, not having sufficient facilities, equipment and resources to manage and turned itself into State where the most important fundamental freedoms have been lost.

Courts were even closed, which are supposed to protect individual rights and freedoms. Canada's response cannot just be measured in comparison to other Countries based on Covid-19 deaths, but in overall impact on all of its citizen, the impact on non-Covid related deaths secondary to its lockdown and closure of hospitals and courts and the impact on other democratic and Constitutional right including both individual liberties and equality rights.

Canada must be a society that recognizes and protects the rights of its most vulnerable and disabled, and its treatment of them over the last century needs to improve, and there needs to be drastic changes at the government level including in the courts about what their role actually is, as it has been distorted by the liberal activists and this Covid-19 crisis needs to be utilized to reset Canadian society to function better for everyone.

In Canada, there are extreme ultra-liberal values including legalized euthanasia, liberal marihuana drugs laws, and permissive prostitution. One would expect then that other fundamental rights and freedoms would be protected during Covid-19, but instead the Country closed its courts, restrained the liberty and free speech of its citizen and shut down its hospitals by not even providing access to care for cancer surgeries or life-saving transplants.

Canada has inadequate safeguards to prevent abuse and wrongful assisted dying for its vulnerable and disabled citizens without ensuring assistance with life, protecting life and ensuring security of every person. It is all fine for Canada, as long as the elite is not impacted and people can do whatever they want under the guise of freedom that creates substantial danger to the minority groups, the vulnerable and the disabled.

Yet, when a threat of the Covid-19 virus arrived the so called ultra-liberalists, created and supported a State lockdown, resulting in the most essential fundamental freedoms being taken taken away because the elite or majority were now worried for their own security of the person and their lives. They did not care when it involved the minority, the vulnerable and disabled.

When it serves the majority and elite, it is justified to eliminate free speech such as nurses making complaints about inadequate and unsafe conditions against their employers about working in dangerous conditions with the Covid-19 virus with inadequate Personal Protective Equipment for threat of job loss, it is permitted that people who were not infectious to be confined to house arrest even though those persons were not infectious, and from persons being restricted from accessing justice in courts during the Covid-19 outbreak and protecting their own health and safety for any non-Covid related health conditions in Canadian hospitals.

Covid-19 has actually uncovered the neglect and carelessness of leaving vulnerable persons in Long Term Care facilities that do not have their own self-determination, safety and quality of life, the homeless, and the disabled and the vulnerable who are kept silenced and deprived of safety and security to give the majority their so called misguided freedoms., while being forced to live in such conditions where their lives are put at most risk doing Covid-19 where most facilities are old, overcrowded and lack sufficient services and equipment to meet a person's needs. Furthermore, during Covd-19, the vulnerable and disabled who are in the most perilous situations could not even access the court or hospitals.

The courts and governments job is to protect among all citizens the vulnerable and disabled and the Covid-19

virus has been an opportunity at times to further exploit the abuse against those groups, neglecting them, not providing them with any necessary equipment and resources to help them, as if it is just as simple to allow them to die, as many elderly, disabled and vulnerable have in Long Term Care Facilities while also coercing them not to access active care in hospitals and just accept death, because the elite believe that the value of their lives are less, so the socialized rationed health care can be secured for the elite in society.

There is no reason hospitals should be closed for essential medical care like cancer and other health conditions. Many other conditions have actual treatments like heart conditions and cancer, but there is no treatment for Covid-19.

To make matter worse, the supposed guardian of individual liberties, the protector of the human rights and individual rights against the greater good and government abuse of power the courts has been closed.

The activist courts and public policy have lost their compass by becoming vehicles to push the liberal agendas of the masses instead of protecting individual life security and individual rights and against the power of the state, which is supposed to be the role of the court.

Without the courts open to balance individual rights against the State and the greater good, this essentially results in the State becoming a totalitarian State, where human rights and fundamental freedoms are flouted and nobody can speak, nor access the court to assert their rights or seek any remedies.

Furthermore, there was a complete lack of checks and balances in ensuring persons have access to the courts and hospitals to protect their own health and individual rights against the State Power particularly in a pandemic when panic and unchecked power is known to lead to overreach and more serious harm to individual citizens who cannot protect their own rights and access the court so that there is always a balance between the rights of the individual and public welfare.

After the Covid-19 crisis, it is hoped lessons will be learned, and that there will be a shift in values to having a liberal democratic society that values every citizen equally under the rule of law and the society, and the courts shift to protecting individual rights against state action rather than perpetuating the status quos and driving suspect liberalist agendas that are a clear and present danger to the most vulnerable and disabled citizens and is not what a strong functional democracy should aspire to be, where it should be judged on how it treats its most vulnerable and disabled citizens and ensuring always the proper balancing of individual liberties and against the public good.

Canada is a strong democratic society with strong traditions of the rule of law and democracy and is a great place to live, however, it is essential that not only lessons are learned from Covid-19, but that change is actually implemented, otherwise the perception of what the Country is and what is reality or what it can be are disconnected.

Coronavirus Pandemic in Azerbaijan Republic

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

COVID-19 has changed the world. 4 billion people have been completely or partially isolated, suffered from lock-down policies. The pandemic affected 217 countries. As of the 8th of August 2020, there are more than 19.5 million confirmed infected people, more than 724 thousand deaths in the world ... That is, about 4% of those infected died. The numbers are growing every day ... The number of infected, dead and cured is growing .... Statistical material for scientific analysis is expanding.

As with many other countries, Azerbaijan took the way of strict follow-up WHO recommendation. Quarantine regimen in Azerbaijan started immediately after the WHO announcement of a worldwide pandemic in March 2020. Month before by Decree of the President, the Operational Group for COVID 19 was created under the Cabinet of Ministers, including key relevant ministers and heads of state committees. According to Government decisions, state borders, all international flights, events and gatherings, lessons in educational organizations, sport and cultural programs, religious

Back to Index

processes in the mosques have been cancelled or closed since the second half of the March.

Unfortunately, a lot of wrong decisions and un-justified actions, declarations…sometimes experimentations and mismanagement have been observed. People in our society also experienced panic, hypertrophy of frightening messages, and a lot of media speculations aggravating dangers of the pandemic. National TV channels started to copy panic messages of world media, 9 out of 10 of them were related with death, catastrophes, and fatalities. Azerbaijan population has been under lock-down from 31st March till 18th of May and 21st June till 05th of August. Governmental people, medical personnel fighting with COVID 19, food providers, and market workers were eligible to work and to be out. Other people could make a 2-3 hours walk near to their residence address for shopping and medical needs upon sending short phone messages (SMS) for state authorities' permission. This was the organized campaign "EvdeQal" ("Stay at Home"). 65+ aged people were deprived of this right and they were forbidden to go out for certain periods of this campaign. Quarantine regimen envisaged also closure of entrance/exits to/ from capital Baku and other main cities.

My general opinion is some governments used this pandemic to test experiments with deprivation of constitutional rights and learn how people will react, using the situation for their own political interests and taking WHO recommendations as a rule. Messages from governments about threats of disease for a long time were so panicky and threatening that "contamination to COVID19" is equal to death.

We were definitely supportive to increase accountability for personal hygiene, social isolation, keeping distance on the streets, quarantine in schools and universities, closing restaurants, pubs and stadiums. Certainly, washing hands with soap, usage of spirit containing liquids, social distance 1-2 m… as general rules of prevention proposed by WHO must be strictly followed. But we are totally against this SMS system and closing parks, deprivation of people's rights to move and be in air. Our people aged 65+ were imprisoned at their homes for 2 months. Daily alarming information from media, TV channels on the top of such imprisonment has been frightening. Media created a lot of panic, stress, anxiety, pessimism that destroys immune system, impairs mental health. If we want to stay healthy, we need to stay healthy not only physically, but also mentally.

The Holy Qur'an says that every harm we think of can have a benefit, and every benefit has a harm. Ayat 45 of Surat al-Baqara says, "And seek help through patience and prayer in times of trouble. While this is hard work, it is not hard for those who obey the Lord". Let's stay calm and try to understand life as it is with its unpredictable events. Pandemics bring us not only negative, but also many positive things to think about more carefully.

To decrease this threatening impact on people, we published two articles in Azerbaijan media dated 03rd of April "Coronavirus is not pandemics, this is a war" and 01st of May "We are not main targets for COVID-19". More than 150.000 readings were collected and many positive feedbacks received. We have made a lot of TV talks and also recommendations to the Government, which were mainly accepted.

There are two ways to overcome the pandemic:

- either a vaccine must be invented,
- or the country's population must develop an immunity to the disease.

There is no other way. Both require time and patience.

"Stay at Home" may be useful to hit a short-term goal, to prevent sudden and big overload for health system. But we need to think about long run. People can not be kept at home in fear for weeks. Psychological state of citizens and the nation in the long-term became an issue. In Azerbaijan for weeks since the beginning of pandemic state was covering objective information, facts about people recovering and quarantine. State tasked all media channels to equtate coronavirus infection with death, which we consider is totally wrong. During a crisis, communication and information exchange with the population must be accurate and honest, and people must be provided with accurate and objective information at home, not fear and panic. Change the focus from negative to positive is important. The number of recoveries is higher than the number of deaths in all countries. Number of cured people is not less significant than number of dying. If, in worst scenario countries, this ratio was 1:6, in Azerbaijan and countries of our region it is only 1:50-60. So, we convinced Government that this is fundamentally wrong for the media to deliberately equate coronavirus infection with death with such statistics.

Another suggestion was to look at equality, justice and equity principles. This virus should teach all of us to stop being differentiated to VIPs and ordinary people. All people are vulnerable to this virus. Those

who consider themselves VIPs should understand that their dough is the same as everyone else's. Along with globalism, this viral pandemic must help break down these artificial barriers between people. Only then may we overcome such crises together. From the other side, this incident shows how resources must be shared. It shows that millions of dollars should be more invested into people rather than to artificial intelligence or new technologies, which are mostly useless in times of crisis. Everything needs to be people-oriented.

COVID 19 had a good effect also on nature by solving in a short time what the world's environmental organizations could not solve for years. At the same time, it aroused people's sense of responsibility and solidarity. People began to show solidarity. Solidarity is a moral value, and its importance as a value has increased. It had been forgotten. Especially by our officials, who thought they were on another planet. Now some are beginning to realize that there is no inviolability and all of them are vulnerable.

I definitely would like also to emphasize the heroism of doctors and medical workers. Along with the improvement of the ecological situation in the world, the easing of military conflicts and other positive aspects, one of the main important positive aspects of this pandemic was that the attitude towards doctors has changed and the respect for doctors has risen again. All over the world. We thank our doctors!.

In order to win the long-term fight against the coronavirus, we must protect our immunity. Not staying at home, but our Immunity will win the virus!

By words of the great Oriental scientist Ibn Sina (Avicenna) let us end the article:

- "Panic itself is half the disease.
- Peace of mind is half the health.
- Patience is the beginning of healing" (42).

Let's stay calm and patient, learning lessons this pandemic has brought to our common world.

Covid-19 as a Catalyst for the Right to Health

JUDIT SÁNDOR
CENTRAL EUROPEAN UNIVERSITY, BUDAPEST, VIENNA HUNGARY, AUSTRIA PROFESSOR DIRECTOR OF THE CENTER FOR ETHICS AND LAW IN BIOMEDICINE
GOVERNOR OF THE WAML

The Covid-19 pandemic has challenged and tested all health care systems in the world throughout the whole year of 2020. Eight months into this unique global historical event it is now time to draw some conclusions.

Most importantly, this pandemic has transformed our notion of public health and the concept of right to health.

It can be seen from the Covid-19 cases that this virus does not discriminate between the famous and the unknown, the poor and the rich. No matter how expensive health services someone is able to pay for, affluence may not stop him or her from contracting the virus.

No fame, no wealth, not even nobility or high political function could have saved Tom Hanks, Boris Johnson, Harvey Weinstein, Sophie Gregoire Trudeau, Placido Domingo, or Prince Charles from the virus. Even some politicians have died as a result of catching the virus, including the Mayor of Vicenza. And many doctors, health care workers, as well – among them the whistleblower, Li Wenliang, who wanted to warn the world about the spread of the virus.

This Covid-19 crisis has been a test for solidarity and still it is. Solidarity on all levels –international, national, and local – is needed to tackle this public health crisis. Paolo Giordano correctly states that "the lack of solidarity is first of all a lack of imagination."

There were many incidents which demonstrated that policy makers should focus more on the global and public dimensions of health. For instance, on February 26 an urgent request was sent from Rome to the European Commission in Brussels. The message included the specifications of Italy's needs,

Back to Index

and was uploaded into the EU's Common Emergency Communication and Information System (CECIS). Very sadly, no member state responded to Italy's request and to the commission's call for help.

As a result of implementing neoliberal economic measures, the public health sector has shrunk significantly, even in Europe. With the current pandemic the relevance of public health has to be reconsidered. The social aspects of health have become evident. For instance, if my neighbor does not exercise precaution and does not respect the public health measures, it will influence me too, no matter how good health insurance I bought. If we cannot imagine the consequences of everyone acting the same way as we do, then we are not able to react properly to the safety measures.

There are differences between societies: some are more individualist than the other.

During the last couple of decades, it was believed that right to health is an old-fashioned socialist norm that has no place in the contemporary human rights catalogue. Nevertheless, the Inter-American Court of Human Rights has recognized the relevance of right to health: in its interpretation the right to health is not an isolated social welfare right but it is essential in assuring the right to life, as well. Of course, implementation of the right to health depends on the availability of financial resources but this pandemic also proved that heath care deserves more governmental and public sources. Health is instrumental in exercising almost all kinds of civil political rights and including also other social welfare rights and right to life.

If I do not get access to health care or to information related to healthcare, then I cannot protect my basic right to life and health. In a long run this results in violating other rights, as well – the right to free speech, for example. If I'm bound to bed and I had a difficulty to engage in social life because of my poor health, then I cannot exercise fully my other rights.

If the European Union had more capacity to intervene and help, it would have been better prepared for such a pandemic. Preparedness is a vey important concept in disaster ethics and its significance was not properly acknowledged.

The Covid-19 pandemic is a public health crisis that has made respecting the individual's right to health difficult. Responses to the pandemic have also posed significant challenges to a wide range of human rights that are the foundation for the individual's physical and mental health and social wellbeing.

Chile on the Top with Coronavirus

Luis Ravanal MD, Forensic and Legal Medicine.
Accredited in the Courts of Appeals and in the Public Defenders' Office (DPP), Santiago, Chile, WAML Governor

Abstract

Chile is located in the bottom of South America, most of its territory is geographically isolated from neighboring countries. However, in the recent months since the first case of Covid-19 was reported on the 2nd of March 2020, the numbers of cases have exponentially increased across the country, putting the country partially in lockdown since mid-May. There were also reports of problems regarding the count of numbers of cases, for example, differences from the Civil Registry, people who died from Covid-19 symptoms without getting tested, were not included in the death rate. The authorities were accused of lack of transparency and the fact that reporting methods changed constantly, generating confusion. Analyzing the data worldwide, Chile has one of the worst results in the management of the coronavirus pandemic. According to the information given by the Coronavirus Resource Center of the Johns Hopkins University Database, Chile ranks eighth with the highest number of cases in the world since the pandemic began, reaching 368,825. The Chilean outlook worsens when considering the confirmed case rate per million inhabitants, considering a population of 19,458,310, Chile ranks first in the entire planet, with 19,434.78 contagions per million inhabitants. Chile is the ninth with the most deaths on the planet, reaching 10,205. The most affected age group in Chile is people over 70, with 62.51% of the total fatalities. Quarantines have proven to be effective measures to combat the pandemic, but the process has been slow. The quarantines are slowly beginning to give

positive results, especially in the capital, Santiago, with a significant reduction of new cases of Covid-19 in the last weeks, that has allowed in recent days the lifting of the quarantines in some districts of the capital and other cities, in a plan called "Step by Step". Actually, there is stabilization in the number of cases, with a scenario of apparent high endemic, while we wait for the arrival of a vaccine and the return of the "normal life".

CHILE ON THE TOP WITH CORONAVIRUS

Luis Ravanal Z. MD.

Chile is located in the bottom of South America, most of its territory is geographically isolated from neighboring countries. It shares a border on its northeast with Peru and Bolivia, limited by the Atacama Desert, the driest on earth, Argentina on its east side is separated by the gigantic mountains of the Andes, one of the major attractions of South America, that extends from Perú and Bolivia, down to Tierra del Fuego. The west and south limits are the Pacific and Antarctic Oceans. Chile is the longest and narrowest nation on the planet; extremely long (about 2,672 miles), yet narrow (average less than 112 miles). It is rugged and mountainous, with no more than 20% of the country's surface flat. In addition to its territory in the Americas, it is also present between the meridians 53° O and 90° O of Antarctica, and Easter Island. On its mainland we can find three major distinct geographical regions (northern, central, and southern regions) with different ecosystems, topography, and vegetation.

According to the Synthesis of Estimates and Population Projections of Chile 2002-2035 of the National Institute of Statistics (INE), Chile has already exceeded 19 million inhabitants. By 2020, according to the document, the total population at the national level projected is 19,458,310 inhabitants, most of whom live in urban areas (88%) with near 8 million residing in its capital city, Santiago, located in the country's central region.

The first confirmed case of Covid-19 infection in Chile, was reported on 2 March, 2020, a 33-year-old physician, with a one-month history of travel in different Southeast Asian countries, particularly in Singapore, which resolved under uncomplicated outpatient isolation. From that date on, isolated cases of nationals who had travelled to Italy, Spain and the United Kingdom began to be recorded, followed by an exponential increase of cases in the central region of the country where the capital Santiago is located, which has recorded to date the highest number of Covid-19 cases in the country. The Director-General of the World Health Organization (WHO), Dr. Tedros Adhanom Ghebreyesus, announced on 11 March 2020 that the new coronavirus disease (COVID-19) may be characterized as a pandemic.

At the beginning of the pandemic, there were problems regarding the count of the numbers of cases. For example, differences from the Civil Registry: people who died from Covid-19 symptoms without getting tested were not included in the death rate. Instead, the government only registered those who died in hospitals when they were already tested for Covid-19. Surprisingly, the Health Minister counted the death as recovered, a mistake that was widely criticized, including by this author in a widely watched interview. The authorities were accused of lack of transparency and the fact that reporting methods changed constantly, generating confusion.

Analyzing the data worldwide, Chile has one of the worst results in the management of the coronavirus pandemic. According to the information given by the Coronavirus Resource Center of the Johns Hopkins University, of the most contagious countries extracted from the Database, Chile ranks eighth with the highest number of cases of contagion in the world since the pandemic began, reaching 368,825. The ranking is temporarily led by the United States, which registers 5,202,520 cases, in second place is Brazil with 3,164,785 cases, followed by India with 2,396,637 cases, Russia with 905,762 cases, South Africa with 568,919 cases, Peru 498,555 cases, Mexico with 498,380 cases, Colombia with 422,519 cases and Chile with 378,168 cases (updated locally to 410,874 – August 08, 2020.

The Chilean outlook worsens when considering the confirmed case rate per million inhabitants, with a population of 19,458,310, Chile ranks first in the entire planet, with 19,434.78 contagions per million inhabitants. Second, the United States and third, Brazil.

In addition, according to statistics, Chile is ninth with the most deaths on the planet, reaching 10,205 cases, led by the United States, which reached on this date a death toll of 166,128. The most affected age group in Chile is people over 70, with 62.51% of the total fatalities, compared to the other age groups, displayed in the latest table[1]:

Age runs	# Patients	% Total	% Grouped
≤39 39 years	228	2,23%	2,23%
40 to 49 years	346	3,39%	3,39%
50 to 59 years	1.061	10,40%	10,40%
60 to 69 years	2.191	21,47%	21,47%
70 to 79 years	2.880	28.22%	62,51%
80 to 89 years	2.566	25,14%	
≥90 years	933	9,14%	
Total	10.205	100%	100%

As soon as the crises began in May, the government applied tight measures in the capital and other cities across the country with quarantine 24 hours a day seven days a week, and curfew from 10 pm to 05 am. At the beginning, residents of quarantined districts were allowed five permits per week to leave the house for certain approved activities, e.g., to buy groceries, for medical assistance, etc. Later, new restrictions were imposed, and residents were only allowed two permits per person per week, obtained by internet in a so called virtual police station ("Comisaría Virtual"). By mid May the capital, Santiago, was in total lockdown, under quarantine, all 32 districts that make up Gran Santiago, including some other municipalities in the country, all together, have just over 50% of the country's total population., Authorities call it "the biggest sanitary challenge in the history of the country". It was mandatory to use facemask and maintain social distancing, with high fines and imprisonment for those who severely generated risk or repeatedly violated the rules.

Quarantines have proven to be effective measures to combat the pandemic in the world, however, we see that there are many households where it is simply not possible to stay at home, because they do not have the basic conditions, where economic inequality and population density fuel transmission. This is one of the reasons why the largest number of cases are concentrated in the areas and communities of the lowest socio-economic levels. Most deaths are located in densely populated big cities. The highest cumulative incidence rate in Chile per 100,000 is found in the Metropolitan region, accounting for more than 80 percent of total confirmed cases in the country. The COVID-19 information system of the Pan American Health Organization for the region of the Americas (PAHO) also reported Chile as the country with the highest cumulative incident rate with 1,300+ confirmed cases per 100,000 inhabitants.

According to the statistics of the Ministry of Health, the quarantines are slowly beginning to give positive results, especially in the capital, Santiago, with a significant reduction of new cases of Covid-19 in recent weeks, that has allowed lifting the restrictions and quarantines in some districts of the capital and other cities, in a plan called "Step by Step", in contrast to new localities where quarantine is still imposed, particularly in the north of the country. According to Minister of Health, the Plan is a gradual strategy to address the pandemic according to the health situation of each particular area. These are 5 scenarios or gradual steps, ranging from Quarantine to Advanced Openness, with specific restrictions and obligations. The forward or backward move from one particular step to another is subject to epidemiological indicators, assistance network and traceability. The authorities will decide whether conditions have been met to shift to a new step in the plan. The five steps are:

1. Quarantine (the current stage of the Metropolitan region). Mobility is limited to minimize the spread of the coronavirus.
2. The degree of confinement is eased. Only on weekends and during festivities do quarantine measures apply, but curfews remain and those above 75 years must continue to self-quarantine.
3. Quarantine measures are lifted for the general population, except for risk groups. Distance measures and curfews continue, but recreational and social activities with up to 50 people are allowed.
4. Initial Opening. Risk groups may venture out again, all low-risk-of-infection activities are allowed, but big gatherings should still be avoided.
5. Advanced Opening. More people are allowed at gatherings, but preventive measures continue.

Actually, there is stabilization in the number of cases, with a scenario of apparent high endemic. At least in Santiago, the number of cases is significantly decreasing We passed the peak. A high number of tests have been maintained, which is positive, with a decrease in associated positivity. We must continue strengthening self-protection and social distancing., This with other measures will allow a careful reopening of the economy, and the return of the "normal life" we had, while we wait for the arrival of a vaccine that seems so distant in this part of the world, because the virus is here to stay.

Covid 19 in France

Anne-Marie Duguet MD, PhD,
Emeritus Senior Lecturer, UMR INSERM unit 1027,
Paul Sabatier University, Toulouse France,
WAML Governor

France was among the most affected countries in Europe by COVID 19, after Great Britain, Spain and Italy. The first case was found on 8 February 2020. The peak on 7578 per day was reached on March 31.

Health emergency laws were enacted , the first law (2020-290) pronounced for 2 months, until 23 May 2020, defined the state of health emergency with health care provisions, and the economic emergency measures to fight the epidemic. The second law (2020-546) extended the state of health emergency until 10 July 2020

The population containment was effective from March 15 to May 11. The closure of all non-essential public places was effective except for pharmacies, banks, food stores, gasoline/petrol stations, tobacco offices and press offices. On March 16, the containment was organized and only activities strictly necessary for the life of the nation were allowed. The borders of the Schenghen area were closed.

The containment reduced the number of cases to 115 on May 24th. Currently, the total number of cases in France on 18 August stands at 221,276 cases, 30,451 deaths and 273 active clusters.

The successes in the management of the crisis

The French health system has responded to the epidemic at the cost of considerable efforts to prepare and adapt hospital services (to double the capacity of reception in resuscitation services) and mobilize health professionals practising at home and in health care facilities.

Political and regulatory measures for health care

In February, France activated contingency plans : white plans in hospitals and the national plan, (ORSAN plan). The Covid Council of Scientists set up on 10 March, provided advice on the state of the health disaster and notices were made public without delay through official websites and announcements on television everyday.

On the whole territory, to free up beds in hospitals, non-urgent interventions are deprogrammed . In March, visits to the homes for elderly were prohibited. The closure of nurseries, college schools, high schools and universities was ordered.

Due to the lack of masks and products for prevention, decrees regulated the way in which health professionals accessed masks, the prices of hydro-alcoholic gels, drugs used in treatment and certain relevant hospital products.

To prevent the risk of saturation of the intensive care units in the most affected areas, transfers to other regions and abroad were organized by plane on the one hand (99 patients to Germany, Switzerland and Luxembourg in April) and by high-speed train on the other hand (168 patients from the East to Brittany and 46 from Paris to the South-West).

The occurrence of COVID 19 has encouraged the development of teleconsultations by all health professionals with a 100% refund until the end of the state of health emergency.

Social protection measures

The Social Security insurance fully supports the care and hospitalization of patients with COVID 19 and reimburses the tests. The Health Emergency Act extended all measures to maintain access to care, there were exemptions to adapt the conditions for opening or extending the rights or benefits of people with

Back to Index

disabilities, people living in poverty, beneficiaries of social minimums and the elderly

Work stoppages could be prescribed (covered by the medical insurance) for parents who were forced to stay at home to look after their children because the schools were closed.

Measures to support the economy

Important measures to help businesses have been offered by the government, to limit the social consequences of the shutdown of the economy, i.e. the deferral and reduction of taxes and charges and a €50 billion support plan. Short-time working for all employees was financed by the state during the period of confinement to avoid redundancies ('11 billion).

Telework was facilitated and maintained after the end of the state of emergency. Teaching in schools was partially resumed before summer and "learning holidays" were organised in August.

Failures in the application of the measures

Loss of confidence

Public opinion was particularly critical of the Government: only 34% of French people believed that the government lived up to the situation. 63 Complaints were lodged with the Court of Justice of the Republic.

A parliamentary commission of inquiry was set up which received complaints from health professionals and elected officials. They complain about administrative constraints, the centralisation of decisions organising identical treatment regardless of the level of penetration of the virus in the region.

The loss of trust results from the dissemination of contradictory or non-validated information on social networks. The media relayed the scientific controversies and polemics, particularly about hydroxychloroquine, which finally proved to be ineffective in treating the Covid.

Care for the elderly

Precautionary measures for the elderly were considered excessive, visiting bans were very badly experienced, as were restrictions on assistance at the end of life and funerals. Some considered, without evidence, that the elderly had been discriminated against in their access to resuscitation services, despite the fact that the Blue Plans for the coordination of adequate care had been activated as early as 8 March.

Electronic monitoring of contact subjects

The "Stop covid" application to identify contact subjects was strongly criticized before its implementation, mainly on data confidentiality. The delay in making the application available to the public, combined with the effects of containment which reduced the number of cases, resulted in a low uptake by the public who were invited to download the application on a voluntary basis (2.5 million downloads).

Currently

In spite of prevention campaigns with barrier gestures, a noticeable resumption of daily cases was observed from 30 June (541) to reach 3776 cases on 19 August.

In holiday resorts, restrictive measures are contested, the wearing of masks is criticized, and prevention measures are not applied, particularly with regard to festive gatherings.

The second wave of the epidemic is on its way, the epidemic is not over.

Issues related to Coronavirus Epidemic in the U.S

Thomas T. Noguchi
President of WAML

Our expectation was to have a better management for epidemic control.

The United States has a population of 330 million and is the country of immigrants and cultural diversity.

Fifty states are united to form the federation with distinct recognition of state rights. In many ways, the federal government does not set the policies, yet supports the projects of each state. In order to have a better management of coronavirus epidemic we need standardized policies and management support to the states and communities. If a test is required, coordinated efforts must be maintained, with supplies

and technology provided. The US has the CDC – Center for Disease Control – where policies are developed. However, in this instance our President did not follow the CDC recommendations, specifically to in wear a mask which is proven to be effective for prevention, in addition to hand washing and distancing. The President needs to set a good example for the epidemic control.

COVID-19 Coronavirus Pandemic and the Response of a Specifically-Organized Healthcare System in Bosnia and Herzegovina

Sanjin Dekovic
Clinical Centre of the University in Sarajevo,
Gynaecology and Obstetrics Clinic,
Sarajevo, Bosnia and Herzegovina

Since February 2020 and the declaration of the pandemic, the healthcare system in Bosnia and Herzegovina (B&H), organized in a specific way, has been faced with a very complex task. It meant implementing adequate protection measures and preparing for the forthcoming epidemic in a country that does not have a Ministry of Health at the state level, within the Council of Ministers as the highest authority in BiH. For better understanding of this problem, we have to go back 25 years, to November 1995 in Dayton, USA, when the Dayton Peace Agreement was signed, stopping the three-and-a-half-year war that began after the declaration of independence of BiH in March 1992. Unfortunately, in the following years, the internal organization and functionality of the state showed all the complexity of its setup, and of the healthcare system itself. Today, Bosnia and Herzegovina is a country that consists, according to the Dayton Agreement, of two entities – Federation Bosnia and Herzegovina and Republic Srpska, with Brčko District. There are entity Health Ministries, but unfortunately there is still no Ministry of Health at the state level, and that is why the methods and measures for battling against the coronavirus also involved certain differences. The situation is additionally complicated by the fact that the Federation Bosnia and Herzegovina consists of cantons, with each having its own cantonal Health Minister within its cantonal government.

The first case in Bosnia and Herzegovina was registered on March 5th in Republic Srpska entity, while in Federation the first cases were mainly connected to clusters around people returning from the European countries more affected by the pandemic, with one cluster emerging from a large anniversary celebration of a successful company held in the hinterland of the Federation BiH entity. Since Bosnia and Herzegovina gained some time while the epidemic was spreading tremendously fast in the not so distant Italy, considering the fact that Italy borders our neighbour Croatia, the situation was taken seriously in a country that is far behind the EU countries with its healthcare system and its (un)organization. The fact is that the entities enacted the measures independently, which could have caused certain problems. Nevertheless, the data from the health ministries was flowing every day into common information summary for the media. The Council of Ministers of BIH enacted a joint decision that as of March 16th all citizens returning from abroad had to be placed in a 14-day quarantine, i.e. self-isolation, which was controlled by the police and included daily telephone check-ins with the family practitioners at the responsible Healthcare Centres in order to monitor a possible appearance of Covid-19 symptoms, and the need for testing. The beginning of the coronavirus epidemic was met with only a small number of available tests in Bosnia and Herzegovina, so that was probably another reason why there were not so many positive cases early on. Still, with the measures that were taken in both entities, the response was extraordinary and we were even among the group of countries that handled the epidemic really well. Some of the measures were very stringent, from proclaiming a state of emergency in the Republic Srpska entity and a state of natural disaster in the Federation Bosnia and Herzegovina entity, closing kindergartens, schools, universities, prohibiting movement to persons over 65 and under 18 years of age, enforcing a curfew, closing all airports for flights etc. The measures were restrictive, people adhered to them, and the results satisfied both the authorities in Bosnia and Herzegovina and the World Health Organization (WHO). We presented ourselves to the world as a serious country with a serious approach. However, this was accompanied by severe economic consequences for Bosnia and Herzegovina and a large number of people lost their jobs and ended up in unemployment lines, while numerous small businesses

Back to Index

and firms closed down. However, at the end of May, after mitigating and then abolishing the restrictive measures, the citizens of Bosnia and Herzegovina began to relax and underestimate the pandemic and accept various non-scientific interpretations in one part of the population that tried in every possible way to challenge the existence of the pandemic and the objective danger from the coronavirus. It was also a season for vacations that are mostly spent in the June-August period, which contributed to a more casual behaviour. As a result of this, the number of cases in Bosnia and Herzegovina increased almost fivefold in just two months, from mid-June to mid-August, with a troublesome number of deaths, which represented a direct threat to its healthcare systems. The measures have again been increased, but still avoiding the restrictive ones. The citizens of Bosnia and Herzegovina, due to these new developments, are subject to great restrictions on travel to the countries of the European Union. Similar to some other countries, there have been certain scandals regarding a purchase of ventilators, as well as one field hospital, with suspicion of corruption, but the responsible court institutions will have the final say after judicial inquiries are carried out.

On the day of writing of this report, 15.08.2020, in Bosnia and Herzegovina, a country with the population of about 3,3 million, 159.613 citizens have been tested, out of which 15.535 were positive and there have been 469 deaths, 9344 recovered and 5722 active cases. The battle against Covid-19 continues!

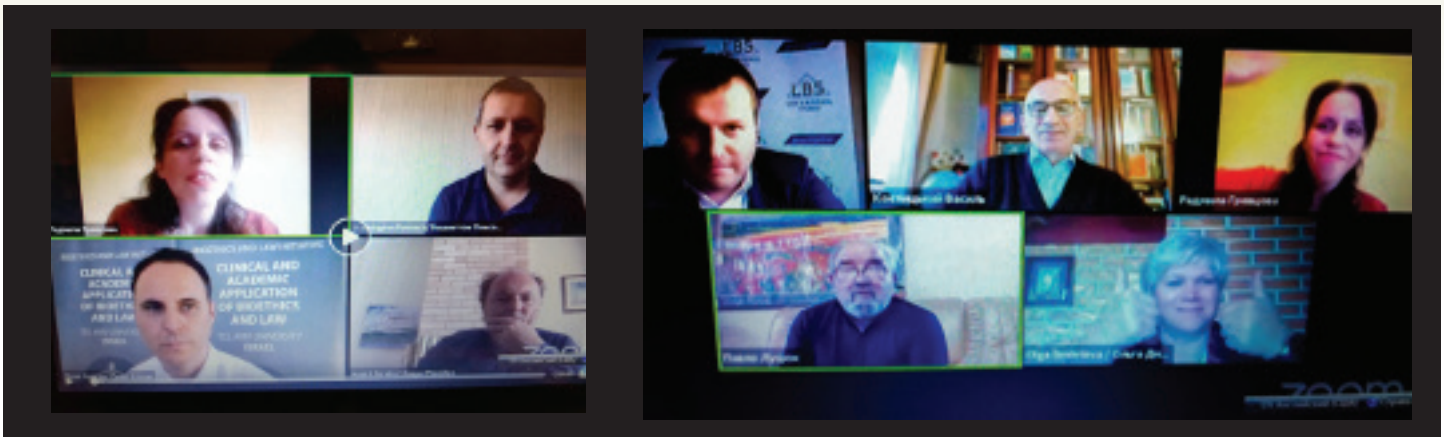
Medicine & Law in the Times of COVID-19: Discussing the Ukrainian Experience, Enriching it by Foreign Practices

Radmyla Hrevtsova[1], PhD (Law)
Associate Professor at the Taras Shevtchenko National University of Kyiv,
Head of the Health Law Committee of the Association
of Advocates of Ukraine, the WAML Governor (Ukraine)

The interaction between Medicine & Law – this "eternal" topic has become increasingly important in the times of COVID-19 pandemic. This is especially true for the Ukrainian health care that has to tackle both legal and organizational issues inherited from the Soviet past and the emerging challenges.

Healthcare workers who are in the forefront of combating coronavirus feel the need in targeted legal information and qualified legal support. Lawyers wish to better understand what and how medicine operates under the COVID-19 circumstances and how legal professionals could help.

This was the aim of, for example, the International Online Conference "MEDICINE & LAW UNDER THE CONDITIONS OF COVID-19" initiated by the Health Law Committee of the Association of Advocates of Ukraine that took place in May 2020. It is notable that a number of the WAML members contributed to the event: **Dr. Oren Asman** (Israel), **Adv. Washington Fonseca** (Brazil), **Prof. Andre Pereira** (Portugal) and **Dr. Radmyla Hrevtsova** (Ukraine) (the Conference moderator).



The discussion focused on the rights and obligations of healthcare professionals in the times of COVID-19 as well as on the legal issues of providing health care during the pandemic.

In Ukraine, there is a considerable number of healthcare workers per population. According to official statistics, there was 44,1 medical doctor and 85,4 nursing and midwifery personnel per 10,000 population as of the end of 2017. Ukrainian legislation in force confers healthcare workers with a great many professional and social rights and privileges. At the same time, most of them exist mainly "on paper" because of lack of financing and effective protection mechanisms.

Much attention was paid to the rights to safe working conditions and to proper remuneration, the enjoyment of which became a burning issue during the pandemic. As of the end of April 2020, in Ukraine, nearly every fifth person out of those infected with coronavirus was a medical worker. The deficit of personal protective equipment (PPE) was among the reasons for that. In August 2020, when this paper is written, the infected healthcare workers rate decreased to less than 10 per cent of the whole number of confirmed cases. The Standards of Providing Medical Care during COVID-19 Pandemic envisaging the types of PPE to be used depending on working conditions were approved by the Ukrainian Health Ministry and implemented by healthcare professionals. More attention has been paid to ensuring proper quantity and quality of PPE in healthcare institutions. The situation with remuneration of healthcare workers who provide medical care to patients with COVID-19 has been also improved.

The novel coronavirus could not but affect the traditional format of "doctor-patient" relations. Thus, when providing medical information to a patient and designing the patient treatment plan, the medical doctor should account for "COVID surprises", for instance, deterioration of epidemiological situation.

In Ukraine, at the beginning stages of quarantine, many healthcare institutions suspended out-patient care and routine surgery and medical doctors were stimulated to use telemedicine. They, however, were confronted with a number of challenges.

For instance, in Ukraine, there is no individual licensing of healthcare professionals. In order to practice medicine, medical doctors shall either be employed by a licensed healthcare institution or get registered as a "private entrepreneur" and then obtain the license for medical practice. So when medical doctors wished to care for their patients via distance communication means in their individual professional capacity, they appeared at risk of non-compliance with the current legislation of Ukraine. Many healthcare professionals were not aware of the applicable rules. Ukrainian medico-legal community did its best to inform healthcare professionals of legislative requirements and legal solutions.

Under such circumstances foreign experience has becomes of great importance to fill in the gaps and improve the legislation and practice. As pointed out by Adv. Washington Fonseca, "Telemedicine should be used as a first tool, but it does not fit for final clinical decisions." Prof. Andre Pereira shared Portuguese experience of the use of telemedicine that was quite developed long before the COVID-19 manifestation. It was successfully used in cardiology, dermatology and other areas of medical practice.

Local and international experience allows concluding that when having intention to use telemedical instruments, it necessary to account for the legal status of the provider as well as for the medical practice area in which telemedical instruments would be a better fit.

Adv. Maxim Baryshnikov discussed the impact of the WHO recommendations on decision-making in health care and the importance of such recommendation. The development of the "coronavirus drama" puts forward the new issues. For instance, the issue of the ways of implementation of the WHO Interim guidance "Considerations for the provision of essential oral health services in the context of COVID-19" issued in August 2020 that will be a challenge for the dental community in many countries, including Ukraine.

As mentioned by Prof. Vasyl Costitsky, "the issues are similar, the solutions may differ". Cooperation and exchange of thoughts between medical and legal professionals from various countries will certainly contribute to finding the best solutions for health care and its legal support.

1 *JD, PhD (Law), Associate Professor of the Institute of Law of the Taras Shevtchenko National University of Kyiv, Head of the Health Law Committee of the Association of Advocates of Ukraine, the WAML Governor (Ukraine)*

WAML President's Report

Thomas T. Noguchi,
President of WAML

This year turned out to be a challenging year for all of us. I hope leaders are well and coping with changes. The Olympics for this year have been postponed and many professional meetings have either been postponed or converted into virtual meetings. The EC has been meeting monthly, discussing the progress of the WAML and will begin to finalize planning for the Istanbul Congress in 2021. The Program Chair is Professor Berna Arda who is a member of the EC. We will continue reporting on the Istanbul Congress' progress.

WAML Secretary General's Report

Ken J. Berger
MD, JD
WAML Secretary General

Covid-19 has infected so far about 30 Million persons and killed almost 1 Million across the globe causing grave economic hardship and fundamentally changing our lives.

What we need to understand as WAML members and friends of the World Association for Medical Law is that the virus has also rocked our foundations and exposed fractures and frailties in both our health and legal systems.

This gives us all renewed opportunities and hope to reinforce our strength and rebuild, recreate or reseal foundational flaws and gaps, and strive much higher to do better for humanity.

It is after great wars, natural disasters and famine that we see things as they are and have real opportunities to fix what went wrong and what is broken. The virus has humbled us on so many different levels, but helped us identify what it is that is wrong and we can use our own creativity and strength to fix what is broken.

It is an undeniable fact that many vulnerable citizens across the world, like the elderly and the disabled; have not been adequately protected, allowing so many of our vulnerable fellow citizens to suffer in circumstances of cruelty, isolation and unnecessary deaths.

Despite our experiencing pandemics in the past, this virus escaped containment, there was medical and legal fragmentation, in-coordination and chaos and everything else was put in stagnation with its own consequential non-Covid related serious casualties and harm.

At the time where there is the need for greater unity and collaboration, there has been increasingly disparity and discrimination where there is growing racial and ethnic unrest and strife.

Courts, hospitals, Institutions, Medical and Legal system and Governments, have been so preoccupied with the virus they have lost sight of their role and function with the necessary focus and depth perception to balance the individual rights against the common good.

This is just a situation, as leaders of the medical law, that we should not be tolerating, and all of us need to do more. We need to get involved and speak up, to act as stewards for our communities, particularly at a time of crisis, to use our knowledge, negotiation and networking skills to influence others in a positive direction and continue to be trailblazers to ensure our communities are doing what is legally right, medically justified and morally sound.

Based on what we are seeing and experiencing now, we need to strive for a more prosperous, peaceful and productive global society where all citizens have access to their legal rights, health and liberties.

What can WAML do to possibly help to solve these major problems and how can these issues be addressed, if at all?

What has history taught us if anything about fixing these serious systemic issues after war, natural disaster or famine that are holding humanity back from where we should be?

I do not really have the answers, I just raise the question, but I would perhaps suggest that WAML insists that we develop more International Legal and Health Law standards that all Countries have to adopt, and timely, flexible and legally enforceable remedies for all citizens and health care and justice systems that must comply with those standards with stronger International oversight that has the flexibility to adopt to culture, diversity and change.

Nobody is going to solve world poverty overnight or gross disparities in the determinants of health, but each Nation should apply strong robust minimum standards to protect the vulnerable, foster individual rights against government intrusion on public good and ensure substantive equality based on respectful cultural norms with International Enforcement.

Our world is close and interdependent as we saw in the transmission of the virus and the failures to contain its spread throughout the world caused by ineffective accountability, lack of shared values and absence of properly enforceable uniform standards. .

The World Association for Medical Law has an important role to play in leading our communities to do what is right and equitable for all, in all facets of life, but particularly at the cross roads of medicine and law.

Without health, one cannot exercise one's legal rights. Without legal right or remedies human dignity is at fundamental risk and the world citizen is simply a cog in the wheel.

Friends and colleagues, I look forward to working with all of you to make the WAML a place where we can share our ideas in a respectful manner and create impact and positive change.

On a positive note, I wish to report that our Executive Committee has been invited to collaborate with the World Health Organization on developing uniform standards for clinical assessment of death and for clinicians to complete death certificate uniformly throughout the world.

Another positive, is the Executive Committee has given birth to the Young Persons Committee of the WAML. Young persons are our future and we need them to create change and make a difference in the world.

We are not only surviving during the pandemic, we are thriving. The world needs the WAML, let's build her for us all to change the world to be a better place!

Finally, I miss seeing you all, particularly because we had to postpone Toronto, but I look forward so much to seeing everyone safe and healthy ready for taking WAML to even greater heights as the World needs more WAML!

Very truly yours,

Ken J. Berger MD, JD

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

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

Back to Index

WAML Treasurer Report

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

Dear member of WAML,

I would like to briefly inform you about the actual financial situation of WAML.

At first I would like to express my sincere thanks to the Audit Committee; our valuable colleagues Shigeki Takahashi, MD, JD; Vera Lúcia Raposo, PhD; and Melinda Truesdale, MD, MACLM. I am grateful to their meticulous reports.

The activity of 2019 resulted in the net income of $38,772 (the gross income was $149,235, the income profit was $38,719, and the total expense was $110,516). This seems the same level in 2017 ($37,032), which is higher than in 2018 ($20,466).

Therefore, $238,664 is the total of the current assets at the end of 2019, which is an increase of $28,668 more compared with 2018.

With respect to the membership dues this was $21,090 which is $1,928 more than in 2018 ($19,162). It is unfortunately, $4,030 less than in 2017 ($25,120). According to the Audit Committee this would be an impulse to focus some effort and consider if there is a more effective away of collecting membership payments and the opportunities to increase our member number base. I cordially agree with them.

The profit & loss budget and the balance sheets have been also checked. Total actual balance is $242,055.72 on June 20th, 2020.

This year, our income seems to decrease slightly. As you know, due to the Covid -19 pandemic, we had to cancel our Toronto Congress in 2020, so we are deprived of one of our biggest sources of income this year. But of course, health is our top priority in every situation.

Hope to see you in our congress in Istanbul between 4-6 August in 2021.

Stay safe and healthy

Berna ARDA(MD, MedSpec, PhD)

Ankara University, Faculty of Medicine

Ankara - TURKEY

WAML Meeting Planning and Administration

Denise McNally,
WAML Administrative Officer and Meeting Planner

JOIN US AT THE 26TH WORLD CONGRESS ON MEDICAL LAW (WCML) AUGUST 4 – 6, 2021 ISTANBUL, TURKEY

Hilton Istanbul Bosphorus will be the Lodging and Congress Venue

Hilton Istanbul Bosphorus is offering a reduced group rate of $150 EURO for single occupancy / $170 EURO for double occupancy per night. Rates include buffet breakfast and internet. Reservations soon available.

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

If you registered and/or submitted an abstract for the Toronto Congress and would like to transfer to the Turkey Congress please email Denise at worldassocmedlaw@gmail.com.

Categories:

1. Vulnerability: Respect and Protection
2. Gender Issues
3. Patient Safety
4. Human Rights in Medicine and Law

WAML Book Series


Professor Thierry Vansweevelt Professor Nicola Glover-Thomas

Informed Consent and Health - A Global Analysis

Informed consent is the legal instrument that purports to protect an individual's autonomy and defends against medical arbitrariness. Informed Consent and Health highlights that possession of complete information about all relevant aspects of a proposed treatment is integral to the ability of a patient to make an informed choice. With patient choice at both legislative and judicial levels rising to greater levels of prominence, this timely book examines how the tensions between the rights of patients to make choices and the duties of doctors to provide health care are managed.

This illuminating book investigates our evolving understanding of informed consent from a range of comparative and international perspectives, demonstrating the diversity of its interpretations around the world. Chapters offer a nuanced analysis of the problems that impede the understanding and implementation of the concept of informed consent and explore the contemporary challenges that continue to hinder both the patient and the medical community.

Containing an in-depth discussion on this fundamental right, this thought-provoking book will be of value to academics and practitioners alike. Providing fascinating insight into new solutions and interpretations, this book will also prove a key resource for clinicians and health care workers.

Promotional leaflet-IC and Health

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 were emailed out in November. If payment has not been made a reminder will be sent. 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!

Back to Index

FUTURE MEETINGS

Of Affiliated National Associations and Collaborating Organizations

NAME 2020 Annual Meeting (Virtual)
October 16 – 17, 2020
Cyberspace, Everywhere
https://www.thename.org/2020-annual-meeting

26th 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

29th Annual WAML World Congress
August 8 – 11, 2024
Toronto, Canada
Website: www.wcml2020.com
www.thewaml.com

Do you have an idea, comment, or suggestion?

Please contact
Denise McNally
worldassocmedlaw@gmail.com

Back to Index

World Association
for Medical Law

SAVE THE DATE

AUGUST 4-6

2021

The 26th Annual WAML World Congress

Instanbul - Turkey
www.thewaml.com

WAML Newsletter Production Team

Editor-in-Chief:
Richard S. Wilbur, MD JD

Coordinator:
Denise McNally

Graphic designer:
Raul Vergara

http://www.facebook.com/thewaml

http://twitter.com/THEWAML