



World Association For Medical Law

March Issue

April - June 2016

www.thewaml.com

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Guest Editor's Note

Canadian Medico-Legal Experts: Trends, Questions and Controversies



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Guest Editor

Canada is a federation with 10 provinces and 3 territories. Canada has a tort system which follows the Common Law principles with the exception of the Province of Québec which has the Civil Code inherited from its French background. Over the years, the legal system has used experts to help the court analyze legal issues. As observed in many countries, experts have been criticized by legal system and the Canadian

public. More than ever, Canadian newspapers report and criticize expert testimony. While experts are sometimes identified as hired guns, the range of issues now being raised is much broader.

In this issue of the WAML Newsletter, as the President of the Canadian Society of Medical Evaluators (CSME), I have asked Canadian medico-legal/legal medicine experts to address contemporary medico-legal/legal medicine issues and controversies. This WAML Newsletter issue will address the following topics.

Should medico-legal experts have special training? In 2015, the Royal College of Physicians and Surgeons of Canada rejected a CSME proposal for the creation of an Area of Focused Competency Diploma in Medico-Legal Expertise. This rejection was on the basis that such a diploma was viewed as detrimental to medical specialists currently doing medico-legal/legal medicine work without any specialized knowledge,

training or experience in the medico-legal/legal medicine field. Yet, many provincial medical regulatory colleges are considering the knowledge, competencies and experience required by physicians before accepting a medico-legal/legal medicine mandate and considering making credentialing mandatory. Dr. François Sestier, cardiologist and the Université de Montréal Insurance Medicine and Medico-Legal Expertise Program Director will propose what should be the necessary training or core competencies for medico-legal experts.

Is patient care compatible with medico-legal work involving potential fraud casework? In Canada, some lawyers try to promote the advantage of having treating physicians testify in court instead of medico-legal/legal medicine experts. Dr. Arthur Ameis, a physiatrist from Toronto, will discuss the pitfalls of treating professional's medico-legal/legal medicine report and testimony as well as the advantages of having

trained medico-legal/legal medicine experts in cases involving potential fraud.

Should video surveillance and social media mining data be part of the disability fraud medico-legal examination?

Over the last few years, many issues have been raised about Independent Medical Evaluations (IMEs). The Supreme Court Rules Revision Committee (RRC) of British Columbia has recently rejected a request from the Trial Lawyers Association of British Columbia (TLABC) proposing a change to the Supreme Court Rules to permit a person who is undergoing an IME to audio record the examination. Ontario, British Columbia and Québec now require that experts acknowledge their duty to the Court by signing a form. The form emphasizes that the expert's duty to the court prevails over any obligation to any other party. In January 2016, the Collège des Médecins du Québec (CMQ/Quebec College of Physicians), a Provincial medical regulatory board, published new directives that limit published medico-legal evaluation and report to the questions outlined in the expert's initial mandate. This CMQ's directives attempts to limit the privileged communication between the attorney and his expert to this same initial mandate. Thus,

the concept of privileged communication between an attorney and his expert is being undermined.

Some medico-legal experts and, of course, some lawyers question if there is a trend in Canada to limit what medico-legal/legal medicine experts can explore and use to corroborate their opinion. In this Newsletter, Dr. Michel Lacerte, a physiatrist from London, Ontario, will discuss why assembling empirical evidence and testimony, including surveillance and social media mining data using the ICF as a conceptual model, is important in detecting disability fraud.

Is the use of medical marijuana compatible with working in safety sensitive position?

Canada was the first country in which marijuana, for medical purposes, was legally offered to patients. The regulatory and legislative picture continues to change and a more permissive approach towards marijuana appears to be taking place. The current Canadian Government has announced its intention to legalize (not only decriminalize) marijuana use beyond medical purposes. It is anticipated that marijuana use will increase exponentially. The increased availability and use of marijuana has potential serious occupational health and safety implications.

Employers with safety sensitive jobs and transport safety experts and regulators are particularly concerned. Dr. Charl Els and Dr. Sebastian Straube, from University of Alberta, give their opinion from a psychiatric and preventive medicine perspective.

The field of Canadian medico-legal medicine is undergoing major changes. You are invited to become aware of some of the new challenges faced by Canadian medico-legal/legal medicine experts by reading this issue.

Fabien Gagnon

Is It Sufficient to be a Good Medical Specialist to be a Good Medical Expert?



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In Canada, a psychiatrist has acquired over the years a specific body of knowledge which gives him competencies to practice psychiatry, competencies being confirmed in Canada by a certification from the Royal College of Physicians and Surgeons

of Canada (RCPSC).

Following the Charles Smith scandal in Ontario, it appeared in Canada that some well-known experts have, in reality, never acquired the basic principles to be a good expert witness; the Goudge Inquiry, also in Ontario, led to the creation of a forensic pathology sub-specialty residency program, the competencies of these medical experts being now confirmed by a Royal College sub-specialty diploma following a specific training program.

Similarly, the forensic psychiatry subspecialty program was recently created in Canada, by the RCPSC, with specific University subspecialty programs following the requirements set out in the new subspecialty's Specialty Training Requirements.

The question remains, what about the vast majority of medical experts who do not belong to these two subspecialties and who are called to act as expert witnesses in front of Canadian Civil Courts?

There are numerous Canadian, well-trained, medical experts, judges and lawyers who think that all experts in Canada should have acquired a specific medico-legal/legal medicine body of knowledge, as encompassed in the Canadian University program for this

expertise, launched in year 2000, which is now available on the web in both French and English (see www.mae.umontreal.ca), similar to such experts training programs available in most European countries. The web-based Canadian expert training program is housed by the University of Montreal and is a real intense collaborative academic effort of lecturers, experts in their field of interest belonging to ten Canadian Universities and two American Universities. It appears that our program is the only complete academic program in North America, aiming at improving the skills of medicolegal experts and of Insurance Medical officers.

Here are some highlights of the body of knowledge, offered by the Canadian medico-legal/legal medicine experts' training program which should be required for all Canadian medical experts:

1. A very high emphasis is expressed on the ethical duties of the medical expert regarding: honesty; unbiased opinion; independence; and desire to fulfill the uptime role of helping the Trier of Fact to understand the best medical evidence available, respecting the evidence-based-medicine principles.
2. A description of

the Canadian Civil and administrative tribunals and their role is offered, as well as lectures on the Civil Code used in Quebec and the Common Law principles and legal tests used in the other provinces; the peculiarities of impairment guidelines used in each jurisdiction and each province is also offered. Disability evaluation should be made using the International Classification of Functionality (IFC) bio-psycho social disability model. Lectures are offered on medico-legal/legal medicine correspondence, working with lawyers, argument, fallacies, legal reasoning, mitigation of injury and loss.

3. Conduct appropriate medico-legal/legal medicine evaluation: lectures develop the ability to deal with claimants who are difficult to assess due to language barriers, cultural heritage, psychological/psychiatric condition, comorbid medical conditions or because they are angry or demanding or are malingering or have an exaggerated reaction to their injury. Lectures are given on how to

evaluate the functional capacity of a claimant, evaluating chronic pain and chronic fatigue and on return to work tools and guidelines

4. The medico-legal/legal medicine report: lectures on critical thinking skills, reasoning and proficiency in writing such reports, with a precise idea of impairment and disability definitions; Lectures to understand the principles and determination of causation with focus on the assessment and contribution of pre-existing conditions on the overall level of impairment.
5. Testifying in Court: several lectures and workshops are offered on how to simplify complex medical issues in front of judges, technics to survive a cross-examination, and rebuttal of false reasoning, often based on well selected medical facts or scientific literature which may contain considerable bias.

The situation in Canada is far from ideal; thousands of medical experts without any idea of their role in Society are playing the role of scientific "mercenaries", thinking that their main duty is to help a lawyer to win

his case. In August 2015, CSME, the Canadian Society of Medical Evaluators proposed to the RCPSC the creation of an Area of Focused Competence diploma in medicolegal/legal medicine expertise, as there was a real need in the country to regulate the exercise of medico-legal/legal medicine witnesses. The RCPSC rejected the proposal, stating that such a diploma could undermine opinions given by experts not possessing this type of credentials. Only 10% of the medical experts in Canada are well trained. For those who believe in improving medico-legal/legal medicine work, we will probably have to wait, in Canada, for other public inquiries, due to miscarriages of justice (similar to the Goudge inquiry in Ontario eight years ago), to see the RCPSC regulating, at the Canadian level, the basic requirements for medico-legal/legal medicine experts.

Dr. François Sestier



The Problematic Role of the Clinician in the Investigation of Health Claim Fraud



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INTRODUCTION

The definition of fraud makes reference to it being an act of deliberate deception with the intention of securing unfair or unlawful advantage. Invented, exaggerated, deliberately misattributed or unreasonably perpetuated claims of illness/injury are common forms of health fraud. It is estimated that at least 10-20% of insurance claims have some fraudulent element. These are costly, anti-social and criminal acts, on par with arson and pyramid schemes. They cause insurance premiums to be inflated, divert or dilute scarce investigative, treatment and pension resources, impede efficient claims management and significantly burden the court system. As with arson, there is potential

for serious harm to innocent bystanders, such as when staged accidents go wrong. Other very disturbing aspects of health fraud stem from the fact that they tend to be high reward-low risk crimes, are often associated with organized crime and may even be a source of funding for terror groups.

Health fraud is not managed in the same, highly professional manner as arson or pyramid schemes. While these other forms of crime are exclusively investigated and managed by people specifically trained and skilled in dealing with crime (individual or organized), staged events and deceptive practices, health insurance investigations typically call upon health-care professionals who are unprepared for the challenges of conducting clinical assessments and reviewing and analyzing evidence derived from medical records, collision reports and surveillance, pertaining to individuals actively engaged in fraudulent practices.

In conjunction with the University of Montreal, Faculty of Medicine's Certification Program on Insurance Medicine and Medico-Legal Expertise (CPIMME), members of the Canadian Society of Medical Evaluators (CSME) have been studying and developing solutions to several key

issues concerning all aspects of the clinician's potential participation in health fraud investigation.

Foremost is the need for special expertise. Competence and experience in medical care is not enough. In order for a clinician to become proficient in medicolegal/legal medicine evaluation and reporting, (s)he must acquire a sophisticated understanding of the many forms of deception, both individual and organized, that may be involved in an illness/injury insurance claim. There is a need to develop special skills in interviewing and examining the deceptive claimant and in then reporting in a clear, neutral and complete manner. Unless the evaluator appreciates the context, understands the litigation process and can present a competent body of investigative work, effectively inform the Trier of Fact and stand up to cross examination, the assessment and report will be of no value and, instead, may undermine the overall effort to thwart or diminish a fraudulent claim.

A proficient medicolegal/legal medicine evaluator must also be able to complete an effective causal analysis and to factor in confounders such as coincidence, pre-morbidity and co-morbidity. The evaluator

needs to distinguish between medical and legal causation and to competently utilize terminology such as probability and possibility.

Another important proficiency involves the ability to set aside preconceived notions, such as a belief in an innate ability to detect lying or examination deception (while specially trained persons may reach 80% accuracy, most clinicians' opinions do not exceed 50%, the accuracy of a coin flip). Another notion, that only legitimate claimants would subject themselves to painful tests or risky or even disfiguring procedures, appears to be equally false.

A special skill, never taught in medical school, involves the effective analysis and reconciliation of surveillance and social media information to medical records and medico-legal/legal medicine assessments, in the determination of whether the claims of pain, hypo-activity, impairment and disability are legitimate. This requires a sophisticated appreciation of both the capacities and limitations of surveillance; and of the analytic process by which medical evidence can, and should, be reconciled to activity in the community, including the question of whether and how the limited sampling data of a surveillance effort

may be likely to provide relevant information. Specialized knowledge is often necessary to make data relevant. For example, a claimant's driving activity may be irrelevant to a physical impairment but critical to a Post Traumatic Stress Disorder claim; and the relevance of a claimant's activities in a gym or while shoveling snow may only be apparent in the context of a claim in which prolonged deconditioning should be inevitable.

Competence requires the medico-legal/legal medicine evaluator to be prepared to present an opinion in a clear and forthright manner concerning the likelihood that a claim is unfounded in fact. As a corollary, the evaluator needs to be able to declare uncertainty when the evidence is equivocal or inadequate; or even to support a claim when warranted. The evaluator must learn to be independent and avoid giving undue consideration to how outcome may impact either the referring party or the claimant.

There are very few resources for the extensive and intensive training and skill development that can create such expertise. There is a pressing need to enhance existing infrastructure to provide formal courses, mentoring, certification,

and maintenance of proficiency.

Expertise aside, there is another critical concern. Health care practitioners who are prepared to develop and exercise high level medico-legal/legal medicine proficiency must necessarily work under professional regulatory Boards and Colleges that are oriented towards patient care and advocacy. Such organizations typically lack a proper understanding of the risks and challenges facing those clinicians who become involved in fraud casework. Their processes are open to abuse by fraudsters. There is a critical need for educating these organizations.

Forensic medicine may be defined, in part, as the application of scientific knowledge to legal problems. In Canada, forensic psychiatry and forensic pathology are the only recognized forensic clinical subspecialties. In general, a forensic subspecialist who identifies an evaluation as specifically being of a forensic nature may expect a certain degree of latitude by regulatory organizations, beyond that normally extended to clinicians who carry out 'medicolegal'/'legal medicine' evaluations. While it is impractical for forensic subspecialties to be created in all disciplines, it may be of benefit for clinicians

who acquire special expertise to self-identify as having particular training in forensic practices (such as special interest in forensic Psychiatry, Neurology or Orthopaedics), and to label a given evaluation as being forensic in nature. Perhaps, by signaling to all parties that the scope of the evaluation specifically includes the ruling in or ruling out of potentially deceptive practices (fraud), the clinician may avoid criticism or censure concerning professionalism.

CSME and the CPIMME have been actively promoting training, leading to a national, forensic certification.

In summary, health fraud is a major social, economic and criminal concern. There is increasing evidence that real proficiency in medico-legal/legal medicine work involving potential fraud casework requires substantial special formal education, skill development, mentoring and experience. Such proficiency must be identifiable via certification and must be regularly maintained and updated. Forensic work is distinct from patient care and should not be subject to the same regulatory review processes. One temporary solution is for accomplished practitioners to combine existing certification

opportunities with self-identification as forensic clinicians and to both structure and label any assessment having potential for a fraudulent dimension as being a forensic evaluation.

Dr. Arthur Ameis

Disability Fraud Medico-Legal Examinations



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Fraud Definition

Fraud is generally defined as the intentional submission of false or misleading information or concealment of a material fact for the purpose of financial gain. Each year, billions of dollars are lost to insurance fraud in Canada. There is a broad range of fraud schemes that is constantly evolving in response to new fraud detection methods such as data analytics. In the fight against insurance

fraud, insurers rely primarily on experienced claim analysts, independent medical examinations (IMEs), whistleblower hotlines and private investigation techniques, such as social media data mining and surveillance. Most public and private insurers have a special investigation unit (SIU) to address fraud within their organization.

Disability Fraud Prevention, Detection and Investigation

To help prevent disability fraud, claims analysts are trained to identify false or misleading claims, statements, staged accidents, tampered documents and collusion between health care provider and claimant. This collusion occurs when the claimant, working with the health care provider, submits false, misleading or exaggerated disability claim information. More complex schemes used by organized crime rings can include many participants including tow truck drivers, auto repair shops, attorneys, service providers, vendors and even insurance adjusters. Regardless of the scheme, the goal is always to seek the optimal financial gain. SIUs and claim analysts work together, using case management and data analytics software, to consolidate evidence, manage resources, optimize timely and collaborative

case investigation and prepare case ready reports or crown briefs for negotiation or prosecution. In Canada, due to cost factors, insurers overwhelmingly favor civil over criminal remedies.

Fraud Investigation by Medico-legal Experts

Fraud investigation by medico-legal/legal medicine experts in Canada is generally limited to those practicing in the field of forensic psychiatry and neuropsychology. This can be best explained by the fact that practicing mostly in the context of criminal law puts them in daily contact with those individuals gaming the system. Forensic psychiatrists and neuropsychologists also regularly interact with crown attorneys, defense attorneys and police detectives on criminal matters which frequently involve malingering.

Medico-legal/legal medicine experts coming from other specialties are not well prepared to identify or discuss matters, such as disability fraud indicators, dissimulation, deception or fabrication. They are generally unaware of the different schemes that exist and rarely come into contact with the criminal justice system, SIUs or private investigators. The insurance case manager provides mandates to medicolegal/legal

medicine experts that rarely raise the possibility of fraud.

Contrary to our American colleagues, Canadian medico-legal/legal medicine experts are generally shy to raise the possibility of fraud, in the context of a civil claim, due to the lack of legislative framework or immunity protecting against civil action or other proceedings (including from regulatory medical boards) when such information is provided in good faith. Canadian regulatory medical colleges are generally viewed by insurers as an impediment to disability fraud examination and analysis by medicolegal expert. To effectively address disability fraud, governments and regulatory medical colleges must ensure that they act in the best interest of society by not shielding claimants from proper disability fraud investigation involving qualified medicolegal/legal medicine experts. The focus should be on disability prevention and consumer protection.

ICF Conceptual Framework and Forensic Examination

The International Classification of Functioning, Disability and Health (ICF) is the World Health Organization's (WHO) classification of human functioning and disability.

The ICF's conceptual framework can guide the forensic analysis of a possible fraudulent disability claim. Disability fraud claim analysis focuses on identifying the disparities between the health and functioning of individuals with similar claims. The ICF's contextual factors elucidate the specific environmental barriers, facilitators and personal factors affecting one's ability to fully participate in society. In this context, disability fraud can be analyzed. The ICF does not provide any reference to fraud per se but does refer to legal services, systems and policies as well as social security services, system and policies. Personal factors are not currently classified in the ICF.

Medically Unexplainable Disablement (MUD)

When the physical or psychological health condition or impairment is incongruent with the degree of disablement, the medicolegal/legal medicine expert must consider the possibility of a Medically Unexplainable Disablement (MUD) where "disablement" stems from contextual factors (personal and/or environmental). Fraud being so prevalent should therefore be considered in any forensic contextual analysis. Failure to raise or address this possibility

undermines the integrity of the medicolegal/legal medicine and fraud investigation process.

ICF Forensic Applications

Canadian medico-legal/legal medicine experts are sometimes provided with video surveillance of claimants conducted by private investigators. The ICF remind us that diagnosis alone does not present a complete picture of health and functioning. The ICF Body-Functions and Structures description provides the biological basis of physical and mental function but detailed quantification remains essential if one is to test the causal chain with activities and participation.

A detailed description of activity limitations and social participation restrictions is essential as it is central to any disability claim. Medico-legal/legal medicine experts should not rely solely on the claim application, statement of claim or discovery transcript to establish the claimant's functioning, disability and health status. The claimant's self-reported activity limitations and social participation restrictions in the area of mobility, self-care, domestic life, work life and social life (including recreation and leisure) should be carefully documented along with the level of

assistance and the need for accommodation. The person's lack of adaptation such as unwillingness to use a reasonable accommodation should be documented. Specific environmental barriers and facilitators affecting one's ability to participate in their social roles should also be part of the data collection. Functional ability evaluations complement the data collection by providing some (but not always) reliable quantitative ability information. Psychometric data with validity scale can also provide valuable information.

Assembling empirical evidence and testimony, including surveillance and social media mining data, assists in the analysis of the relationships between these constructs and facilitates the development of a compelling forensic case conceptualization or a new investigation lead.

An ICF core data set for disability fraud investigation purpose is needed but is unlikely to originate from WHO given the political nature of the organization.

Dr. Michel Lacerte

Medical Marijuana and Safety Sensitive Work



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may, in 2016, become the first of the G7 group of countries to legalize (not only decriminalize) marijuana.

It can be argued that the current changes in legislation, granting medical access has already resulted in a relaxation of the traditional taboos around the substance. It is anticipated that medical marijuana use will increase exponentially over the course of the next decade.

As roughly one fifth of the workforce in Canada is employed in safety-sensitive positions and industries, it is foreseeable that the increased access to legal and medical marijuana may have profound implications for many employers with safety sensitive positions, as well as for the regulators of motor vehicle driver safety.

Marijuana and delta-9-THC:

The Cannabis sativa plant is the source of marijuana leaves, which are dried and then smoked or ingested. Marijuana is a hallucinogen that produces euphoria, followed by drowsiness. There are almost 500 natural components found within the Cannabis sativa plant, of which more than 60 have been classified as cannabinoids. The primary psychoactive and fat-soluble

Background:

In 2000, the Ontario Court of Appeal ruled that the total prohibition of marijuana possession was unconstitutional. Following this, Canada became the first country in which medical marijuana could be offered to patients, with several other countries to follow. The regulatory and legislative picture continues to change and a more permissive approach towards marijuana appears to be taking post. Canada

ingredient is [delta-9]-tetrahydrocannabinol (THC), which is oxidized to an equipotent 11-hydroxy-THC (11-OH-THC), which is then rapidly metabolized to 11-nor-delta-9-THC, or THCA, which is not psychoactive.

Testing for exposure to THC:

Irrespective of the route of administration, the threshold for detection of THCA levels in urine testing is 50ng/mL for screening purposes and 15ng/mL for confirmation. After single use, a test is usually positive for up to 3 days, while, after chronic heavy use, it may stay positive for 30-36 days, as THC is fat-soluble. Second-hand smoke exposure is not considered a valid reason for a positive THCA test. There is no reliable correlation between the level of metabolite detected in the urine and the level of impairment.

Impact of TCH on cognition and performance:

Marijuana consumption has been demonstrated to have an adverse impact on a range of cognitive functions as well as be associated with performance deficits. The impairing effect of THC can be exacerbated by the use of alcohol. Impairment may persist for more than 24 hours post-consumption, even

when the consumer is feeling well and appears normal to health professionals. Although marijuana users may be aware of deficits it has been suggested that they may only partially compensate for such decrements.

There is clear evidence in support of the notion that marijuana, like alcohol, impairs skills required for safe driving. The dose-response relationship in the studies points to a causal relationship. Two meta-analyses suggest that marijuana use is associated with an increased risk of motor vehicle crashes and one of them suggests that it is especially the case for fatal collisions. These two meta-analyses quantify the risk of motor vehicle crashes with marijuana use as roughly doubled, reporting an odds ratio (OR) of 2.66 (95% confidence interval (CI) 2.07-3.41) and an OR of 1.92 (95% CI 1.35-2.73), respectively.

It has been established that the cognitive skills required for safety sensitive work tasks overlap to varying degrees with those required to safely operate a vehicle and that driving can be viewed as a proxy for the determination of levels of impairment for other safety sensitive tasks. The required cognitive skills / capacities include

unimpaired alertness, attention, concentration, coordination, reaction time, memory, ability to multi-task, perceptual abilities, thought processing, judgment and insight.

Given that acute and chronic marijuana exposure can result in both cognitive and performance deficits and is consistently associated with an increased crash risk, the extrapolation of risk to other safety sensitive work appears sensible.

Conclusion:

Occasional or ongoing marijuana use, medical, legal (medicinal) or illicit, cannot be recommended for workers who perform safety sensitive jobs. These jobs include work in operational law enforcement, military and paramilitary organizations, as well as operating motor vehicles, commercial and other modes of transportation and heavy equipment operation and tasks involving high levels of cognitive demand and judgment. The use of medical marijuana is therefore incompatible with working in safety sensitive position.

References:

Available on request.

WAML Secretary General's Report



Prof. Roy Beran,
WAML Secretary General

It seems like only yesterday that I wrote the last Secretary General's report, which just goes to show how time flies when you are having fun!

Last weekend I completed the final editorial overview of the themed issue of our journal, Medicine and Law. It was a pleasure to read the various papers dealing with aspects of pharmaceuticals and I compliment Professor Fenkel for a job well done.

When reviewing the topics, to be included within the issue of the journal, the one topic, which had the potential for considerable legal ramifications, that had not been included in the list of topics, looked at the use of generic medications. This provides a perfect example, which is proof that one should not make waves if one is not willing to defend the claims made. Having identified what I consider to be a gap in the overview of the interface of pharmaceuticals and the law, Professor

Fenkel asked Ava, our administrative assistant, for the journal, to identify a suitable author. With the time constraints, to ensure that the journal was published on time, I felt that I could not get anyone else to complete the task as a matter of absolute urgency and as such, that duty fell to me to fill the gap I had identified.

I thought this worth sharing with you, in my Secretary General's report, because it raises many issues which justify discussion. Being the Acting Editor-in-Chief of the journal, I appreciate that there may be the perception that whatever I write will be included within the journal, irrespective of its quality. I personally insisted that this not be the case, nor should it be, for anyone on the Editorial Board. To confirm that this is the true position, my last submission to the journal was reviewed, received critical commentary and the referee returned it with an expectation of significant revision before it will be considered suitable for publication. Others may take offence when so treated. I was not offended but rather delighted because I felt that the referee was correct in the appraisal of my submission and, more importantly, the system for arm's length evaluation, even for an article submitted by the Editor-in-Chief, worked

as it should. This bodes well for the future of the journal. The reason for sharing this with you is to confirm that my submission, re generics, was anonymously sent to the Guest Editor of the themed issue, Prof Kenkel, and was reviewed by him, or whomever he identified as a referee, before being accepted as suitable. Only once it was accepted was he advised that I was the author. I reaffirm that we need high calibre submissions to be independently refereed and each submission to be treated at arm's length, even for those intimately involved with the World Association for Medical Law (WAML) and the journal in particular, before being accepted for publication. This is the only scientifically sound and ethically correct way to advance our journal and I place myself under identical constraints that I expect for others. No one, including me, should consider themselves above such external scrutiny for a journal of international standing.

Having spent the last weekend dealing with our journal "Medicine and Law", I devoted time, this weekend, in providing final editorial input into this newsletter. I must again compliment our Guest Editor, who has collected a great sample of articles dealing with medicolegal training. I prefer to call it "legal

medicine" training, to reinforce that it is a specialised branch of medical practice, rather than an offshoot of law, and we must fight for suitable medical specialised recognition and hence remuneration. I apologise for including "legal medicine" in each author's text, within this newsletter, but did so consequent to my editorial prerogative. I did not do it on a frivolous whim but rather to reinforce the concept that Legal Medicine is a medical specialty for which the WAML MUST lend its full support and for which the WAML MUST fight, along with other like-minded organisations, such as the International Academy of Legal Medicine.

This leads me to comment on the Expert Witness Training programs, run by the Australasian College of Legal Medicine (ACLM) of which I confess to being a Past President, hence admitting a potential conflict of interest. Following my reading of the articles, within this newsletter, I shared their content with the current President of the ACLM, because of the harmony of ethos. I was encouraged that we were not alone and that many, in other jurisdictions, are likewise fighting the same battles.

The ACLM run courses, around Australasia, the last being held in Queenstown, New Zealand, in late 2015

and the next to be held in Perth, Western Australia, on 18th-19th March this year. These courses are limited to ~20 participants, who must submit a de-identified report that is critically marked by a qualified expert without favour. There are didactic lectures from a solicitor, barrister, judge and an expert clinician, each identifying the differing expectations of the expert. These lectures are followed by a Moot Court (mock trial) in which each participant is led and cross-examined by senior counsel in front of a judge and expected to 'defend' the content of the submitted report. Each participant's performance is critically appraised, after their time in the witness stand, with immediate feedback. Other participants in the course contribute as jurors and also provide assessment.

The ACLM also runs Basic and Advanced Law Intensives, specifically developed for doctors and delivered by people recognised as experts in the field, who appreciate the needs of their medical audience. Attendance at these courses is a fundamental prerequisite for fellowship of the ACLM (Australasian not American).

The WAML has organised cross-affiliation with both ACLMs (American and Australasian) and as a consequence, any member of WAML can get

membership discounts to attend any of the ACLM courses or conferences. As someone who is intimately involved in the delivery of the ACLM courses, I would be delighted to welcome any of the WAML members who would like to attend any of these ACLM courses. If you would like to do so and, as such, visit our beautiful island continent; please feel free to contact me, as someone with a foot in both camps, using my email address roy@royberan.com. I would love to see you.

It would be remiss of me if I did not also invite you to come to the WAML World Congress on Medical Law (WCML) to be held in the second week of August 2016, in Los Angeles. There has been a wealth of activity going on behind the scenes and our Program Chair, Professor Noguchi, who is also the President of the WAML, has been inundated by people wanting to have additional sessions included in the program. In Coimbra, Portugal, we ran an additional program for the Expert Witness, for which participants paid a nominal additional fee. If you would like this repeated in LA, please notify Professor Noguchi, or myself, so we can assess numbers and the viability of organising same, based on popular demand, should this exist. In any case, I look forward to greeting you all in LA.

If I appear to be rude and have not introduced myself to you, in LA, feel free to chastise me and introduce yourself to me, as I sincerely want to meet as many of you as is possible.

It is my goal to encourage the WAML to be as 'user-friendly' and responsive as is possible. I can only achieve this if I have your feedback, your cooperation and your involvement with the WAML. I conclude, as I always do, reminding you that the WAML is your organisation and we, both on the Executive and Board of Governors, are your servants. Having said that, we can only service your needs if you let us know what they are. The WAML is only as good as you make it. I ask you to make it fabulous!

With kind regards,

Roy G Beran
Secretary-General

World Association
for Medical Law



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WAML President's Report



Thomas T. Noguchi,
President of WAML

We are ready to receive you in Los Angeles (LA) for the 22nd World Congress on Medical Law which will be held between August 7-11, 2016. We are still looking for more abstract submissions for which the deadline is April 1. The final program will be released by June 1.

- a) On Sunday, August 7, 2016, delegates will arrive, register, get a badge and attend the WAML welcome reception with local delicious food. This welcome reception will reflect a touch of Hollywood style at which delegates will renew old acquaintances and meet new friends. Share your enthusiasm and hopes for the future.

No specific dress code is required, be it either casual or formal, and you may wear your native costume. The weather in LA is comfortable. In August, without rain and, though it may be hot by day it is cool in the shade. In the evening, it

cools down to the point that sometimes you may need your sweater in the late evening. The convention hotel is in the middle of an action center, and within walking distance of a variety of cuisine from fast food to 4 star restaurants. LA is a vacation city with many attractions everywhere. You will probably find movie locations near the hotel with many cameras and lights indicative of the "Action" to be found. This is the only town where you will expect to see daily movie location scenes. From the hotel, you will have access by a subway to Hollywood (6 stations from hotel) and Universal studios. From the transportation center, you can go everywhere.

SCIENTIFIC PROGRAM

It is designed to provide comprehensive and theme oriented courses. The plenary session moderator will summarize at the end of each session, what you should have learnt and what you need to do, so anyone who listens to the presentation will have the most current knowledge and theories on the subject under review. It is the requirement for American educational standards that there be an adequate question and answer session, so all presenting delegates are requested to maintain their allocated time. The moderator is

required to keep on time and stay on the schedule. This is to facilitate the delegates attending in a parallel session to listen to the lecture and be able to shift rooms at the appropriate time. We will expect the scheduled presentations to be on time. That is the responsibility of the moderator.

We have designed an exciting and informative program for you. The scientific program is now accredited by the American ACCME and CME credits will be issued by the American College of Legal Medicine. Delegates wishing to have American CME credits will need to apply at the time of registration. There is a small handling fee.

The Program will focus on three medical law and ethics themes for 2016.

1) Patient centered innovative healthcare, 2) Biogenetics – medical law and ethics, and 3) Legal medicine’s contribution to society.

The first scientific day, August 8, 2016 is on the subject of patient centered innovative health care. The plenary session will begin with top health care experts. Dr. Stephanie Hall is the Chief Medical Officer of the Keck Medical Center at the University of Southern California (USC) and is an expert

on innovative health care. She will be followed by Innovation in Canada by WAML Vice President Kenneth Berger and then by experts in European health care, medical law and ethics. The keynote speaker for 2016 is the internationally recognized health law educator and researcher, Prof Alexander Capron who will give a major presentation dealing with how medical ethics begins and what is now and what will be in the future. In the afternoon, we will have more patient centered innovation.

The second day, August 9, 2016, the focus is on BioGenetics. The plenary session will be moderated by an expert on biogenetic research and bioethics, Prof. Wayne Grady from the University of California Los Angeles (UCLA) Geffen School of Medicine.

The panel members are international speakers. One is Prof Victor Weedn, Professor and Chairman of Forensic Science, George Washington University who will present the DNA medical law and ethics. Prof Weedn is the founding Director of the National DNA laboratory. In the afternoon, we will deal with product safety with Prof. Jack Snyder, John Hopkins University, who is an expert advisor to the FDA and other government agencies. Also in the afternoon,

there will be a special presentation by Dr. Lakshamanan who was the Coroner who handled many high profile cases with many learning points. Dr. Lakshamanan will present many famous cases including Michael Jackson.

Pre-session exercise:

Yours truly, Tom Noguchi, invites you to join him on an early walk from the hotel. Meet at the Hotel Lobby at 6 AM and we will walk toward the Music Center and Court House and I will show you the main structures in the art and performance center around the hotel. Please register for this inaugural event. We will all wear the WAML T-shirts for this event. Sign in!

On the third day, August 10, 2016, we will have more of medical law and ethics, now focused on legal medicine’s contribution to society. Prof. Weedn has organized this program and will chair the Plenary Session. The Medical Examiner and forensic pathologist, Dr. Omalu who actually discovered and demonstrated effectively that the chronic pounding on the head of children in sports has profoundly affected permanent brain injury. His work resulted in the Hollywood movie, **“Concussion”** which is now playing. Current Chief Medical

Examiner and Coroner, Dr. Mark Fajardo will talk about the issue of social impact related to deaths occurring during police arrest. Dr. Fajardo is a member of the National Association of Medical Examiner’s committee and an expert on reducing violence.

Many speakers will emphasize the contributions to society in term of prevention and public education

Los Angeles County Trauma Medical Director, Prof. D. Demetriades has a collaborative agreement with the Medical Examiner’s Office and USC. This collaboration has made a major contribution to the quality improvement program. Further, working with the California State Board of Unclaimed Dead, it supports increased advanced training of surgeons. An associate director will provide the current status of the advanced skill teaching.

In the afternoon, Keynote Speaker, Dr. Cyril H. Wecht, a nationally recognized educator, will discuss the critical review of well-known national forensic cases in which he has participated.

This evening, is the gala dinner, beginning with the Award presentations when we will recognize the best young scientists as well as the best poster authors. For 2016, we will make innovative

poster presentations and then announce the next year's Congress in Baku, Azerbaijan.

INNOVATIVE ePOSTER SESSION

In many Congresses, Poster Sessions are often considered to be of a lower academic value. However, the WAML recognizes that poster networking is a major educational value, and for the international poster session, we will not use paper posters, but a more modern ePoster session. Authors will prepare a poster according to the strict guidelines developed by Dr. Rich Kelly, Poster Chair and Judge. All posters will be divided by subject and each day, a group of different posters will be shown. We will select posters each day. First, there will be a display of posters by 60 inch monitors all day long. Also, from 11:30 AM to 12 noon, selected authors of posters will be invited to take the podium in the large room before the audience. The author will be introduced to make a short comment and the poster will be projected onto the wide screen by LCD projector. Giving this opportunity is one way to recognize the importance of the poster in the Congress. Dr. Kelly as poster chair will provide guidelines and suggestions for effective ePoster presentations.

The fourth day, August 11, 2016

This is the workshop day. We will have five sequential workshops in the large room and a parallel room for oral presentations. The first workshop begins early, starting at 6:30 AM for one hour with Prof. Roy Beran hosting the expert witness training workshop. This workshop will have a limited attendance, and, therefore, preregistration is required, but the other four workshops are open to all registered delegates and preregistration is not required.

Starting from 8 AM, every 2 hours, we will have a workshop. These will be presented in workshop format in the large room beginning with clinical ethic consultation led by Prof. Anne Marie Duguet of Toulouse, France, the well-respected international educator in bioethics with Professor Roybal and Medical Social Worker Jan Crary from the Los Angeles + USC Medical Center. (Workshop #2). Workshop # 3 will be organized by Prof. Oren Asman of Tel Aviv University dealing with common troublesome issues related to internet defaming of the reputation of professionals and its solution. Members of the Los Angeles Bar will join this workshop. In the afternoon, Workshop # 4 will deal with medical

law and ethics related to biogenetic advances by Dr. Wayne Grody, and the Workshop # 5 will be prepared by a team of experts from the American College of Legal Medicine.

Professional visits are being planned: The Coroner of Los Angeles County, Dr. Fajardo, invites you to visit the Forensic Science Center of the Medical Examiner's office in the Los Angeles campus, preregistration is required. We are also ready to organize professional visits to institutions, such as the Los Angeles County + USC Medical Center. There is an outstanding Trauma and Critical Care system, which is a nationally recognized trauma center and headquarters of the LA County Emergency Medical System. If any delegates wish to meet members of the LA County Bar Association or the court in the Los Angeles County, it is available by preregistration on this day, August 11, 2016.

The program begins early at 8 AM, packed with good presentations, but giving one and half hours for lunch, so all delegates can get out and enjoy networking and great food. There are fast food, good lunch spots and more leisurely restaurants within walking distance. Stop by the Hotel Concierge for

recommendations. If you are interested in visiting a movie studio or any specific places, please let me know.

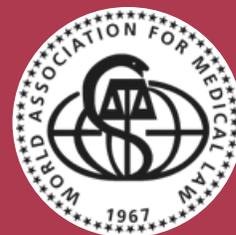
You may experience great LA subways or bus system to travel all over the city. Some may extend their visit to Las Vegas or San Francisco.

This venue is in the newest and most exciting development in LA. Within walking distance, there is LA Live, the Hollywood entertainment center. Many upscale restaurants are in this district. There are many expensive lofts being built and many residents walking with dogs in the evening.

If you have any question or request, please do not hesitate to contact us.

Thomas T. Noguchi

President of the WAML
And the 2016
Program Chair.



WAML Meeting Planning and Administration



Denise McNally,
WAML Administrative Officer
and Meeting Planner

JOIN US AT THE 22ND WORLD CONGRESS ON MEDICAL LAW (WCML) August 7 – 11, 2016



Abstracts – Deadline April 1, 2016

We invite you to join the leading experts in medical law by submitting your abstract in English online at <https://waml.conference-services.net/authorlogin.asp?conferenceID=4927&language=en-uk>. Deadline to submit your abstract is April 1, 2016.

Please read the instructions and rules provided online carefully at <http://wafml.memberlodge.org/page-1841458>. Mailed, faxed, or emailed abstracts will not be considered by the selection committee. Deadline for submission of abstracts is 11:59pm Central Time, April 1, 2016. Notification of acceptance or rejection and all future

correspondence will be e-mailed to the Presenting (First) Author from the WAML office on May 1, 2016.

Congress Registration – Deadline July 1, 2016

Register today and save <http://wafml.memberlodge.org/event-558905>. Early bird registration rates end July 1, 2016. WAML is offering the member rate, please choose Group Registrant and use promo code WAML2016.

Hotel Reservations – Deadline July 5, 2016

The Millennium Biltmore Hotel Los Angeles is offering a reduced group rate of \$199US (Single/Double) that is NOW Available! Hotel rooms can now be booked at the reduced rate for the WAML 2016 World Congress. To book your reservations, please click on the link below. The reduced group rate is available until July 5, 2016, after this date you may reserve rooms at the standard hotel rate only and based on availability.

To begin the process and reserve your room click the link below:

<https://reservations.millenniumhotels.com/ibe/details.aspx?hotelid=13606&langid=1&checkin=8/7/2016&nights=5&rooms=1&adults=1&group=1609wamela>

The meeting begins with our Sunday evening welcoming reception and dinner to be held at the Millennium Biltmore Hotel. The WAML General Assembly Meeting will be held at the Millennium Biltmore Hotel on Monday afternoon after the scientific sessions. The general assembly meeting will include discussion of matters of interest to all WAML members; we urge you to attend so that you may add your voice and vote to the decisions WAML makes at its meeting. The WAML Gala Dinner and Award Ceremony will take place at the hotel on Wednesday evening.

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

Save the date for the 23rd World Congress on Medical Law which will be held July 10 – 13, 2017 in Baku, Azerbaijan.

This Congress will commence with a Welcome Reception, Monday July 10, followed by the Opening Ceremony the morning of Tuesday, July 11th. The Gala and Awards Dinner will be held Wednesday, July 12th and program will conclude Thursday, July 13, 2017. We encourage everyone to attend.

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 for 2016 your 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 and the "Medicine and Law" electronic Journal. You recently received a notice that your 2016 membership dues were owed by January 1, 2016. We encourage you to log into the WAML website www.thewaml.com and pay. You also have the option to pay by check or wire transfer. If you would like to pay by check or wire transfer please contact me at worldassocmedlaw@gmail.com for further information.

FUTURE MEETINGS

Of Affiliated National Associations and Collaborating Organizations

Euthanasia 2016

May 11 – 14, 2016
Amsterdam, Netherlands
Website: www.euthanasia2016.com

Fourth International Conference on Ethics Education

May 25th-27th, 2016
Logroño, Spain
Website: <http://4iaee.cibir.es>

23rd International Academy of Legal Medicine

June 21 – 24, 2016
Venice, Italy
Website: www.ialm.info

22nd Annual WAML World Congress

August 7-11, 2016
Los Angeles, CA (USA)
Website: www.thewaml.com

50th Annual Meeting of the National Association of Medical Examiners

September 9-13, 2016
Minneapolis, MN (USA)
Website: www.thename.org

23rd Annual WAML World Congress

July 10-13, 2017
Baku, Azerbaijan
Website: www.thewaml.com

10th International Symposium Advances in Legal Medicine (ISALM) combined with the 96th Annual Conference German Society of Legal Medicine

September 11-15, 2017
Düsseldorf/Cologne, Germany
Website: <http://www.isalm2017.de>

51st Annual Meeting of the National Association of Medical Examiners

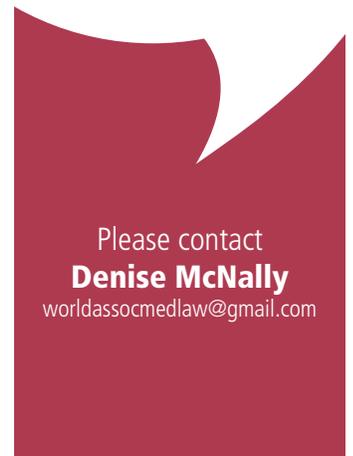
October 13-17, 2017
Scottsdale, AZ, USA
Website: www.thename.org

2017 (dates to be announced)

6th International Conference on Evidence Law and Forensic Science
Baltimore, MD (USA)



Do You Have an Idea, Comment, or Suggestion?



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<http://www.facebook.com/thewaml>



<http://twitter.com/THEWAML>

22nd | World Congress
on Medical Law

HOLLYWOOD
AND
MEDICAL LAW
AND ETHICS

Los Angeles, California U.S.A.
August 7-11, 2016



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World Association For Medical Law

June Issue

July - October 2016

www.thewaml.com

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Disclaimer: The articles presented in this newsletter express the views of the authors and do not necessarily reflect the attitudes or opinions of the WAML

Editorial



Adv. Filomena Girão
FAF, Lawyers, Portugal

In recent years, there has been an outstanding growth of legal issues related with health care, in Portugal.

Austerity measures provoked impressive changes in the National Health Service, which is celebrating almost 40 years of existence.

Austerity, cuts, rationality (different from rationing) were sometimes blind and not appropriate. In some cases, the “muscle” of the NHS was affected and not only the “fat” or “overweight”.

The debate surrounding public medicine and private medicine, the health care business and the dramatic changes in the medical profession is a new area of legal conflict.

Some facilities and services were closed,

some of them in areas with an increasing desertification, which also increased social and geographical tension in the country.

Within this framework, the media and tabloids have been seeking in the healthcare sector an important resource for the 24-hour news “circus”.

Along this turbulent road, we need to build a strong and fair Health Law! And Health Law is becoming increasingly recognized as a fundamental area of practice in the modern society.

Health Law in Portugal is not limited to the academia of the University, it is now an issue of interest for doctors, patients, organizations and lawyers.

This period of transformation has positive as well as negative consequences. Let us concentrate in the positive aspects.

Doctors and Lawyers realize that they must create a common language that is understood by both professional areas.

Health care providers reinforce their capabilities and knowledge in technical procedures, but must also be aware of the deontological and legal standards.

Lawyers are recognizing the limits of legal intervention and are becoming aware that a legal rule is only valid if recognized and applied by Society.

This is the environment that we feel as well as all those who visited Portugal for the 21st WCML, in August 2015.

At that moment, a new idea emerged and a new association was founded - ALDIS (*Health Law Association of Portuguese Speaking Countries*).

The Portuguese Speaking area is vast and touches upon different areas and communities Portuguese language is the biggest in the Southern hemisphere and is spoken in 5 different Continents (namely in Europe (Portugal), South America (Brazil with 204 million inhabitants!) and Africa (Angola, Mozambique, Cabo-Verde, São Tomé, Guinea-Bissau), and also in

Oceania (East-Timor) and Asia (Macao)).

It is our purpose that ALDIS create a dynamic of knowledge in the arena of Medical Law and thereby promote the values of the WAML!

Adv. Filomena Girão

Cancer & Law – the experience of the Legal Advice Unit of Portuguese League against Cancer (Centre of Portugal Region)



Prof. Dr. Andre Dias Pereira
(Coordinator of the Legal advice Unit of the Portuguese League Against Cancer - Centre of Portugal Region)

There are critical intersections between Law and Cancer.

The main points are:

- (1) Prevention, including the topics of tobacco, food & beverages; active style of life = lobbying & promotion;
- (2) Diagnosis: Access to screening; access to consultation & surgery in time
- (3) Treatment: Reference centers; access to drugs; access to radiotherapy;
- (4) Legal protection of survivors: access

to medical devices; protection in insurance contracts; protection in labor contracts.

- 1) Prevention
 - a. At least one third of the most common types of cancer can be prevented by the cessation of smoking, reducing alcohol consumption, adopting a healthy diet and regular physical exercise. The effectiveness of these measures will be greater the earlier it starts, preferably in infancy. These measures are included in the European Code Against Cancer and in guidelines from the Portuguese Health's Direction.

Tobacco has been associated with 14 types of cancer and smokers have a risk 26-fold higher than the normal population to develop lung cancer. The Portuguese League Against Cancer has launched a digital campaign that serves as a warning to all smokers. Titled "Smoking is a drug," this marks the start of a new challenge in 2015: stop smoking in just 14 days.

- 2) Diagnosis
 - a. Access to screening; access to consultation and surgery in time
Cancer screening has contributed to downward trends

in cancer mortality. Cancer screening can be performed as part of organized programs. In Portugal, screening programs have been implemented by governmental institutions (regional health administrations) or in partnership with private institutions (such as the Portuguese League against Cancer). Portuguese law defines maximal limits of wait time acceptability. These access guidelines were to include practical implementation recommendations to promote reduced patient morbidity and mortality and to minimize all aspects that can lead to care delays.

- 3) Treatment:
 - a. Reference centers; access to drugs; access to radiotherapy;
In Portugal, treatment of cancer is made mostly under the National Health Service. Treatment centers have imaging, radiotherapy, medicine and molecular pathology, surgery and treatment of pain, in all oncological specialties. Most of treatments and medications are free and some fees for medical examinations are then reimbursed to patients. Screening of various types of cancer is done in

conjunction with patient organizations, especially with the Portuguese League Against Cancer, where patients are monitored and referred to treatment centers.

- 4) Survivors: access to medical devices; protection in insurance contracts; protection in labor contracts

Cancer survivors face many difficulties in the recovery of their personal and working lives, often retaining physical and psychological effects of cancer treatments. Although there is specific legislation for the labor framework (workers with disabilities) and the social framework (including: banking, insurance, social security, taxes, housing, support products), this legislation is not easily implemented. These difficulties in implementing the social agents, show a lack of responsiveness and understanding of the condition of survivors, a concept that is necessary to disseminate, clarify, interpret and make work the legal procedures in force, looking toward beneficence. Overcoming these difficulties is the area where the Legal Advice Unit of the Portuguese

League against Cancer has been working with good results.

Prof. Dr. Andre Dias Pereira

Health Law in Macao, Where the West Meet the East



Vera Lúcia Raposo
黎慧華

Assistant Professor of the Faculty of Law of Macau University, China
澳門大學法學院助理教授

Auxiliary Professor of the Faculty of Law of Coimbra University, Portugal
葡國科英布拉大學法學院助理教授

Macao is a Chinese territory that, for more than four centuries, was under Portuguese administration, but in 1999 came back to the Peoples Republic of China. It was granted a special status (just as Hong Kong), thus creating the Special Administrative Region of Macao (SARM), authorized to keep the basic principles of its former law and way of living. According to Article 5 of the Basic Law of SARM, “[t]he socialist system and policies shall not be practiced

in the Macao Special Administrative Region, and the previous capitalist system and way of life shall remain unchanged for 50 years”. These historical and political contingencies explain the various particularities that can be found in Macao law, including in the norms related with health and medicine.

The first note to underline is the bipolarity of Macanese legal order, in between a very strong Western legal tradition and the increasing influence of the Chinese way of thinking, legislating, and judging. Some of the existing laws were inherited from the old days of the Portuguese administration and even their amendments and the new legal acquisitions are very similar to the Portuguese legal order, and hence also to European law, that arrived here (and continues to arrive) intermediated by the Portuguese experience. SARM residents are mainly from Chinese origin, and, as the law must consider the community in which it operates, the fact is that some new legal achievements cannot avoid be influenced by the Chinese thinking, if not in the content of the law itself, at least in the way it is applied in real life.

Health law in particular, is still in an embryonic stage, therefore, the

Macanese legal order is a sort of white canvas. Some regulations deserve further consideration, such as those dealing with medical liability.

In the domain of criminal law, the Criminal Code of SARM is very similar to that of Portugal and shares some particular notes of Portuguese law, namely, the criminal imposition of obtaining the patient’s informed consent and the corresponding incrimination in case this consent is lacking. Just like in the Portuguese Criminal Code, the doctor that acts without the patient’s consent, either expressed or presumed, given by the patient himself/herself - commits the crime of arbitrary medical intervention, which is an autonomous crime aimed to protect the person’s self-determination in matters related with health care treatments. This legal solution has little impact in day-to-day life, where the Chinese influence is predominant. In Chinese law, consent can be given either by the patient or his/her relatives, which is the usual practice in Macanese health care facilities. This creates a paradoxical situation in which the usual practice in hospitals actually violates Macanese law, in light of which it is even considered a crime.

The Civil Code is also very similar to that

of Portugal and does not include specific regulations regarding medical practice. The general rules on tort liability and contractual liability apply. In Macao, the same controversy that has been dividing Portuguese courts, namely discussion about the most adequate rules to frame medical liability, be it tort law or contract law, prevail. In 2006, in decision n. 23/2005, Macao Highest Court stated that medical acts, performed in the public hospital are State actions, thus, the law applicable is the regime of public tort liability. If the act is performed in a private facility, the rules on contractual liability will apply. This dichotomy leads to a huge difference regarding legal solutions. In contract liability, a general presumption of culpability regarding the defendant (the doctor) applies while, in tort liability, the patient is the one who has to demonstrate, in court, the defendant’s culpability. The question is soon to be changed, because a new law on medical acts and medical liability (excluding criminal liability) is about to come into force and will impose enforcement of tort law to every medical liability conflict, thus, the exclusion of the presumption of culpability which is typical of contract law.

Besides these main

codes, the Macanese legal order includes other regulations, relevant for health law, most of them being very close to the European solutions. The law on the protection of private data (Law n. 8/2005), that establishes the legal regime of health and genetic data basically repeats European directive n. 95/46/CE. The same happens with the regulation of producer liability, included in the Commercial Code which can be relevant for drugs and medical devices which closely follows Directive n. 85/374/CEE. Even norms from the Council of Europe are valid in Macao, since the Convention for the protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine was received in Macao by means of the Law Decree 111/99/M.

There are still many legal gaps in the Macanese legal order regarding health law issues. For instance, there is no regulation about patient's rights, assisted reproduction (except for some norms of the Civil Code on maternity and paternity determination and on the ban of surrogacy contracts), genetic body materials, genetic engineering and about many other issues included in modern health law. The filling of these gaps will certainly be a complex task,

since it is mandatory to match two different set of legal values – the Western and the Eastern – all put together in an harmonised way; after all, the way Macao has been living in the last 15 years.

Vera Lúcia Raposo

Lusophone Association Health Law – ALDIS



Prof. Dr. Maria Célia Delduque

University of Bazilia, Brazil
Oswaldo Cruz Foundation (Fiocruz)

The Lusophone Association Health Law - ALDIS is a non-profit entity with legal personality under private law. It has its headquarters at the Law Faculty of the University of Coimbra, Portugal, and includes associated professors, researchers, professionals and all those interested in the health law.

The ALDIS came to life on March 30, 2015 with its registration in the Notarial Office of Miranda do Corvo, Portugal, and since then has been promoting research and education in health law, in particular the Law of Medicine and Pharmacy and Medicines and other

legal instruments or areas related to the health law.

The deep changes in global socio-economy have particularly affected the Constitutional Law, resulting in constitutions and laws, in all countries, ceasing to be simple civil rights repositories and political freedoms and started to insert fundamental rights texts, rules which began to directly affect the lives of citizens. The right to health has been established in normative arches of most countries of the world and in all Portuguese speaking countries.

Being a right, expressed in laws and declared essential to the lives of people, it was inserted in international legal Acts, such as the Universal Declaration of Human Rights from 1948, the International Covenant on Economic, Social and Cultural Rights and the International Convention of Children's Rights. In doing that, the Science of Law is interested in the study and research of this new knowledge field: The Health Law.

Law reflects popular will which is translated into rules and the legal system of health, as science, and shows a direct connection to the social context in which it belongs in countries that already have Health Law well developed, as well as those in which this right is still under construction.

Health Law was born as a sub-discipline of Constitutional Rights, Administrative Law and Civil Law but soon became independent, producing a growing number of legal rules, doctrines and its own methods. It has scientific autonomy constituting a new area of knowledge within the Legal Sciences.

It is distinct from other juridical branches because it has the characteristic of being both a public and private law, although these parts are regularly debated. On one side is the Right of Public Health with source in laws and decrees that are the normative substrate for state actions for the provision of health services and disease control. On the other hand, is the Medical Law with source codes of ethics and medical ethics and civil law, because medical procedure is socially relevant and is oriented in the private perspective, market and without state intervention. These two parts cannot be separated and are the focus of ongoing studies in Health Law.

These are special features of this complex and dynamic law that guides the body of ALDIS members which allow the promotion of their scientific meetings, publications, collections, consulting, research and cooperation.

It is the existence of an

orderly and logical set of legal principles which are aimed at ensuring the health and proper relations between professionals and patients, the right to medical, pharmaceutical and technological competency in Portuguese-speaking countries, which preserves the principles of protection of human dignity, freedom and equality. The combination of these principles guides the present and future work of the Lusophone Association of Health Law.

Prof. Dr. Maria Célia Delduque

WAML President's Report



Thomas T. Noguchi,
President of WAML

BALANCED PROGRAM

As we prepared for the scientific program of the 2016 Congress in Los Angeles, I became acutely aware that we have a balanced scientific program which must be completed in a timely fashion, so that all delegates can plan to attend. Therefore, the deadline for abstracts was set four (4) months before

the Congress was to start. We also learned that we need to make sure that we:

- 1) have a balanced and innovative international program that is a theme oriented comprehensive program, with clear learning goals and objectives,
- 2) that we provide a forum for the reporting of the most pertinent research findings and for the exchange of opinions, that there be a variety of learning opportunities:
 - a) workshops by experts of the field and professional site visits with teaching guides
 - b) book signing
 - c) visiting exhibits, and
 - d) a gala dinner with award presentations

I want to share this format with the future program chairs. The deadline was April 1, 2016; and I was worried if we would have any abstracts. Only about 10 abstracts had been submitted two weeks prior to the deadline but then 170 abstracts came by the deadline. It was good that I had prepared the basic structure of the plenary sessions with speakers in advance.

WAML member participation

Looking back to the early formative years, much of work was done by

the Secretary General. Starting from late 2009, the WAML has made a remarkable advancement in administration organization as Denise McNally joined us as Administrative Officer, later she was also appointed as Meeting Planner and Manager. This has helped us to establish more WAML member involvement. A collective effort to improve the education program may be a further solution and so I have appointed the following Committees.

1. The Journal Committee representing the voice of the membership. This WAML Committee will be in touch with editors of the WAML Journal of Medicine and Law. I asked Governor Kenneth Berger of Toronto to chair it.
2. The Membership and Credential Committee. I asked William Hinnant to develop more comprehensive membership and credentialing committee activities that will lead to development of a database for the WAML teaching faculty and also to study means of more comprehensively establishing levels of membership to strengthen the membership

structure, and further lead to better membership benefits.

3. Congress Program Planning Committee. The Committee consists of previous program chairs and future program chairs for the purpose of producing well-coordinated education goals and objectives. One of the major efforts in coordination of future meetings will be a teamworking with the WAML Meeting Planner and Manager.

Each chair is to report to the Board of Governors in the afternoon of August 7.

PRIORITY for Visa

We have requested the U.S. State Department, the agency responsible for the US Embassy in each country to give priority to issuing visas to our registered delegates. The WAML has issued an official letter of invitation to all delegates needing such travel credentials.

We have over 35 countries represented in the LA Congress.

EARLY EVENTS and ACTIVITIES

We recommend delegates arrive early. We plan to have a Hollywood-like welcome reception on Sunday, August 7. The Board meeting that day will be planning for the future of the WAML

Administration. On Monday, the scientific program begins with excellent presentations on patient centered health care. Prof. Alexander Capron will speak on modern history of bioethics: its Past and Future Contributions to Medical Law.

The WAML General Assembly will begin at 5:30 PM. It is open to all attendees, but it is a requirement to be a WAML financial member to be eligible vote.

On Tuesday at 6 AM, we will meet you at the hotel lobby and walk on Grand Street to the Court House and City Hall, passing the Disney Hall and MOCA modern Art museum, Colburn School of Music, and then return to the hotel by Broadway, passing the central market. The walk will last one hour, so you will have time for breakfast and attend the meeting. The Tuesday theme is BioGenetics – Medicine and Law. Well-recognized experts will be speaking on health law and ethics and the development of bioethics in the US and for the future.

On Wednesday, we will be discussing the theme relating legal medicine's contribution to society. That evening will be the Gala reception and dinner and awards presentation.

On Thursday, the delegates will enjoy the workshops.

Los Angeles is a vacation city with numerous attractions, the most recent development is downtown Los Angeles. Do plan to take tours to the city and to Hollywood.

The next WAML Congress will be in Baku, Azerbaijan.

Thomas T Noguchi
The 2016 WAML
Program Chair

WAML Secretary General's Report



Prof. Roy Beran,
WAML Secretary General

This is the last newsletter before The 2016 World Congress on Medical Law (WCML) and thus is my last opportunity to encourage as many of you as is possible to join us in LA. I have seen the programme and it is impressive. Do yourself a favour and join us at the WCML Aug 7-11, 2016.

My time has been stretched to the limit because we are also expanding and enhancing activities for the Journal, Medicine and Law, which for the first time will also publish all accepted abstracted for the WCML.

I'm thrilled to be forced to say that we could not devote the whole issue of the Journal to the abstracts as that would create too great a backlog of accepted papers. Thus, we have included a number of papers, as well as the abstracts, in this issue of the Journal. Everyone is reminded that Medicine and Law retains first right of refusal for those papers being presented at the WCML. This does not provide automatic inclusion and all submitted papers will be critically reviewed by independent referees. From personal experience with the Journal's referees, I know that it may take a number of revisions and a willingness to accept rejection as a way of improving one's contribution. The Journal is in the process of enhancing its procedures to improve its 'impact factor'. Having had less than a year in the chair, as Acting Editor-In-Chief, I feel we have made major strides and have developed a new approach within the Journal's development. If any of you feel you would like to contribute more to the Journal, either as an independent referee or as a member of the editorial board, you may submit an application, including a brief resume, a statement setting out what you have to contribute to the Journal and your areas of expertise. Again, there is no automatic rite of

passage, but we are in the market for top talent and people who are motivated to contribute.

This year we will host another Expert Witness Course as an optional extra for the WCML. It will be an early morning session requiring a nominal additional cost and will examine both common law and civil law approaches to the role of the expert witness. Depending on uptake, I would be keen to mirror that which is provided by the Australasian College of Legal Medicine (ACLM) which routinely runs 2 day courses dealing with Expert Witness Training ACLM, as compared with the US ACLM, is running 3 such courses in Australia in 2016. The first was in Perth, in Western Australia, in March with one occurring in Brisbane, Queensland, in September, and one in Melbourne, Victoria, in October. The Australasian ACLM is an affiliated organisation with the WAML which translates into the WAML members receiving membership discounted rates for ACLM activities, including the Expert Witness Training Courses. I suggest that you whet your appetite in LA and then get the full course in Australia later in the year. The Melbourne course will be run as an additional course for the ACLM scientific programme which is focusing on refugee legal medicine.

Clearly I am very partisan

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when it comes to the Australasian ACLM, having been president for almost a decade., I believe the cross pollination that WAML has achieved, with many organisations, including the US ACLM, is testimony to the very real benefits offered to our constituents. The WAML has cross-affiliation rights with a number of international and national organisations

which translates into our own members being offered real discounts for the activities of these organisations. The Board of Governors has been acutely aware of the need to value-add to encourage our membership to grow exponentially.

Please make the effort to introduce yourselves to me and to other members of your Executive

Committee and Board of Governors while in LA. We stand to serve you and want to stretch out the hand of friendship across the world. At a time when everyone is fearful of terrorists and unspeakable activities, the WAML offers hope and friendship to all people, without regard to colour, race and religion. We believe in harmony and good faith. Help us

make it happen.

Roy G Beran
Secretary-General
World Association
for Medical Law

**WAML Meeting
Planning and
Administration**



Denise McNally,
WAML Administrative Officer
and Meeting Planner

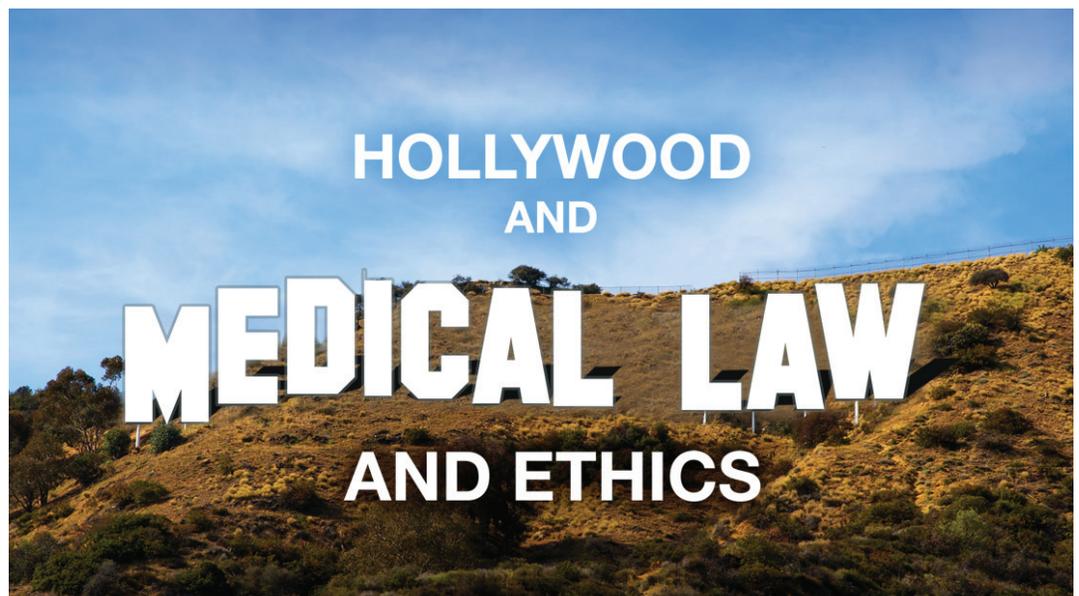
JOIN US AT THE 22ND WORLD CONGRESS ON MEDICAL LAW (WCML)

August 7 – 11, 2016

Congress Registration – Deadline July 1, 2016

WRegister today and save <http://wafml.memberlodge.org/event-558905>. Early bird registration rates end July 1, 2016. You will also be able to register for an optional Expert Witness in the Courtroom Workshop scheduled for Thursday August 11, 2016 from 6:45 AM – 7:45 AM. Additional payment is required.

The WAML will also be offering CME credits for the 2016 WAML Congress. Additional fee required.



Los Angeles, California U.S.A.

Hotel Reservations – Deadline July 5, 2016

The Millennium Biltmore Hotel Los Angeles is offering a reduced group rate of \$199US (Single/Double) that is NOW Available! Hotel rooms can now be booked at the reduced rate for the WAML 2016 World Congress. To book your reservations, please click on the link below. The reduced group rate is available until July 5, 2016, after this date you may reserve rooms at the standard hotel rate only and based on availability.

To begin the process and reserve your room click the link below:

<https://reservations.millenniumhotels.com/ibe/details.aspx?hotelid=13606&langid=1&checkin=8/7/2016&nights=5&rooms=1&adults=1&group=1609wamela>

Please note that the WAML has sold out of our room block at the Millennium Biltmore Hotel for Saturday August 6, 2016. I have been able to negotiate a room rate of \$199US at the Hilton Checkers, which is right across the street from the Millennium Biltmore for Friday August 5, 2016 and Saturday August 6, 2016. If you will need a room for Saturday August 6 please reserve your room at the Hilton Checkers at <http://www.hilton.com/en/hi/groups/personalized/L/>

LAXCHHF-
WAML8-20160805/index.jhtml.

The meeting begins with our Sunday evening welcoming reception and dinner to be held at the Millennium Biltmore Hotel. The WAML General Assembly Meeting will be held at the Millennium Biltmore Hotel on Monday afternoon after the scientific sessions. The general assembly meeting will include discussion of matters of interest to all WAML members; we urge you to attend so that you may add your voice and vote to the decisions WAML makes at its meeting. The WAML Gala Dinner and Award Ceremony will take place at the hotel on Wednesday evening.

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

You may download the meeting program <http://wafml.memberlodge.org/page-1841460>

Save the date for the 23rd World Congress on Medical Law which will be held July 10 – 13, 2017 in Baku, Azerbaijan.

This Congress will commence with a Welcome Reception,



Monday July 10, followed by the Opening Ceremony the morning of Tuesday, July 11th. The Gala and Awards Dinner will be held Wednesday, July 12th and program will conclude Thursday, July 13, 2017. We encourage everyone to attend.

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 for 2016 your 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. You recently received a notice that your 2016 membership dues were owed by January 1, 2016. We encourage you to log into the WAML website www.thewaml.com and pay. You also have the option to pay by check or wire transfer. If you would like to pay by check or wire transfer please contact me at worldassocmedlaw@gmail.com for further information.



FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

23rd International Academy of Legal Medicine

June 21 – 24, 2016

Venice, Italy

Website: www.ialm.info

22nd Annual WAML World Congress

August 7-11, 2016

Los Angeles, CA (USA)

Website: www.thewaml.com

50th Annual Meeting of the National Association of Medical Examiners

September 9-13, 2016

Minneapolis, MN (USA)

Website: www.thename.org

23rd Annual WAML World Congress

July 10-13, 2017

Baku, Azerbaijan

Website: www.thewaml.com

10th International Symposium Advances in Legal Medicine (ISALM) combined with the 96th Annual Conference German Society of Legal Medicine

September 11-15, 2017

Düsseldorf/Cologne, Germany

Website: <http://www.isalm2017.de>

51st Annual Meeting of the National Association of Medical Examiners

October 13-17, 2017

Scottsdale, AZ, USA

Website: www.thename.org

2017 (dates to be announced)

**6th International Conference on Evidence Law
and Forensic Science**

Baltimore, MD (USA)

Do you have
an idea,
comment, or
suggestion?

Please contact
Denise McNally
worldassocmedlaw@gmail.com



<http://www.facebook.com/thewaml>



<http://twitter.com/THEWAML>

22nd | World Congress on Medical Law

HOLLYWOOD AND MEDICAL LAW AND ETHICS

Los Angeles, California U.S.A.
August 7-11, 2016



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World Association For Medical Law

September Issue

September - October 2016

www.thewaml.com

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Disclaimer: The articles presented in this newsletter express the views of the authors and do not necessarily reflect the attitudes or opinions of the WAML

WAML President's Report and Report of Program Chair



Thomas T. Noguchi,
President of WAML and
2016 Program Chair

I am very pleased with the WAML Congress' success. There are four new governors who have been approved by the Board of Governors. They were officially elected by the General Assembly on Monday, August 8, 2016.

Names are:

- A. **Henriette Roscam Abbing** of Netherlands
- B. **Nicola Glover-Thomas** of United Kingdom
- C. **Chunfang Gao** of China
- D. **Svetlana Pospelova** of Russia

There are two long time serving governors who have retired. The Board of Governors approved bestowing upon them the title of Honorary Governor. The Secretary General expressed our profound appreciation to the two retiring governors, and called the new governors to deliver it to them.

President of the CHINA Health Law Society received the certificate on behalf

of Prof Chongqi Wu and Svetlana Pospelova received the certificate to be delivered to Prof. Yuri Sergeyev.

The WAML Collaboration. The President and Treasurer Andre Pereira were invited by the International Academy of Legal Medicine on the special occasion of the Intersociety Conference. Two of us represented the WAML to the IALM Congress in Venice, Italy from June 21 to 24. I had a chance to visit Prof. Santo Davide Ferrara of Padua, one of the oldest medical schools in Europe.

Now the Indo-Pacific Association of Law, Medicine and Science (INPALMS) will have an International meeting in Bali, Indonesia. The President of the WAML was invited to give a keynote presentation on Forensic Ethics on Friday, September 23, 2016.

As we are now preparing for the 2017 BAKU, Azerbaijan WAML Congress, we will anticipate more regional scholars to contribute to our WAML 2017 Congress. Our Treasurer Prof. Dr. Vugar Mammadov is our Program Chair, and expects many new affiliations and collaborations in this area.



[http://twitter.com/](http://twitter.com/thewaml)
THEWAML

Overall assessment of the scientific program

As the 2016 program chairman, I am very rewarded to know that all attendees felt the 2016 scientific program was excellent. They also enjoyed the convention hotel, the Millennium Biltmore Hotel, which held the Hollywood Academy Awards from 1930 to 1943. The theme was Hollywood and Medical Law and Ethics. For this report, I would like to describe the entire four-day scientific program.

I decided to use abundant photographic documentary of the WAML Congress, so you will have a good idea as to how the meeting progressed. Board members along with keynote speakers and moderators participated in this event.

On August 6, 2016, one day before the registration began: The first WAML business traditionally is to hold a welcome reception for the Board of Governors who've worked all year round in making sure the WAML is well supported.

Masako, our daughter did a good job in setting up the reception. She teaches flower arrangement at an extension course, and has a busy international consulting business. She arranged two performances, Koto Music and a formal tea ceremony by a tea master and her students.



Photo #2 Registration before the Welcoming Reception at the Gold Room.



Photo #3 Governors are registering at the registration desk, from right: volunteer Itzel Vergara, Governor Olaolu Osanyin, Secretary-General Roy Beran, Professor Yuriy Pigolkin, and Professor Vugar Mammadov.



(photo #1 Program Chair welcoming members of the Board of Governors and guests in the reception)

Sunday, August 7, 2016, the Board of Governors meeting was held all day at the Roman Room, while delegates came in and registered at the WAML Registration desk.



Photo #4: From left (seated): Governor Vugar Mammadov, Governor Anne-Marie Duguet, President Thomas Noguchi, Vice President Berna Arda, Governor-nominee Henriette Roscam-Abbing, Secretary-General Roy Beran,

From Left (standing): Vice President Oren Asman, Vice President Nasser Muh, Treasurer Andre Pereira, Governor Ken Berger, Governor Olaolu Osanyin, Denise McNally (Administrative Officer), Governor Mitsuyasu Kurosu.

During the Welcome Reception many delegates were busy meeting and getting acquainted with old and new friends, all this while taking photographs to remember the moment.

President Gao Chunfang of China Health Law Society, and Sha YuShen, Vice President . There were about 20 delegates from China. We are grateful for this group's attendance.



Photo #5 President Gao Chunfang, CHLS, WAML President T. Noguchi and Sha YuShen, Vice President, CHLS.



Photo #6 Israeli delegation table



Photo #7 Welcome speech by President Tom Noguchi, declaring the official opening of the WAML Congress.

Monday, on August 8, 2016, the first special session on Patient Centered Innovative Health Care began at 8 AM.

We had breakfast with three session speakers, Dr. Stephanie Hall, Dr. Ken Berger and Andre Pereira for final readiness. Dr. Hall moderated the entire session, giving us a great summation. This is the first time in which a special session moderator made an entire summation before concluding the session. This allowed the audience a clearer view on what the special session was all about.



Photo #8 First Special Session on Patient Centered Innovative Health Care. From left, on podium: Speaker Dr. Stephanie Hall, USC Chief Medical Officer, Dr. Ken Berger responding to question and answer session.



<http://www.facebook.com/thewaml>

On the second half of morning session, Prof. Alexander Capron, world-renowned scholar on Health Law and Ethics gave a keynote speech, using a personal perspective, on the modern history of bioethics. Moderator was Dr. Roy Beran and Co-Moderator Tom Noguchi.



Photo #9 Prof. Alexander Capron

This year's Congress began the first-ever implementation of an innovative ePoster method to present research. It proved convenient, eliminating the transportation of physical posters. The ePoster method allowed for new posters to be shown daily. Selected posters were allowed a platform for a 5 minute oral presentation.



Photo #10 First batch of e Posters were displayed all day and selected ePoster authors were requested to give a brief oral presentation



Photo #11 Chairman Richard Kelly and Co-chairman M. Kurosu presided over the ePoster presentation.



12 Dr. Don Havins moderated the entire session , while Dr. Mitchell Forman engaged with the audience, obtaining international view points on the topic at hand.

The afternoon session began with three presentations.

A unique ethics case vignette presentation was given by two well-known educators on medical ethics from Touro Medical School in Las Vegas.



Photo #13 Prof. Sjef Gevers, Academic Medical Center Amsterdam, evaluated the Review Committee's role in Assisted dying in the Netherlands.

Parallel presentations were given at the Roman Room; papers were read from 8 AM to 5 PM with moderators keeping them on time.



Photo # 14 EC members conducting the General Assembly business meeting where voting required WAML membership.

Four new governor nominees were voted in by the General Assembly.

Nicola Glover Thomas of UK, Gao Chunfang of China, Henriette Roscam Abbing of Netherlands, and Svetlana Pospelova of Russia.



Photo #15 Membership attending the General Assembly.

By invitation, the Los Angeles County Medical Association (LACMA) hosted a reception for WAML members; we enjoyed the presence of 50 attendees.

On Tuesday, August 9, 2016, I got up at 4 AM, to be ready for the group walk/run session. This is the inaugural WAML Run/walk event.



Photo #16 Early morning walk group started from the Millennium Biltmore Hotel for a sightseeing walk. Some chose to run a longer distance.

At the speaker breakfast, the program chair has breakfast with three speakers Dr. Victor Weedn, Wayne Grody and Rhoda Roby.



Photo #17 Special session on BioGenetics and Hollywood - Medical law and ethics. Prof. Wayne Grody of UCLA spoke of his experience in working with Hollywood productions to ensure scientific accuracy by presenting some well- known current movie and television shows.





Photo # 18 Dr. Rhonda Roby presents.



Photo #21 Dr. Jackson Snyder, Keynote speaker on product safety - international view



Photo #19 Dr. Victor Weedn, moderator, presented on the forensic DNA Laboratory. Dr. Weedn was the first military officer to establish the DNA Laboratory under the Department of Defense.



Photo #20 Dr. Lakshman, Chief Medical Examiner-Coroner (interim), County of Los Angeles who conducted investigations on high profile cases including Michael Jackson.

At the Roman Room forum, there were a number of papers on deontology, midwife, multicultural issues, and epigenetics.

At 5 :30 PM, August 9, 2016, WAML Journal Editorial Board members met in LA China town.

On Wednesday, August 10, 2016, there were two special sessions in the morning. One was the contribution of legal medicine to society. The other special session was on concussion and chronic brain injury.

We know that legal medicine and forensic pathology contribute a great deal to the justice system in providing vital forensic science data, but this session was to show another area of contribution.

The Los Angeles County Medical Examiner's Office and Trauma Center and Acute Surgical Care Service of the University of Southern California Keck School of Medicine have been working closely together.

The LA County Medical Examiner is known for accepting international scholars in training, so Dr. Demetriades' department has active collaboration with many agencies, such as the US Navy Trauma Training Program, and Chinese surgical training program.



Photo #22 Prof Denis Cusack of Dublin University spoke on legal medicine’s contribution to society giving an international perspective, moderator Victor Weedn, and Professor Pigolkin as co-moderator.

Traditionally, legal medicine is known for its contribution to the justice system by conducting autopsies and, producing findings in the form of a report.

The breakfast meeting with all special speakers met and then entered the Ballroom, where Prof. Denise Cusack of Dublin presented an international view of the contribution of legal medicine, followed by Dr. Demetriades, Trauma Center and Acute Surgical Care Service at the LA County + USC Medical Center who described the collaboration with the LA County Medical Examiner’s Office and Trauma Center for providing trauma information to the Morbidity & Mortality Conference by timely information as well as having a specially assigned forensic pathologist present findings to facilitate the quality improvement program and the Trauma Center final cause of death review. Dr. Benjamin described an advanced surgical dissection training program with pressurized cadavers at USC. The nation needs more similar training systems. As a result, the USC Trauma Center has received international fellows for training. This unique opportunity is to ensure patient safety through the prevention of surgical errors.



Photo #23 Dr. Elizabeth Benjamin presenting the innovative dissection laboratory training for the trauma and other clinical services.

Another contribution of legal medicine is the promotion of tissue and organ procurement programs. Mr. Anthony Maldonado, OneLegacy, explained the efforts of the LA County Medical Examiner’s Office and USC Medical Center to participate in such a worthy effort to address national needs.

A further contribution of legal medicine to society is the analysis of sudden death during sports activities. The report was made by Prof. Yuriy Pigolkin.



(Photo #24, Dr. Bennet Omalu speaking)

Dr. Omalu, a Forensic Pathologist, educated the public by making a movie, “Concussion” which started a major wave in preventing head injury in children.



Photo #25 Roy Beran, Secretary General of the WAML and neurologist, participating in question and answer session.

Gala Dinner

The participants joined the reception and were met by a Hollywood style red carpet, and actor's look-alikes.



Photo #26 From left, Jonathan Arden, forensic pathologist, Denis Cusack of Dublin, Berna Arda of Ankara, Roy Beran of Sydney, Marcella Fierro, Svetlana Pospelova of Russia, and Ross Halpin of Sydney.



Photo #27 Ian Freckelton presented "Deaths in the Course of Clinical Trials: Learning the Lessons of Rennes", "Criminal Law and Research Fraud", and "Learning from Research Fraud Scandals".



Photo #28 Dr. Cyril Wecht as keynote speaker delivered a review of the high profile forensic autopsy cases in Los Angeles.



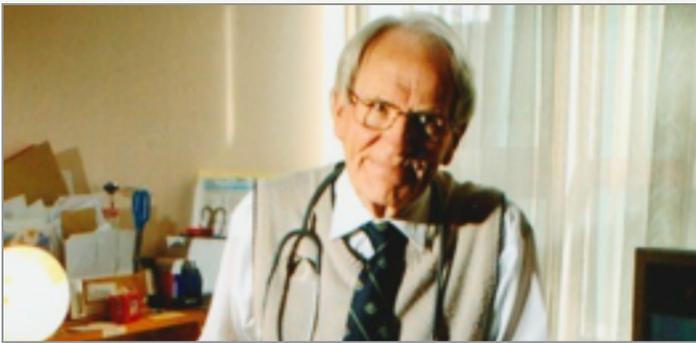
Photo #29 Prof. Andre Pereira and Marilyn Monroe look-alike set a tone of Hollywood atmosphere.



Photo #30 Well attended gala dinner.



Photo #31 Table of Australian delegations



Dr. Arthur Lewis was a long serving governor. He became a member of the WAML in 1974 at the WAML World congress in Manila. I remember the President of the Philippines received our members at the Presidential Palace. This was the first time I met Dr. Arthur Lewis. Ever since then we have been good friends and exchanged Christmas cards every year. He was a physician in practice who was also qualified in law in Wellington, New Zealand. We regret to report that he passed away on August 20, 2016.



Photo #32 Secretary General Ken Berger introduces Prof. Gao Chunfang, President of the China Health Law Society. Prof. Wu Chongqi who has been the Vice President of the WAML for many years and hosted the WAML Beijing Congress in 2008 has retired and, therefore, the Board of Governors voted to honor him with the "Honorary Vice President" title. A certificate of appreciation was handed to Prof. Gao.



Photo #33 Secretary General Ken Berger handed to newly installed governor, Svetlana a certificate of appreciation to Prof. Yuri Sergeev who has served for many years as governor and Vice President.



Photo #34 From the left: ePoster Chairman Richard Kelly, Leonardo Gonzalez-Wilhelm is presented the Young Scientist Award by Prof. Anne-Marie Duguet.

Another event was to announce award winners. Prof. Anne-Marie Duguet created the Young Scientist Award, the first one being given at the WAML Congress in Toulouse, France in 2006.

Once again, I asked Prof. Duguet to organize a committee, and include the ePosters.



Photo #35 Professor Dr. Mammadov was called to announce the coming Congress in Baku, Azerbaijan in July 2017.

Thursday, August 11, 2016

The entire day was devoted to unique workshops.

Workshop #1

Prof. Timothy Botello, USC Professor and Director of the Psychiatry and Law Institute and Prof. Anne Marie Duguet, Professor emeritus on medical law, Toulouse.

Several cases were presented to generate comment from audience.

“Workshop #1: “Workshop on Ethical Issues in a Hospital Setting.”



Photo # 36 Dr. Timothy Botello presenting several ethics cases from USC seeking international comment including ones regarding the recently enacted law on assisted dying in the State of California.

Workshop #2



Photo #37 Oren Asman initiated the workshop on how to resolve a most current issue of “Managing Defamatory and Slanderous Publications Aimed at Health care Professionals”.
Co-Moderated by Shlomi Weinberg and Howard Miller.

Workshop #3

The European Association of Medical Law organized this workshop with five outstanding speakers.

Anne-Marie Duguet, Titti Mattsson, Maria Sokalska, Steven Lierman, Henriette Roscam Abbing.

EAHL Workshop



Photo #38 Steven Lierman and Henriette Roscam Abbing

Workshop #4

Dr. William Hinnant organized this workshop on Legal Medicine and the International Opioid Epidemic.



Photo #39 The American College of Legal Medicine (ACLM) presented the workshop on Opioid Epidemic, William Hinnant, Richard Kelly, Jack Snyder, David Benjamin, and Ken Berger.

There are so many persons whom the Program Chair wants to thank: first, all speakers, presenters, and attendees. Your contributions made an outstanding scientific program. Special thank-you to special sessions and keynote speakers with very dynamic presentations. Further my appreciation to moderators and co-moderators under whose directions the sessions went so smoothly. Further, with one year's hard work of the 2016 program committee members, I am ever grateful.

I would also like to thank the governors and members who organized large delegations to attend: Chinese, Israeli, and Nigerian delegations to bring so many colleagues from so far a distance.

I would like to thank all supporters and sponsors for the WAML 2016,

There are many volunteers who supported the congress. Raul Vergara, who is WAML Graphic Designer, and a volunteer for pitching in as projectionists, photographer and meeting information coordinator for Spanish speaking delegates.

There are many delegations made the World Congress successful.



Photo #40 Tom Noguchi with Peruvian delegates Rosa Teresa Meza and Giancarlo Jimenez.



Photo 41: Israeli Delegation

Tom Noguchi, Oren Asman, Daniel Mor, Shlomi Weinberg, Hellen Mor, Shulamit Ohana, Pnina Lifshitz-Aviram, Dorit Wolfman, Sam Wolfman, Adi Liberty, Jonathan Davies.

Below are delegates from Nigeria.



Photo 42 From left to right: Olaolu Osanyin (WAML Governor), Wura Aina (Nigerian Medical Law Summit Group), Dr. Abdulmumuni Ibrahim (Registrar Medical & Dental Council of Nigeria MDCN), Noguchi, Dr. Enajo Abdu (MDCN), Folashade Adegbite (University of Lagos) Dr. Tajudeen Sanusi (MDCN)



Photo 43 There are a number of sponsors and supporters, Macy's Department store provided a special discount for in-store purchases, and specialty makeup. Many attendees enjoyed visiting the booth, for make-up and make over, as well as providing shopping information.



Photo #44 Exhibitor OneLegacy, an official tissue procurement agency in Southern California, sponsored the welcome reception and dinner. We are grateful for their support.



Photo #45 Finally, the key person in the WAML organization is Denise McNally and her volunteers, From left, Alba Castro, Mrs. Angie Vergara, Denise McNally, Lali Vergara and Itzel Vergara.

Patient Safety: A Legal, Medical and Ethical Problem



Hon Richard S Wilbur

MD JD FCLM FACP FRSM FACPE

Member of the National Academy of Medicine

Editor WAML Newsletter

WAML is where Law, Medicine and Ethics meet. Patient Safety is also at the meeting of Law, Medicine, and Medical Ethics and it has been for a very long time. Patient Safety has been in the Law at least since the Babylonian Ruler, Hammurabi (18th Century BCE), included in his Code, among other medico-legal regulations, “if a physician make a large incision with the operating knife, and kill him, ... his hands shall be cut off.” That is a medical malpractice law with real impact. Patient Safety has continued through the succeeding centuries ever since to be a legal concern. as the Law has continued to attempt to protect patients from harm, mandate patient protection and recompense them when they are harmed.

Patient Safety has been a basic element of Medical Ethics at least since Hippocrates in Greece (5th Century BCE) admonished doctors in his essay: Epidemics **“to do good or to do no harm”**. And, of course, Patient Safety has always been a fundamental principle in the practice of Medicine: *primum non nocere* (“first do no harm” in the Latin of premodern medicine). The entire goal of Medicine is to keep the people free from disease and injury. To keep the patient safe.

Unfortunately, that is not an easy task, as Medicine has become more effective, it has also become increasingly complex and, therefore, much more liable to human error

In 1999, concerned about the lack of patient safety, the Institute of Medicine (IOM) published *“To Err is Human, Building a Safer Health System”* an extensive report on the lamentable lack of patient safety in the USA with the estimated loss of as many as 100,000 lives each year as a result of medical error. As of March 10, 2016, the IOM, (we are now called the National Academy of Medicine), (NAM) has since published some 214 reports on various aspects of Patient Safety.

A British Medical Journal (BMJ) article, May 3, 2016, from Johns Hopkins University estimates 220,000 deaths per year from medical error, which would make it the third leading cause of death in the United States. Medical error is not a reportable cause of illness or death and, therefore, these numbers of medical error deaths are the result of skilled inferences, but not of precise data input.

It is not just an American problem. In June 2014 the World Health Organization stated:

Patient safety is a serious global public health issue. Estimates show that in developed countries as many as one in 10 patients is harmed while receiving hospital care.

Of every hundred (100) hospitalized patients at any given time, 7 in developed and 10 in developing countries will acquire health care-associated infections. Hundreds of millions of patients are affected by this worldwide each year.

Whatever the actual numbers are, and most of these statistics are only extrapolations from small samples

to the whole country or the Globe, certainly, there are too many errors and too little patient safety.

Whatever the cause of the error, the correction and prevention of future error is fundamental to patient safety. Here is where the three elements of WAML come into the picture: Law, medicine, and ethics.

The law varies from country to country, but, in general, relies on Government Regulations for prevention and, in common law countries, on trials for negligence for patient compensation. This latter has proven unsatisfactory because of its high transactional costs, slowness, inadequacy to handle the high volume of injured patients and relatively random results. Possibly its greatest drawback is that it prevents correction of error. During the years before trial, the health care providers deny that there was any error so as to prevent losing the case at trial and, therefore, don't do an analysis or correction, thereby allowing the error to be repeated causing further harm.

Medicine relies on inspection of hospitals for sanitation and adherence to safety regulations of equipment and on the hospital staff for review of personnel errors through Quality Review Committees and Peer Review. Like the law, its work is well known, but the role of bioethics in patient safety is less well known.

Medical Ethics has an effective and humane response: Admission of Error. It is ethical, legally recognized and protected and medically essential. Medically essential because correction of medical error can only occur if there is first an admission that an error actually occurred. Denial that an error has occurred, means that there is nothing to correct and prevents the hospital and staff from

identifying and correcting the cause. Admission leads to investigation of the cause(s) through a root cause analysis and then by implementation of necessary corrections. If there is denial or attempt to cover up to protect against adverse publicity or lawsuit, then the cause of the error will not be corrected and it will recur causing further patient injury.

For the admission to be successful ethically and legally, it should be prompt, understandable to the patient and/or the family and accompanied by manifest regret and apology. If the error generates added patient expense, this should be forgiven.

Patient Safety is an elusive goal, difficult to achieve. In the complex and rapidly changing field of medical care error is almost certain to occur. When it does, the patient, the family and the public look to the elements of WAML: The Law, Medicine and Ethics, for answers. Therefore, it is up to those of us in this field to develop, to promulgate and to implement the right remedies to be sure that they get the answers which they so rightly deserve. And then that we help to develop protection from future harm.

Patient Safety is a WAML goal and a major role for us, it is at the heart of WAML's strength: Unifying Law, Medicine & Ethics.

Hon Richard S Wilbur MD JD
FCLM FACP FRSM FACPE



Product Safety Summary



Jackson Snyder, M.D.

Dr. Jack Snyder offered an international perspective on biomedical product safety issues. Fake, substandard, spurious, falsely labeled, falsified, counterfeit, and even standard products affect every region of the world, involve generics and innovators in all main therapeutic categories, and have been linked to death and other undesirable health outcomes. Recently, unregulated websites have proliferated as sources of potentially unsafe products. Significant efforts are underway to combat a host of problems arising in both developing and developed countries. Important initiatives include the Global Summit on Regulatory Science, Vigibase-Vigiflow, the Monitoring Medicines Project, the Food and Drug Administration (FDA) Sentinel Network and Federal Partners' Collaboration, the European Falsified Medicines Directive, the Model Law on Medical Crime, Good Authentication Practices, and Public-Private Partnership Models, as examples of reasonable steps forward.

The Global Summit on Regulatory Science has been objectively reviewing emerging technologies in order to translate them into real-world applications, especially for regulatory assessments and harmonized strategies via global collaboration. Recent efforts have focused on the tools of regulatory

bioinformatics that could enhance collection, quality, and understanding of global product safety data.

A 2015 report from the European Commission's recently completed Monitoring Medicines Project discusses why adverse reactions to biomedical products occur, and what can be done to reduce deaths and negative health impacts arising from undetected medical safety problems. Four major themes (with accompanying tools and methodologies) emerging from the multi-year effort include: a) supporting and empowering patients to report medical-product-related problems; b) further development of pharmacovigilance centers that collect and assess data related to medication errors; c) better use of existing global safety data; and d) development of active and targeted pharmacovigilance systems.

Three important product safety efforts in the US include: a) FDA's ongoing Sentinel Initiative, which takes a distributed data infrastructure approach to a national electronic system for active medical product safety surveillance; b) the Safe Rx Project, a collaboration between FDA and Centers for Medicare and Medicaid Services (CMMS) to investigate ways to use Medicare and Medicaid medical product exposures and outcomes for active surveillance and epidemiological studies; and c) the Federal Partners Collaboration between FDA, CMMS, and the Veterans' Administration to evaluate medical product-adverse event pairings and active surveillance methodologies using a shared protocol.

For several years, the World Health Organization (WHO) Programme for International Drug Monitoring has maintained Vigiflow, a web-

based Individual Case Safety Reports (ICSR) management system that enables password-protected amendments, line listings, audit trails, statistical tools, encrypted data access, and export in various formats. The companion VigiBase provides the largest and most comprehensive de-identified ICSR database in the world, with over 13M reports as of December 2015.

Directive 2011/62/EU is designed to prevent the entry of Falsified Medicinal Products (FMPs) into the legal supply chain. This recent European Union (EU) legislation defines FMPs and proposes a product and information flowchart with unique product identifiers and accompanying verification and repository systems. Europe is struggling to balance the need for raising standards to counteract direct and indirect negative costs of counterfeit medicines while also trying to mitigate the cost of implementing such standards.

Meanwhile, the recent US Drug Quality Security Act of 2013 mandates a system to facilitate exchange of information at the individual package level about where a drug has been in the supply chain. Intended benefits of the act include authentication of genuine products, prevention of diversion, enhanced patient compliance programs, and supply chain visibility. Implementation of serialization processes means more than just putting a number on a bottle - it forces supply and trade partner networks to evolve, creates unprecedented scalability challenges, and forces biomedical product companies to change how they do business. Product tracking, tracing, verification, and use of unique product identifiers will apply to all prescription products as of November 2017. The Drug Supply

Chain Security portion of the act mandates that all Health Care Provider (HCPs) who dispense or administer prescription drugs to patients must purchase their products only from authorized trading partners licensed by or registered with the state or Federal government.

Dr. Snyder also reviewed European versions of good authentication practices for biomedical products, including a preference for robotics, scanning technologies, quarantining, dispensation in full packs, and a national medicines serial code repository. Finally, newer proposed interventions against falsified medicines were emphasized. Among them are: a) targeting multiple stages of supply chains; b) establishing a global services that warns of FMP threats, c) robust national medicine regulatory authorities, d) more training of HCPs on how to recognize FMPs, e) consumer verification strategies, f) drug testing technologies for use in low-resource settings.

Jackson Snyder, M.D.

Welcome to the WAML Journal Study Committee



C. William Hinnant, Jr.
MD JD DABU FCLM

Well, after a few short weeks, I hope that all have returned home safely and soundly and have recovered from the WAML meeting in LA.

Just by way of information, the ACLM is looking seriously at the same venue for 2019 with a similar format and cost, so if you enjoyed yourself in LA recently, think about 2019 for a potential repeat performance. The educational program will be forthcoming and CLE and CME will be offered. Our own Dee McNally and Laurie Krueger of the ACLM will be trying to coordinate and make all of this happen. Downtown LA is back and as I am presently in Europe, I cannot help but be impressed at the global impact Hollywood has on all our daily lives, regardless of where we live.

Now, to the matter at hand, that being the Study Committee to look at the WAML Journal and options for the future. All of us want a vibrant, well-read Journal with a high impact factor and a respectful editorial process that encourages publication and the highest quality substance possible. There are many questions, possibilities and opportunities. Roy and Andre have shifted a substantial focus to the Journal and the diversity and international nature of the WAML is a fertile ground for something truly unique, but we have to look at the best way to make that happen and further to try to make it financially viable.

All who have been involved thus far are copied, but clearly there may be others interested in contributing. Does anyone know of others who would be of value and share an interest in our Journal? If so, I propose we get them involved. All of you have individual viewpoints and expertise that can make the Journal better. We all must be open to each other's opinions and listen. Let's get started.

In America, the ACLM, by way of Taylor and Francis, is publishing the Journal of Legal Medicine under the scrupulous eye of Richard Kelley.

We are actively trying to enlist the assistance of at least two academic institutions and have an established relationship with the Southern Illinois University School of Law. The format is standard law review. We have a vigorous peer review process, similar to what Roy has described with the WAML Journal. Our circulation and impact factor is improving and we have an excellent relationship with our publisher, same cultivated and enriched by Richard. In an attempt to better an overall product, there is some openness to looking at cooperation to whatever extent is needed to better the final publication.

There are new opportunities that have been discussed at the grass roots level including the production of an app for practicing health care professionals that would be at a minimum, a quarterly lay review of practical topics in health law. This would be different than the JLM (law review) or Legal Medicine Perspectives (commentary and case law reviews with standard citations) in that it would solely be practical, not written with Blue Book format and likely link to holdings, regulatory and statutory citations, legislation and legal news with an eye towards doctors, hospital administrators and managers. Targets might also include third party administrators, work comp case workers and adjusters in the insurance industry. It would be a subscription service and clearly, at least as initially envisioned would have an American focus. This may be an avenue for some cooperation and the timing is good, because we have literally only begun discussing this since the WCML. Something more of an international focus might be an avenue for the WAML. This also would be in a format allowing easy access from smart phones and tablets, the chief learning tools of those younger than me.

In any event, here is our group. Welcome! Lets open the floor and start talking about what we can all do to get the ball rolling with the WAML Journal and making it the best it can be. We can schedule teleconferences or Skype sessions as the group wishes. I'm not in charge here, but did agree to get an email string started so here it is. Good luck to all in making it fruitful.

Kind regards to all.

Bill

C. William Hinnant, Jr. MD JD
DABU FCLM

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WAML Secretary General's Report



Ken J. Berger
MD, JD

WAML Secretary General

The Golden Anniversary {50th}, Annual Scientific meeting of the World Association for Medical Law will take place from July 10-13, 2017 in Baku, Azerbaijan.

I know our Treasurer, Professor Vugar Mammadov will provide us with warm hospitality and an excellent program to whet our

appetites for exploring his country and advancing our knowledge and collaboration in Medical Law, Bioethics, Forensic Medicine and Legal Medicine.

The WAML is becoming a broader organization with greater influence and participation. The standard of presentations, even in the poster sessions by Young Researchers, is getting stronger. We need to hold on tight and enjoy the ride for wherever the WAML will take us. In doing so, we can share our mutual values, learn from each other and go to a place where we improve the dignity and human rights of all citizens globally and health becomes not just a fortune, but a readily accessible expectation.

Fifty years ago, Professor R. Dierkens envisioned WAML as the health law glue that brings us together from across the world to advance humanity, human rights and develop health law issues and we are beginning to realize it.

I look forward to serving you as the new Secretary-General and I am always available to make WAML a better experience for all and have the glue stick to make us closer despite our different lives and grow the organization to have more meaning in all societies.

Very truly yours,

Ken J. Berger MD, JD
Secretary-General Board of
Governors World Association for
Medical Law

Scientific Chair, 2020 WAML
meeting, Toronto, Canada

WAML Educational Activities – Reaching out Through the Web



Oren Asman, LLD

WAML Executive Vice President

Recently, we launched a Podcast using Soundcloud. 16 online interviews can now be accessed, listened to and downloaded using various devices, including desktop computers, laptops, tablets smart phones, etc. See: [WAML PODCAST.](#)

Technology and the internet are making it simple for anyone to take part in this initiative. To record a podcast, you basically need a recording device (usually a smart phone will do the job), an interesting topic and an internet connection. Members willing to contribute to these podcasts are invited to contact me or send us the recording.

Online lectures

As a service to our members we are interested in gradually building an online distance learning project.

A couple of years ago, Our President and I gave a talk in Georgetown University at the Kennedy Institute of Ethics. We obtained permission to use the recording of this lecture as a part of the WAML educational initiative.

Recently, I had the opportunity to hold a couple of lectures in Johns Hopkins University School of Nursing and requested permission to use the online recording of these lectures for the WAML's project.

Members and other professionals teaching or lecturing in an academic or professional setting who are willing to obtain permission to record and use the lectures as free WAML educational material are invited to contact me to set this up.

See: [WAML Online Lectures.](#)

Online Video Interviews

On a few occasions I obtained permission from the Haifa University TV Studios to record academic interviews to be used as a WAML Educational material. These are found online on the [WAML Youtube Channel.](#) Professionals wishing to contribute to this project are invited to contact me.

Over-all educational plan

The various educational elements are a part of a process of gathering materials that relate to the core issues that WAML is focusing on. While no formal syllabus has been structured, the EC has been discussing the feasibility of a long term educational goal where the WAML serves as an academic and professional training center, offering accreditation relating to health law, legal medicine and medical ethics. While it is still premature to declare any such program, I would call upon academics and professionals wishing to take part in building such a program to contact me. Reaching out to wider audiences through Social Media

The [WAML Facebook](#) Page currently has over a thousand fans from the continents of Africa, America (North and South), Asia, Australia, Europe. Altogether, from 46 countries at the moment.

Our [Twitter account](#) is also gaining attention with some 172 followers. Members using Twitter are invited to follow our account and tag it on relevant posts concerning the scope of interest of the association.

Our [LinkedIn profile](#) now has 977 Followers. Members and readers using LinkedIn are invited to follow our profile and link to it. Oren Asman, LLD, Attorney at Law
WAML Education Committee

Oren Asman, LLD

WAML Executive
Vice President

asman@post.tau.ac.il

23rd World Congress on Medical Law Invitation



Vugar Mammadov

2017 Program Chair

Dear Friends, Colleagues and Guests,

We take great pleasure in sending you a very cordial invitation to attend the 23rd World Congress on Medical Law from July 10th -13th, 2017 at the JW MARIOTT Absheron Hotel, Baku, Azerbaijan.

The 23rd Congress in Baku will be a remarkable event from many points of consideration. First of all, it will mark the 50th, Golden, Anniversary of the World Association for Medical Law which makes this event an extraordinary one. WAML was formed 50 years ago, in 1967, in Belgium by a group of dedicated scientists and professionals in medical law, bioethics, forensic medicine and related fields to address multicultural and cross disciplinary issues in the vast field of Medical Law.

From another important point, it will be the first WAML Congress in these last 50 years in this region of Eurasia, at the Eastern edge of Europe and the cusp of Central Asia, where West is bridged with East, and North with South. At the seaside of the Caspian Sea, the biggest lake of the world, many specialists representing different worlds that never met before will have the possibility to meet together to exchange experiences, knowledge, ideas and start another 50th year period of WAML.

The 23rd Congress is also a very important event for Azerbaijan because it is the first big scientific international event on the level of World Congresses of scientific branch ever held in my country. Certainly, this brings additional historical and social value from perspectives of this country. Nowadays, Baku is a well known venue for big international cultural and sport events, but, now for the first time in the history of Azerbaijan science our city collects the leading world experts of certain scientific disciplines: Medical Law, Health Law, Bioethics and Forensic Medicine specialists will make this a record first in the history of my country, and I am very proud of it.

The Congress will assemble quality scientific contributions with workshops, plenary lectures, and panel discussions as well as oral and poster presentations. Many of the academics and professionals of the medical law, bioethics and forensic medicine fields will join together in order to promote a multidisciplinary approach in all three Sub-themes topics of the 23rd WAML Congress:

- Bioethics and Medical Law Education,
- Bioethics, Religion and Multiculturalism,

- Challenges of Medical Law and Legal Medicine in XXI Century

as well as other issues of the most specific concerns which we strive to understand, every day.

We sincerely hope that you enjoy this opportunity; we pledge our best efforts to make this scientific event a success. We are hopefully looking forward to the pleasure of welcoming you in July 2017. With greetings and all good wishes,

Prof. Dr. Vugar Gurban oglu Mammadov

Program chair, 23rd Annual WAML Congress

Vice-President, Treasurer of WAML

Professor of Law Faculty, Baku State University

Head, Azerbaijan Medical Law and Bioethics Association

Head, Azerbaijan unit, UNESCO Chair in Bioethics

Deputy Chairman, UNESCO National Bioethics Committee

**Do you
have an
idea,
comment,
or
suggestion?**

Please contact
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TO THE WORLD ASSOCIATION FOR MEDICAL LAW
2017 ANNUAL CONGRESS

**50TH Golden
Anniversary
Meeting**

SAVE THE DATE

JULY 10-13 2017
BAKU, AZERBAIJAN



The WAML Annual Congress provides an international forum for collaboration in a broad range of issues covering health law, forensics, legal medicine and bioethics. This year we have much to share and a wonderful host city in which to discuss it, Baku Azerbaijan.

**THERE WILL BE THREE
SUBTHEMES TOPICS:**

1

Medical Law and Bioethics
Education

2

Bioethics, Religion and
Multiculturalism

3

Challenges of Medical Law and
Legal Medicine in XXI Century

MEET INTERNATIONAL EXPERTS IN MEDICAL
LAW, LEGAL MEDICINE AND BIOETHICS.



Contact us via email:
wafml@memberlodge.org

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

2016 Australasian College of Legal Medicine Annual Meeting

October 15-16, 2016

Melbourne, VIC, Australia

Website: <http://www.legalmedicine.com.au/wp-content/uploads/2014/09/2016-ASM-Program-Brochure.pdf>

2016 Southeastern Medical Legal Symposium

October 18 – 19, 2016

Atlanta, GA (USA)

Website: <http://www.nudelmanandassociates.com/2016-mls-overview>

Third International Incident Disclosure Conference: "Towards Operational Strategies"

October 20-21, 2016

Amsterdam

Website: www.openindezorg.nl/conference

ACLM 57th Annual Meeting

February 24-26, 2017

Las Vegas, NV (USA)

Website: http://www.aclm.org/?page=2017_home

23rd Annual WAML World Congress

July 10-13, 2017

Baku, Azerbaijan

Website: www.thewaml.com

6th International Conference on Evidence Law and Forensic Science

August 14 – 16, 2017

Baltimore, MD (USA)

21st Triennial Meeting of the International Association of Forensic Sciences

August 21-25, 2017

Toronto, Ontario Canada

Website: <http://iafstoronto2017.com>

10th International Symposium Advances in Legal Medicine (ISALM) combined with the 96th Annual Conference German Society of Legal Medicine

September 11-15, 2017

Düsseldorf/Cologne, Germany

Website: <http://www.isalm2017.de>

51st Annual Meeting of the National Association of Medical Examiners

October 13-17, 2017

Scottsdale, AZ, USA

Website: www.thename.org



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World Association For Medical Law

December Issue

November - December 2016

www.thewaml.com

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Disclaimer: The articles presented in this newsletter express the views of the authors and do not necessarily reflect the attitudes or opinions of the WAML

Law Governing Medical Liability in India: Current Scenario



Dr. Santosh Kakade

MD & CEO, Core India Institute of Legal Medicine, Pune, India

The concept of medical liability has been recognized for over four thousand years. The Babylonian king Hammurabi promulgated a law which provided that a physician whose patient loses an eye as a result of surgery should himself lose his hand. Ancient Egyptian and Roman laws punished the physicians with banishment or death for malpractice.

The diagnosis and treatment of diseases related to human beings have become a very risky profession as it is accompanied by a high degree of morbidity and mortality. Previously medical professionals were mainly worried about failing to save the life of a patient or providing satisfactory treatment to a sick person. Now they also worry about the legal consequences of their failure. So, the modern risk of providing economic compensation for the damage caused to the patient as a result of actual or perceived negligent treatment has been added to this risk of professional failure.

The concept of medical negligence is not new to India. It has existed since

the birth of this sacred profession, as evidenced by the code of conduct mentioned in the ancient Indian text of Charaka's oath. Recently medical liability, deficiency in service and the legal aspects of medicine have acquired great significance. Until a few years ago the physicians were concerned only with the art and science of medicine, but the recent increase in the number of malpractice lawsuits has startled them and forced them to comply with the different laws related to the medical profession.

While civil laws and the tort law that govern medical practice and medical negligence in India have been in force for over fifty years, very few medical negligence lawsuits were filed. As a result of this, medical professionals never considered studying the legal aspects of medical care. However, the introduction of the Consumer Protection Act in 1986 changed the scenario dramatically. After the application of the same Act to the medical profession in 1995, aggrieved patients started filing medical negligence cases at consumer forums throughout the country. The decision of Supreme Court of India in *Indian Medical Association v. V.P. Shantha* and others in 1995 to bring medical negligence cases under the purview of the Consumer Protection Act further complicated the situation. It increased the number of legitimate as well as frivolous lawsuits against the members of the medical profession. Now, patients have acquired the rights of consumers and hence can claim compensation at the consumer forums against the physician as service providers for their

negligence. Medical laws in India are going through a process of evolution. As in England, medical negligence litigation is governed by the general principle of the law of torts. However, all these laws are under development at present, and they will change in the future as well, according to the changes in similar laws existing in the UK and the USA. The majority of Indian medical professionals are not aware of these facts. The majority of them are not even aware of the term tort, under which medical negligence cases are tried in civil courts.

Multiple grievance redress remedies, Law of torts, criminal laws, consumer laws, Indian Medical Council Act etc. often create confusion in the mind of aggrieved patients. At present, however, they choose to file their case at the various consumer courts of our country under the Consumer Protection Act because it is the easiest way. Although there are many grievance redress facilities, their methods of proving negligence of medical professional is quite similar.

Some very important impact making judgments of the Supreme Court of India, like *Laxman Thamappa Kotgiri v. G.M. Central Railway and Others* and *Kishore Lal v. Chairman, Employees' State Insurance Corporation*, as well as the judgment of the National Commission in *Indu Sharma Vs. Indraprastha Apollo Hospital*, have clearly shown that the laws governing the medical liability have yet to be finalized. The judgment of Supreme Court of India in *Samira Kohli v. Dr. Prabha Manchanda and Another* has definitely changed the whole procedure of obtaining consent before a planned surgery. The Supreme Court of India judgments in *Jacob Mathew v. State of Punjab and Another* and *Dr. Suresh Gupta v. Govt of NCT of Delhi*, have to a great extent determined the laws governing criminal liability and negligence suits against doctors. Since the Supreme Court has given guidelines for prosecuting medical professionals against the charges of criminal negligence, and given warning to the police not to harass the medical professionals, they have breathed a sigh of relief. The *Kunal Saha* judgment has become impact making, in the way of awarding compensation to the patient's relative, by adding a punitive element to it. It has awarded highest compensation to the tune of (120 million rupees), has created a hue and cry amongst medical professionals for capping of compensation. It has further impacted the judgments of all level consumer courts-District, State and National.

Medical Negligence claims potentially affect the medical profession in a number of ways. They do expose doctors to external scrutiny by colleagues, media, the judiciary etc. harming their career

prospects. The problems of cross pathy, high compensations, increasingly use of Logical Analysis approach by the judiciary, disrespecting the expert opinion, growing unrest and enmity between the medical professionals and the society are some causes of concern.

Dr. Santosh Kakade
WAML Governor

'Strategies for Prevention of Violence in Healthcare Institutions'



Praveen Dixit

Indian Police Service (IPS)

Director General of Police (Retired) Maharashtra
State Hon. Member, Executive Board, Core India
Institute of Legal Medicine, Pune, India

Physical as well as verbal violence against healthcare institutions is regularly reported from some State or the other in India. On a few occasions, it becomes so violent that the crowd may indulge in arson of the hospital and destroy costly equipment as well. Though the exact figures are not readily available, such skirmishes may be nearly thousand or so in a year. According to an expert, an ongoing study of the Indian Medical Association (IMA) revealed that over 75% of doctors have faced violence at the work place.

Violence against doctors is not restricted only to India. Dr. Michael Davidson, forty-four year old Director of endovascular cardiac surgery at Brigham and Women's Hospital and father of three young children (Aged 9, 7 and 2) was killed in cold blood by gunman Stephen Pasceri. Dr. Davidson had treated Pasceri's seventy-nine-year-old mother and apparently there had been some complication and she had died. Pasceri, blaming her physician, walked into the hospital, sought Dr. Davidson out and shot him in cold blood in the very clinic where he used to treat patients. His friends and colleagues rushed him to the operating room, but unfortunately he succumbed to his injuries. Similarly, violence against nurses in US is also commonplace. According to a study, nearly million attacks against healthcare institutes are reported in China per year. Many of these are so violent that the crowd has lynched the doctors as well as nurses.

In order to prevent such violence, many states in India including Maharashtra, Andhra Pradesh, Kerala,

Punjab, and Delhi have enacted legal provisions in the last few years. As per this Act, violence means activities causing any harm, injury or endangering life or intimidation, obstruction or hindrance to any healthcare service person in discharge of duty in the healthcare service institution or damage or loss to property in healthcare service institutions.

The healthcare service persons includes registered medical practitioners working in healthcare institutions (including those having provisional registration), registered nurses, medical students, nursing students, and paramedical workers employed and working in medical service institutions. The act provides stringent punishment including imprisonment and fine as well as double the amount of damage as compensation to the institute. These stringent legal provisions do not permit bail to the accused.

The Act also provides a forum for the patients to lodge a criminal complaint against the doctors if they feel aggrieved.

Available details do not indicate that the Act has deterred the attackers so far. Hardly any person appears to have been convicted under these provisions. According to Dr Neeraj Nagpal, Medico Legal Action group, “a central Act on lines similar to the state Act will not give the desired results unless changes are also made in the Indian Penal Code” In his opinion, the issue of arrest of doctors under section 304 A is a part of the problem of violence against doctors because invariably cross First Information Reports (FIR) are registered by the patient as well as the doctor which results in inevitable compromise.

The healthcare workers feel the problem gets aggravated as invariably, the relatives and friends of the patient who was injured or died, approach local politicians including Corporator or Member of the legislative assembly, who in turn demand action against the healthcare workers.

Relatives and friends allege that the healthcare workers including doctors and nurses show total neglect towards attending the patient in emergency. They accuse doctors of fleecing the patients by forcing them to undergo several tests, which may or may not be relevant. On certain occasions, according to the relatives, the hospital authorities do not permit removal of the dead body until the charges are paid in totality.

Analysis of the problem and gravity of the situation indicates that the issue of violence against healthcare

institutions is not to be tackled simply by legal enactment. It calls for determined efforts by everyone including hospital authorities and healthcare workers. The costs attached to such violence are very heavy in terms of money, morale of workers and reputation of the Institute.

US Department of Labor, Organizational Safety and Healthcare facilities' Roadmap for healthcare facilities, has published Guidelines for Prevention of Violence in Healthcare which is available at www.osha.gov/SLTC/workplace-violence. Briefly, these include: management commitment and employee participation, worksite analysis and hazard identification, hazard prevention and control, safety and health training and record keeping and program evaluation.

Realizing the gravity of the issue, training modules of healthcare workers including doctors, nurses as well as law enforcement agencies such as police, judicial officers and prosecutors should have case studies of such violence included in their syllabus. The Indian Medical Association (IMA) should come up with standard operating procedures for establishment in any healthcare facility in the public as well as private field. Constant review should be made at least once in six months to find out aberrations and take corrective actions. International best practices should be made available as case studies for continuous guidance.

At present, IMA has suggested formation of crisis management committees at each Taluka or District level. The committee should include doctors, social workers, legal personalities, politicians, press reporters etc. The committee members may meet the police officers and request a complete investigation of the incident and to avoid prosecution of the healthcare worker, including doctor until guilt is proved. The committee can also request the press reporters not to give unnecessary publicity to such cases.'

The Supreme Court in “Martin D’Souza vs Mohammed Ishfaq” case has issued stern warning to police officers against any harassment including arrest against doctors unless the parameters laid down in Jacob Mathew’s case are followed.

“Strict adherence of these directives and guidelines by all concerned as well as introspection by healthcare workers and improvement of their practices and periodic monitoring of these alone can create visible impact against such violence”.

Praveen Dixit

WAML President's Report



Thomas T. Noguchi,
President of WAML

As this newsletter will be the last issue of 2016, we would like to look back at this year as to our accomplishments. We have the distinct impression that we came a long way.

The WAML 2016 Los Angeles Congress has successfully ended, and now we are planning another World Congress in Baku, Azerbaijan in July 2017. This is the 50th Anniversary for the WAML which was founded in 1967.

The WAML Journal "Medicine and Law" has been published for 35 years since its founding by WAML Past President Prof Ammon Carmi whom we deeply appreciate. It now has a successful production under direct management by WAML leaders. Prof. Roy Beran, Editor-in-Chief and the Executive Editorial Team are successfully carrying on the high quality publication. The editors have been pushing for the international recognition of the Journal, and an increase in its impact factor. Congratulation to this effort by the publication team. Job well done.

Our WAML Newsletters have been published for the past six years, and bring news to the WAML members. Our tradition is to have a different WAML member as a guest editor for each of the quarterly issues. We would appreciate sending to Dr. Richard S. Wilbur, Editor of the WAML Newsletter, any comment including interesting news, any coming international or regional meeting on medical law, legal medicine and ethics, etc. If you have such a notice, please let us know.

This December 9, the First Nigerian Medical Law Summit was organized by WAML Governor Laola Osanyin in collaboration with the Nigerian Senate Health Committee. The President sent a video welcome message to the organizers and audience of the Summit. The WAML has been actively collaborating with other international organizations: International Criminal Court, International Academy of Legal Medicine and

the International Association of Forensic Sciences. We are also a member of the WHO Medical Society.

The WAML Executive Committee (EC) has now established a standard video conference meeting on the first Saturday of each month. There will be Board of Governors meetings In January and May, 2017.

2017 WAML World Congress

We are looking forward to seeing you at the Baku, Azerbaijan Meeting. WAML has never met in the region of Azerbaijan. Not only are we truly looking forward to another successful World Congress, I am now planning to extend my visit for about one week touring around the country of Azerbaijan for those extra days to see the historical and archeological treasures of the region.

I would like to take this opportunity to express my sincere appreciation to the WAML Governors, members of the Executive Committee, all other committees, to the editors and their publication teams, and to the meeting planner and program committee members,

Wishing you and your family happy holiday seasons. See you next year!



Thomas T. Noguchi
President of WAML

WAML Secretary General's Report



Ken J. Berger
MD, JD
WAML Secretary General

The World Association for Medical law continues its journey in lands never travelled before. The Golden Anniversary {50th}, Annual Scientific meeting of the World Association for Medical Law will take place from July 10-13, 2017 in Baku, Azerbaijan.

The WAML is collaborating with the first ever Health Law meeting in Nigeria, with the hope of holding a World Congress, one day, in the African continent. The leadership of the World Association for Medical Law, through its Executive Committee and Board of Governors (the living organs of the WAML), and its active Committees, sister organizations and friends, will be taking lessons from the last 50 years to the next 50 years, as the world is changing with Brexit and shifting between National interest and global priorities. The changing world order requires organizations like the World Association for Medical Law to lead and have greater influence in health policy, human rights and global health. I look forward to seeing everyone in Baku, where we continue to tackle real health law dilemmas, in this constantly changing political and socio-economic world order.

Very truly yours,

Ken J. Berger MD, JD
Secretary-General Board of Governors World Association for Medical Law

Scientific Chair, 2020 WAML meeting, Toronto, Canada

23rd World Congress on Medical Law Invitation



Vugar Mammadov
Treasurer and 23rd WCML Program Chair

«MEDICAL LAW, BIOETHICS AND MULTICULTURALISM»

10-13 July 2017 for the first time in the 50 year history of WAML the World Congress of Medical Law will be held in the middle of Eurasia, at the Eastern edge of Europe and the cusp of Central Asia, where West is bridged with East, and North with South. At the seaside of the Caspian Sea, the biggest lake of the world, many leading specialists in medical law, bioethics and legal medicine, coming from different countries and civilizations, will meet together to exchange their own experience and knowledge to start another 50 year period of WAML. This is a unique opportunity to bring together people working in the same disciplines who have never met before. Important bioethical and medicolwegal issues will be on the agenda, especially those related to education, environment & biodiversity protection together with opportunities for multicultural and inter civilizations dialog.

We take great pleasure in sending all of you a very cordial invitation to attend the 23rd World Congress on Medical Law from July 10th to 13th, 2017 at the JW MARIOTT Absheron Baku Hotel, Azerbaijan.

This 23rd Congress in Baku will be a remarkable event from several points. First of all, it will mark the 50th, Golden Anniversary of WAML. This Congress is also a very important event for Azerbaijan because it is the first international scientific event on the level of World Congresses of science ever held in my country. Baku is well known nowadays as a venue for big international cultural and sport events, as a center of Multiculturalism and Tolerance, and now, our city will collect the leading world experts in Medical Law, Bioethics and Legal Medicine which will make it an important event in the history of Azerbaijan science, and I am very proud of it.

The WAML website was updated carefully in terms of the 23rd WCML promotion and let me kindly invite you to review it so that you can be on time with abstracts



submission and travel reservations. Call for abstracts (deadline is 01 March 2017), abstracts information and guidelines, welcome messages of the Program Chair in English, Azerbaijan and Russian are all on wafml.memberlodge.org. The Honorable Scientific Committee (SC) consisting of 9 members, International SC of 16 members and Local SC of 12 members, and an abstracts review committee are formed. Program Brochure, Poster and Save Date cards are prepared. Videospot «Welcome to Azerbaijan», pictures of the venue—the luxurious JW Marriott Absheron Hotel at the Caspian seaside and necessary instructions are given on the website. WAML has a limited number of rooms and suites in the Marriott so I advise you all to speed up your preparations to stay maximally comfortable in the venue of the meeting.



50TH Golden Anniversary Meeting

The WAML Annual Congress provides an international forum for collaboration in a broad range of issues covering health law, forensics, legal medicine and bioethics. This year we have much to share and a wonderful host city in which to discuss it, Baku Azerbaijan.

THERE WILL BE FOUR SUBTHEMES TOPICS:

- 1 Environmental Health and Public Health Law
- 2 Medical Law and Bioethics Education
- 3 Bioethics, Religion and Multiculturalism
- 4 Challenges of Medical Law and Legal Medicine in XXI Century



MEET INTERNATIONAL EXPERTS IN MEDICAL LAW, LEGAL MEDICINE AND BIOETHICS.

Contact us via email:
wafml@memberlodge.org

50TH Golden Anniversary Meeting

World Association for Medical Law

SAVE THE DATE

JULY 10-13 2017

The 23rd Annual WAML World Congress

Baku, Azerbaijan
wafml.memberlodge.org

Abstract submission deadline is March 1st 2017

Notification will be made and the final scientific program will be published May 1, 2017.

Contact us via email:
worldassocmedlaw@gmail.com

Visit our website:
wafml@memberlodge.org

July 10 – 13, 2017
Baku, Azerbaijan

- 1 Environmental Health and Public Health Law
- 2 Medical Law and Bioethics Education
- 3 Bioethics, Religion and Multiculturalism
- 4 Challenges of Medical Law and Legal Medicine in XXI Century

MEET INTERNATIONAL EXPERTS IN MEDICAL LAW, LEGAL MEDICINE AND BIOETHICS.



The 23rd WCML was promoted at 4 National Conferences during the last 2 months. In October it was promoted at the Silk Road Forensic Consortium Symposium at Xi'an Jiaotong University and Xi'an International Studies Universities, in November at 2 All-Russian national conferences in Moscow: 1/ National Conference of Medical Law of Russian Federation where on behalf of the WAML Executive Committee (EC) a Certificate of Honorary Governor with personal compliments of President Noguchi were delivered to Academician Yuri Sergeyev, Head of Medical Law Department of Sechenov' First Moscow Medical University and President of the National Medical Law Association of Russia. 136 delegates from different regions of Russia actively participated at the conference and expressed great interest in coming to Baku under the leadership of Prof. Yuri Sergeyev who is a member of our Honorable SC and confirmed his coming to Baku; 2/ National Congress of Forensic Medicine of Russian Federation chaired by Chief Forensic Medical Expert and Director of Forensic Medical Expertize Center of the Ministry of Health Prof. Andrey Kovalyov who also plans to visit our Congress, as a member of our Honorary SC. Having more than 40 Russian participants, we plan to organize a half-day Russian speaking session with simultaneous translation into English. In March I am going to make a visit to Astana, Kazakhstan to a national medicolegal conference, and to Limosol, Cyprus for the UNESCO World Bioethics Conference to promote 23rd WCML there.



Discussion at the session, Silk Road Forensic Consortium Symposium at Xi'an Jiaotong University, Xi'an, China, 30 October 2016



Discussion of Prof. Henry Lee (USA) and Prof. Singh (India) at the session led by Prof. Mammadov (Azerbaijan), Silk Road Forensic Consortium Symposium at Xi'an Jiaotong University, Xi'an, China, 30 October 2016



Promotion of 23rd WCML by Prof. Mammadov at Scientific Symposium at Xi'an International Studies University, Xi'an, China, 14 October 2016



Participants of Silk Road Forensic Consortium Symposium at Xi'an Jiaotong University, Xi'an, China, 29 October 2016

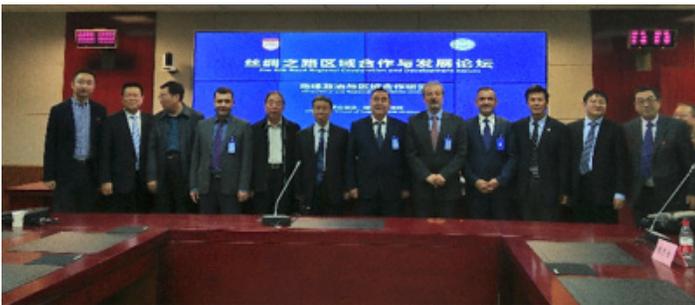

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<http://www.facebook.com/thewaml>



Promotion of 23rd WCML by Prof. Mammadov at Scientific Symposium at Xi'an International Studies University, Xi'an, China, 15 October 2016



Scientific session of the National Conference of Medical Law of Russian Federation, Moscow, 24 November 2016



Speakers of the Scientific Symposium at Xi'an International Studies University, Xi'an, China, 15 October 2016



Delivery of Certificate of Honorary Governor with personal compliments of President Noguchi to Academician Yuri Sergeyev, President of the National Medical Law Association of Russia, Moscow, 24 November 2016



Opening session of the National Conference of Medical Law of Russian Federation, Moscow, 24 November 2016



"Presentation of Prof. Mammadov at All-Russian National Forensic Medical Congress in Moscow, Russia, 25 November 2016"



<http://twitter.com/THEWAML>

Due to its unique geographical location on the crossroads of different civilizations on the Great Silk Road, Azerbaijan has ancient history, rich culture, natural resources, biodiversity and a delicious national cuisine. 9 out of 11 climatic zones of the world exist within a 6 hours drive. You may enjoy pre- and post-conference tours at the nearby resorts and excellent facilities on seashores, mountains, riversides, forests, etc. We will try to help you in the best way to organize your leisure time here. Please, don't hesitate to approach me personally at vumammadov@yahoo.com or Ms. Denise McNally at WAML Headquarters.

We sincerely hope that you enjoy this opportunity. We pledge our best efforts to make this scientific event a success. We look forward to the pleasure of welcoming you in July 2017.

WAML Meeting Planning and Administration



Denise McNally,
WAML Administrative Officer
and Meeting Planner

JOIN US AT THE 23RD WORLD CONGRESS ON MEDICAL LAW (WCML) July 10 – 13, 2017

WAML for half a century
50th golden anniversary
Crossroads of civilizations

HISTORY
Partial listing of the World Congresses since 2000.

- Helsinki, Finland 2000
- Maastricht, The Netherlands 2002
- Sydney, Australia 2004
- Seoul, Korea 2005
- Toulouse, France 2006
- Beijing, China 2008
- Zagreb, Croatia 2010
- Macae, Brazil 2012
- Bali, Indonesia 2014
- Coimbra, Portugal 2015
- Los Angeles, USA 2016
- Baku, Azerbaijan 2017

The World Association for Medical Law (WAML) was founded 50 years ago in Belgium and has sponsored triennial and later biennial congresses until 2014 when they became annual.

The membership consists of delegates from over 60 countries and 18 member Board Governors from 18 countries. I am the WAML Vice-President, Treasurer and the Program Chair for the 50th GOLDEN ANNIVERSARY 2017 Congress. **Look forward welcome you in Baku!**

Coming WCML will be in:
Baku Azerbaijan 2017

Coming WCML will be in:

- Tel Aviv, Israel 2018
- Tokyo, Japan 2019
- Toronto, Canada 2020
- Istanbul, Turkey 2021

World Association for Medical Law

23RD WORLD MEDICAL LAW CONGRESS

50th Golden Anniversary Meeting of WAML

1st time on the border of Europe and Asia, on the crossroads of the Great Silk Road

MAIN THEME: MEDICAL LAW, BIOETHICS AND MULTICULTURALISM

The World Association for Medical Law (WAML) is bringing the World Congress on Medical Law (WCML) to Baku, capital of Azerbaijan, located on the seashore of the world's biggest lake Caspian Sea.

Venue: JW Marriott Absheron Hotel
JULY 10-13, 2017

To present and debate by dedicated scientists and professionals the most currently troubling medical/legal issues in Environmental Health, Medical Law, Bioethics and Forensic Medicine to address multicultural and cross disciplinary aspects in the vast field of Medical Law.

Prof. Dr. Vugar Mammadov
WAML Vice-President,
Treasurer

Dear International Colleagues, colleagues and friends, Welcome to the 50th WAML GOLDEN ANNIVERSARY Congress that is first time ever held in the center of Eurasia, on the crossroads of civilization, West and East, South and North. The 23rd WAML World Congress provides an international forum for discussion of a broad range of issues covering Medical Law, Bioethics and Forensic Medicine from perspectives of multiculturalism, different religions, cultures and traditions. Baku is one of the well-known centers of Multiculturalism, Tolerance and Intercultural Dialogue will be wonderful host city in which to discuss it.

Four subthemes will be the following topics

- 1 Environmental Health Law
- 2 Medical Law and Bioethics Education
- 3 Challenges of Medical Law and Forensic Medicine in XXI Century
- 4 Bioethics, Religion and Multiculturalism

Registration and Welcome Reception
Monday, July 10, 2017

Key-note speeches and Oral Presentations Thursday
July 11, through Thursday 13, 2017

Posters Presentations
New posters daily Monday July 10, through Thursday 13, 2017

Gala-dinner Wednesday July 12, 2017

FOUR SUB-THEMES OF THE CONGRESS

Environmental Health Law
The environment is everything around us – the air we breathe, the water we drink and use, and the food we consume. It's also the chemical, radiation, microbes, and physical forces with which we come into contact. Our interactions with the environment are complex and are not always healthy. Environmental health laws and policies are created to regulate and safeguard our environment.

Medical Law and Bioethics Education
Adoption of UNESCO Declaration on Bioethics and Human Rights with set of Bioethical principles agreed upon by 191 Member States of UNESCO provides global common platform to strengthen Medical Law and Bioethics Education within each Member State. The primary target group includes medical and law students, medical staff and health workers.

Challenges of Medical Law and Forensic Medicine in XXI Century
Medical Law and Legal (Forensic) Medicine are closely related disciplines. Forensic medical experts play key roles in development of Medical Law worldwide. There are many challenges in XXI Century in further developments of healthcare systems they may achieve together.

Bioethics, Religion and Multiculturalism
Multiculturalism, cultural and religious diversity is common heritage of humanity. This is source of exchange, innovation and creativity, necessary for humankind as biodiversity is for nature. One of main bioethical principles is respect for cultural, religious diversity and pluralism. Multiculturalism is lifestyle for Azerbaijan. Our capital hosted annually five Baku International Humanitarian Forums, 7th Global Forum of the UN Alliance of Civilizations, World Forums of Intercultural Dialogue.

CME Accreditation: full CME and CLE credits to all qualifying attendees.

MEET INTERNATIONAL EXPERTS IN MEDICAL LAW, FORENSIC MEDICINE AND BIOETHICS

Abstract submission deadline for acceptance is March 1, 2017

Notification will be made and the final scientific program will be published May 1, 2017.

Contact Us via email:
waml@wamlaw.com
vumammadov@yahoo.com

Visit Our Website:
wamlmemberlog.org

CALL FOR ABSTRACTS – Deadline March 1, 2017
We encourage you to join the leading experts in medical law, legal medicine and bioethics by submitting your abstract in English online at <https://waml.conference-services.net/authorlogin.asp?conferenceID=5248&language=en-uk>

Congress Registration – Pre-Registration Deadline May 15, 2017

Register today and save <http://waml.memberlodge.org/event-332060/Registration>. **WAML Member pre-registration** will be \$525, PhD / Student pre-registration rate will be \$325 (Student ID is required), Guest Registrations will be \$325 and Non-Member pre-registration will be \$725. Full registration packages include the Scientific Program, Welcome Reception, Lunch, Coffee Breaks and the Gala Dinner. WAML will also have a daily rate of \$200/day which will only include the Scientific Program, Lunch and Coffee Breaks during one day. Pre-Registration rates will expire May 15, 2017 at which time the registration fee will increase.

Hotel Reservations – Deadline June 1, 2017
The JW Marriott Absheron Baku is offering a reduced group rate of \$123.83 USD for single and \$138.11 USD for double occupancy. The rates are exclusive of 18% VAT & Municipality Tax. The rates also include Breakfast and Internet in the guest room. We understand that you have many choices when making your travel arrangements. Please note that reserving your room in the WAML room block maximizes your opportunity to have a great stay in close proximity to the sessions, exhibits, events and other attendees. It also enables our staff to help should you have any issues with your accommodations, to keep registration costs lower and to negotiate the best possible hotel room rates for future annual meetings.

To book your reservations, please click on the link below. The reduced group rate is available until **June 1, 2017**. After this date you may reserve rooms at the standard hotel rate only if any are still available.

To begin the process and reserve your room click the following link: http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=WAML%20Conference%5EGYDJW%60HP1HP1A%7CHP1HP1E%60186.99-580.00%60AZN%60false%602%607/7/17%607/15/17%606/10/17&app=resvlink&stop_mobi=yes



This Congress will commence with a Welcome Reception, Monday July 10, followed by the Opening Ceremony the morning of Tuesday, July 11th. The Gala and Awards Dinner will be held Wednesday, July 12th and the program will conclude Thursday, July 13, 2017.

WAML Treasurer Vugar Mammadov will be your Program Chairman and we look forward to seeing you in Baku, Azerbaijan.

The WAML website will be populated as specific information becomes available (Program, etc.) The address is <http://wafml.memberlodge.org/23rd-World-Congress-for-Medical-Law-Baku-Azerbaijan>

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. 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.

For 2017 your membership dues are \$150, owed by January 1, 2017. The easiest method is to log into the WAML website www.thewaml.com and pay. You also have the option to pay by check or wire transfer. If so please contact me at worldassocmedlaw@gmail.com for further information.

Do you have an idea, comment, or suggestion?

Please contact
Denise McNally
worldassocmedlaw@gmail.com

FUTURE MEETINGS

Of Affiliated National Associations and
Collaborating Organizations

ACLM 57th Annual Meeting

February 24-26, 2017

Las Vegas, NV (USA)

Website: http://www.aclm.org/?page=2017_home

23rd Annual WAML World Congress

July 10-13, 2017

Baku, Azerbaijan

Website: www.thewaml.com

UNESCO Chair in Bioethics – 12th World Conference Bioethics, Medical Ethics & Health Law 2017

March 21-23, 2017

Limassol, Cyprus

Website: <http://www.isas.co.il/bioethics2017-Limassol/>

6th International Conference on Evidence Law and Forensic Science

August 14 – 16, 2017

Baltimore, MD (USA)

21st Triennial Meeting of the International Association of Forensic Sciences

August 21-25, 2017

Toronto, Ontario Canada

Website: <http://iafstoronto2017.com>

27th Congress of the International Society for Forensic Genetics

August 28 – September 2, 2017

Coex, Seoul, Republic of Korea

Website: <http://www.isfg2017.org/welcome.asp>

10th International Symposium Advances in Legal Medicine (ISALM) combined with the 96th Annual Conference German Society of Legal Medicine

September 11-15, 2017

Düsseldorf/Cologne, Germany

Website: <http://www.isalm2017.de>

51st Annual Meeting of the National Association of Medical Examiners

October 13-17, 2017

Scottsdale, AZ, USA

Website: www.thename.org



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